Objective: Rapid titration schedule of extended-release quetiapine fumarate (QUETIAPINE XR) on length of hospitalisation of patients with bipolar disorder in a South Indian Psychiatric Population by groups of DDD prescribed. The group of incidental consumers shows the greater difference is shown at the age 30-66 years (women consumed 1.86 times than men). The long term consumer group shows a greater difference at the age 45-77. (Women consumed 2.5 times more than men). Two models of regression were obtained (male/female). The models confirmed the previous results, and let us quantified the expenditure by age and gender. Conclusions: The study shows the difference of pharmaceutical expenditure of anxiolytics by gender and age in Primary Health Care. It is important to analyze causes (physical conditions and also psychological and labor conditions or a combination of them) in order to provide public health recommendations to the National Health System.

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PHYSICIAN DIFFERENCES BETWEEN ITALY AND GERMANY: THE TREATMENT OF OPIOID DEPENDENCE WITH SUBSTITUTION THERAPY
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Objectives: Substitution therapy is commonly used across the world for the treatment of opioid dependence (OD), yet little evidence exists examining country-specific differences between acceptance and effectiveness of this treatment. The purpose of this study was to examine differences between physician experiences and attitudes regarding substitution therapy among a sample of OD treatment providers in Germany and Italy. Methods: A telephonic survey, initiated by the Italian Pharmaceutical Services Department, of physicians examining opioid substitution therapy among treating physicians was administered across two countries: Germany (n=152) and Italy (n=100). Results: German physicians treated more than 3 times as many patients than Italian physicians (808.09 vs. 284.97, p<0.05). Italian physicians felt they had better control over treatment choices (10.91 vs. 5.00; t=-7.53, p<0.0001). German physicians placed more importance on a number of key factors when deciding to treat patients with substitution therapy, including substitution treatment history, patient medication requirements, and drug-drug interaction profile of the treatment medication (p's<0.05). Italian physicians are more satisfied with treatment options (7.81 vs. 5.88; t=-6.70, p<0.0001) and believe their patients feel more satisfied with these options (7.86 vs. 5.73; t=-8.01, p<0.0001) than their German counterparts. Finally, Italian physicians feel that municipal drug policies facilitate patient entry into substitution therapy (2.48 vs. 2.99; t=3.83, p<0.001) and that these policies make physicians more willing to treat patients with substitution therapy (2.67 vs. 3.51; t=5.91, p<0.0001). Conclusions: There are key differences in physician experiences and attitudes regarding substitution therapy across EU countries, suggesting that the diversity in health care policies across countries may explain the greater satisfaction of Italian physicians to use substitution therapy.