

of their relatives with schizophrenia were €292 (424), which corresponds to approximately 14% of the mean gross income of caregivers. Large expenditure items were groceries, clothes, rent and travel. **CONCLUSIONS:** The objective burden adds half-time to an ordinary fulltime job (time spent on care) and additionally reduces gross incomes with approximately 14% (money spent on care) for informal caregivers to patients with schizophrenia spectrum disorders.

MENTAL HEALTH – Patient-Reported Outcomes Studies

DISCONTINUATION OF DIFFERENT ANTIPSYCHOTIC MEDICATIONS AFTER DISCHARGE FROM ACUTE CARE FOR PERSONS WITH SCHIZOPHRENIA

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OBJECTIVES: To examine risk of discontinuation of antipsychotics following discharge from acute care settings in Florida for Medicaid-enrolled persons with schizophrenia. **METHODS:** Medicaid claims, enrollment data, and community services data from the state mental health authority from 2004–2008 were used. Demographics, diagnosis, service history during the year before admission to acute care (hospitals and crisis units), and post-discharge psychopharmacologic treatment were obtained. Persons who received antipsychotic monotherapy and had a discharge diagnosis of schizophrenia were included. Cox proportional hazards regression estimated risk of post-discharge discontinuation of antipsychotics (formulary restrictions were not considered). Second-generation antipsychotics (SGAs) were examined individually; oral first-generation antipsychotics (FGAs) and depot FGAs were each considered as a group. Demographics, pre-admission service history, length of stay, and pre-discharge length of time receiving medication were control variables. Data were right-censored at end of Medicaid enrollment, end of data availability, or death. **RESULTS:** Participants (N = 6365) were 42.7 ± 11.2 (mean ± SD) years old; 61% male; 34% white. Mean ± SD length of acute care stay was 11.0 ± 19.7 days. Median length of time receiving medication post-discharge was 45 days. With risperidone long-acting therapy (RLAT) as reference, depot and oral FGAs had highest risk of discontinuation (hazard ratio [HR] = 2.49, P < .0001 and HR = 1.68, P = .0005), respectively. Risk was also elevated for oral SGAs aripiprazole (HR = 1.65, P = .0012), ziprasidone (HR = 1.46, P = .0191), olanzapine (HR = 1.43, P = .0202), and quetiapine (HR = 1.35, P = .0434), except for oral risperidone and clozapine. Fewer months receiving pre-discharge medication (HR = 1.04, P < .0001), black race (HR = 1.39, P < .0001), history of involuntary commitment (HR = 1.28, P < .0001), and more pre-admission acute care services (HR = 1.13, P = .0053) were associated with higher risk of discontinuation. **CONCLUSIONS:** Persons with schizophrenia taking oral and depot FGAs were at highest risk for discontinuation of medication after discharge from acute care. Those taking oral SGAs (except risperidone and clozapine) also may have higher risk of discontinuation than patients taking RLAT.

PMH45

ADHERENCE RATES OF INJECTABLE VS. ORAL RISPERIDONE FOR PATIENTS WITH SCHIZOPHRENIA

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OBJECTIVES: Non-adherence to antipsychotic therapy can lead to increased risks of relapse and rehospitalization. Long-acting injectable antipsychotics have been shown to be effective and well-tolerated, with increasing evidence of a potential benefit on adherence. At the time of this study, only one long-acting injectable atypical antipsychotic entity—risperidone—was approved for patients with a diagnosis of schizophrenia. The objective of this study was to determine the medication adherence rates of Medicaid patients treated with either 1) oral risperidone only, or 2) long-acting injectable risperidone +/- oral risperidone. **METHODS:** Texas Medicaid prescription claims data from January 2006 to December 2008 were analyzed for patients with schizophrenia. Records were assessed for a period of 18 months (6-month pre-index period with no antipsychotics plus 12-month post-index period). A medication possession (MPR) ratio of ≥80% was considered adherent. **RESULTS:** A total of 1313 patients met inclusion criteria, and less than half, 48% (N = 626) had an MPR of at least 80%. Of the patients on long-acting injectables +/- oral risperidone, 60% (N = 96/160) were adherent with their regimen versus 46% (530/1153) for patients taking only oral risperidone. A logistic regression analysis adjusting for demographic covariates (gender, race, age) showed that patients on injectable +/- oral medications were about 80 percent more likely to be adherent (OR = 1.82, 95% CI = 1.29–2.55; p = 0.0006) than patients on oral medication alone. There were no statistically significant differences in any of the demographic characteristics between the two groups. **CONCLUSIONS:** Overall, about half of the patients did not meet the definition for medication adherence (MPR ≥ 80%) one-year after their index date. Long-acting injectable risperidone had a higher rate of adherence compared to oral risperidone alone. With the release of newer atypical long-acting injections (paliperidone and olanzapine), future studies comparing adherence rates of these antipsychotic agents are needed.

