PMH1
ADHERENCE TO ANTIDEPRESSANTS IS ASSOCIATED WITH LOWER MORTALITY: A FIVE-YEAR POPULATION-BASED COHORT STUDY

OBJECTIVES: Despite the growing use of antidepressants (AD) and the potential grave consequences of inadequate treatment, little is known about the impact of adherence to AD on mortality in the general population. This study aimed to evaluate the association between adherence to AD and all-cause mortality in a population-based cohort.

METHODS: Data were extracted from the electronic medical database of the largest health provider in Israel, covering 53% of Israel’s population, and a total of 251,746 patients were included who had purchased AD at least once and were older than 40 years of age, between 2008-2011. Adherence was measured as mean possession ratio (duration of supplied AD divided by duration of prescription). This study was modeled in the Health Improvement Network (THIN) (2011-2014) and adjusted with depression (<20%), poor (20%-50%), moderate (50%-80%), and good (>80%) adherence. We used survival analyses and included demographic and clinical variables to determine the adjusted association between AD adherence and mortality

RESULTS: The poor, moderate, and high adherence groups had adjusted mortality hazard ratios of 0.93 [95% Confidence interval (CI): 0.89 to 0.97], 0.83 [95% CI: 0.79 to 0.86] and 0.88 [95% CI: 0.85 to 0.91], respectively, with corresponding p-values <0.0001 for all comparisons, compared to the non-adherent group. CONCLUSIONS: Adherence to AD, even at low levels, is associated with a corresponding decrease in the risk of mortality, controlling for relevant covariates. Physicians from all disciplines should actively promote their patients’ adherence to AD since their persistent use is associated with increased survival.

PMH3
FINDINGS OF A RETROSPECTIVE STUDY ON FACTORS RESPONSIBLE FOR DEPRESSION IN INDIA

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OBJECTIVES: Depression is a leading cause of morbidity and disability worldwide. The factors responsible for the prevalence of depression vary across countries and cultures. This study was aimed to provide data on the prevalence of depression and the possible risk factors responsible for its prevalence in Haryana State, India.

METHODS: A retrospective evaluation of the medical records was carried out at the psychiatric units of three different district government hospitals from September 2010 till August 2013. The data was analyzed by using the statistical software, SPSS version 13®.

RESULTS: The medical records of a total of 4512 patients with a confirmed diagnosis of depression were evaluated. The prevalence of depression was 0.04% in the study. This study demonstrated that the risk of depression was high among the females (58%) as compared to males. In terms of ethnicity, seventy-eight percent of the patients were Hindus and mainly belonging to lower castes of community and other backward classes. However, in terms of age, majority, 1714 (38%) were over 50 years of age (2.38, df = 1, p < 0.0001). While evaluating the risk factors for depression, social problems and medical complications were the most common identified stressors during patient evaluation. Marital and family problems, followed by religious fervor, were the problems and death of loved ones, were the frequent risk factors identified among females. However, financial and job related problems were the most common stressors identified among males. Among medical complications, hypertension was the most frequent

CONCLUSIONS: Overall, the findings demonstrated a high rate of depression among people of low socioeconomic status and aged patients with medical complications.

PMH6
EVOLUTION OF DISEASE OUTCOMES IN SCHIZOPHRENIA: RESULTS FROM THE “COORDINATION FOR THE GENERAL STUDY OF SCHIZOPHRENIA (CGS)” WITH 3 YEARS OF FOLLOW-UP

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OBJECTIVES: To describe the evolution and effect of prognostic factors on psychiatric outcomes. This study examined the risk of dementia associated with the use of paroxetine versus other SSRIs.

METHODS: A retrospective cohort study was conducted using 2007-2010 Medicare claims data, and included nursing home residents > 65 years with depression. The study cohort consisted of 19,050 elderly nursing home residents with depression. Among non-demented patients, 1,176 (0.91%) received paroxetine and 17,334 (90.99%) received others. Cox proportional hazards regression was conducted to evaluate the risk of dementia associated with the use of paroxetine versus other SSRIs.

