the medical records of the enrolled patients, prescriptions were analyzed. Relevant patient information such as gender, age, and data concerning psychotropic pre-
scribed patterns such as type of medication, route of administration, dose and frequency etc were collected and evaluated for prescription patterns and associated pharmaceutical care. RESULTS: Among the 60 bipolar patients enrolled during the study period from January 2011 to April 2011, majority of the patients (78.3%) were prescribed with antipsychotics, with clozapine (25%) and risperidone (23.3%) be-
ing the two most common drugs followed by sedatives (73.3%), with clonazepam (38.3%) being the most common drug. A total of 68.3% of patients were prescribed with Lithium as the most common mood stabilizer. Among the patients (43%) prescribed with antidepressants, the combination of fluoxetine and amitriptyline was most common (23.3%) followed by fluoxetine alone (11.6%). Only 9 patients (15%) were prescribed with divalproex sodium, an anticonvulsant. CONCLUSIONS: This study showed that antipsychotics and sedatives were the two most commonly prescribed drugs for patients with bipolar condition being the most widely prescribed mood stabilizer. The quality of pharmaceutical care is highly variable among pa-
tients with bipolar disorders, even in a specialty treatment setting.

PMH78 RETROSPECTIVE PRESCRIPTION ANALYSIS OF DEMENTIA IN A SOUTH INDIAN PSYCHIATRIC HOSPITAL

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OBJECTIVES: The aim of the study is to investigate the use of medications pre-
scribed to dementia patients in a secondary care hospital METHODS: A retrospec-
tive chart review method was performed in patients with diagnosis of dementia for the duration of six months. The relevant information related to the study objec-
tives like demographics, type of medication, dose, frequency etc has been col-
clected. The patient who has come for follow up during the study period has also been included to find out any outcomes RESULTS: Out of 30 patients included in the study, 63.3% were females and 36.7% were males. Most of the patients belong to the age group of 60-80 years. On prescription pattern analysis, it was found that 86.7% of the patients were on donepezil, cholinesterase inhibitors. Among anti-
sychotics Quetiapine was the most commonly used atypical antipsychotic. Five (16.7%) patients were on memantine where as four (13.3%) patients were on combi-
nation of donepezil and memantine. On follow up it was found that in three pa-
tients who was on donepezil has been changed to a combination of donepezil and memantine. Whereas in other two patients the dose of the donepezil has been increased. As a result of improvement seen in two patients donepezil was stopped and memantine was increased and in the other patient who has been on the combina-
tion of donepezil and memantine has been tapered gradually and stopped as there was a marked improvement seen. In this study, we could also find pre-
scription error in 13.33% (4) of the prescription related to the overdose of donepezil
CONCLUSIONS: In a developing country like India, dementia still remains as an underrecognized public health burden. Our study depicts a picture of usage of antide-
tementia drugs, it shows that further research to be done in dementia patients related to cost effectiveness

Mental Health – Research On Methods

PMH79 THE IMPACT OF COMPARATIVE EFFECTIVENESS RESEARCH ON HEALTH AND HEALTH CARE SPENDING

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OBJECTIVES: Driven by rising costs of health care and concern that much of this spending could be reduced without detriment to health, comparative effectiveness research (CER) has been offered as a means to identify what works and does not work in health care. Little conceptual and empirical efforts have been made, how-
ever, to quantitatively assess the impact of CER on health and health care spend-
ing. We interpret CER as infusing publicly subsidized evidence on product quality into health care markets, shifting the relative demand for products in CER studies. We analyze how these shifts in demand affect health and health care spending, allowing for the possibility that “winners” of CER may be both more demanded by patients and doctors as well as more favorably covered by payers. We also analyze how this may either raise or lower overall health when treatments have heteroge-
eous effects across patients, but payers respond with product-specific coverage policies. METHODS: We calibrate the effects of product-specific coverage policies for a major CER study for antipsychotics, the CATIE trial. RESULTS: We find that such shifts in demand were likely to decrease in overall health and value by inducing some patients to switch away from treatments that were effective for them to wards winners of the CER. CONCLUSIONS: Our overall conclusion is that CER may not always have the intended effects when the market responds to the CER and patient specific effects of treatments are present.

