

was conducted. Family impact was assessed as: Financial burden, Employment Burden, and Time-related burden. Binary and multinomial logistic regressions were conducted to compare likelihood of adverse family impact across ASD, DD without ASD, MHC without ASD, and DD and MHC without ASD, after adjusting for socio-demographics, number of special children in the household, child's functional ability, and presence of a physical condition. **RESULTS:** Majority of the sample were older children (6-17 years), Whites, caregivers with $\geq 200\%$ FPL income and greater than high school education. Sixteen percent ($n=2,801$) of the caregivers had a child with an ASD diagnosis. Caregivers of children with ASD were more likely to have financial burden than caregivers of children with DD (AOR=1.45, 95% CI=1.10-1.91) and MHC (AOR=1.59, 95% CI=1.33-1.91). There were no significant differences in financial burden reports between caregivers of children with ASD and those with both DD and MHC. Caregivers of children with ASD were also more likely to leave a job (employment), as compared to caregivers of children with DD (AOR=1.57, 95% CI=1.23-2.00), MHC (AOR=3.06, 95% CI=2.51-3.74), or both (AOR=1.73, 95% CI=1.36-2.20). Caregivers of children with ASD were more likely to report time-related burden as compared to caregivers of children with MHC (AOR=2.87, 95% CI=2.18-3.78) and DD and MHC (AOR=1.80, 95% CI=1.32-2.44). **CONCLUSIONS:** Caregivers of children with ASD are more likely to report an adverse family impact as compared to caregivers of children with DD, MHC, or both.

PMH71

DEVELOPING A POPULATION-BASED DEMENTIA REGISTRY FOCUSING ON PATIENTS AND CARER NEEDS: METHODOLOGICAL CHALLENGES

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OBJECTIVES: With increasing prevalence of dementia worldwide the interest in the dementia burden and impact on the health care system is rising. Yet comprehensive information about long-term needs and patterns of care of dementia patients and informal caregivers is scarce. Dementia specific registries provide an opportunity to investigate these aspects by long-term-data analysis. However, so far no international standards exist for developing a dementia registry. **METHODS:** An interdisciplinary team (psychiatry, public health, psychology, medical sociology, health economics and gerontology) established a registry structure in 2012. In the conception phase, existing registries, studies of dementia and best practice scenarios were identified. Features were combined in our concept and inclusion criteria, time for follow-up, fields of particular relevance and instruments were determined. A questionnaire was built and tested in exemplar sites. **RESULTS:** The pilot study started with prospective interviews in January 2013 to evaluate the concept. The inclusion criterion is a dementia diagnosis according to ICD-10. Patients are recruited from the regional memory clinic during the process of diagnosis. Patient drop outs occur after initial inclusion because of other ensured diagnosis such as depression. Both patients and caregivers are interviewed separately with internationally approved valid instruments. The follow-up will take place after 6, 12 months and annually until death or loss to follow-up. **CONCLUSIONS:** Existing dementia registries are very rare and heterogeneous in their structure, with currently no standards on quality indicators and processes. However, the complexity of dementia requires a sophisticated organizational structure for covering all aspects of dementia. Despite the challenges, our dementia registry structure provides essential, comprehensive and long-term information about the dementia care setting. The research is funded by the European Commission, ICT FP7, project ID 287509.

PMH72

EFFECT OF NURSE-LED MEDICATION REVIEWS IN PSYCHIATRIC PATIENTS - AN INTERVENTIONAL STUDY

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OBJECTIVES: There is an increasing demand for medication reviews to improve the quality of prescribing for patients with chronic illness such as psychiatric patients. Traditionally, this has been undertaken by physicians. Pharmacists have also proven to be a resource in this field but registered nurses are the health professionals spending most time directly with the patient and very few studies investigate nurses' role and potential in improving the appropriateness of medication. Therefore, the objective of this study is to investigate the effect of educating nurses in general pharmacology and conducting systematic medication reviews using computer based screening. The effect is evaluated in a controlled interventional study. **METHODS:** An interventional study including 2 acute psychiatric wards. In one ward nurses' will receive pharmacological training and the other ward will function as a control. The nurses will perform approximately 250 medication reviews followed by medication reviews performed by pharmacologists. Primary outcomes are the respective frequencies, types and severity of potential inappropriate prescriptions identified by the nurses and pharmacologists and an estimation of the interrater variability between the two professions. **RESULTS:** The hypothesis is that nurse-led medication reviews will reduce potential inappropriate prescribing and that training will increase nurses' ability to identify and report potential inappropriate prescribing. It is assumed that this intervention, in addition to a more appropriate prescribing, will lead to a reduction in length of hospitalization for psychiatric patients. **CONCLUSIONS:** The perspective for this study is to add knowledge about frequency, types and potential severity of potential inappropriate prescribing for psychiatric patients. The study will contribute with information regarding the effect of pharmacological training of nurses and possibly improve medication safety for psychiatric patients. Results from this study could serve as evidence, when hospital management makes decisions on how to accede the need for medication reviews as part of an ongoing accreditation process.

