View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by Elsevier - Publisher Connector

tence and increased health care costs in older adults with dementia in a managed care setting. Health status assessments completed at enrollment had the potential to identify enrollees at higher risk for nonadherent behaviors and poor health related outcomes.

PMH58

IMPROVEMENT IN PERSONAL AND SOCIAL FUNCTIONING IN SCHIZOPHRENIA PATIENTS TREATED WITH RISPERIDONE LONG ACTING INJECTION): 6-MONTH RESULTS FROM E-STAR

Pecenak J[1], Tuma I[2], De groot-stam E[3], Eriksson L[4], Bork B[5], Ligate L[6], Povey M[7], Lam A[8], Trakas K[9], Zhao Z[10]

[1]FNSP Bratislava, Bratislava, Slovak Republic, [2]FNSP Hradec Kralove, Hradec Kralove, Czech Republic, [3]3Gelderse Roos/RIAGG, Veenendaal, Veenendaal, Netherlands, [4]6SU/Östra RPV, Hisings-Backa, Sweden, [5]DP Tønder, Tønder, Denmark, [6]Cambridge Memorial Hospital, Cambridge, ON, Canada, [7]SGS Biopharma, Wavre, Belgium, [8]JJPS, Toronto, ON, Canada, [9]Johnson & Johnson, Toronto, ON, Canada, [10]Johnson & Johnson Pharmaceutical Services, Raritan, NJ, USA

OBJECTIVE: To evaluate the effectiveness of risperidone long-acting injection (RLAI) treatment on personal and social functioning in patients with schizophrenia enrolled in the electronic-Schizophrenia Treatment Adherence Registry (e-STAR) from six countries (Canada, Czech Republic, Denmark, Netherlands, Slovakia, Sweden) that collected Personal and Social Performance (PSP) data. **METHODS:** e-STAR is an international, long-term, prospective, observational study of patients with schizophrenia who commence RLAI. Data are collected retrospectively for one year and prospectively every three months for two years. Personal and social functioning is measured using the PSP scale which evaluates four areas, socially useful activities, personal and social relationships, self-care, and disturbing and aggressive behaviour. Pooled results presented are based on data from patients who have completed their six-month follow-up visit. **RESULTS:** To date, 1831 are enrolled in e-STAR from the six countries, 1232 patients who have been followed for at least 6 months are included in this analysis. Mean age was 38.4 ± 12.5 years, 58.6% were male and mean time since diagnosis was 9.6 ± 11.6 years. At 6 months, 95.5% of patients are still on RLAI. The mean PSP score significantly improved from 48.0 ± 17.3 at baseline to 64.2 ± 15.2 at 6 months ($p < 0.001$). Improvement in PSP was similar for patients hospitalized at baseline versus those who were ambulatory patients (PSP score increased by 17.2 and 16.1, respectively, $p < 0.001$ for both). Furthermore, significant improvement in PSP was seen as soon as the first assessment after RLAI treatment at three months. **CONCLUSION:** These 6-month interim results indicate that personal and social functioning as measured by the PSP improved with risperidone long-acting injection treatment in patients with schizophrenia.

PMH59

HEALTH RELATED QUALITY OF LIFE IN PATIENTS TREATED WITH ANTIPSYCHOTIC DRUGS: RESULTS AT BASELINE FROM THE COMETA STUDY

Scalone L[1], Mantovani LG[2], Ferrarini L[3], Mencacci C[4], Pirfo E[5], Bernareggi M[6], Giustra MG[6], Berto P[7], Sturkenboom MC[8]

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

OBJECTIVE: To measure adherence and persistence in patients undergoing antipsychotic treatment and their impact on costs and health-related quality-of-life (HRQoL). **METHODS:** A naturalistic, prospective, multicentre cohort study, named COMETA, was begun in subjects aged 18–40 years, diagnosed with schizophrenia or schizophreniform disorder 10 years before the enrolment. Subjects were enrolled and observed for up to 52 weeks in psychiatric centres throughout Italy. Socio-demographic, clinical, HRQoL and data on resource use were collected. **RESULTS:** Six-hundred-sixty-one patients (mean age 31.1 + 5.6, 65.4% male) with schizophrenia (86.5%) or schizophreniform disorder (13.5%) were enrolled in 86 centres during 2006–2007. Most patients had primary/lower secondary level education (51.9%), and were single (85.9%). A total of 56.6% of the subjects received help for their disease from relatives/friends, 37.3% of patients were employed, 10.3% were students. The PANSS (Positive and Negative Syndrome Scale) mean + SD score was 86.1 + 27.4. The CGI-S (Clinical Global Impression Severity) mean + SD score was 4.27 + 1.1, the GAF (Global Assessment of Functioning) mean + SD score was 54.3 + 13.8. Ninety days prior, patients were treated with olanzapine (32.5%), risperidone (31.5%), haloperidol (18.3%), aripiprazole (14.4%), quetiapine (12.4%) and clozapine (11.2%). Thirty percent of the patients took >2 different drugs (up to 5) in that period. Regarding HRQoL, 68.7% of patients reported problems on the anxiety/depression-domain of the EQ-5D, 52.3% on usual activities, 37.7% on pain/discomfort, 21.4% on mobility and 16.8% on self-care. The EQ-5D Visual Analogue Scale score was 63.6 + 17.8 (mean + SD). The SF-36 Physical-Summary-Score was 47.3 ± 9.4 and the Mental Summary Score was 39.0 ± 9.6. **CONCLUSION:** Improvement of patients' well-being is an important objective of antipsychotic treatment. Baseline characteristics of this schizophrenic cohort show that there is ample space for improvement. Future analyses will focus on the relationship between adherence with therapy, symptomatology, costs, and quality of life.

PMH60

HEALTH STATUS AND WORK-RELATED OUTCOMES OF PATIENTS WITH ANXIETY DISORDERS AND DEPRESSION

Erickson S, Guthrie S, Abelson J

University of Michigan, Ann Arbor, MI, USA

OBJECTIVE: To determine the association between various levels of comorbid anxiety and depression with health-related quality of life and work-performance. **METHODS:** Patients from an anxiety disorders program clinic completed the SF-36, Work Limitations Questionnaire, Work Productivity and Activity Impairment Questionnaire, Endicott Work Productivity Scale, and Work Performance Scale. The Beck Anxiety Inventory (BAI) and the Beck Depression Inventory (BDI) were used to determine the severity of anxiety and depression, respectively. Patients were categorized as lowBAI/lowBDI, highBAI/lowBDI, highBAI/lowBDI, and highBAI/highBDI. The influence of severity of anxiety/depression on the eight SF-36 scales, the SF-36 PCS and MCS, and each work-performance instrument scale score was determined using ANOVA with Scheffe post-hoc analyses. Multivariate linear regression assessed the combined association of BAI and BDI on SF-36 and work-performance scales, controlling for patient demographics. P values of <0.05 were statistically significant. **RESULTS:** Ninety-one patients provided complete SF-36, BAI and BDI. Of these, 61 were employed. There were no differences in demographics between groups. Post-hoc analysis indicated that lowBAI/lowBDI patients had significantly higher MCS (41.2 + 10.9) compared to highBAI/lowBDI (MCS = 29.9 + 8.3), lowBAI/highBDI (MCS = 23.7 + 15.8), and highBAI/highBDI (MCS = 17.4 + 9.9). The difference between highBAI/lowBDI and lowBAI/highBDI were not signifi-