...schizophrenic patient is placed, ranging from €67.4 per day in a day centre, to €164 per day in a long term residency or €315.7 per day in a mental health unit of a general hospital, where most stays are currently taking place in Spain. CONCLUSIONS: Following the deinstitutionalisation process of psychiatric patients that has occurred in most Western countries, in Spain, we observe an increase in admissions rates linked to a decrease in LOS for schizophrenic patients. The changing patterns of use of hospital resources parallel to the changes in community care, mean that the costs have varied complementarily throughout this reform process. These trends could have important implications for policy makers and health care providers.

**MENTAL HEALTH—Patient-Reported Outcomes Studies**

**PMH36**

**WHAT DO PATIENTS WITH SCHIZOPHRENIA WANT OUT OF THEIR MEDICATION? IDENTIFYING PATIENT REPORTED “PROCESSES” IN MENTAL HEALTH**

**Schmeding A1, Bridges JF2, Rudolph I1**

1Janssen-Cilag GmbH, Neuss, Germany, 2Johns Hopkins University, Bloomberg School of Public Health, Baltimore, MD, USA

Poor compliance of schizophrenic patients is well known and linked to negative treatment outcomes. To address persistent issues of compliance we need to adopt a more patient centric approach towards evaluation of medicine with an aim to better appreciate the requirements of patients. OBJECTIVES: To identify patient requirements towards drug characteristics, with further emphasis on route of administration, and to examine if attitudes are modified with experience with a depot.

**METHODS:** Based on 13 relevant drug characteristics, extracted through patient focus groups [n = 20] and literature a survey instrument was developed. Respondents were asked to rank and then rate the factors using 5-point Likert scales. Respondents included depot naïve [n = 33], depot experienced [n = 34], and patients currently on depot [n = 38]). Data was analyzed using descriptive statistics. **RESULTS:** In aggregate, patients ranked avoidance of dyskinesia (79.25), positive influence on sleep (75.25), onset of action (72.75), and no/little weight gain (72.25) as important drug characteristics. The least rated factors were no/little interaction with alcohol (52.75) and drug costs (53.5).

With regard to differences between patients experiences with a depot, current depot users gave frequency of application a higher ranking (Rank 4 vs. Ranks 8,8). The preference for a depot formulation was highly dependent on previous experience (depot: 84%, depot experience: 29%, depot-naïve: 3%, p < 0.05), with an overall preferred frequency of injection every four weeks. **CONCLUSIONS:** Patients with Schizophrenia are capable and willing to share their attitudes about key processes related to the medical management of schizophrenia. Incorporating patient preferences into decision making offers an opportunity to better understand issues of adherence and management of therapy. Experience with a depot medication seems to lead to higher acceptance and appreciation of such formulations. More research is need to understand if these differences are related a optimal selection of medication or a learning by doing phenomena.

