

changes in triglycerides in olanzapine-treated women ( $n = 32$ ) versus ziprasidone-treated women ( $n = 44$ ) trending toward significance ( $p = 0.09$ ). **CONCLUSIONS:** In a six-week trial, men treated with olanzapine experienced an increase in CHD risk that was significant versus a decrease in men treated with ziprasidone, while changes in risk did not differ significantly between olanzapine- and ziprasidone-treated women. These results paralleled changes in lipid profile. Investigation is warranted into effects of long-term treatment with atypical antipsychotics on risk of CHD.

**PMH19**

**CLIENT AND STAFF INVOLVEMENT IN FORMAT DESIGN OF A HEALTH-RELATED QUALITY OF LIFE SURVEY FOR INDIVIDUALS WITH SCHIZOPHRENIA, THE SCHIZOPHRENIA OUTCOMES ASSESSMENT PROJECT (SOAP) SURVEY**

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**OBJECTIVES:** Since end-users of survey may have design format preferences that are undetected by survey developer/administrators, we elicited client and staff input and preferences for three survey formats of a 51-item health-related quality of life survey for community-residing individuals with schizophrenia. **METHODS:** Using cognitive interviews and visual analogue preference ratings (0–100 scale), we sought qualitative and quantitative input from 29 community-residing clients with schizophrenia and 33 staff members at four sites concerning their preferences for three formats of the 51-item Schizophrenia Outcomes Assessment Project (SOAP-51) Survey: a 6-page booklet with responses horizontally listed below each item, a 4-page version with responses to the right of each item, and a compressed 2-page version of the former. Survey formats were presented in randomized order. Staff was also asked their preference for four versus five-response format. Clients were individually interviewed in 15–20 minutes sessions; staff had individual (20–30 minutes) or group (45–60 minute) sessions. **RESULTS:** Clients preferred the booklet and 4-page format over the 2-page version; respective VAS values of 70.1, 68.9, and 47.0 ( $p = 0.012$ ). Qualitatively, clients indicated that the 2-page was too compressed and that the 4-page format made it easier to link the response to the question. Staff preferred 4 responses to 5 (84.0 versus 46.1,  $p < 0.0001$ ) because they perceived little distinction between two of the five response levels. Staff had a preference trend toward the 4-page format over the booklet or 2-page (68.6, 58.6, and 58.9 respectively,  $p = 0.22$ ). When asked their first choice, 47% of staff indicated 4-page; 34%, 2-page; and 19%, booklet. **CONCLUSIONS:** Clients preferred booklet and 4-page formats; staff preferred 4-page and 2-page formats. Based on this input, we have selected the 4-page format, the common preference of both groups. Survey developers should incorporate end-users

to provide insight into format preferences and cognitive processing.

**PMH20**

**TREATMENT WITH PSYCHOSTIMULANTS IS ASSOCIATED WITH DECREASED RATES OF SUBSTANCE ABUSE AND IMPROVED SCHOOL OUTCOMES AMONG CHILDREN WITH AD/HD**

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**OBJECTIVES:** To study the long-term impact of psychostimulant treatment on substance abuse and school outcomes in a population-based cohort of AD/HD cases. **METHODS:** Subjects included 282 AD/HD research identified cases treated with psychostimulant medication and 81 AD/HD cases that were never treated with psychostimulants. These subjects are subsets of the 363 research identified cases from a population-based birth cohort, born in Rochester, MN 1976–1992 who remained in Rochester after age 5 ( $N = 5,718$ ). All 363 cases were followed from age 5 until emigration, death, school graduation, drop out. Among 282 treated with stimulants, 85% ( $N = 239$ ) of cases were treated with methylphenidate. Data on type of psychostimulant, dosage prescribed (Methylphenidate Equivalent Units), start/stop dates were collected from medical and school records. The same resources were retrospectively and longitudinally examined for the documentation of substance abuse and school outcomes. Associations between psychostimulant treatment and outcomes were evaluated using general linear and logistic regression models. **RESULTS:** Of the AD/HD cases treated with stimulants, 16.3% had documented substance abuse compared to 23.5% cases not treated ( $OR = 0.6$ ; 95%  $CI = 0.3–1.2$ ;  $p = 0.14$ ). Cases treated at an earlier age were less likely to have documented substance abuse ( $p = 0.025$ ) as well as those treated for a longer duration ( $p = 0.17$ ). Cases with higher average daily psychostimulant dosage had higher reading scores ( $r = 0.14$ ,  $p = 0.025$ ). Cases treated with psychostimulants were absent significantly less than those who were not treated ( $p = 0.024$ ). Furthermore, cases treated longer were absent less ( $r = -0.18$ ,  $p = 0.003$ ). **CONCLUSIONS:** Our large, longitudinal, population-based, study demonstrates that psychostimulant treatment is associated with decreased substance abuse and improved school outcomes among AD/HD cases. Our study confirms the positive impact and importance of long-term treatment with psychostimulants and reflects an improvement in the lives of children with AD/HD.

