lence of comorbid conditions. There is substantial 1-year mean cost associated with pediatric ADHD, even for stable responders on their pharmacotherapy. Notably, only one quarter of the cost of ADHD is due to medication.

PMH3 INTRAVENOUS DROPERIDOL AND OLANZAPINE AS ADJUNCTS TO MIDAZOLAM FOR THE ACUTELY AGITATED PATIENT: A MULTI-CENTRE, RANDOMISED, DOUBLE-BLIND, PLACEBO-CONTROLLED, CLINICAL TRIAL Chan EW1, Taylor DM2, Knott JC3, Phillips GA4, Castle TD5, Kong DC6
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OBJECTIVES: To determine if IV droperidol or olanzapine, as adjuncts to midazolam administration, improve sedation quality for the acutely agitated patient in the Emergency Department (ED). METHODS: We undertook a randomised, double-blind, placebo-controlled, double-dummy, clinical trial in three EDs (August 2009 to March 2010). 150% of target enrollment was achieved for acute agitation. Each was randomized to receive an IV bolus of either saline (control), droperidol (5mg) or olanzapine (5mg). This bolus was immediately followed by an IV midazolam bolus (2.5-5mg) then additional boluses until sedation to a pre-determined endpoint was achieved. The primary outcome was time to sedation. Secondary outcomes were the need for ‘rescue’ sedation and adverse events. RESULTS: Three hundred and thirty-six patients were enrolled. The baseline characteristics of the groups did not differ (p>0.05). However, the median (IQR) times to sedation (min) differed significantly (p=0.001): control group 10 (4-25), droperidol 6.3 (3-10), olanzapine 5.3 (3-10). At any time point, patients in the droperidol and olanzapine groups were –1.6 times more likely to be sedated compared to controls: droperidol and olanzapine group hazard ratios (95%CI) were 1.58 (1.21-2.06) and 1.64 (1.25-2.15), respectively, (p<0.001). The droperidol and olanzapine groups required a much shorter time to achieve the alternative and primary endpoints at any time after intervention had been achieved (p<0.05). The group adverse event profiles and lengths of stay did not differ (p=0.21 and 0.32, respectively). CONCLUSIONS: Droperidol or olanzapine administration, as adjuncts to midazolam, is a safe and significantly improved alternative to placebo. These findings will inform best-practice for sedation of the acutely agitated ED patient.

PMH4 MIRROR IMAGE STUDIES OF RISPERIDONE LONG-ActING INJECTION FOR CHRONIC SCHIZOPHRENIA AND SCHIZOAFFECTIVE DISORDER Thompson C1, 2Jaspan R1, Krieger J1, 2Hodgkins P2, 1University of Toronto, Toronto, ON, Canada, 2Janssen EMEA, Birkerød, Denmark

OBJECTIVES: To summarize 3) mirror image studies of risperidone long-acting injection (RIS-LAI) with respect to patient outcomes and 2) methodological weaknesses of this model. METHODS: Medline and Embase were searched for mirror image studies that examined the same patients before and after switching to RIS-LAI. We accepted clinical trials, database studies, or chart reviews. Clinical outcomes included rates of hospitalization, duration of stay, and visits to emergency room or outpatient clinics. Economic outcomes included cost of drugs, services, or overall treatment. Results were analyzed descriptively. RESULTS: Twenty-three studies were initially identified; 14 were rejected (14 of 23 results did not compare endpoint to baseline (not true mirror image studies). Differences in methodology were: 1) duration of RIS-LAI; 2) comparison of results. We included these in our analysis. A 5-year period was chosen for the efficacy evaluation from 2002 to 2007. Analyses were performed on the Montgomery-Asberg Depression Scale (MADRS) adjusted mean change from baseline at 2 months (6-12 weeks) using SAS. The 'Combination method' was used to compare the escalation of a drug (Modification of Normal likelihood). Escitalopram efficacy evolution was presented as mean difference to placebo, ranking probabilities and mean rank. RESULTS: MADRS results were reported in 2 months in 122 RCTs; 83 were selected for this analysis (excluding treatments launched after 2002). Differences in MADRS total score versus placebo increased from -3.39 [-5.66; -1.70] in 2002 to -3.76 [-4.63; -2.90] in 2007 for escitalopram. Ranking probabilities curves for escitalopram and citalopram were mostly overlapping in 2002, while a much clearer separation in favour of escitalopram appeared in 2007. Mean ranks were respectively 6.8 and 6.2 in 2002 and 4.4 and 7.3 in 2007. The escitalopram and citalopram rankings were all in the same order in 2002 and 2007. CONCLUSIONS: Escitalopram, relative efficacy increased from 2002 to 2007. This was mainly explained by new positive superiority escitalopram studies. Time of launch did not appear always to be the most appropriate to assess antidepressant efficacy mostly based on RCTs versus placebo. Other outcomes and studies selection may have an impact on results.

PMH7 ANALYSES OF SWITCHING AND COMBINATION USE OF ANTIDEPRESSANTS IN YOUNG SWEDISH ADULTS Andersson Sundell K1, Petzold M2, Wallerstedt SM3
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OBJECTIVES: Previous studies report varying frequency of switching and combination use of antidepressants between age groups and by socioeconomic characteristics. The aim of this study was to analyse frequency of antidepressant use and switching of antidepressants in Swedish adults aged 20-34 years. METHODS: The study population encompassed antidepressant users aged 20-34 years initiating use between January and June 2006 (n=24,897). Data on filled antidepressants in 2006 were collected from the Swedish Prescribed Drug Register and information on socioeconomic characteristics from Statistics Sweden. Clinical and socioeconomic factors associated with use of at least two antidepressants and switching were analyzed with multivariable logistic regression. RESULTS: In total, 17.1% purchased at least two antidepressant drugs. This was more common among women, odds ratio (95% confidence interval) 1.16 (1.04 -1.28), among those who started on mirtazapine compared to SSRIs: 2.33 (2.01-2.71), when a psychiatric care facility issued the index prescription compared to primary care 1.19 (1.07-1.32), among those born in Sweden with one parent born in Sweden 1.26 (1.09-1.45) and those who received social assistance 1.19 (1.03-1.37). It was less common when an occupational health facility issued the index prescription 0.70 (0.53-0.94), with declining length of follow up 0.73 (0.62-0.86), and with increasing length of education. Among those who used at least two antidepressants, 71.6% were classified as switchers. Switching was less common among those starting on mirtazapine: 0.69 (0.53-0.90), when the first prescription was issued in psychiatric care 0.74 (0.60-0.90), and among individuals with at least two years of university education 0.60 (0.41-0.87). CONCLUSIONS: Almost one fifth used two or more antidepressants; the majority was classified as switchers. Type of starting antidepressant, whether the index prescription was issued by a specialist or general practitioner and level of education influenced use of at least two antidepressants and switching.

PMH8 COST OF METHYLPHENIDATE AND AMOXETINE PRESCRIBING TO CHILDREN AND ADULTS IN SOUTH AFRICA Truter I4, 5Nelson Mandela Metropolitan University, Port Elizabeth, Eastern Cape, South Africa

OBJECTIVES: To investigate the cost of methylphenidate and atomoxetine prescriptions...