petition between brand-name and generic drugs was observed in the US Medicaid marketplace.

**PMH34**

**IMPACT OF RELABELING ON NEFAZODONE PRESCRIBING: A RISK MINIMIZATION EVALUATION**

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**OBJECTIVE:** In 2002, FDA added a boxed warning to the labeling of the antidepressant nefazodone describing its association with acute liver failure and recommending liver function testing. The aim of this study was to assess the impact of relabeling on nefazodone utilization in community practice. METHODS: De-identified prescription claims from PharMetrics, a US medical claims database vendor, were evaluated 45 months pre and 21-months post relabeling for patients with ≥1 nefazodone claim and ≥90 days enrollment history. The average number of unique prescribers and total (TRx) and new-use (NRx) nefazodone prescriptions were calculated by quarter and stratified by physician specialty: primary care (PCP) (general practitioner, family practitioner, internist) vs. psychiatry. New-use was defined as the first nefazodone prescription. Changes in prescribing trends were evaluated with t-tests (unequal variance). RESULTS: Relabeling caused a pronounced reversal in TRx prescribing trends (p < 0.001). Prior to relabeling, TRx’s increased 5,676 Rx/quarter (95% CI: 4592–6760) peaking at 30,688 (October–December, 2001). Immediately following relabeling, TRx’s dropped 28% to 21,994 (January–March, 2002) with a sustained decrease of 13,582 TRx/quarter (95% CI: 8646–18,518) on average through July–September, 2003. A similar significant reversal was also seen for NRx’s (p < 0.001). PCP prescribing was more sensitive to relabeling than psychiatrist prescribing with an average reversal in prescribing trends of 7542 TRx’s/quarter (95% CI: 291–381). The number of unique nefazodone prescribers also changed (p < 0.001) reversing from an average increase of 1890/quarter (95% CI: 567–2213) prior to relabeling to a decrease of 3209/quarter (95% CI: 1833–4585). CONCLUSION: The findings indicate added nefazodone safety warnings had an immediate and sustained impact in decreasing prescription. While fewer patients appear at risk from nefazodone liver toxicity following relabeling, further studies are needed to determine whether liver enzyme monitoring practices also changed.

**PMH35**

**THE MAIN AND INTERACTION EFFECTS OF PATIENT AND PHYSICIAN CHARACTERISTICS IN INFLUENCING THE PRESCRIBING OF ANTIDEPRESSANTS**

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**OBJECTIVES:** The results of previous studies in examining various factors that influenced the prescribing of antidepressants have not been entirely consistent. Some studies, for instance, showed older patients were more likely to receive antidepressants, while some showed the opposite. This study aimed to investigate how patient and physician characteristics that might have influenced the prescribing of antidepressants. METHODS: The 1997–2001 National Ambulatory Medical Care Survey (NAMCS) data was analyzed with a popular data-mining tool–Exhaustive CHAID classification tree. The dependent variable was whether a patient was prescribed an antidepressant. The candidate explanatory variables were 13 characteristics associated with the patient or the physician. From the candidate explanatory variables, the CHAID algorithm will automatically check both the main and interaction effects, and select the ones that can best differentiate the groups with respect to the likelihood of prescribing an antidepressant. RESULTS: In total, 113,128 office visits were included. About 6.7% of them were prescribed at least 1 antidepressant between 1997 and 2000. Eleven significant explanatory variables (diagnosis of depression, reporting depressive symptoms, payment source, duration of visit, patient age, patient gender, physician specialty, whether the physician was the patient primary care physician (PCP), new/old patient, solo practice, the location of the practice, and the region of the practice) and three interaction effects (physician specialty and solo practice, patient age and diagnosis of depression, and whether the physician was the patient PCP and diagnosis of depression) were found by CHAID. The results showed that for those who were diagnosed with depression, younger patients were more likely to receive an antidepressant. In contrast, for those without a diagnosis of depression, older patients were more likely to receive antidepressants. CONCLUSIONS: These 11 explanatory variables have influenced the prescribing of antidepressants. The three interaction effects detected by CHAID clarified some of the inconsistencies in the previous studies.

**PMH36**

**RASCH MODEL COMPARISON OF BECK DEPRESSION INDEX AND MOOD AND ANXIETY SYMPTOMS QUESTIONNAIRE IN MEASUREMENT OF DEPRESSION**

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**OBJECTIVES:** Beck Depression Index I and II (BDI) and Mood and Anxiety Symptoms Questionnaire (MASQ) are well-known instruments for clinical assessment of depression. Our objectives were to compare measurement properties of BDI-I and II with MASQ’s depression components and their measurement performance with off-target samples. METHODS: Two samples of psychologically healthy college students (sample size of 831 and 433 respectively) were randomly selected to complete BDI-I, MASQ and BDI-II. Partial credit and rating scale model estimation with WINSTEP software were implemented for BDI-I/II and MASQ respectively. Scale performance criteria included dimensionality, rating scale functioning, separation and reliability, as well as construct definition and convergence. RESULTS: All three instruments demonstrated strong measurement properties, although MASQ provided more coherent rating scale use, better person and item separations and reliabilities, as well as slightly broader measurement range. Residual principal components factor analysis of MASQ found positively and negatively worded items forming a structure that accounted for 15% of variance. This factor is highly correlated with the measurement depression dimension and does not present a threat to validity. CONCLUSIONS: Certain aspects of item performance in all instruments should be improved. In particular, misfitting items could be removed or revised and several redundant items dropped. It may also be necessary to add items that fill gaps left by scale refinement to maintain precision and reliability. There is a general need to shorten the instruments for better and more efficient depression measurement.

**PMH37**

**A SYSTEMATIC REVIEW OF SUICIDALITY MEASURES IN STUDIES USING SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) IN CHILDREN AND ADOLESCENTS WITH MAJOR DEPRESSIVE DISORDER (MDD)**

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