chronic pain, while reducing their use of controlled medications. A larger follow-up study is needed to validate and expand on these preliminary findings.

PMH29

IMPORTANCE OF REMISSION IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER IN KOREA: FOR IMPROVING HEALTH-RELATED QUALITY OF LIFE AND ECONOMIC BURDEN

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OBJECTIVES: The purpose of this study was to assess health-related quality of life (HRQOL) and economic burden among outpatients with major depressive disorder (MDD) in regards to achieving remission. METHODS: This was a nationwide cross-sectional study. A total of 811 MDD patients over 18 years old were enrolled and each patient was allocated to one of three groups (1: 1: 1 ratio) as follow: new visit group (n=287), remitted group (n=235), and non-remitted group (n=289). The 17-item Hamilton Depression Rating Scale (HAM-D) was used to assign patients to either remitted or non-remitted group. HRQOL was assessed using EuroQol 5 Dimensional EQ-5D scale (EQ-5D), and Quality of Life Enjoyment and Satisfaction Questionnaire Short Form (Q-LES-Q-SF). To investigate the economic burden of MDD patients, the total monthly costs were calculated by sum of direct medical costs, direct non-medical costs (transportation and supplementary therapy), and indirect costs collected via patients interview. Indirect costs were measured by absenteeism and presenteeism utilizing the Korean version of World Health Organization Health and Work Performance Questionnaire (HQWO).

RESULTS: Non-remitted group showed statistically significant improvement of HRQOL as revealed by the results of EQ-5D index score, EQ-VAS, and Q-LES-Q-SF compared to remitted group (0.57±0.3 v 0.77±0.30, 50.9±20.4 v 72.5±16.5, 59.4±10.14 v 0.50±0.00, respectively, p<0.0005). Regarding direct medical costs, the non-remitted group increased the highest group costs compared to other groups (p<0.0286). As the indirect costs, remitted group demonstrated significant improvement in productivity compared with other groups (p<0.0001). Total monthly costs were the highest in non-remitted group (118.7±85.7) compared to remitted group (76.6±84.5) and new visit group (1063.7±73.1, p<0.0001). CONCLUSIONS: Non-remitted MDD patients suffer from both lower HRQOL and higher economic burden compared with remitted group and new visit group. These results suggest the importance of achieving remission in Korean MDD patients.

PMH30

PREDIANCE AND PREDICTORS OF CLINICALLY UNDIAGNOSED COGNITIVE IMPAIRMENT AMONG OLDER RESIDENTS OF NURSING HOMES IN ASSOCIATION WITH HRQOL

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OBJECTIVES: To determine the prevalence and predictors of cognitive impairment among older residents of nursing homes in the state of Penang, Malaysia. METHODS: This multi-centred cross-sectional study was conducted in two phases over a six-month period at four non-governmental nursing facilities in Penang, Malaysia. Older residents (≥60 years old) who were taking at least one medicine and had not been previously diagnosed with dementia were included. Demographic and clinical data were collected through direct interviews and the review of medical record. Cognitive screening was performed using the Mini-Cog at baseline. Health Related Quality of Life (HRQOL) was assessed at baseline and after a three-month interval using the EuroQol (EQ-5D) and EQ Visual Analogue Scale (VAS). RESULTS: The samples consisted of 137 males and 170 females. The average age (standard deviation) was 16.2 years (2.5). The mean length of psychiatric treatment was 23.6 months (23.3). The most frequent diagnostic category was neurotic disorders (F4; n=113), followed by mood disorders (F3; n=73), disorders of psychological development (F8; n=67), behavioral and emotional disorders (F9; n=22), schizophrenic spectrum disorders (F2; n=4), and other diagnoses (n=14). Among the 19 antidepressants available in Japan, the prescription rate of fluoxetine (82.3%, n=130) was the highest, followed by sertraline (17.6%), duloxetine (10.4%), escitalopram (9.8%), trazodone (6.5%), and paroxetine (5.5%). Bicyclic or tetracyclic antidepressants (TCAs) were prescribed in 35 patients (11.4%). Two or more antidepressants were prescribed concurrently in 27 (8.8%) of the 307 patients. Anxiolytics/hypnotics were concurrently prescribed in 126 (41.0%). Mood stabilizers were co-prescribed in 35 (11.4%). Antipsychotics were concurrently prescribed in 134 (43.6%), with a median dose of 100mg/d chlorpromazine equivalent. CONCLUSIONS: In Japan, although augmentation of antidepressant treatment seemed relatively popular with antipsychotics in patients, antidepressive doses might be relative low.

PMH31

EVALUATION OF FACTORS AFFECTING SALES OF PRESCRIPTION DRUGS IN KOREA: A MULTIVARIATE ANALYSIS

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OBJECTIVES: Many factors including patient, physician, medicine promotion and marketing of its products. The present study is aimed at showing the parameters that affect prescription writing and determine the effect of each of them on prescription process in Iran. METHODS: In order to investigate the effect of price, advertisement, gender, and age on the sales and prescription process of the medicines, namely fluoxetine, clonazeped and lamotrigine, we conducted a cross-sectional survey in 2013 on 464 patients in different public hospitals. Results: We found that advertisement and medicine insurance coverage had significant positive effects on prescription of all three medicines whilst negative relationship were seen between increasing price and the frequency of prescription of a medicine. Besides, we found out that advertisement has a direct effect on raising the demand and prescription of the medicines. CONCLUSIONS: Pharmaceutical companies need special attention to the index of physicians like age and sex in planning for sales and marketing of its products.

PMH35

PUBLIC BELIEFS AND ATTITUDES ABOUT SCHIZOPHRENIA, MAJOR DEPRESSION AND PSYCHOTROPIC MEDICATION IN TUNISIA

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OBJECTIVES: Stigmatization associated with mental illnesses could prevent schizophrenia and people with major depression to access to health care. Stigma often varies depending on social contexts. A survey in this subject was conducted in first Germany, then in France and finally in Tunisia. The objective of current study is to assess public beliefs and attitudes about schizophrenia, major depression and psychotropic drugs in Tunisia. METHODS: Three questionnaires were administered face-to-face to a representative sample of 1038 Tunisian people. RESULTS: We answered a questionnaire about patients with schizophrenia and depression and 205 about psychotropic drugs. They were asked to address a validated questionnaire. RESULTS: All 1038 questionnaires were fully completed. 38.8% (resp. 26.8%) of people reported being not comfortable in presence of a schizophrenic patient and 31.7% (resp. 38.9%) of people reported feeling not comfortable in presence of a depressed patient. More than 89.9% (resp. 90.2%) felt the need to help people suffering from schizophrenia (resp. major depression), although 58.6% (resp. 43.3%) think that such patients are strange, and 29.6% (resp. 16.0%) think they are dangerous. 47.8% agree with the fact that psychotropic treatment helps people to better support the concerns.