PMH2

PATTERNS IN PRESCRIPTIONS OF ANTIPSYCHOTICS FOR PATIENTS WITH MOOD DISORDERS AND THEIR OUTCOMES

Kanos PG

University of Louisville, Louisville, KY, USA

OBJECTIVES: To determine patterns in the prescriptions of antipsychotics in patients with mood disorders. To investigate adverse effects of antipsychotics in patients with mood disorders and their relationship to other prescription drugs. METHODS: The MarketScan database, for year 2000, containing information on outpatient doctor visits and consumption of prescription drugs on millions of Americans with health care coverage was used. Patients with at least a mood disorder were identified by ICD-9 codes. Their prescription drug record for this year was also identified. The data were also analyzed using data mining techniques such as cluster analysis and link analysis. RESULTS: Antipsychotics were highly used in the treatment of mood disorders. Second generation antipsychotics were prescribed almost two times more often than first generation antipsychotics. The odds of having a metabolic disorder are almost 50% higher for patients using second generation antipsychotics than for patients using first generation antipsychotics. Cluster analysis shows that metabolic disorders and other chronic diseases are rather common among patients with mood disorders. Link analysis show the epidemic use of second-generation antipsychotics is strongly connected to the use of antidepressants. CONCLUSIONS: These findings suggest that people taking second generation antipsychotics should be closely monitored for the development of metabolic disorders. More efforts should be made to investigate the association between chronic diseases and mood disorders.

PMH3

DESCRIPTIVE UNDERSTANDING OF DIAGNOSED OPIOID MISUSERS VERSUS OTHER OPIOID USERS

Varela B, Balan D, D’Souza BT, Carter JT, Valuck R

[...]

PMH5

INFUENCE OF PSYCHIATRIC COMORBIDITY AND POLYPHARMACY ON MORTALITY AND EXPENDITURES AMONG SECOND GENERATION ANTIPSYCHOTIC USERS WITH METABOLIC SYNDROME

Yang HK, Simoni-Wastila L, Mullins CD, Onukwugha E, Palumbo F, Noél JM

University of Maryland School of Pharmacy, Baltimore, MD, USA

OBJECTIVES: Studies concerning metabolic effects associated with second generation antipsychotics (SGAs) fail to control for psychiatric comorbidities or medications known to affect weight. We analyzed a large administrative claims database to determine the associations of psychiatric comorbidity and polypharmacy and hospitalization and expenditures among SGA users with metabolic syndrome (MetS). METHODS: Using descriptive and logistic regression analyses, we examined the effects of psychiatric comorbidity and polypharmacy on the association between SGAs (aripiprazole, ziprasidone, risperidone, quetiapine, and olanzapine) and hospitalization and expenditures among antipsychotic users with MetS. Psychiatric comorbidities included schizophrenia, bipolar, depression, and other psychiatric disorders. Psychiatric polypharmacy was concomitant use of antipsychotics with psychiatric drugs with metabolic effects (selective serotonin reuptake inhibitors [SSRI], tricyclic antidepressants [TCA], other antidepressants, and mood stabilizers). We also controlled for sociodemographic and insurance. Outcomes of interest included all-cause hospitalization and expenditures, disaggregated to non-psychiatric and psychiatric-related events. RESULTS: SGA users with MetS were more likely to have hospitalization than non-SGA users with MetS (OR = 1.29; P < 0.05); however, the association became non-significant upon controlling for psychiatric comorbidities and polypharmacy. Instead, having schizophrenia, bipolar, depression, or other psychiatric disorders significantly increased the odds of hospitalization (ORs = 2.56, 1.44, 1.73, 2.06, respectively; all p < 0.0001), as did concomitant use of SSRI or TCA (ORs = 1.35 and 1.36, respectively; both p < 0.01). Among MetS patients, total medical expenditure was higher in SGA users than non-SGA users (median $15,077 vs. $7,776, respectively; p < 0.0001). Controlling for psychiatric comorbidities and polypharmacy in antipsychotic users with MetS, SGA use increased total expenditures by 16.6 % (p < 0.0001). Psychiatric comorbidity and polypharmacy also significantly contributed to total expenditures by 13–30% (p < 0.0001). CONCLUSIONS: Among patients with MetS, psychiatric comorbidity and polypharmacy are associated with higher risk of hospitalization and expenditures in SGA users than non-SGA users. Findings suggest clinicians should consider patients’ psychiatric comorbidity and polypharmacy burdens when prescribing SGAs.

PMH6

NURSING HOME USE OF ATYPICAL ANTIPSYCHOTICS FOR BEHAVIORAL AND PSYCHOLOGICAL PROBLEMS OF ELDERLY WITH DEMENTIA: A SYSTEMATIC REVIEW

Majethia UN, Nyak R

St John’s University, Jamaica, NY, USA

OBJECTIVES: The key objective of this study was to review evidence regarding off-label use of atypical antipsychotics for treating behavioral problems in patients with Dementia of Alzheimer’s type. A secondary objective was to examine patterns of atypical antipsychotic drug use in this population with respect to the extent and type of neurological and mental health co-morbidities. METHODS: National Nursing Home Survey (NNHS, 2004), a nationally representative survey of US nursing home residents, was utilized to identify residents with senile dementia of the Alzheimer type (SDAT). Variables that represented attention to dementia care and special services for behavioral problems were analyzed. RESULTS: Of 2,841,793 opioid users who met all inclusion criteria, 2913 were users on demographics, comorbidities, pharmacy use, and medical service utilization. RESULTS: Of 2,841,793 opioid users who met all inclusion criteria, 2913 were classified as having a metabolic disorder or diabetes, such as hyperglycemia or diabetes, and were used to control for the development of the metabolic syndrome. The data were also analyzed using data mining techniques such as cluster analysis and link analysis. RESULTS: Antipsychotics were highly used in the treatment of mood disorders. Second generation antipsychotics were prescribed almost two times more often than first generation antipsychotics. The odds of having a metabolic disorder are almost 50% higher for patients using second generation antipsychotics than for patients using first generation antipsychotics. Cluster analysis shows that metabolic disorders and other chronic diseases are rather common among patients with mood disorders. Link analysis show the epidemic use of second-generation antipsychotics is strongly connected to the use of antidepressants. CONCLUSIONS: These findings suggest that people taking second generation antipsychotics should be closely monitored for the development of metabolic disorders. More efforts should be made to investigate the association between chronic diseases and mood disorders.