**PMH21**

**PSORIASIS AND DEPRESSIVE SYMPTOMATOLOGY: SPANISH RESULTS**

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**OBJECTIVE:** Chronic skin diseases have a heavy impact on the physical and mental well-being of the patient. This is confirmed by the large number of quality of life studies that exist. Paradoxically, no study has evaluated depressive symptomatology in Spanish patients with dermatosis. This was why it was decided to carry out, in association with Accion Psoriasis (a Spanish Patient Support Group), an evaluation of the depressive symptomatology of patients suffering from psoriasis. **METHODS:** The CES-D scale (Center for Epidemiologic Studies—Depression scale) was developed in the USA at the National Institute of Mental Health to perform epidemiological studies of depressive symptomatology in the general population. The CES-D scale was sent to 1300 patients with psoriasis, members or supporters of Accion Psoriasis. The completed questionnaires were returned in prepaid envelopes. **RESULTS:** Out of the 1300 questionnaires sent out in March 2003. At mid-March 2003, 300 questionnaires were returned: response rate 23%. The presented results concerned the 106 first questionnaires analysed. The male/female gender ratio was as follows 54/46. Depressive symptomatology was observed in 44% of men (average score 17.8) and 55% of women (average score 21). This difference between men and women was not statistically significant. An evaluation according to the age at diagnosis was also carried out: 2 groups were identified: diagnosis at 16 years of age or younger versus a group diagnosed after the age of 16. Depressive symptomatology was observed in 54% of patients in the first group versus 46% of patients in the second group. **CONCLUSION:** These preliminary results show the importance of the psychological impact of dermatosis, especially psoriasis. Global management of patients seems essential for patients suffering from chronic dermatosis.

**PMH22****PSORIASIS AND DEPRESSIVE SYMPTOMATOLOGY: ITALIAN RESULTS**

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**OBJECTIVE:** Chronic skin diseases have a heavy impact on the physical and mental well-being of the patient. This is confirmed by the large number of quality of life studies that exist. Paradoxically, no study has evaluated depressive symptomatology in Italian patients with dermatosis. This was why it was decided to carry out, in association with ADIPSO (an Italian Patient Support Group), an evaluation of the depressive symptomatology of patients suffering from psoriasis. **Tools:** the CES-D scale (Center for Epidemiologic Studies—Depression scale) was developed in the USA at the National Institute Of Mental Health to perform epidemiological studies of depressive symptomatology in the general population. **METHOD:** The CES-D scale was remitted by Italian Dermatologists to the first

5000 patients with psoriasis coming to their office. The completed questionnaires were returned in prepaid envelopes. **RESULTS:** Out of the 5000 questionnaires remitted in February and March 2003. At mid-March 2003, 3000 questionnaires were returned: response rate 60%. The presented results concerned the 100 first questionnaires analysed. The male/female gender ratio was as follows 61/39. Depressive symptomatology was observed in 34% of men (average score 17.2) and 62% of women (average score 21). This difference between men and women was statistically significant ( $p = 0.007$ ). An evaluation according to the education level was also carried out: Two groups were identified: patients having a primary/secondary education level ( $n = 69$ ) versus patients having a higher education level ( $n = 31$ ). Depressive symptomatology was observed in 51% of patients in the first group versus 32% of patients in the second group. This difference according to the education level was statistically significant ( $p < 0.02$ ). **CONCLUSION:** These preliminary results show the importance of the psychological impact of dermatosis, especially psoriasis. Global management of patients seems essential for patients suffering from chronic dermatosis.

**PMH23****DEVELOPMENT AND ASSESSMENT OF HEALTH STATE UTILITIES FOR ATTENTION DEFICIT/HYPERACTIVITY DISORDER IN CHILDREN USING PARENT PROXY REPORT**

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**OBJECTIVES:** Attention deficit/hyperactivity disorder (ADHD) is a behavioral disorder, originating in childhood, with broad impairment in academic performance, social functioning, and quality of life. ADHD health state utilities have not previously been assessed using parent ratings. Health state utilities are needed to calculate quality-adjusted life years (QALYs), a critical measure of outcomes in cost-effectiveness studies. The purpose of this study was to use standard gamble (SG) utility methodology to assess parent preferences for ADHD health states. **METHODS:** Parents of children diagnosed with ADHD completed SG utility interviews, in which they rated their child's current health and 11 hypothetical health states (e.g., untreated ADHD; stimulant treatment; atomoxetine treatment, a new non-stimulant). The hypothetical health states were developed based on physician interviews, published literature, and unpublished clinical trial data. Parents reported children's symptoms using the 18-item ADHD-RS. Construct validity and health state differences were examined with correlations, t-tests, and ANOVAs. **RESULTS:** Participants were 43 parents of children with ADHD. The mean parent SG rating of their child's