**PMH37**

**SWITCHING OF ANTIPSYCHOTICS FROM THE PATIENTS POINT OF VIEW: RESULTS OF A QUANTITATIVE PATIENT SURVEY**

**Schmeding A1, Bormann L2, Klose N1, Ibach B1**

1Janssen-Cilag GmbH, Neuss, Germany, 2GfK AG, Nürnberg, Germany

**OBJECTIVES:** Considering the patients point of view in treatment decision making is crucial for a successful therapy. In contrast to somatic diseases in schizophrenia there are only few examples where the patients attitude and point of view was systematically recorded. Objective of the study was to collect the attitude of schizophrenic patients towards generic substitution of atypical antipsychotics. **METHODS:** In the quantitative survey schizophrenic patients, capable to give one’s consent, aged 18–60 years were interviewed on the basis of a structured questionnaire. All participants received a second generation antipsychotic for at least one year. Getting in contact with the patients was facilitated via practice-based psychiatrists who secured the recruitment of the appropriate patients in line with the screening criteria. **RESULTS:** The survey was conducted in November/December 2007. 104 patients (Æ 41.2 ± 11.1 yrs.; Æ treatment duration 3.5 ± 3.2 yrs.). According to the patients’ information drug treatment was changed 1.7 times on average during the last 5 years (range 1–14). In case of a generic substitution initiated by the attending physician 69% of the patients expressed a willingness to take the medication further on. The acceptance of a treatment switch was reduced if the switch was not justified by a lack of efficacy/tolerability (28%). Especially the regular switch of drugs with the same agent in the pharmacy would be met with a refusal as voiced by 76% of the patients. **CONCLUSIONS:** The study shows that the conduction of a quantitative survey with schizophrenic patients is feasible and differentiated statements regarding patients’ attitudes towards pharmacotherapy can be generated. The results emphasize the importance of an extensive education of the patients prior to a generic substitution in order to support therapy adherence, which is fragile per se. Physicians are expected to fulfill this educational task.

**PMH38**

**CAN PATIENTS WITH SCHIZOPHRENIA COMPLETE A CONJOINT ANALYSIS? EVIDENCE FROM GERMANY**

**Bridges JF, Kinter ET**

Johns Hopkins University, Bloomberg School of Public Health, Baltimore, MD, USA

Patient preferences are an important indicator of patients’ underlying values and could enlighten literatures on both compliance and satisfaction with treatment. Patient preference methods, such as conjoint analysis, are increasingly used in clinical areas, but applications in mental health remain limited. **OBJECTIVES:** To determine the capability of patients with schizophrenia to complete a conjoint analysis questionnaire, document patients’ reactions to conjoint tasks and assess the validity and reliability of their responses. **METHODS:** Attributes and levels relating to the medical management of schizophrenia were identified through patient focus groups and literature reviews to create simple conjoint analysis task of six attributes with two levels each. Respondents (n = 25) were patients diagnosed with at least one episode of schizophrenia, presently stable and undergoing therapy with a neuroleptic medication and were recruited through clinics from four cities in Germany. The majority of respondents were presented with eight paired-comparisons; but a limited number of respondents were presented with sets of four scenarios to test satiation. Questionnaires were administered in person with limited explanation, were audio recorded and later analyzed. **RESULTS:** Respondents easily completed the conjoint tasks and results were consistent with underlying hypotheses. Specifically we identified four statistically significant factors: i) ability to think clearly (p > 0.001); ii) tiredness (p > 0.001); iii) having a supportive physician (p > 0.001); and iv) the ability to participate in social activities (p > 0.005). The reliability of responses based test-retest was high, 92.35% agreement between responses, Kappa 0.648 (p > 0.0001). Patients could also complete more complicated tasks based on choice among four
possible scenarios. CONCLUSIONS: Conjoint analysis can be used to assess the preferences of patients with schizophrenia, and such preferences appear valid and relatively consistent. Although further validation and refinement is needed, our results indicate that conjoint analysis is a feasible and beneficial method for measuring patient preferences among patients with schizophrenia.

**PMH19**

RELATIONSHIP BETWEEN CLINICAL OUTCOMES AND PATIENTS’ REPORTED OUTCOMES IN SCHIZOPHRENIA: THE CONTRIBUTION OF THE EQ-5D

Scalone L1, Pirfo E2, Mencacci C1, Ferranini L1, Berto P5, Sturkenboom MC4, Bernareggi M3, Giustra MG2, Mentovani LG3

1Centre of Pharmacoeconomics, Milan, Italy, 2Mental Health Department G. Maccacco, Torino, NA, Italy, 3Mental Health Department, Milan, NA, Italy, 4Mental Health Department ASL 3, Genova, Italy, 5PBE consulting, Verona, Italy, 6Erasmus University Medical Center; Soest, The Netherlands, 7Janssen-Cilag SpA, Cologno Monzese, Milan, NA, Italy, 8University of Naples, Federico II, Naples, Italy

OBJECTIVES: Different instruments are available to assess health in individuals with psychotic illness. We aimed to identify the complementary value of some different instruments to assess health and health changes in schizophrenic patients.

