

included drug cost and the reduced compliance of medication by methylphenidate users (61%) versus AMP/DEX users (86%) and the AMP/DEX response rate. **CONCLUSIONS:** Generic Adderall™ is the dominant strategy over generic Ritalin™ given that compliance and side effect rates are consistently higher for generic Adderall™. However, it is difficult to make strong generalizations about cost-effectiveness between therapies given the overlapping efficacy rates and similar side effect profiles of competing treatments as reported in the literature. Clinicians should find it appropriate to initiate stimulants in the short term regardless of the specific agent available.

PMH41**SUICIDE ATTEMPTS BY THE ELDERLY: HOSPITAL RESOURCE USE AND COSTS**

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OBJECTIVES: Reportedly, suicide rates are highest among those aged 65 years and older (elderly) in the US. This study examines admissions resulting from suicide attempts by elderly persons and estimates the resulting hospital costs. **METHODS:** Cases of suicide attempts by elderly persons were identified using ICD-9 diagnosis and E-codes. Hospital costs were developed based on 2000 discharge data from 619 hospitals in seven states, supplemented with national fee schedules. Cost estimates include accommodation, ancillary and physician services, reported in 2003 US\$. Charges were adjusted using a 0.61 cost-to-charge ratio and the annual medical care component of the U.S. Consumer Price Index. **RESULTS:** Of 2129 suicide attempts identified, 56% were female and 3% were admitted from residential, nursing or correctional facilities. The mean age was 76 years; 75% were admitted via Emergency Room and 41% spent time in ICU. Drug overdose was the method of self-inflicted injury in 71% of cases. Mean length of stay was 5.9 days (median: 3, range: 1–261). Mean cost per stay was \$11,445 (median: \$6005, range: \$498–\$610,565). Cumulative cost for all cases was \$29.7 million. The inpatient case fatality rate was significantly ($p = 0.000$) higher in males (12%) than females (4%). Of those discharged, 51% went home (6% with home care), 26% to subacute facilities, 20% to a mental health or residential care facility, and 1% returned to prison. Within 12 months following their index suicide attempt, 8% were readmitted for another attempt and survived. **CONCLUSIONS:** While most of the intentionally self-inflicted injuries by elderly persons who are admitted to hospital are not fatal, elderly males admitted for suicide attempts are three times more likely to succeed. Although suicide attempts by elderly persons generate substantial hospital costs, the estimates presented reflect only a portion of the economic consequences of this problem, as most require health services post-discharge.

MENTAL HEALTH**MENTAL HEALTH—Quality Of Life/Utility/Patient Reported Outcomes Studies****PMH42****CORRELATIONS BETWEEN PSYCHOPATHOLOGY AND HEALTH RELATED QUALITY OF LIFE (HRQL) MEASURES IN SCHIZOPHRENIA. RESULTS FROM THE SQUARE STUDY**

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OBJECTIVES: Evaluation of schizophrenic patients requires measurements that extend, beyond mere estimation of psychopathology symptoms, to assessment of quality of life levels. The relationship between psychopathology and HRQL changes has not been extensively studied. The objective of this study is to assess correlations between psychopathology (Positive and Negative Symptom Scale, PANSS) and a disease-specific questionnaire, the Quality of Life Scale (QLS), in the evaluation of schizophrenia patients. **METHODS:** An open-label, 52-week follow-up study of 170 patients is being conducted in 8 Greek public psychiatric hospitals. Patients with mild to moderate schizophrenia (according to DSM-IV criteria) aged 18–65, hospitalized or outpatients, newly diagnosed or in acute exacerbation were enrolled. Psychopathology was assessed by PANSS general psychopathology, positive and negative symptom scores. HRQL was assessed by QLS total and 4 subscale scores (interpersonal relationships, instrumental role, intrapsychic foundations and common objects and activities). Correlations analysis was used to identify the relationship between PANSS and QLS scores at baseline and at stabilization after 6-months treatment. Six month follow-up data are presented in this analysis. **RESULTS:** At baseline, a weak but statistically significant ($p < 0.001$) association was found between the 4 QLS subscale scores and PANSS general and negative symptom scores. Correlation coefficients ranged from $r = -0.18$ ($p < 0.05$) (QLS instrumental role vs. PANSS negative) to $r = -0.46$ ($p < 0.001$) (QLS intrapsychic foundation vs. PANSS negative). At six months a stronger and statistically significant association was observed. Correlation coefficients ranged from $r = -0.32$ ($p < 0.001$) (QLS total score vs. PANSS general) to $r = -0.56$ ($p < 0.001$) (QLS intrapsychic foundation vs. PANSS negative). **CONCLUSIONS:** The study reveals a statistically significant correlation between PANSS and QLS at baseline scores, which is improved over the 6-months follow-up period. HRQL measures and psychopathology seem to change synchronically; the correlation is enhanced as the control of schizophrenia symptoms is improved.

PMH43**DIFFERENTIAL IMPACT OF OLANZAPINE AND RISPERIDONE ON SEXUAL DYSFUNCTION AND ITS POTENTIAL IMPLICATIONS**

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OBJECTIVES: Antipsychotics differ in their impact on prolactin, and sustained elevation in prolactin levels is associated with sexual dysfunction. Unlike risperidone, olanzapine is known as a prolactin-sparing antipsychotic. This study aimed to: a) compare olanzapine and risperidone on reported sexual dysfunction during the long-term treatment of schizophrenia patients in usual care, and b) examine the associations between sexual dysfunction, medication adherence, and indicators of well-being for all patients. **METHOD:** Data of the U.S. Schizophrenia Care and Assessment Program (SCAP), a 3-year observational study of schizophrenia patients, were used to identify participants who were treated with olanzapine ($N = 330$) or risperidone ($N = 216$) at enrollment and continued on the drug for a minimum of 1 year. The SCAP-Health Questionnaire was used to measure patients' self-reported medication-related sexual dysfunction at 6-month intervals. Group differences on changes in sexual dysfunction levels from baseline up to 3 years were examined using a mixed model with repeated measures