PMH15
RISK OF HYPONATREMIA AMONG THE INCIDENT USERS OF ANTIDEPRESSANTS
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OBJECTIVES: Newer antidepressants selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are the most commonly prescribed antidepressants. This is due mostly to their better side effect profile when compared to older drugs like tricyclic antidepressants (TCAs). However these claims are not completely bereft of side effects. Hyponatremia is a condition in which the serum sodium level falls below normal, it has been proposed this occurrence is associated with the binding affinity to the 5-HT receptor. The objective of our study is to compare the incidence of hyponatremia among the newer classes of antidepressants
We used a cohort design with ICD-9 claims data to compare the incidence of hyponatremia in TCAs, SSRIs, and SNRIs. Incidence was reported per 10,000 person-years. Cox model was used to assess the risk of hyponatremia for each antidepressant while adjusting for age and gender. A total of 314,796 patients with an incident prescription for a TCA, SSRI, or SNRI were identified and met study inclusion criteria. The unadjusted hazard ratio for hyponatremia in patients on SSRIs was 0.789 (C.I. 0.729-0.854) and on SNRIs was 1.125 (C.I. 0.976-1.268) when compared to TCAs. However, after adjusting for covariables using the Cox model the hazard ratios were found to be 1.013 (C.I. 0.934-1.099) for SSRIs and 1.069 (C.I. 0.997-1.221) for SNRIs again compared to TCAs. After doing stepwise regression to remove covartables that did not have significant effect the sensitivity below 30%, thus our analysis potentially excludes a large number of cases.

PMH16
PREVALENCE OF ANTICholinergic MEDICATION USE AMONG ELDERLY NURSING HOME RESIDENTS WITH DEPRESSION: FINDINGS FROM A NATIONAL SURVEY
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OBJECTIVES: Anticholinergic medications are extensively used in nursing homes. However limited data exists regarding the utilization pattern of anticholinergic medications among residents with depression. The current study evaluated the extent of anticholinergic medication use in elderly nursing home residents with depression. METHODS: A retrospective cross-sectional study was conducted using 2007-2008 Medicare data from all US states. The study sample consisted of nursing home residents aged 65 years or older, who had depression. Patients with full coverage for Medicare Parts A and B and no HMO coverage for the entire study period were included. A total of 361,401 all-cause deaths were included as a background cohort. Anticholinergic medications were identified using the Anticholinergic Drug Scale (ADS), which classifies drugs into four categories based on their level of anticholinergic activity. Descriptive statistics were performed to determine the prevalence patterns of anticholinergic medication use in elderly residents with depression. RESULTS: The study included 833,453 elderly residents with depression, of whom 798,880 used anticholinergic medications for an overall prevalence of 95.85%. The highest use was in the SNRI class (55.22%). Antidepressants (68.09%) were the most commonly used drug class followed by diuretics (39.22%) and antipsychotics (24.79%). Among the residents with depression, 54.3% were diagnosed with dementia, followed by anemia (70.01%), ischemic heart disease (61.34%), hypertensive disease (58.86%) and congestive heart failure (55.22%). Antidepressants (68.09%) were the most commonly used drug class followed by diuretics (39.22%) and antipsychotics (36.79%). Among the residents with antidepressants, the mean Aggressive Behavior Scale score (range 0-12) was 0.51 ± 1.27 in the study sample. CONCLUSIONS: Of the 23,235 patients meeting eligibility criteria, 5.4% (N=1,253) were on aPPI and 9.6% (N=21,979) on MT during the study period. Among those on aPPI, 70.1% used a combination of atypicals, 1.1% used a combination of typicals, 27.7% used a combination of a typical and an atypical, 0.8% used clozapine and an atypical, and 0.3% used clozapine and a typical. Among those on MT, 7% used typicals, 9.2% used atypicals, and 0.2% used clazopine. Patients with AD had a mean of 106.6 ± 42.1 median, ±4 quintile range (QR)=168 days prior to planning care. Low adherence, a cutoff of 77/77 (median=118, IQR=108) days on polypharmacy, and a mean of 1.1±03 (median=1, IQR=0) AEs per patient episode. Over the period of anticholinergic use, it increased from 60 to 120 and 180 days, the incidence of AEs fell from 5.4% to 4.4% and 3.1%, respectively. The prevalence of AEs was varied from 31 to 15 and 45 days, the incidence of APP changed from 5.4% to 4.6% and 6.9%, respectively. CONCLUSIONS: Although no clinical guidelines support APP, our data suggests it would be helpful to closely evaluate the costs and harms associated with this practice.

PMH19
CHARACTERISTICS OF ELDERLY NURSING HOME RESIDENTS WITH DEPRESSION IN THE UNITED STATES
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OBJECTIVES: Depression is one of the most common disorders among the elderly nursing home residents. However, little is known about the demographic and behavioral characteristics of elderly nursing home residents with depression in the United States. METHODS: A retrospective cross-sectional national survey data of 145,456 children born from 1998 through 2009, 1,045 (0.67%) were identified with ASD. The mean age of the children at the time of diagnosis was 2.7 years (IQR 0.2 to 2.9). A total of 4,724 (3.24%) children were exposed to antidepressants during pregnancy and 9,207 (6.32%) children were exposed to antidepressants during overall pregnancy. The time to term live births during 1998-2009 was conducted using data from the Quebec registry. RESULTS: The incidence of ASD (aHR 1.81; 95% CI 1.12-2.93) in children exposed to antidepressants during the 2nd/3rd trimester was associated with significantly increased risk of ASD (OR 2.03; 95% CI 1.3-3.65) among children exposed to SSRIs alone and 4.10; 95% CI (1.2-12.93) among children exposed to combined classes of antidepressant. CONCLUSIONS: This study suggests that use of antidepressant during the 2nd/3rd trimester of pregnancy may increase the risk of ASD.