changed therapy. In the oral treatment group 32% of patients are adherent to their first-line treatment and 54% have changed treatment. Probabilistic sensitivity analyses demonstrated the robustness of the model regarding assumptions and input-parameters. CONCLUSIONS: A treatment switch to Paliperidone palmitate is a cost-effective alternative, improves treatment adherence and reduces health-care costs in the future and leads to higher quality-of-life.

MENTAL HEALTH – Patient-Reported Outcomes & Patient Preference Studies

PMH34 PERSISTENCE IN USE OF ANTIDEPRESSANTS IN PREGNANT WOMEN ENROLLED IN MEDICAID IN THE UNITED STATES

Wu FY1, Li F2, Bohnert AJ1,2

OBJECTIVES: Despite of the controversy of antidepressant use during the gestational period, the reported antidepressant use at any time during pregnancy has increased. This study aimed to explore antidepressant use behavior (persistence) in low income, insured pregnant women in U.S. METHODS: This retrospective study using South Carolina Medicaid claims data (2004-2009) identified eligible pregnant women (≥18 years) who were diagnosed with depression and filled at least two antidepressant prescriptions during pregnancy. Type of antidepressant prescribed for pregnant women, length of therapy, antidepressant use history before pregnancy, and trimester of antidepressant initiation were measured to describe antidepressant use patterns. Our main outcome measure was persistence with antidepressant therapy during pregnancy. Failure to persist was defined as having a gap between consecutive prescriptions of at least 15 days. A Cox regression model was applied to identify predictors associated with the risk for non-persistence with antidepressants in pregnant women. RESULTS: 4,486 pregnant women met the study criteria. Sixty-six percent of antidepressant therapy for pregnant women had at least 15 days, 39% had history of antidepressant use during 1 year before pregnancy, and less than 40% initiated therapy during the first trimester. The average length of antidepressant therapy during pregnancy was 114 days. Nearly 55% of women were persistent with antidepressant therapy for 1 year; 26% started antidepressant therapy during pregnancy. Black women were 33% more likely to be non-persistent with antidepressants during pregnancy than white women. Women with history of antidepressant use during 1 year before pregnancy were 44% more likely to be non-persistent with the therapy. CONCLUSIONS: Persistence with antidepressants was poor during pregnancy in low income, insured pregnant women. Further studies are needed to examine associations between persistence with antidepressants during pregnancy and maternal and newborn outcomes.

PMH35 EQ-SD UTILITIES AND PRODUCTIVITY OF ADULTS WITH ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER: REVIEW OF THE LITERATURE AND A CROSS-SECTIONAL SURVEY IN HUNGARY

Péntek M1, Gulácsi L2, Vévei Neve L1, Papp S3, Raji P1, Brodácsy V1, Pulay A1, Balogh O1, Bitter I2

1Corvinus University of Budapest, Budapest, Hungary, 2Semmelweis University, Budapest, Hungary, 3Maastricht University, Maastricht, The Netherlands

OBJECTIVES: To give a literature review and assess the health status utility and productivity of adults with attention-deficit/hyperactivity disorder (ADHD) focusing on measures with outstanding importance for health economics (Quality of Life – QoL and productivity). METHODS: MEDLINE, EMBASE, Cochrane National Health Service’s Economic Evaluation Database, EconLit, and Health Economic Evaluations Database were searched from 1960 to May 2011. The review focused on articles reporting utility weights in ADHD by level of treatment response. RESULTS: A total of 1,654 unique titles and abstracts were retrieved; 1,630 records were excluded upon title (or abstract) review and 12 upon full text-retrieval. 6 studies reporting utility weights and productivity were included in the review. CONCLUSIONS: Utility weights identified were part of a wider systematic review, which was performed to identify input parameter values for an economic model in ADHD. PubMed, EMBASE, Cochrane National Health Service’s Economic Evaluation Database, EconLit, and Health Economic Evaluations Database were searched from 1960 to May 2011. The review focused on articles reporting utility weights in ADHD by level of treatment response. RESULTS: A total of 1,654 unique titles and abstracts were retrieved; 1,630 records were excluded upon title (or abstract) review and 12 upon full text-retrieval. 6 studies reporting utility weights were included in the review. CONCLUSIONS: Utility weights identified were part of a wider systematic review, which was performed to identify input parameter values for an economic model in ADHD. Utility weights were identified as having a gap between consecutive prescriptions of at least 15 days. A Cox regression model was applied to identify predictors associated with the risk for non-persistence with antidepressants in pregnant women. METHODS: Six studies met the study criteria. Sixty-six percent of antidepressant therapy for pregnant women had at least 15 days, 39% had history of antidepressant use during 1 year before pregnancy, and less than 40% initiated therapy during the first trimester. The average length of antidepressant therapy during pregnancy was 114 days. Nearly 55% of women were persistent with antidepressant therapy for 1 year; 26% started antidepressant therapy during pregnancy. Black women were 33% more likely to be non-persistent with antidepressants during pregnancy than white women. Women with history of antidepressant use during 1 year before pregnancy were 44% more likely to be non-persistent with the therapy. CONCLUSIONS: Persistence with antidepressants was poor during pregnancy in low income, insured pregnant women. Further studies are needed to examine associations between persistence with antidepressants during pregnancy and maternal and newborn outcomes.