PMH81 COST-EFFECTIVENESS ANALYSIS OF ANTIDEPRESSANTS BY THE IQWiG IN GERMANY

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OBJECTIVE: German HTA-Agency (IQWiG) has published its preliminary report plan for Order G09-01 ‘Cost-benefit analysis of venlafaxine, duloxetine, bupropion and mirtazapine in comparison to other prescription drug treatments’ (version 1.0, updated 05-09-2011). This report plan provides important indicators, on how and on what to extent innovative drugs are to be reimbursed by German statutory health insurance (SHI). METHODS: Conducts a cost-effectiveness analysis with economic evaluation and health status analysis (EQ-5D, SF6D). The CER analysis can be divided into five steps with main focus on Mixed Treatment Comparison (MTC). The individual steps in the cost-benefit analysis are largely dependent upon one another, since the results of one step serve as the foundation for the next step of the analysis. RESULTS: IQWiG compared several antidepressants to active agent categories such as serotonin reuptake inhibitors (SSRIs), without having previously conducted a benefit analysis for these active agent groups. RESULTS: Preliminary report with the provisional assessments is expected. CONCLUSION: Our purpose of 2011 is for provision of relevant information and specifications of the methodological approach are still missing. Each of these steps yields considerable methodological challenges and can significantly influence the results of the cost-
benefit analysis. The MTC method, in particular, must be transparently described. Only in this manner, will it be possible to present uncertainties after every step for each of the methods. Overall, we hope that the IQWiG's additional benefit of new drugs are levelled and the price level for modern antidepressants is decreased for Germany in future.

PMH82 EXAMINING VARIABILITY IN DEPRESSION AMONG PRE-RETIREES: INNOVATIVE ANALYTIC METHODS APPLIED TO OBSERVATIONAL DATA

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OBJECTIVES: To apply innovative methods to observational data to explore vari-
ability in depression scores over 12 years and examine whether there are subsets of individuals with different trajectories of change. METHODS: Lumped Growth Mod-
eling (LGM) and Growth Mixture Modeling (GMM) analyses were applied to ob-
servational data collected over a 12-year period. Data was obtained from the RAND
version of the Health and Retirement Survey (HRS), consisting of N = 5,900 individ-
uals aged 51 – 61 years at the time of recruitment. Scores on an 8-item version of the Center for Epidemiological Studies–Depression Scale (CES-D) were examined. LGMs were conducted to determine the level of variability in depression scores over the 12-year period. When considerable variability was identified, GMMs were con-
ducted to assess whether there were subsets of individuals with differential changes in depression scores. RESULTS: LGMs showed a decrease in depression scores at first assessment period (p < 0.75) (“no depression”) on the CES-D, which increased to 1.3 (“sub-threshold depres-
sion”) at year 12. Substantial variability was found around the mean intercept and slope of change. GMMs identified three subsets of individuals with differential slopes of change. The largest subset (83% of the sample) had a mean intercept of 0.22 and a 12-year score of 1.0 (“no depression”). A smaller subset (13.7%) had a mean intercept of 2.5 and showed no change over the 12-year period (“stable, sub-threshold depressed”). The smallest subset (3.3%) had a high mean intercept (6.0) and showed a decrease in depression scores (4.0 at year 12, “improved, actively depressed”). CONCLUSIONS: Drastic assessments showed that these three classifications are not present relevant differences, or present them inadequately, this has significant effects on the assessment of therapeutic superiority, as well as on the appropriate-
ness of the costs within the scope of the cost-benefit analysis. The result of such a cost-benefit analysis would be in the additional benefit of new drugs are levelled and the price level for modern antidepressants is decreased for Germany in future.

PMH83 COMPARING UTILITIES IN SCHIZOPHRENIC AND BIPOLAR PATIENTS FROM DISEASE-SPECIFIC OR GENERIC INSTRUMENTS ASSESSING PATIENTS' HEALTH STATES: WHERE ARE THE DIFFERENCES?

