Abstracts

**PMH32**

THE IMPACT OF DULOXETINE FOR THE TREATMENT OF MAJOR DEPRESSIVE DISORDER ON THE QUALITY OF LIFE IN DEPRESSION SCALE

Robinson RL, Obenchain RL, Croghan TW
Eli Lilly and Company, Indianapolis, IN, USA

OBJECTIVE: Duloxetine hydrochloride, a potent and balanced dual reuptake inhibitor of serotonin and norepinephrine, previously has been shown to be safe and efficacious among patients with major depressive disorder, with efficacy measured by the Hamilton Depression Scale (HAM-D17). Our analyses show that treatment with duloxetine also has a favorable impact on quality of life.

METHODS: Adult patients (N = 353) from multiple centers throughout the United States were included in a double-blind, placebo- and active comparator-controlled clinical trial. Patients were randomized to duloxetine 40 mg/day (administered 20 mg/BID), duloxetine 80 mg/day (administered 40 mg/BID), paroxetine 20 mg/day, or placebo, and followed for eight weeks. The protocol called for 3 repeated measures on the Quality of Life in Depression Scale (QLDS). The QLDS is a 34 item patient-reported, unidimensional, depression-specific measure, with lower scores indicating greater quality of life (increased capacity to satisfy one’s own needs). To make area-under-the-curve comparisons, mixed-model estimation with random patient slopes and intercepts was used to singly impute missing values. Sensitivity analyses using Prediction plus Resampled Residual (PpRR) bootstrapping were used to verify that single imputation had not biased estimates associated with repeated measurements on either QLDS or HAM-D17.

RESULTS: Duloxetine 80 mg/day consistently produced the lowest repeated QLDS scores. After adjusting for baseline differences, both duloxetine 40 mg/day and paroxetine 20 mg/day produce significantly lower (p = 0.0001) QLDS scores than placebo. But duloxetine 80 mg/day patients reported significantly lower (p = 0.002 to 0.01) QLDS scores than paroxetine patients. Similar significance levels resulted when using HAM-D17 as the outcome.

CONCLUSIONS: In an 8-week randomized clinical trial, duloxetine 80 mg/day improved patient-reported scores on QLDS in a way that is highly consistent with the corresponding improvements in HAM-D17 clinical measures. As many items from the QLDS and HAM-D17 are correlated, the overlap between quality of life and mood should be further investigated.

**PMH33**

QUALITY OF LIFE IN SCHIZOPHRENIA: THE RELATIONSHIP BETWEEN PARTICIPANT SELF-REPORT AND CLINICAL ASSESSMENT

Russo P1, Smith MW2
1The MEDSTAT Group, Inc, Washington, DC, USA; 2VA Palo Alto Health Care System, Menlo Park, CA, USA

OBJECTIVES: The objective of this study was to evaluate the psychometric properties (reliability and validity) of the Modified Strain in Nursing Care Assessment Scale (M-NCAS), a 32-item scale for assessing dementia-related behaviors and the extent of job burden caused by these behaviors.

**PMH34**

PSYCHOMETRIC EVALUATION OF THE MODIFIED STRAIN IN NURSING CARE ASSESSMENT SCALE

Ciesla G1, Frank L1, Kleinman L1, Brodaty H2, Rupnow M3
1MEDTAP International, Bethesda, MD, USA; 2University of New South Wales, Sydney, Australia; 3Janssen Pharmaceutica Products, L.P, Titusville, NJ, USA

OBJECTIVE: To examine the relationship between self-reported and clinically assessed quality of life (QoL) among participants in the U.S. Schizophrenia Care and Assessment Program (SCAP).

METHODS: Data reflect measures obtained at the 12-month assessment period (n = 908). Clinical instruments were the Quality of Life Scale (QLS), Montgomery-Asberg Depression Rating Scale (MADRS), Positive and Negative Symptoms Scale (PANSS) and Abnormal Involuntary Movement Scale (AIMS). Self-report data were obtained from Life Satisfaction (LifeSat) scale and Depression scale, component scales of the SCAP Health Questionnaire. Cross-sectional regression analyses were conducted.

RESULTS: Correlation between the subjective and objective scale totals and component items were significant in most instances with magnitudes ranging from 0.2 to 0.6. Clinical rating of QLS was significantly and inversely impacted by PANSS (p < 0.001) and MADRS (p < 0.001). Unlike QLS, self-reported LifeSat was impacted by MADRS (p < 0.001) and not by symptoms (PANSS). The magnitude of effect of MADRS was 38% greater on LifeSat than on QLS. Two QLS sub-scales (common objects and activities [COA] and interpersonal relations [IPR]) exhibited a significant relationship with LifeSat (p < 0.01 and p < 0.001, respectively). In the presence of MADRS, however, significance of clinical symptoms and QLS subscales diminished and R-squared increased. Clinically assessed depression exhibited a significant relationship (0.38; p < 0.001) to self-reported depression.