PMH36 TIME TRADE-OFF (TTO) ANALYSIS TO ELICIT HEALTH STATE UTILITIES RELATED TO LONG ACTING TREATMENTS IN SCHIZOPHRENIA

Jensen B1, Sommer K2, Saltz P3, Schmidt A1, Nielsen AT1,2, Garg M3, Mennes C3,4,5,6,7

1Janssen EMEA, Birkerød, Denmark, 2Janssen Cilag, Birkerød, Denmark, 3Janssen Cilag, Solna, Sweden, 4University of Copenhagen, Frederiksberg C, Denmark, 5Incentive Partners, Solna, Sweden, 6Holte, Denmark

OBJECTIVES: To assess preferences, using the time trade-off (TTO), regarding frequencies of having to go for a doctor’s visit to receive pharmacological treatment for the treatment of schizophrenia. METHODS: A survey was conducted in Sweden, registering patients excluding 259 patients with a serious medical disorder. The baseline characteristics of individuals suffering from a serious mental disorder, and 528 samples from the general population were recruited for the purpose of this study. A time trade-off (TTO) study design was used to elicit the utility of decreasing the frequency of necessary doctor visits. Average utilities were calculated for each health state for each respondent group. The marginal disutility of an additional doctor visit to the doctor was estimated using a standard OLS regression with an intercept. Bootstrapting was performed to compute 95% confidence intervals around utilities and marginal utilities. RESULTS: The marginal disutility of an additional doctor visit was 0.0004 for relatives, 0.0017 for the general population and 0.0022 for an average respondent. For an average respondent across all groups, this corresponded to an additional utility of 0.031 between having to visit the doctor for an injection once a month versus every other week. CONCLUSIONS: The results are suggestive of a general trend of increased reported disutility for a higher number of doctor visits for an injection per year across all respondent groups.

PMH37 SYSTEMATIC REVIEW OF HEALTH STATE UTILITIES IN ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Zimovetz E1, Setyawana F1, Beard S1, Hodgkins P1

1RTI Health Solutions, Manchester, UK, 2Shire Pharmaceuticals LLC, Wayne, PA, USA

OBJECTIVES: To systematically identify and review published literature on health state utilities in paediatric and adolescent ADHD. METHODS: Utility weights were identified as having a gap between consecutive prescriptions of at least 15 days. A Cox regression model was applied to identify predictors associated with the risk for non-persistence with antidepressants in pregnant women. METHODS: Six studies met the study criteria. Sixty-six percent of antidepressant therapy for pregnant women had at least 15 days, 39% had history of antidepressant use during 1 year before pregnancy, and less than 40% initiated therapy during the first trimester. The average length of antidepressant therapy during pregnancy was 114 days. Nearly 55% of women were persistent with antidepressant therapy for 1 year; 26% started antidepressant therapy during pregnancy. Black women were 33% more likely to be non-persistent with antidepressants during pregnancy than white women. Women with history of antidepressant use during 1 year before pregnancy were 44% more likely to be non-persistent with the therapy. CONCLUSIONS: Persistence with antidepressants was poor during pregnancy in low income, insured pregnant women. Further studies are needed to examine associations between persistence with antidepressants during pregnancy and maternal and newborn outcomes.

PMH38 ASSESSING DEPRESSIVE SYMPTOMS IN PRIMARY CARE: PSYCHOMETRICAL PROPERTIES OF THE SPANISH VERSION OF THE CLINICALLY USEFUL DEPRESSION OUTCOME SCALE

Agüera L1, Muntón C2, Medina J3, Díaz H1, Cuervo J1

1Hospital De Oviedo, Oviedo, Asturias, Spain, 2University of Zaragoza, Zaragoza, Spain, 3Hospital de Canarias, Tenerife, Spain, 4AstraZeneca Pharmaceuticals LF, Madrid, Spain, 5LaSA-RCP LA-SER Outcomes, Oviedo, Asturias, Spain

OBJECTIVES: To validate the clinically useful depression outcome scale (CUDOS) for evaluating the severity of depressive symptoms in patients with major depressive disorder (MDD) attending a Primary Care Service. METHODS: An epidemiological, cross-sectional, multicentre study was conducted including adult patients diagnosed as MDD according to the DSM-IV TR during the last 3 months. The following instruments were applied: Primary Care Evaluation of Mental Disorders (PRIME-MD), Hamilton Rating Scale for Depression (HAM-D-17), CUDOS, Social and Occupational Functioning Assessment Scale (SOFAS), SF-36 (Physical –PCS- and Mental –MCS- Component Summaries) and the Clinical Global Impression for Severity of Illness (CGI-S). CUDOS feasibility, internal consistency (Cronbach’s α), construct validity (Spearman correlation with SOFAS, HAMD-17 and SF-36) and discriminant validity (differences in CUDOS values according to HAMD-17 classification of severity and the CGI-S: Kruskal-Wallis and Mann-Whitney U –Bonferroni correction-) were evaluated. Finally, a cut-off score (Receiver Operation Curve - ROC) was calculated using the HAMD-17 as criterion (0.7 – cutoff 4). RESULTS: In total, 305 MDD patients with a mean age (SD) of 51.75 (15.53) years (30.5% males) were interviewed. According to the HAMD-17, 7.9% of patients were in remission, 29.8% suffered from mild depression, 22.0% moderate depression, 21.0% severe and 19.3% very severe. Mean(SD) time for completion was 4.7(2.4) minutes and floor or ceiling effects were found in less than 1% of patients. Cronbach’s α was high (0.877). Correlations with CUDOS were: -0.402(SOFAS), 0.374(SF-36 PCS), -0.402(SOFAS), 0.374(SF-36 MCS), -0.531(CGI-S) and 0.5(SOFAS).