harming others and/or themselves. Therefore the importance of preventing deterioration in a patient’s condition as measured by PANSS is not only beneficial to the patient but also to society. Given the difficulties in this patient population about maintaining treatment compliance, it may be worthwhile to allocate funds aimed at reducing symptoms directly or indirectly by improving compliance.

**PMH21**

**TREATMENT PERSISTENCE: A COMPARISON AMONG PATIENTS WITH SCHIZOPHRENIA WHO WERE INITIATED ON ATYPICAL ANTIPSYCHOTIC AGENTS**

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**OBJECTIVES:** Clinical trials have demonstrated the efficacy of atypical antipsychotic agents in reducing symptoms of schizophrenia. However, the likelihood of sustaining control of schizophrenic symptoms may depend on treatment persistence. In this study, we compared treatment persistence between patients who were initiated on risperidone or olanzapine, the two most widely prescribed atypical antipsychotic agents. **METHODS:** We identified patients with schizophrenia by ICD-9-CM codes (>1 inpatient or ≥2 outpatient ICD-9-CM codes >7 days apart) between July 1, 1998 and June 30, 1999. We further selected those who were prescribed the target drug during April 1, 1999 through March 31, 2000 provided that they were not on any antipsychotic agents during the prior six months. Using event history analysis, we compared treatment persistence in terms of hazard ratio between olanzapine and risperidone initiators, adjusting for patient sociodemographic and clinical characteristics. **RESULTS:** Following the initiation of the target drug, more patients switched from risperidone to olanzapine than visa versa. Olanzapine initiators had decreased hazards of discontinuation by 14% (unadjusted; p < 0.001) and 12% (adjusted; p = 0.002), respectively, than risperidone initiators. **CONCLUSIONS:** Compared with risperidone, olanzapine seems to be better tolerated by patients as indicated by better treatment persistence. The initiation of olanzapine may thus increase the likelihood of sustaining control of symptoms of schizophrenia. Future research needs to provide a more comprehensive assessment of treatment persistence by considering other factors, such as formulary decision, and other antipsychotic agents in the study and developing models to assess treatment persistence and switching as two interdependent competing risks.

**PMH22**

**HOSPITALIZATION AND MEDICATION USE IN SCHIZOPHRENIA PATIENTS RECEIVING RISPERIDONE LONG-ACTING INJECTABLE OR ORAL ATYPICAL ANTIPSYCHOTIC MEDICATION**

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**OBJECTIVE:** To compare time to first psychiatric-related hospitalization and medication use in patients with schizophrenia, before and after initiation of risperidone long-acting injectable (RLAI) therapy. **METHODS:** Schizophrenia patients who participated in RLAI clinical trials in Canada were identified and their charts were retrospectively reviewed to assess hospitalization and medication use over identical periods before and after the initiation of RLAI therapy. **RESULTS:** Sixty-three charts were reviewed. The mean RLAI treatment period was 40.3 months with 52.4% of patients still receiving therapy at the time of the chart audit. The pre- and post-RLAI assessment periods were identical at 39.4 and 40.3 months, respectively (p = 0.8293). There were statistically significant differences in hospitalization before and after the initiation of RLAI therapy. After initiation of RLAI therapy fewer patients were hospitalized (52.4% prior to RLAI versus 48.4% during RLAI treatment, Relative Risk = 10.9, p < 0.0001), fewer patients had more than one hospitalization (24% versus 0%, p < 0.0001), the total duration of hospitalization days decreased by 99% (1558 versus 23, p < 0.0001), the number of hospitalizations per patient decreased by 89% (0.9 versus 0.1, p < 0.0001) and duration of hospitalization decreased by 98% (24.7 days per patient versus 0.4, p < 0.0001). Furthermore, anticholinergic and anxiolytic use decreased from 81% of patients to 64% (p = 0.0459) and 57% to 35% (0.0198), respectively, with RLAI while sedative use was not significantly different (22% and 16% of patients used sedatives pre- and post-RLAI, respectively, p = 0.4967). **CONCLUSIONS:** RLAI had a significant impact on hospitalization of schizophrenia patients, offering a clear clinical benefit compared to traditional antipsychotic therapy. In addition, the significant decrease in hospitalization

**PMH23**

**IMPACT OF RISPERIDONE LONG-ACTING INJECTABLE ON HOSPITALIZATION AND MEDICATION USE IN PATIENTS WITH SCHIZOPHRENIA**

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**OBJECTIVE:** To compare psychiatric-related hospitalization and medication use in patients with schizophrenia, before and after initiation of risperidone long-acting injectable (RLAI) therapy. **METHODS:** Schizophrenia patients who participated in RLAI clinical trials in Canada were identified and their charts were retrospectively reviewed to assess hospitalization and medication use over identical periods before and after the initiation of RLAI therapy. **RESULTS:** Sixty-three charts were reviewed. The mean RLAI treatment period was 40.3 months with 52.4% of patients still receiving therapy at the time of the chart audit. The pre- and post-RLAI assessment periods were identical at 39.4 and 40.3 months, respectively (p = 0.8293). There were statistically significant differences in hospitalization before and after the initiation of RLAI therapy. After initiation of RLAI therapy fewer patients were hospitalized (52.4% prior to RLAI versus 48.4% during RLAI treatment, Relative Risk = 10.9, p < 0.0001), fewer patients had more than one hospitalization (24% versus 0%, p < 0.0001), the total duration of hospitalization days decreased by 99% (1558 versus 23, p < 0.0001), the number of hospitalizations per patient decreased by 89% (0.9 versus 0.1, p < 0.0001) and duration of hospitalization decreased by 98% (24.7 days per patient versus 0.4, p < 0.0001). Furthermore, anticholinergic and anxiolytic use decreased from 81% of patients to 64% (p = 0.0459) and 57% to 35% (0.0198), respectively, with RLAI while sedative use was not significantly different (22% and 16% of patients used sedatives pre- and post-RLAI, respectively, p = 0.4967). **CONCLUSIONS:** RLAI had a significant impact on hospitalization of schizophrenia patients, offering a clear clinical benefit compared to traditional antipsychotic therapy. In addition, the significant decrease in hospitalization