EFFECT OF HEALTH INSURANCE COVERAGE AND DEPRESSION ON PRESCRIPTION MEDICATION USE IN PATIENTS WITH CHRONIC MEDICAL DISORDERS
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OBJECTIVES: Our objective was to study the association of health insurance coverage and of depression with prescription medication use in patients with chronic medical disorders (CMD). METHODS: For the retrospective analysis, we extracted data on N>18-year-old employed adults from the pooled 2004–5 Medical Expenditure Panel Survey. Data included ECI-9-CM-coded CMD (hyperlipidemia, heart-disease, arthritis/other joint-disorders, chronic obstructive pulmonary disease, hypertension, or diabetes). Depression treatment (psychotherapy or antidepressant of type selective serotonin reuptake inhibitor, SSRI, Tricyclic, TCA, or nonSSRITCA), and one or more prescription medication use (yes/no). Weighted sample estimates and 95 percent confidence limits (CL) were calculated using the Taylor expansion method. In univariate logistic regression and in multivariate logistic regression analyses, after controlling for other characteristics, we examined the association of health insurance coverage and depression with prescription medication use in CMD patients. RESULTS: In univariate logistic regression, CMD patients with depression were more likely to have one or more prescription medications than those without depression (Olds Ratio, OR 2.99, 95% CI: 2.21–4.04, p < 0.001). In multivariate logistic regression analyses, after adjusting for demographic and other characteristics, one or more prescription medication use was less likely in CMD patients who were uninsured (OR 0.97, 95% CI: 0.67–1.41) and in CMD patients with public insurance (OR 0.37, 95% CI: 0.18–0.76) each when compared with CMD patients with private insurance (overall p < 0.001). In multivariate logistic regression analyses, after adjusting for other covariates including any depression treatment, depression was no longer significantly associated with one or more prescription medication use (OR 0.89, 95% CI: 0.38–0.46) each when compared with CMD patients with private insurance (overall p < 0.001).

ANTIDEPRESSANTS AND ANTIHIPOTICS USE IN CHILDREN HAS THE UTILIZATION CHANGED AFTER SAFETY WARNINGS?
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OBJECTIVES: To evaluate annual utilization pattern of antidepressants and antipsychotics in children, before and after safety warnings in 2004. METHODS: The 2000–04 National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS) were used to evaluate visits involving antidepressants and antipsychotics medications prescribed for patients 20 years or younger. Prescription data from the national surveys were combined to evaluate annual utilization trends. The annual visit estimates and percentages were calculated using inflation factor patient sampling weight. RESULTS: According to NAMCS-NHAMCS, annual visit estimates involving antidepressants were 7.35 million in 2003, 6.72 million in 2004 and 6.51 million in 2005. The proportions of antidepressant-related visits was 3.37% in 2003, 3.12% in 2004 and 2.81% in 2005. The annual visits for SSRI were 4.68 million, 3.51 million, and 3.75 million in 2003, 2004 and 2005 respectively. Percentages of SRRI prescriptions in visits involving antidepressants were 63.67% in 2003, 52.82% in 2004 and 57.60% in 2005. Annual visits involving antipsychotics were 2.4 million in 2003, 2.05 million in 2004 and 2.11 million in 2005. The proportions of antipsychotic-related visits among all children visits were 1.09% in 2003, 0.95% in 2004 and 1.08% in 2005. The findings revealed that annual prescribing pattern of antidepressants and antipsychotics in terms of visit estimates and utilization rates remained stable (p > 0.05). There was no significant change in annual prescribing of SSRI. Analysis of antidepressant and antipsychotic utilization trends among children with depression also revealed similar a pattern. CONCLUSIONS: There is no significant change in annual utilization trends of antidepressants in children due to regulatory warnings. Also, safety warnings do not appear to have influenced utilization pattern of antipsychotics in children. More research is needed to evaluate patient-level changes in the management of antidepressant therapy due to regulatory warnings.

ORAL SUPPLEMENTATION AND CONCOMITANT MEDICATION USE IN THE TREATMENT OF SCHIZOPHRENIA WITH LONG-ACTING ATYPICAL ANTI PSYCHOTICS
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OBJECTIVES: To assess the use of oral antipsychotics and other concomitant oral medications – psychotropics and the anticholinergic benzotropine—during the 1-year open-label treatment of schizophrenia with olanzapine long-acting injection (OLAI), and the concomitant previously published rates for risperidone long-acting injection (RLAI). METHODS: One-year rates of concomitant oral medication use were drawn from 2 comparable open-label, single-arm extension studies of patients with schizophrenia treated with long-acting atypical antipsychotic medications: 1 for OLAI (n = 931), with extension of 3 OLAI clinical trials, and 1 for RLAI (n = 371), with extension of 2 RLAI clinical trials (based on published 1-year data—Lindenmayer et al., Eur Neuropsychopharmacol. 2007;17:138–144). RESULTS: Supplementation with oral olanzapine occurred in 21% of OLAI-treated patients (median duration 10 days). Oral risperidone was supplemented – beyond the first 3 weeks of treatment in 45%-51% of RLAI-treated patients (median duration not reported). Zolpidem was used by 4% of OLAI-treated patients and 11%-12% of RLAI-treated patients. CONCLUSIONS: Aripiprazole antipsychotic therapies in long-acting injection formulations were found in this preliminary analysis to differ on concomitant use of oral antipsychotic and other oral medications. OLAI gender, race, poverty and supplementation compared to RLAI, thus offering a simpler treatment regimen. Though limited by cross-study comparisons and the need for replication, the current findings may have important clinical and economic rami fications as depot formulations are often chosen for persons previously nonadherent to oral medication regimens.