

(MMRM). Pearson correlations examined the associations between sexual dysfunction, medication adherence and indicators of well-being. **RESULTS:** Compared to risperidone-treated patients, those treated with olanzapine reported significantly greater long-term improvements in medication-related sexual dysfunction ( $p < 0.001$ ). Greater sexual dysfunction was significantly ( $p < 0.05$ ) associated with greater emotional distress, poorer mental functioning, lower life satisfaction, less satisfaction with social life, and poorer self-reported medication adherence. **CONCLUSION:** Treatment with risperidone was associated with greater sexual dysfunction compared to olanzapine. Findings suggest that minimizing treatment-related sexual dysfunction may decrease emotional distress, improve life satisfaction, and increase adherence with medication.

**PMH44****REMISSION OF PSYCHOTIC SYMPTOMS AND LONG-TERM FUNCTIONAL OUTCOMES IN THE TREATMENT OF SCHIZOPHRENIA IN USUAL CARE**

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**OBJECTIVES:** This study examined whether remission of psychotic symptoms is associated with favorable long-term functional and health-related quality of life (HRQOL) outcomes in the treatment of schizophrenia patients in usual care. **METHODS:** We used data from the United States Schizophrenia Care and Assessment Program (SCAP), a 3-year observational study of schizophrenia, in which participants were assessed at enrollment and 12-month intervals. Remission of psychotic symptoms was defined using the Remission in Schizophrenia Working Group expert consensus criteria. Functional and HRQOL outcomes were assessed with validated measures. Four patient groups were compared on long-term outcomes: continuously remitted patients ( $R \rightarrow R$ ,  $N = 229$ ); continuously non-remitted patients ( $NR \rightarrow NR$ ,  $N = 1110$ ); patients who changed from non-remitted to remitted and stayed remitted ( $NR \rightarrow R$ ,  $N = 234$ ); and patients who changed from remitted to non-remitted and stayed non-remitted ( $R \rightarrow NR$ ,  $N = 202$ ). Analysis employed Generalized Estimating Equation (GEE) and mixed models with repeated-measures. **RESULTS:** The  $R \rightarrow R$  group had significantly better outcomes than the  $NR \rightarrow NR$  and  $R \rightarrow NR$  groups on measures of productivity and occupational functioning, social activity, daily activity, Global Assessment of Functioning (GAF), mental health, quality of life, and life satisfaction. The  $NR \rightarrow R$  group did not significantly differ from the  $R \rightarrow R$  group on most measures, but had significantly poorer quality of life, daily activity, GAF, and occupational functioning. **CONCLUSIONS:** In this large prospective naturalistic study, remission of psychotic symptoms was associated with a broad range of favorable long-term functional and HRQOL outcomes. Findings highlight the importance of achieving and maintaining symptomatic remission in the long-term treatment of schizophrenia patients in usual practice settings.

**PMH45****MAPPING UTILITY SCORES FROM THE EQ-5D AND SF-6D ONTO THE SCHIZOPHRENIA QUALITY OF LIFE SCALE**

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**OBJECTIVES:** To explore the feasibility of estimating a preference based utility score for the SQLS-R4 by mapping it onto the

utility scores generated from the published SF-6D and EQ-5D tariffs. **METHODS:** The study consisted of a sample of 156 people with schizophrenia who completed the SQLS-R4, EQ-5D and the SF-36. To facilitate regression modelling both sets of scores were subtracted from unity to give utility decrement on the scale zero to positive infinite. In the regression models the utility decrements were entered as dependent variables with the three levels of SQLS-R4 data [total score, domain scores, individual items scores] acting as explanatory variables. For each of the levels two models were considered each for the EQ-5D and SF-6D, the standard OLS model and a gamma distribution GLM with the canonical log link. **RESULTS:** For both the EQ-5D and SF-6D models as the number of explanatory variables increased so did the variance explained by the data ( $R^2$ ), with a gradual steady increase for the SF-6D, compared to a much sharper increase from 43% to 55% for the EQ-5D. AICs were used to provide a comparison between the OLS models and the GLMs. For all 3 levels of SQLS-R4 explanatory variables the GLM (gamma/log) was preferred over the OLS model for the EQ-5D data, with the opposite being true for the SF-6D. **CONCLUSIONS:** There was little to choose between the 3 levels of models, with the exception that much more variance was accounted for by inclusion of all the items compared to the domain scores for the EQ-5D OLS model. However, caution should be taken when selecting which model to use, as the EQ-5D GLM model resulted in higher utility scores than the SF-6D OLS model for patients with good quality of life, whereas the opposite was true for patients with poor quality of life.

**PMH46****IMPROVEMENTS IN COGNITIVE DEFICITS ARE ASSOCIATED WITH IMPROVED FUNCTIONAL OUTCOMES: RESULTS FROM A LONGITUDINAL OBSERVATIONAL STUDY OF SCHIZOPHRENIA PATIENTS**

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**OBJECTIVES:** Neurocognitive deficits were shown to be associated with poorer functional outcomes. This study examines if changes in cognitive deficits are linked to changes in functional outcomes in the long-term treatment of schizophrenia patients in usual care, and whether this link is independent of changes in EPS, Positive and Negative symptoms. **METHOD:** Participants were 2144 patients who completed at least 1-year follow up in the U.S. Schizophrenia Care and Assessment Program, a 3-year observational study of patients with schizophrenia. Cognitive impairment was assessed by the PANSS Cognitive Factor (PANSS Cog). Functional outcomes were measured by the Quality of Life Scale (QLS), the Global Assessment of Functioning Scale (GAF), and the SCAP-Health Questionnaire (SCAP-HQ). Changes were measured from baseline to the end of 1-year follow-up. Statistical analysis employed Pearson correlations, path analyses, and generalized linear models. **RESULTS:** Improvements in the PANSS Cog were significantly correlated with improvements in occupational role functioning, social functioning, capacity to engage in activities, participation in the community, GAF, daily activities, employment status, and hourly wages. When adjusting for EPS, Positive and Negative symptoms, cognitive improvements were significantly ( $p < 0.05$ ) associated with improved GAF, QLS total score, occupational role functioning, and hourly wages. **CONCLUSION:** Improvements in cognitive deficits appear to be associated with improved functional outcomes. Since the PANSS Cognitive Factor was used as a proxy measure of cognition, current findings will require replications with neuropsychological tests. Findings suggest that improving cognitive