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OBJECTIVE: To compare the utility values estimated from a disease-specific in-
strument with those obtained from the EQ5D and SF6D in a sample of patients suffering from a psychotic disorder. METHODS: Data on patients diagnosed with schizophrenia or bipolar disorders was gathered in a multicentre, cross-sectional study. Patients completed both generic and specific measures: the Tool, question-
naire, EQ-5D -VAS and TTO, SF6D and the Clinical Global Impression -CGI-Si. As it has been recently published, a multi-attribute utility function (MAUF) for the Span-
ish version of the Tool, questionnaire was estimated. Differences in utility scores regarding CGI-Si were tested with ANOVA and Kruskal-Wallis test. The Spearman correlation coefficient (rho), intraclass correlation coefficient and Wilcoxon rank test were calculated. Finally, the Bland-Altman method was followed for concor-
dance assessment. RESULTS: In total, 37 patients with schizophrenia and 33 with bipolar disorder were assessed. Mean age (SD) was 41.88 (11.08), 62.9% were male and CGI-Si was: borderline-mildly (50%), moderately (35.7%) and markedly-ex-
tremely ill (13.3%). Significant differences according to CGI-Si were found in all utility measures (p < 0.05). Although all associations were high (rho range: 0.657- 0.996), differences between the Tool scores and generic scales (EQ5D and SF6D, p < 0.001) were found. Also between EQ5D and SF6D. No significant differences were found (p > 0.001). General measures tended to overestimate at least 80% of health states in comparison to the Tool values. Finally, a low concordance was detected, even between generic measures. CONCLUSIONS: Although all measures of health utilities are highly associated, a low concordance has been evidenced. Utility values obtained from the Tool questionnaire could be used to supplement the informa-
tion from the EQ5D or SF6D. Finally, the specific measure could be even considered...
to test the robustness of the incremental effectiveness in economical analysis carried out in patients with schizophrenia or bipolar disorders.

PM94 THE CORNELL-BROWN SCALE FOR QUALITY OF LIFE IN DEMENTIA: SPANISH ADAPTATION AND VALIDATION
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OBJECTIVES: The objective of this study was to culturally adapt and validate the Cornell-Brown Scale (CBS) for Quality of Life (Qol) in Dementia (Qd) Spanish. METHODS: The original CBS was translated into Spanish by means of a conceptually equivalent approach, including forward and backward translations in duplicate. Subjects with mild-to-moderate dementia were recruited and interviewed by a psychologist who was trained in administering questionnaires to obtain sociodemographic information, health perceptions, depressive symptoms (GDS-15), functional properties of validity and reliability to explore Qol in patients with mild-to-moderate dementia in Spain. The factor structure of the CBS is reported for the first time.

PM95 ADAPTATION AND VALIDATION OF THE CORNELL-BROWN SCALE FOR QUALITY OF LIFE IN DEMENTIA: SPANISH
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OBJECTIVES: To test the robustness of the incremental effectiveness in economical analysis carried out in patients with schizophrenia or bipolar disorders.

PM96 OBJECTIVES: To evaluate the incremental effectiveness and associated healthcare costs in Rheumatoid Arthritis (RA) patients treated with anti-Tumor Necrosis Factor (anti-TNF) therapy in Alberta, Canada. METHODS: RA patients initiating anti-TNF therapy between January 1, 2004 and March 2009 in Edmonton and Calgary were followed prospectively to identify treatment efficacy and adverse events. Clinical and self-reported data was linked with provincial healthcare administrative databases. Infections (any and severe) were identified by using ICD-9 and 10 diagnosis codes. We used Cox regression to assess the incremental effectiveness of anti-TNF therapy. Cox regression models assess the incremental effectiveness in economic analysis. RESULTS: The dataset consisted of 1,068 patient-years (70.6% female, mean age of 54 years) with a mean follow-up of 2.3 years. Seventy percent of patients (n=764) experienced an infection during follow-up, while 4% (n=42) suffered a severe infection. Compared to patients on their first anti-TNF (n=731), patients who switched to another anti-TNF (n=219), patients and patients switched from DMARD to anti-TNF (n=68) had similar Hazard Ratios (HR: p>0.05) for both any and severe infection. Pre-existing lung disease (HR=1.98, p<0.01) and heart disease (HR=1.42, p=0.037) increased, while male sex (HR=0.79, p=0.08) decreased the risk of any infection. The risk of severe infection was increased by underlying anemia (HR=3.20, p=0.018) and in those with longer disease duration (HR=1.03, p=0.032), but was reduced in patients with university-level education (HR=0.34, p=0.018), and osteoarthritis (HR=0.37, p=0.035). In linear regression analysis, age (cost) was significantly associated with higher baseline HAQ score and longer disease duration and in patients who required a switch between anti-TNF agents for inefficacy or adverse events.