METHODS: We analysed data from a naturalistic, prospective cohort study, called COMETA, which involved 637 patients aged 18–40 years, 65.0% male, with schizophrenia (86.5%) or schizoaffective treatment. Patients reported their attitude toward treatment with the Drug-Attitude-Inventory (DAI-30). QoL was assessed with EQ-5D and SF-36. We investigated whether correlations exist between scores obtained from the different scales.

RESULTS: Among 255 French patients eligible for analysis, mean age (SD) 8.8 years (2.3), 8.5% male, 137 (53.7%) were followed over 24 months. Treatments were respectively at baseline and 2 years: pharmacotherapy 23.0% & 29.1%, combination pharmacotherapy/psychotherapy 36.6% & 47.0%, psychotherapy 27.2% & 12.7%, other treatment 4.7% & 3.0% and none 8.5% & 8.2%. Between baseline and 2 years, CHIP-CE quality of life improved: mean change from baseline was +5.7 (12.9) for satisfaction, +8.6 (11.8) for achievement, +13.4 (13.0) for risk avoidance, +5.2 (12.4) for resilience and +5.2 (9.6) for comfort. Between baseline and 2 years, mean ADHD-RS change was −18.3 (9.9) leading to a final score of 21.4 (10.7) at 2 years. CGAS mean change was +15.8 (15.5) leading to a final score of 67.1 (16.2). Mean CGI-S change was −1.5 (1.4) leading to a final score of 3.2 (1.3). Rate of patients with ≥1 comorbidity decreased from 76.5% to 54.0% and severity of comorbidities also decreased. CONCLUSIONS: After 2 years, French patients suffering from ADHD symptoms enrolled in this study benefited from improvement of QoL and clinical severity. Interpretation is difficult due to patients changing treatments over the study.

**PMH41**

SAD BLUE DEPRESSED DAYS, HEALTH–RELATED QUALITY OF LIFE, AND HEALTH BEHAVIORS AMONG WOMEN IN A UNIVERSITY COMMUNITY

Bastardo YM

Central University of Venezuela, Caracas, Venezuela

OBJECTIVES: To explore the association between Sad Blue Depressed Days (SBDD), health-related quality of life, and health behaviors among women in a university community in Venezuela.

METHODS: A random sample of 71 women ranging in age from 18 to 72 years was surveyed using a written questionnaire. The questionnaire included the SBDD question from the Behavioral Risk Factor Surveillance System (BRFSS) and the SF-36 Health Survey. The associations among SBDD, SF-36, demographics, and health behaviors were estimated computing Pearson correlation coefficients for continuous variables and Kendall’s tau for categorical variables.

RESULTS: The sample had a mean age of 31.98 years (s.d.13.86). The prevalence of alcohol consumption during the previous month was 63.4% and for smoking it was 16.9%. About 60% of the sample reported no exercising regularly during the previous month. Most of the respondents reported sleeping problems. Respondents reported a mean of 4.33 (s.d.7.89) SBDD in the previous 30 days. Young women aged 18–24 years reported the highest number of SBDD (7.51, s.d. 9.80), whereas older women aged 45+ reported the lowest number (1.50, s.d. 3.86). About 80% of respondents reported one or more SBDD including 18.3% who reported 14 or more SBDD. The SF-36 showed good internal consistency reliability. Respondents scored higher in Physical Functioning (91.76, s.d.10.53) and lower in Vitality (62.25, s.d. 20.07). SBDD correlated significantly with all SF-36 domains, except Physical Functioning and Bodily Pain. SBDD was associated to lack of regular exercise, sleeping problems, and poor perception of risk avoidance, whereas SBDD was associated to lack of regular exercise, sleeping problems, and poor perception of risk avoidance.