ADHD medications only during the school year and stop treatment in the summer months. Assuming that a child meets the DSM-IV-TR criteria for ADHD, taking him/her off treatment, even outside the school setting, could impair his/her ability to function in everyday life. At the same time, it provides the child with a holiday from potentially serious side effects associated with stimulant use. Further research is needed to compare these and other benefits/risks associated with discontinuing ADHD therapy during the summer months.

PMH84

PREDICTORS OF TREATMENT INITIATION OF DULOXETINE VS. VENLAFAXINE XR FOR PATIENTS WITH MAJOR DEPRESSION DISORDER IN MANAGED CARE SETTINGS
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OBJECTIVE: To assess the impact of prior medication use and comorbidities on treatment initiation with duloxetine vs. venlafaxine XR for patients with major depression disorder (MDD) using retrospective claims data. METHODS: Using the PharMetrics Database, we studied commercially insured individuals aged 18–64 who initiated treatment with duloxetine or venlafaxine XR between July 2005 and July 2006, and had ≥1 prior diagnosis with MDD and continuous enrollment during 12 months prior to initiation date. Initiation was defined as the first use of a medication preceded by three months without a prescription of the same medication. Chi-square and Logistic regression analysis of patients’ demographics, past-year medication use and comorbidities assessed predictors of initiations with duloxetine vs. venlafaxine XR. RESULTS: A total of 12,662 patients (73.8% female) initiated treatment with duloxetine, and 14,801 (72.1%) with venlafaxine XR. Compared to venlafaxine XR patients, significantly more duloxetine patients received ≥3 unique antidepressants (39.5% vs. 25.2%), ≥3 unique pain medications (25.8% vs. 15.1%), SSRIs (55.5% vs. 41.2%), TCAs (12.5% vs. 7.5%), analgesics (63.6% vs. 51.6%), anticonvulsants (31.3% vs. 19.2%), or hypnotics (31.5% vs. 22.0%), and had ≥8 unique co-morbid medical conditions (38.8% vs. 29.5%) and diagnoses with pain (76.4% vs. 67.1%) (all p-values <0.001). Regression results revealed that the significant factors for duloxetine initiation vs. venlafaxine XR were prior use of ≥3 unique antidepressants (OR = 1.34), ≥3 unique pain medications (OR = 1.24), SSRIs (OR = 1.51), TCAs (OR = 1.19), analgesics (OR = 1.12), anticonvulsants (OR = 1.45), hypnotics (OR = 1.25), and prior medical comorbidities of pain (OR = 1.11) (all p-values <0.001). CONCLUSION: The results suggest that duloxetine patients with MDD are more likely to have more medical conditions and complex prior medication treatments than venlafaxine XR patients.

PMH85

PSYCHOTHERAPY AND MEDICATION USE AMONG DEPRESSION PATIENTS
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OBJECTIVE: This study examined the health service utilization and treatment costs among depression patients who received antidepressant medication, psychotherapy or both. METHODS: This study used medical and pharmacy claims data from 220,620 employees from three employer groups from September 2002 to December 2003. Depression patients (n = 4653) were identified using ICD-9 diagnosis codes from medical claims data. Differences in treatment costs and comorbid conditions were examined between depression patients who received psychotherapy and those who did not. RESULTS: Among eligible members, 4,653 (2.1%) had a primary diagnosis of depression. Nearly 70% were female with an average age of 39.7 years. Approximately half of the depression patients (46.9%) received antidepressant medication alone while 34.2% of patients received both psychotherapy and medication. Only 19.3% of depression patients received psychotherapy without medications. The average total treatment cost for depression patients who received both psychotherapy and medications was $10,565, while the average treatment cost for patients who only used medication was $10,014. These treatment costs were not significantly different. The average treatment cost for psychotherapy alone was $3,945. The most frequent comorbid conditions among depression patients were musculoskeletal and chronic pain (29.9%), anxiety (26.6%), injuries (18.7%), hypertension (14.4%), asthma (6.3%), diabetes (6.1%), arthritis (5.4%), urinary tract infection (4.4%) and drug dependence and alcohol abuse (4.1%). Depression patients who received both medication and psychotherapy had significantly more comorbid anxiety (33.1%) and drug and alcohol abuse (5.8%) than those who received medications or psychotherapy alone (p < 0.001). CONCLUSION: Depression patients who used psychotherapy including antidepressant medications did not have significantly different health care costs than depression patients who did not receive psychotherapy treatments. Depression patients with comorbid psychological conditions such as anxiety or drug abuse were more likely to receive psychotherapy treatment (p < 0.001).