PMH46

MEDICATION COMPLIANCE AND HEALTH CARE COSTS OF TYPE II DIABETICS WITH SCHIZOPHRENIA NEWLY STARTING HYPOLYCEMIC THERAPY

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OBJECTIVES: Schizophrenia has been found to be associated with poor medication compliance, and a higher prevalence of diabetes. Once a hypoglycemic therapy is started, appropriate compliance to the therapy is crucial for good glycemic control. This study aimed to compare hypoglycemic therapy medication compliance, and health care costs after the initiation of the therapy, between type II diabetics with schizophrenia versus those without schizophrenia. **METHODS:** This study used the claims database of the National Health Insurance program. Enrollees who began oral hypoglycemic therapy in 2001–2002 (the index date), and had been diagnosed with schizophrenia and refilled at least one prescription of antipsychotic(s) in the year prior to the index date were included in the study (the case group). Enrollees without schizophrenia who began oral hypoglycemic therapy in 2001–2002 were selected from a randomly selected sample of the enrollees (the comparison group). Good medication compliance was defined as a medication possession ratio (MPR) ≥ 0.8. Ordered logistic models were adopted to assess associations between factors with medication compliance. **RESULTS:** There were 1196 and 3188 subjects in the case group and comparison group, respectively. Forty-one percent of the case group and 30% of the comparison group were good compliant. The cost of hypoglycemic therapy was significantly higher in the case group, while the total diabetes-related cost was not significantly different between the two groups. The regression results indicated that comorbid schizophrenia was correlated with a higher likelihood of good compliance. In a subgroup analysis of diabetics with schizophrenia, good compliance to antipsychotics in the previous year was significantly associated with a greater probability of being better compliant with hypoglycemic therapy. **CONCLUSIONS:** Diabetics with schizophrenia, compared with those without such a condition, were more compliant in their hypoglycemic therapy, and had higher cost of hypoglycemic therapy in the first year of the therapy.

PMH47

IMPACT OF ONCE-DAILY DOSING ON DRUG DISCONTINUATION OF PATIENTS WITH SCHIZOPHRENIA

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OBJECTIVES: According to evidence from scientific literature the ease of administration, such as once-daily dosing, improves the adherence and persistence of patients with the pharmaceutical therapy. Adherence and persistence are key success factors in the treatment of schizophrenic patients, as drug discontinuation or non-adherence increase the risk of relapse, which eventually results in reduced quality adjusted life-years and increased cost of care by more acute hospitalization episodes. Our objective was to analyze the impact of once-daily dosing vs. twice daily dosing on the discontinuation rate of pharmaceutical therapy among patients with schizophrenia. **METHODS:** Our real world analysis is based on aggregated data from the Hungarian National Health Insurance Fund database. We selected adult patients (between 18–65 years) on quetiapine therapy with F20 schizophrenia ICD-10 code between January and March 2008. We compared the one-year discontinuation rate among once-daily vs. twice daily quetiapine users. Discontinuation was defined as no prescribed antipsychotic medication in the N05A ATC group between May–July 2009. **RESULTS:** After 1 year 23.4% in the once-daily group compared to 27.2% in the twice-daily group discontinued the pharmaceutical therapy. Once-daily dosing reduced the relative risk of discontinuation by 13.9%. (χ^2 test: p = 0,017). The absolute risk reduction was 3.8% (NNT = 26.5). **CONCLUSIONS:** Our analysis indicates that once-daily dosing reduces the risk of drug discontinuation among schizophrenic patients. Short time-horizon, potential selection bias and confounding factors may limit the generalizability of our conclusions. Long-term observational study with multiple regression analysis based on anonymized individual patient records can confirm the validity of our findings.

PMH48

ANTIDEPRESSANT UTILIZATION, ADHERENCE AND HEALTH CARE SPENDING IN THE UNITED STATES: THE CASE OF MDD PATIENTS 2000–2007

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OBJECTIVES: Innovative antidepressants such as SSRIs and SNRIs have been widely adopted. However, the differences in patient antidepressant adherence and associated health care spending across patient factors and antidepressant choice needed further research. This study was trying to understand how patient factors and antidepressant choice influenced medication adherence and associated health care expenditure. **METHODS:** A retrospective cross-sectional study was conducted using the 2000–2007 Medical Expenditure Panel Survey (MEPS) database. A multiple OLS regression was used to examine MDD patient's antidepressant adherence measured by proportional days covered (PDC). A two-part model was implemented to study the impact of MDD patient factors and antidepressant choice on associated health care expenditure. **RESULTS:** Linear regression models indicated that patient gender, ethnicity and

PMH49