PMH73

MEDICATION USE PATTERNS AND ADHERENCE AFTER INITIATING ANTIPSYCHOTICS TREATMENT FOR PATIENTS WITH SCHIZOPHRENIA IN TIANJIN, CHINA

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OBJECTIVES: To describe medication use patterns and adherence rates for schizophrenia patients after initiating antipsychotic treatment in Tianjin, China. **METHODS:** Data were extracted from the Tianjin Urban Employee Basic Medical Insurance database (2008-2010). Adult patients with a schizophrenia diagnosis, newly initiating or restarting antipsychotics (no antipsychotics during previous 90 days) with 12-month continuous enrollment after their first observed antipsychotic prescription were included. Patients' medication prescribing patterns and antipsychotic adherence are described. **RESULTS:** A total of 1216 patients were identified, with a mean (SD) age of 51.43 (12.48) years, 54.11% female. 83.14% of patients initiated with one antipsychotic and 16.86% with ≥ 2 antipsychotics. 37.99% of patients were initiated on typical antipsychotics, 52.06% on atypicals, and 9.95% on both. A higher portion of typical initiators were co-prescribed antianxiety and anticholinergic medications than atypical starters (both $p<0.001$). During the following 12 months, the majority of patients remained on medications from their initial antipsychotic class (80.74% of typical initiators vs. 86.41% of atypical initiators) or the same medication (66.45% of typical initiators vs. 70.93% of atypical initiators). More typical initiators switched to, or augmented with, atypical antipsychotics than atypical initiators to/with typical antipsychotics (19.26% vs. 13.59%, $P=0.011$). During the following 3, 6 and 12 months, antipsychotic continuation rates (≤ 30 days gap) were 50.33%, 23.60%, and 8.88%, respectively. Medication Possession Ratios were low, with means (SD) of 0.58 (0.32), 0.44 (0.30), and 0.34 (0.27) for the 3, 6 and 12 months, respectively. **CONCLUSIONS:** More individuals with schizophrenia were treated with atypicals rather than typical antipsychotics. The majority of patients tended to stay with one antipsychotic drug class or the same medication. Patients' adherence to prescribed antipsychotics was low. This study highlights the importance of selecting an effective medication when starting antipsychotic therapy in China. However much could be done to improve treatment adherence.

MUSCULAR-SKELETAL DISORDERS - Clinical Outcomes Studies

PMS1

THE IMPACT OF COMORBIDITIES ON UTILITY CHANGES IN LOWER-LIMB OSTEOARTHRITIS: KHOALA STUDY

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OBJECTIVES: 1) To determine the minimal important change (MID) of indirect utility score for patients with osteoarthritis (OA) over 3-year follow up, and 2) Estimate the impact of comorbidity for patients reaching the MID. **METHODS:** A total of 878 patients with symptomatic knee or/and hip OA of KHOALA cohort were included. Comorbidity were assessed by Functional Comorbidity Index (FCI). Utility score was assessed using SF-6D, and limitation in activities by WOMAC function score (0-100, 0 is better), at baseline and 3-year. The MID of utility was assessed using standard error of measurement (SEM). According to MID, patients were classified as negative/positive change or unchanged. Two separate multinomial logistic models were fitted to determine predictors of positive or negative change over the MID threshold. Both models included sociodemographic characteristics and the mean difference of WOMAC score between baseline and 3-year. **RESULTS:** A total of 650 OA patients completed the questionnaire at both times. The mean (SD) utility was 0.664 (± 0.110) at baseline and 0.667 (± 0.110) at 3-year. Patients have on average 2.5 (± 1.94) comorbidities and a significant ($p<.0001$) decrease of the WOMAC function score at 3-year. The MID of SF-6D utility score was 0.067: 147 patients classified with negative and 156 with a positive change. In the first model including the number of comorbidities, patients with a decrease of the WOMAC function score had an increased utility (OR=0.95; $p<.0001$). In the second model, patients with pneumologic (OR=1.88; $p=0.03$) or neurologic (OR=2.73; $p=0.047$) disease were likely to have improved utility, while patients having a psychiatric disease were less likely to have an improvement (OR=0.54; $p=0.029$). **CONCLUSIONS:** According to MID, about half of patients had a positive or negative change in their utility score. Compared to functional severity of OA, comorbidities have a relatively marginal impact on indirect utility score. This suggests that clinically, considering the functional severity of OA remains a first priority.

PMS2

THE IMPACT OF COMMODITIES AND EXTRA-ARTICULAR MANIFESTATIONS IN RHEUMATOID ARTHRITIS PATIENTS

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OBJECTIVES: Rheumatoid arthritis (RA) is a chronic, systemic disease associated with comorbidities and extra-articular manifestations (EAM). The main objective of the study was to estimate the frequency and impact of comorbidities and EAM in well-defined RA patients. **METHODS:** A prospective study was conducted at a tertiary care hospital between the years 2009 & 2012. Patients (age ≥ 18 years) with RA, fulfilling the revised criteria of the American college of rheumatology (1987 & 2010), were enrolled in the study. Standard clinical, laboratory and radiological measures of RA and details of comorbidities and EAM were recorded using patient hospital records. **RESULTS:** Of 602 RA patients, 481 (79.9%) females and 121 (20.1%) males were present. Mean age of 47.57 \pm 12.78 years, mean disease duration of 4.52 \pm 4.75