coside-associated-nephrotoxicity (ANN) for MDD were determined by a retrospective chart review of 262 randomly sampled patients who received gentamicin for the treatment of serious gram-negative bacterial infections between January 1, 1990 and March 30, 1998. The incidence of ANN was 3.1%. Event rates for ODD protocol for both clinical effectiveness and ANN were determined to be 82.2% and 5.8%, respectively based on an extensive review of the current literature. Time-in-motion studies were performed to determine personnel costs for all nursing and pharmacy activities. Decision analysis was used to determine the CE of the two protocols. RESULTS: The results were unexpected based on reports in the literature predicting substantial cost savings with the use of ODD programs. In the base case analysis the expected per patient cost value for MDD with CPS and ODD protocols was $241 and $237 respectively. However, MDD with CPS was determined to be more cost-effective than ODD due to slightly increased rate of clinical effectiveness and a decrease in the rate of ANN (average CE ratios = $281 versus $287, respectively). Both one-way and two-way sensitivity analyses were performed by varying the two key parameters of clinical effectiveness and ANN. The model was robust to alterations in these key parameters. CONCLUSION: This CE analysis questions the benefit of implementing an ODD program when compared to a more traditional MDD protocol managed by a CPS for aminoglycoside dosing.

MENTAL HEALTH

SHOULD THE 51 ITEMS OF THE SCHIZOPHRENIA OUTCOMES ASSESSMENT PROJECT (SOAP-51) BE WEIGHTED?
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OBJECTIVES: To determine if the 51 items in the Schizophrenia Outcomes Assessment Project (SOAP-51) instrument should be scored using weighted or unweighted items. METHODS: 193 community-based individuals with schizophrenia (average age 46.3yr, 46.6% female) rated the importance of each item in the SOAP-51 twice, 4 weeks apart, using a 10cm verbally anchored (“not important to me” to “very important to me”), horizontal line with a numerical scale progressing in units of 10 from 0 (not)–100 (most). RESULTS: Results are based on 180 valid and complete surveys in the first administration; there were also 171 in the second. The items ranged from a low of 56.7 ± 35.5 (How important is it for you to have sexual relationships in your life?) to a high of 89.1 ± 18.4 (How important is it for you that your medication helps you?): 1 item scored in the 50s, 2 in the 60s, 16 in the 70s, and 33 in the 80s. Six of 8 average item factor scores (self-concept, work/role, mental health, medication effects, activities of daily living, and physical functioning) had weights in the 80s ranging from 80.4 ± 18.7 to 85.1 ± 13.3; however, two were in the 70s: 79.1 ± 15.5 (satisfaction) and 75.4 (interpersonal. There was no difference between the importance weights of the 8 factors nor the 51 items (p > 0.05). CONCLUSIONS: It is appropriate to use an unweighted summary for calculating the factor scores in the SOAP-51. It is apparent that in the SOAP item reduction process, items considered to be of import to the clients were retained in the final instrument.

TREATMENT COURSE AND CHARGES FOR DEPRESSED PATIENTS TREATED WITH SERTRALINE, VENLAFAXINE, AND VENLAFAXINE XR IN THE MANAGED CARE SETTING
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OBJECTIVES: Little information is available comparing the treatment course and charges of newly diagnosed patients with depression treated with either sertraline (SER), venlafaxine (VEN) or venlafaxine sustained-release (VXR) in the managed care setting. This analysis aimed to determine the impact on treatment course and depression-related charges of selecting SER, VEN or VXR as first line pharmacotherapy for newly diagnosed patients. METHODS: Retrospective intent-to-treat analysis of an integrated database of medical and pharmacy charges (PharMetric’s Integrated Outcomes database 07/98–06/99) including patients aged 18–65 who were diagnosed with depression [ICD-9: 296.2, 296.3, 300.4, 311] and who initiated SER, VEN or VXR therapy within the same 30-day period. Patients with documented previous mental disorders/treatment were excluded. Depression-related treatment charges for the 6-month period following treatment initiation were compared using log-linear regression. Cohorts were comparable with respect to prescribing physician (psychiatry vs. other). RESULTS: 19,129 patients were included in the analysis (SER = 15,222; VEN = 1032; VXR = 2875). VXR patients were more likely to switch to other medications than VXR or SER (18% vs. 13% and 12%; p < 0.05). VEN patients were more likely to augment therapy compared to VEN or SER (33% vs. 21% and 16%; p < 0.05). After controlling for differences in age, gender, managed care plan, pre-treatment history of resource utilization, physician specialty type, index RX year, and switching/augmentation, VEN and VXR patients incurred 13% and 30% higher depression-related charges, respectively, than patients initiated on SER (p < 0.05 for both comparisons). CONCLUSIONS: Treatment of depression with sertraline was associated with significantly less augmentation/switching, and lower depression-related charges than ven-