

reduced HRQoL, especially physical component score, in elderly dementia patients. The study findings suggest the need to evaluate anticholinergic burden, and if possible, use of these potentially inappropriate agents should be avoided in the vulnerable dementia patients.

PMH72

HEALTH-RELATED QUALITY OF LIFE OF PEOPLE WITH DOWN'S SYNDROME: INITIAL RESULTS FROM A NON-DRUG LONGITUDINAL MULTI-NATIONAL STUDY
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OBJECTIVES: We examined Health-Related Quality of Life (HRQoL) of adolescents and adults with Down syndrome (DS) and test-retest reliability of the KIDSCREEN-27. **METHODS:** We conducted a multi-lingual, non-drug, longitudinal study in 8 countries. Sixty-one participants were included (30 males, 31 females). Assessments were performed at baseline and week 24. The KIDSCREEN-27 Parent-Form uses a 5-point Likert scale and comprises five domains: Physical Wellbeing (range 5-25), Psychological Wellbeing (range 7-35), Autonomy & Parent Relations (range 7-35), Peers & Social Support (range 4-20), and School Environment (range 4-20). Higher scores indicate improved HRQoL. A clinician global rating of improvement (ranging from 1 'very much improved' to 7 'very much worse') was used to assess participant clinical status. Intra-class correlations for participants rated as "no change" were calculated to assess test-retest reliability of the KIDSCREEN between baseline and week 24. **RESULTS:** The average age was 14 years and 23 years in adolescents (N=34) and adults (N=27), respectively. The following baseline KIDSCREEN raw scores were obtained for adolescents and adults respectively: Physical Wellbeing 17.4 ± 3.65 and 15.5 ± 2.94; Psychological Wellbeing 28.1 ± 3.65 and 28.4 ± 4.02; Autonomy and Parent Relations 26.0 ± 4.92 and 28.4 ± 4.16; Peers and Social Support 12.1 ± 3.74 and 13.6 ± 4.14; School Environment 15.4 ± 2.41 and 15.6 ± 2.08. Thirty-five respondents were deemed stable. The KIDSCREEN-27 showed fair to good test-retest reliability (range ICC 0.44 to 0.76) with the exception of Autonomy and Parent Relations (-0.16) and Psychological Wellbeing (0.19) in adolescents, and Physical Wellbeing (0.32) and School Environment (0.30) in adults. **CONCLUSIONS:** At baseline both adolescents and adults displayed a reasonable HRQoL as measured by the KIDSCREEN-27. Test-retest reliability may have been influenced by the long timeframe between the two assessments.

PMH73

SUBSTANCE USE AND EMPLOYMENT OUTCOMES AMONG PATIENTS INITIATING EXTENDED-RELEASE NALTREXONE (XR-NTX): REAL-WORLD DATA FROM THE XR-NTX OPIOID DEPENDENCE REGISTRY

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OBJECTIVES: Opioid dependence not only impacts health outcomes and health care costs in the US, but also imposes a large economic burden on the workplace. Estimated lost workplace productivity accounts for the largest share (~\$25.6 billion or 45.6%) of total societal costs.⁴ This study evaluated the impact of extended-release naltrexone (XR-NTX), available as a once-monthly injectable treatment option for preventing relapse to opioid dependence, on self-reported substance use and employment status, in patients treated in a real-world, naturalistic study. **METHODS:** Analysis of an open-label, single-arm, US multicenter registry of adult, opioid dependent outpatients initiating XR-NTX treatment following detoxification. Substance use and employment status in the previous 28 days were collected via the National Treatment Agency Treatment Outcomes Profile (TOP). Analyses were conducted in patients with data available from baseline until at least 6 months of XR-NTX treatment. Intra-subject paired hypothesis tests were conducted. **RESULTS:** A total of 112 (26.6%) of 403 enrolled registry patients had over 6 months of on-treatment follow-up, with 99 (24.6%) completing Month 6 assessments. Abstinence rates for opioids (45.5% to 95.0%; p=0.001), alcohol (64.7% to 78.8%; p=0.006), and stimulants (crack, cocaine and amphetamine) (82.8% to 96.0%; p=0.002) significantly increased from baseline to Month 6. Baseline to Month 6 unemployment rates significantly decreased from 53.5% to 37.4% (p=0.005). Among 53 patients unemployed at baseline, the majority (55.3%) reported employment at Month 6, with 17.0% indicating working 1-16 days and 28.3% working > 16 days in the prior 28 days. **CONCLUSIONS:** In this real-world registry, XR-NTX was associated with increased rates of opioid abstinence, as demonstrated in previous controlled studies. While limitations include the uncontrolled design and the sample subset with 6 months of data, this is the first study to find that patients in XR-NTX treatment showed reductions in overall drug use, with concurrent increased employment.

