future research in drug classes other than antidepressants should be conducted to verify our findings.

**PMH60**

DETERMINANTS OF PRESCRIPTION IN PRIMARY CARE: PROFILE OF PATIENTS PRESCRIBED NEWER ANTIDEPRESSANTS IN THE UNITED KINGDOM

Saragossi D1, Milea D1, Despiégel N1, Guelfucci F1, Toumi M1

1Lundbeck SAS, Paris, France, 2Altipharm, Paris, France, 3Université Lyon 1, Villeurbanne, France

OBJECTIVES: Because prescribing in routine clinical practice reflects both the physicians' perception of the efficacy and safety of a drug and the patient's characteristics, this study aimed at comparing the real-life profile of patients prescribed escitalopram, SSRIs or venlafaxine in primary care in order to better understand drugs-related determinants of prescription.

METHODS: This retrospective study used data from the General Practitioners Research Database and included adult patients with an incident prescription (no antidepressant in the previous 12-month) of escitalopram, an SSRI or venlafaxine between January 1, 2003 and June 30, 2005, and an associated diagnosis of depression. Demographics, disease and treatment characteristics, and health care resource consumption were assessed in the 12-month before the new prescription and compared across treatment groups. RESULTS: A total of 6,910 patients were prescribed escitalopram, 47,853 SSRIs and 2,832 venlafaxine. Compared with SSRIs-treated patients, escitalopram-treated patients were younger (p = 0.001), more often diagnosed with severe depression (p = 0.018), and more often suffering from associated anxiety (p < 0.001). They also had more hospitalisations (p = 0.021), referrals (p = 0.020), anxiolytics (p < 0.001) and hypnotics (p < 0.001) prescriptions at baseline. Compared with venlafaxine-treated patients, escitalopram-treated patients were younger (p < 0.001), less often diagnosed with severe depression (p < 0.001) and concomitant anxiety (p < 0.001), and had lighter psychiatric history (p = 0.002). However, they were more often suffering from cardio-respiratory diseases (p = 0.02). Baseline resource use was sensibly similar between treatment groups. CONCLUSIONS: Important differences in patients' profiles were observed between escitalopram, generic SSRIs and venlafaxine, and correspond to current data on the drugs' efficacy and safety profile: physicians prescribed escitalopram and venlafaxine to patients with more severe depression. The subsequent choice between escitalopram and venlafaxine was based on safety profiles, escitalopram being perceived as safer and being prescribed to patients with a heavier somatic background. These differences have to be adjusted for in further real-life drug effectiveness studies otherwise they can importantly bias the results.

**PMH61**

ADULTS WITH ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) IN GERMANY—PREVALENCE, COMORBIDITIES AND PHARMACOTHERAPY IN PRACTICE

Sławik L, Rudolph I

Janssen Cilag GmbH, Neuss, Germany

OBJECTIVES: Awareness of adult ADHD is low. Even though guidelines have existed in Germany since 2003, diagnosis and treatment are not standardized and remain difficult in practice, often complicated by comorbidities. This analysis investigates prevalent psychiatric comorbidities and the applied pharmacotherapy of adult patients with ADHD diagnosed by general practitioners (GPs) or by neurologists/psychiatrists (NPs) in Germany in 2007. METHODS: A retrospective database analysis of adult patients aged 19–59 diagnosed with ADHD (ICD-10 code F90) was performed, using the IMS Disease Analyzer that contains electronic medico-record systems of representative panels of German GPs and NPs, capturing drug prescription and diagnoses. RESULTS: Patients were identified through the records of NPs seeing 122,666 patients and GPs seeing 1.16 million patients, aged 19–59. NPs diagnosed ADHD in 851 adults (annual prevalence 0.69%, 60% male), of which 521 had at least one psychiatric co-diagnosis (33% mood disorders F30-39, 19% neurotic, stress-related and somatoform disorders F40-48). In 214 of 493 GPs’ ADHD patients (annual prevalence 0.04%, 61% male), at least one psychiatric diagnosis was co-diagnosed (18% F30-39, 19% F40-48). A total of 48.8% of the NPs’ patients (27.2% of the GPs’) without a psychiatric comorbidity were treated with Methylphenidate (MPH) and 5.8% (0.4%) with MPH plus at least one antidepressant prescription. Treatment differed in patients with psychiatric comorbidities of which 22.1% (14.0%) received MPH, but 18.6% (9.8%) MPH plus at least one antidepressant. NPs treated other 186 (GPs 142) patients without diagnosed ADHD (F90) with MPH. CONCLUSIONS: Administrative prevalence of adult ADHD was low compared to data derived from literature and both prevalence and comorbidity profile differed in age, gender and specialist. The pharmacotherapy of GPs and NPs depended on prevalent comorbidities but did not show consistency according to guidelines. A further understanding of adult ADHD and its treatment opportunities is needed.

NEUROLOGICAL DISORDERS—Clinical Outcomes Studies

**PND1**

INCIDENCE OF INJURY AND COST OF CARE FOR PATIENTS SEEKING EMERGENT CARE FOR EPILEPSY IN A UNITED STATES MANAGED CARE SETTING

Zachry III WM1, Doan QD1, Smith BJ2, Clewell JD1, Griffith JM1

1Abbott Laboratories, Abbott Park, IL, USA, 2Henry Ford Hospital, Detroit, MI, USA

OBJECTIVES: To describe the frequency of physical injuries and compare the costs of care from a United States (US) payer perspective before and after emergent epilepsy care. METHODS: This retrospective claims database analysis utilized the PHARMetrics database from 90 regional US health plans. Patients received care between July 1, 2005 and June 30, 2006 in an ambulance, emergency room, or inpatient hospital with an Episode Treatment Grouper of epilepsy without surgery. The index date was the earliest date of emergent epilepsy care with a medical treatment cost. Injuries coded on the index date were described according to ICD-9-CM groupings. Total epilepsy-related, and non-epilepsy-related direct medical costs paid to the provider were compared before and after index date using non-parametric tests for paired samples. Injury-related costs were also described. RESULTS: A total of 9.4% (n = 146) of the 1213 patients receiving emergent care for a seizure event experienced a co-occurring injury on the same date. The majority of injuries were comprised of superficial injuries and contusions (28%), fractures (21%), open wounds or injury to blood vessels (19%) intracranial injury (10%), and/or medication toxicity (10%). Both per patient non-epilepsy-related (mean = $3997.23US) and epilepsy-related (mean = US$992.30) direct medical costs of care pre-index were significantly different.