CONCLUSIONS: The relationship of self-report to clinical assessment is of particular interest for persons with schizophrenia given the current climate of participatory treatment planning and outcome milestone achievement. These findings demonstrate several important points: 1) participant self-reports and clinical assessments exhibit significant interrelation for both QoL and depression; 2) clinical symptoms and side effects are not important drivers of self-reported QoL; 3) level of depression is an important factor in patients’ own sense of life satisfaction; and 4) depression scores exhibit a mediating effect between psychiatric symptom presentation and valuation of quality of life.
METHODS: M-NCAS data were collected from nursing staff ratings of nursing home patients diagnosed with dementia (N = 281), in a randomized double-blind clinical trial comparing risperidone to placebo (RIS-AUS-5 trial). For each item nurses rated the extent to which they agree the target patient exhibits the behavior (agree, partially agree, doubtful/unsure, don’t agree) and the extent to which the behavior is difficult to cope with (very easy, easy, difficult, very difficult). Exploratory factor analyses were performed separately for “agree” and “cope” scales to determine if empirically and conceptually valid subscales exist. Internal consistency reliability was assessed via Cronbach’s alpha. Correlations with the BEHAVE-AD and Cohen-Mansfield Agitation Inventory were examined to evaluate construct validity.

RESULTS: Factor analysis resulted in identification of 3 agree subscales (difficulty, attention seeking, autonomy) and 5 cope subscales (predictability, self direction, neediness, job satisfaction, affect). Total scores were internally consistent, with alphas of 0.74 for the agree scale and 0.95 for the cope scale. Internal consistency reliability was also acceptable for the 3 agree subscales (0.69, 0.77, 0.57) and for the 5 cope subscales (0.89, 0.86, 0.83, 0.86, 0.79). The M-NCAS agree and cope total scale scores correlated most highly with the BEHAVE-AD aggressiveness and anxiety/phobia subscales (r = 0.36, r = 0.35; r = 0.43, r = 0.35 respectively; p < 0.001) and the CMAI verbal/non-aggression and aggression subscales (r = 0.45, r = 0.32; r = 0.34, r = 0.31, p < 0.001), indicating adequate construct validity.

CONCLUSIONS: The 32-item M-NCAS is an internally consistent and valid scale for capturing both dementia-specific behaviors and nursing perception of job burden associated with those behaviors. The M-NCAS provides detailed item-level as well as subscale-level data.

Mental Health—Health Policy Presentations

Labor Supply of Poor Residents in Metropolitan Miami: The Role of Depression and the Co-Morbid Effects of Drug Use

Alexandre PK, French M
University of Miami, Miami, FL, USA

About 1 in every 20 employees experience depression in the U.S. A recent study estimated that in 1990 the economic costs of depression amounted to $43 billion, with absenteeism alone contributing $12 billion.

OBJECTIVES: The study used 1996–1997 data collected in crime-ridden and low-income neighborhoods of Miami, Florida to 1) examine the relationship between depression and employment; 2) conditional on being employed, estimate the effect of depression on annual weeks worked; 3) examine the robustness of the model estimates to the co-morbid effects of drug use.

METHODS: The labor supply measures included employment in past 30 days and number of weeks worked in past 12 months. The analysis estimated a univariate probit model of employment as well as a bivariate probit model of depression and employment, which accounted for the possible correlation between the unobserved determinants of depression and employment. The annual weeks worked specification was estimated by a standard Tobit and an instrumental variable Tobit model, which, besides the censoring of the observations, accounted for the possible endogeneity of depression.

RESULTS: Results indicate that depressed individuals had a 0.18 lower probability of employment relative to non-depressed individuals in the univariate probit model and a 0.15 lower probability in the bivariate model. Both standard and IV Tobit models found that depression significantly reduced the number of annual weeks worked by 8 weeks. Co-morbid drug use significantly contributed to the estimated effects of depression.

CONCLUSIONS: Prevention and/or treatment of mental health problems such as depression may yield economic benefits by promoting employment and enhancing labor supply. While expansion of mental health services may be particularly beneficial to the unemployed, employers may find it economically efficient to allocate more resources to stress management training and job redesign.

Impact of Primary Payer Type on Access to Antidepressant Pharmacotherapy Among Patients Diagnosed with Depression

Hou X
Washington State University, Spokane, WA, USA

OBJECTIVE: This study was designed 1) to investigate the impact of primary payer type on access to antidepressant pharmacotherapy among patients diagnosed with depression; 2) to identify predictors of antidepressant pharmacotherapy, prescription for an SSRI or an SNRI, and psychotherapy among patients diagnosed with depression.

METHOD: Data from 1999 National Ambulatory Medical Care Survey (NAMCS) was used for this analysis. Odd ratios (OR) and 95% confidence intervals (CI) were used to investigate the impact of primary payer type on access to antidepressant pharmacotherapy and to elucidate the factors predictive of receipt of antidepressants, an SSRI or an SNRI, and psychotherapy among patients diagnosed with depression.

RESULTS: Among estimated 19,445,888 patients diagnosed with depression in 1999, 74.0% were prescribed with antidepressant pharmacotherapy, 56.7% were prescribed an SSRI or SNRI and 40.8% received psychotherapy. Medicaid beneficiaries (7.8%) were 70%