nation plus either antidepressants (12.2%), mood-stabi-
izers (10.5%), or both (9.9%); and antipsychotics alone (9.6%). Greater severity, female, paranoid or schizoaf-
fective diagnoses, non-teaching and for-profit hospitals were associated with increased polypharmacy use. Patients in public programs (Medicaid/Medicare) received less atypical antipsychotics but more polypharmacy com-
pared to those in managed care and commercial pro-
grams. Atypical antipsychotic use increased and lithium use decreased from 1999–2001. CONCLUSIONS: Polypharmacy is common among hospitalized schizo-
phrenia patients. Patient and institution characteristics influenced treatment.

**PMH14**

**CLINICAL PROFILES OF SSRI USERS: FACTS EXTRACTED FROM HEALTH CARE CLAIMS DATA**
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OBJECTIVES: The Clinical Care Groups™ (CCG) soft-
ware transforms fragmented claims data into episodes of medical conditions. The results of health care claims data grouped by CCG indicate that many SSRI claims are not grouped into a medically related episode. Our objective is to describe the clinical profiles of SSRI users who have ungrouped SSRI claim(s).

METHODS: A random sample (N = 1,400,000) of individuals was generated for the study from de-identified health care claims data of a large U.S. health plan. Individuals who had been continuously enrolled in the health plan for the 24-month full period between April 1, 1999 and March 30, 2001 were eligible for the study. Those with at least 1 SSRI pharmacy claim were selected (N = 74,739). An equal number of individuals without SSRI claims were also selected. Medical and pharmacy claims data were run through CCG version 3.1 and generated the following groups of individuals: Group A consisting of non-SSRI users; Group B consisting of individuals with grouped SSRI claims; and Group C consisting of individuals with at least one ungrouped SSRI claim.

RESULTS: The average age in each group was: A—36, B—42, and C—45. Prevalence of SSRI indicated dis-
orders in each group were: A—54, B—724, and C—56 (cases/1000 members). On average, individuals in group C had 7 SSRI prescriptions whereas individuals in group B had 9. The average health care utilization for each group was: A—$4051, B—$9574, and C—$7920. The average number of unique providers visited for each group was: A—9.5, B—16.5, and C—13.4. Of the grouped SSRI prescriptions, psychiatrists prescribed 25.0% whereas only 7.6% of the ungrouped SSRI were prescribed by psychiatrists. CONCLUSION: Significant differences exist between individuals with and without ungrouped SSRI prescriptions and may illuminate the cause of ungrouped SSRI prescriptions.

**PMH15**

**PREDICTORS OF DURATION OF VISITS AMONG PATIENTS DIAGNOSED WITH DEPRESSION IN THE AMBULATORY MEDICAL CARE SETTINGS**
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OBJECTIVE: This study was designed to identify predictors of duration of visits among patients diagnosed with depression in the ambulatory medical care settings.

METHOD: Data from the 1999 National Ambulatory Medical Care Survey (NAMCS) were used to identify patients 10 to 75 years old with a documented diagnosis of depression (ICD-9-CM = 296.2–296.36; 300.4 or 311). The unweighted sample size was 826. Multivariate linear regression was used to identify the predictors. Model variables included patients’ characteristics, treatment patients received, and physicians’ characteristics.

RESULTS: Among the factors predictive of the duration of visits, significant factors include female patients, Medic-
aid patients, capitated payment, seen by other providers and receipt of psychotherapy. After controlling for other factors, physicians spend about 2.19 (95% CI: 0.03,4.35) minutes longer with female patients during the visit than male patients; physicians spend 8.13 (95% CI: 1.93, 14.32) minutes less with Medicaid patients compared with patients with private insurance; Physicians spend 8.57 (95% CI: 3.96, 13.18) minutes less with patients in a capitated visit compared to a non-capitated visit; Establish-
ed patients receive 12.30 (95% CI: 5.30, 19.31) minutes less with the physician provider compared with non-
established patients; Patients who receive care from other providers besides a physician such as a physician assistant, a nurse practitioner, a nurse midwife, a R.N., a L.P.N., a medical or nursing assistant spend 6.96 minutes (95% CI: 3.14, 10.77) less with the physician compared with patients who don’t receive care from other providers. Patients who receive psychotherapy spend 15.60 (95% CI: 11.04, 20.06) minutes more than patients who don’t receive psychotherapy. CONCLUSION: Medi-
aid, capitation payment and seen by other providers were three significant and negative predictors of the dura-
tion of the visit. Economic incentives may cause providers to spend less time with patients or substitute with relative cheaper health care professionals.

**PMH16**

**PREVALENCE AND TRENDS IN ANTIPSYCHOTIC POLYPHARMACY AMONG MEDICAID ELIGIBLE SCHIZOPHRENIA PATIENTS IN CALIFORNIA AND GEORGIA, 1998–2000**
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OBJECTIVES: To estimate the prevalence and trends of antipsychotic polypharmacy, categorize polypharmacy according to the type of antipsychotic and duration of use, and contrast polypharmacy usage patterns with pub-