PM97 CONCLUSIONS: The risk of any or severe infection did not differ significantly between treatment groups. Some pre-existing increased disease decreased while being male and having university education decreased the infection risk. Healthcare cost variations between the treatment groups were small.

PM98 DIFERENTIATION OF OSTEOPOROSIS TREATMENTS ACTION ON BONE REMODELING: PRINCIPAL COMPONENTS ANALYSIS OF BONE HISTOMORPHOMETRIC PARAMETERS
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OBJECTIVES: Osteoporosis is a disease with accelerated bone loss associated with increased risk of fractures. Histomorphometry of bone biopsy specimens from postmenopausal women with osteoporosis measures bone remodeling activities which include both bone formation and resorption. This study compared the effects of two osteoporosis treatments (20 μg/day teriparatide vs. 10 mg/day alendronate) on bone remodeling using the principal components analysis (PCA) of bone histomorphometry parameters. METHODS: Postmenopausal women with osteoporosis treated with either teriparatide or alendronate and completed iliac crest bone biopsy at either the sixth or eighteenth month in the randomized, double-blind Forteo Alendronate Comparator Trial were included in the analysis (teripara- tide N=12; alendronate N=9). Eighteen histomorphometric parameters were grouped into either the formation (13) or resorption (5) category. Within each category, the first principal component was estimated through the PCA and defined as the principal formation component (PFC) and principal resorption component (PRC). The summation of FFC and PRC was calculated to represent the overall level of bone turnover. The difference between PFC and PRC was computed to determine the imbalance between formation and resorption. RESULTS: The PFC accounted for 61.8% of total variance in the 13 formation parameters, and the PRC accounted for 70.4% of total variance in the 5 resorption parameters. The PFC was significantly higher in the teriparatide group than in the alendronate group (0.68 vs. 0.95, p<0.0001), while the PRC was significantly lower in the alendronate group (-0.47 vs. -0.32, p<0.05). The difference between the PFC and PRC was positive in the teriparatide group and negative in the alendronate group. CONCLUSIONS: In postmeno- pausal women with osteoporosis, teriparatide treatment stimulates both bone for- mation and resorption, and formation dominates resorption. Treatment with alendronate suppresses both bone formation and resorption, and resorption dom- inates formation.

PM99 Efficacy and effectiveness of Collagenase Clostridium Histolyticum for Dupuytren’s contracture
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OBJECTIVES: The objective was to determine if the effectiveness of collagenase clostridium histolyticum (XIAFLEX, CCH) in real-world settings is comparable to the efficacy demonstrated in the clinical trials. METHODS: A retrospective chart review was conducted at selected sites. Charts of each patient treated with CCH in 2010 were abstracted. Efficacy was determined from the clinical registration trial (CORD-I) on (1) final contracture angle, (2) change in contracture, (3) final rate of motion, and (4) change in rate of motion, with means of 12%, 28%, 41% and 37% respectively. The efficacy resulted in an incremental effectiveness of +10% for each of the 4 effective- ness measures (with means of 12%, 37%, 81%, and 37% respectively). The effectiveness increased from 0% to 10% and 20% with PFCs of 1.05 to 1.11. This CI does not fall within the reported C.I. of 1.6 to 1.8 in published trials (p<0.05). The average number of injection, manipulation, and follow-up office visits/injection was 2.92±1.05 (n=260). CONCLUSIONS: CCH effectiveness findings were equivalent to what was published for the clinical trial, and the effectiveness increase of +10% was 36% lower than in the trial. Visits per injection cycle were also lower than in the published CORD-I trial. The number of CCH injections used in real- world settings may be lower because a) both patient/physician knew that active drug was administered, b) anesthesia was used at manipulation, c) patient focused treatment outcomes were used without the strict requirements of a clinical trial protocol.