PMH74

CHANGE IN EMPLOYMENT AND WORK PERFORMANCE AMONG CAREGIVERS

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OBJECTIVES: The objective of this study was to identify factors associated with a change in work performance (Model #1) and with a change in employment status (Model #2) among informal caregivers. We hypothesized caregiver burden and caregiver mental health were key potentially modifiable characteristics of these two outcomes. **METHODS:** A representative (U.S.) sample of 705 adult caregivers completed an online survey regarding their role as an informal caregiver and its impact on their employment. Model II examined 544 of the 705 respondents due to missing data. We conducted bivariate analyses and used multivariate logistic regression to assess the impact of caregiver burden, caregiver mental and physical health, caregiver relationship, and use of caregiving support services on: a change in work performance and a change in employment status. Sociodemographic variables were also examined. **RESULTS:** 32% (n=176) of caregivers reported being laid off or resigned from their position while 46% (n=322) reported caregiving some-

what or very much affected their performance at work. In our multivariate logistic regression model examining change in employment status, the number of hours/week of caregiving, use of support services, a PHQ-2 depression score of 4+, caring for a spouse, younger age and lower income were statistically significant. In our analysis examining change in work performance, the number of hours/week of caregiving, use of support services, PHQ-2 score of 4+, providing assistance with greater number of ADLs and greater number of IADLs, and younger age were significant. **CONCLUSIONS:** Informal caregivers report high levels of change in employment and performance. Caregiver burden and the presence of depressive symptoms were strongly associated with a change in employment status and work performance as a result of caregiving. Efforts aimed at identifying high levels of caregiver burden and depressive symptoms among caregivers may potentially have an impact on employment for some caregivers.

MENTAL HEALTH – Health Care Use & Policy Studies

PMH75

MEDICAID COST AND UTILIZATION OUTCOMES IN OPIOID DEPENDENCE TREATMENT

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OBJECTIVES: Little is known about the real-world utilization and cost outcomes associated with different treatment modalities for opioid dependence. This study sought to analyze pre- and post-treatment cost and service utilization data from a multi-site, retrospective, naturalistic study of opioid dependent adults in three Pennsylvania residential rehabilitation programs. **METHODS:** De-identified retrospective electronic data on 7,687 patients treated in one of three residential treatment centers in Pennsylvania were linked with Medicaid administrative data. Duration of Medicaid supported treatment and relative Medicaid costs and treatment patterns were compared across 4 different treatment modalities: 1) extended-release naltrexone (XR-NTX), 2) agonist (methadone), 3) partial agonist (buprenorphine), and 4) drug-free treatment. Costs and utilization patterns in the immediate phase after discontinuation were also compared. **RESULTS:** XR-NTX-treated (vs. non-medicated) patients were half as likely (odds ratio [OR] 0.47; 95%CI 0.22-1.00; p<0.05) to leave against medical advice (AMA), three times more likely to complete rehab (OR 3.26; 95% CI 1.70-6.23; p<.01) and twice as likely to initiate follow-up treatment within 7-10 days (OR 1.92; 95% CI 1.33-2.77; p<.01). Among the 4,311 patients for whom Medicaid data were available, costs among XR-NTX treated patients were lower than for a non-XR-NTX treated comparison group in the month following treatment discontinuation (\$1,463 vs. \$1,613). **CONCLUSIONS:** Although the study is limited due to non-randomization and retrospective administrative data, it represents real-world clinical experience and health care spending costs. Patients receiving XR-NTX were less likely to leave residential treatment AMA, more likely to initiate follow-up treatment, and had lower Medicaid costs in the month following treatment discontinuation.

PMH76

A+KIDS: FINDINGS 2-YEARS POST-IMPLEMENTATION OF A WEB-BASED REGISTRY FOR ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS

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OBJECTIVES: Children and adolescents with severe behavioral health problems are often treated with complex psychoactive medication regimens with unclear diagnostic and treatment history, amplified by sporadic and often poorly-coordinated treatment. Recently, the use of antipsychotic medications in children has grown substantially among DMA enrollees and now constitutes \$44.4 million in pharmacy reimbursement costs annually. **METHODS:** Policy was developed that required prescribers to register patients via A+KIDS, a web portal, when prescribing antipsychotics in patients under 18 years old before the medication could be approved for pharmacy reimbursement. Required registration elements included a patient's primary diagnosis, target symptom, initiating prescriber, caregiver support of medication use, adverse drug events, and metabolic monitoring deemed best practice. A+KIDS registry data, including children age 17 and under data, were used to examine the first two years of the registry. **RESULTS:** A total of 1650 providers made 51346 requests for 20434 patients in the first two years of the registry. The most commonly requested drug was Risperidone (40.68% of the requests). "Bipolar Disorder," "ADHD," and "Oppositional Defiant Disorder" were the three most common diagnoses (33.76%). "Aggression towards others," "Irritability" and "Tantrums/temper" were the most common target symptoms (62.12%). Over half (52.48%) of the medications were first prescribed by an outpatient psychiatrist. Glucose monitoring increased from 52% to 64% and lipid monitoring from 27% to 46% for children on antipsychotics. **CONCLUSIONS:** Most prescribers of antipsychotics in children were enthusiastic about participating in the prescribing registry, expressing concern about prescribing in an ill-coordinated environment with high risk of serious adverse events and long term side effects. Asking prescribers about glucose and lipid values increased monitoring significantly with implementation of the registry. The registry has the potential for increasing awareness about the effects and usefulness of these medicines by enhancing claims data with clinical data.

PMH77

THE RELATIONSHIP BETWEEN STATE PRESCRIPTION DRUG MONITORING PROGRAM CHARACTERISTICS AND CONTROLLED SUBSTANCE DISPENSING TO MEDICAID BENEFICIARIES

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OBJECTIVES: Prescription Drug Monitoring Programs (PDMPs) have been enacted by several states to combat the abuse and diversion of controlled substances (CS).