RESULTS: The study cohort consisted of 19,050 elderly nursing home residents with depression. Among SSRI users, 1,176 (0.91%) received paroxetine and 17,334 (90.99%) received others. Cox proportional hazards regression was conducted to evaluate the risk of dementia associated with the use of paroxetine versus other SSRIs. RESULTS: The study cohort consisted of 19,050 elderly nursing home residents with depression. Among non-demented patients, 1,176 (0.91%) received paroxetine and 17,334 (90.99%) received others. Cox proportional hazards regression was conducted to evaluate the risk of dementia associated with the use of paroxetine versus other SSRIs. RESULTS: The study cohort consisted of 19,050 elderly nursing home residents with depression. Among non-demented patients, 1,176 (0.91%) received paroxetine and 17,334 (90.99%) received others. Cox proportional hazards regression was conducted to evaluate the risk of dementia associated with the use of paroxetine versus other SSRIs. RESULTS: The study cohort consisted of 19,050 elderly nursing home residents with depression. Among non-demented patients, 1,176 (0.91%) received paroxetine and 17,334 (90.99%) received others. Cox proportional hazards regression was conducted to evaluate the risk of dementia associated with the use of paroxetine versus other SSRIs. RESULTS: The study cohort consisted of 19,050 elderly nursing home residents with depression. Among non-demented patients, 1,176 (0.91%) received paroxetine and 17,334 (90.99%) received others. Cox proportional hazards regression was conducted to evaluate the risk of dementia associated with the use of paroxetine versus other SSRIs.

CONCLUSIONS: Paroxetine usage was associated with a time-varying increase in risk of dementia among depressed elderly nursing home residents. There is a need to optimize antidepressant medication use in this population as depression is an independent risk factor for dementia.

PMH9
THE EFFECT OF LURASIDONE ON FUNCTIONAL REMISSION AMONG PATIENTS WITH BIPOLAR DEPRESSION

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OBJECTIVES: Bipolar depression is characterized by depressive symptoms and impairment in many areas of functioning, including work, family, and social life. There is continuing need for treatment options that provide remission in symptoms and functioning. The efficacy of lurasidone on symptom remission of bipolar depression has been demonstrated previously. The objective of this study was to assess the effect of lurasidone on functional remission in a real-world setting.

METHODS: This study was an open-label, randomized, double-blind, placebo-controlled clinical trial of lurasidone (20–60 mg or 80-120 mg) versus placebo. Functional outcomes were assessed using the Sheehan Disability Scale (SDS), validated patient-reported outcome measure assessing functioning in terms of work/school, family, and social life (higher scores indicate lower functioning). Functional remission (defined as SDS total score ≤5) was compared between lurasidone and placebo groups using logistic regression with a time-trial (N=2517) approach. The primary outcome was functional remission in baseline at study endpoint (1.7%). The mean change in SDS total score from baseline to study endpoint was -10.4 (SD = 7.49) in the lurasidone group and -7.1 (SD = 8.27) in the placebo group. A greater percentage of participants on lurasidone achieved functional remission in comparison to placebo (40.9% vs. 25.5%, p=0.01)

Conclusions:
- The use of paroxetine was associated with a corresponding decrease in the risk of mortality, controlling for relevant covariates. Physicians from all disciplines should actively promote their patients’ adherence to AD since their persistent use is associated with increased survival.
- The findings demonstrated a high rate of depression among people of low socioeconomic status and aged patients with medical complications.
- The study cohort consisted of 19,050 elderly nursing home residents with depression. Among non-demented patients, 1,176 (0.91%) received paroxetine and 17,334 (90.99%) received others. Cox proportional hazards regression was conducted to evaluate the risk of dementia associated with the use of paroxetine versus other SSRIs.
- The use of lurasidone was associated with a time-varying increase in risk of dementia among depressed elderly nursing home residents. There is a need to optimize antidepressant medication use in this population as depression is an independent risk factor for dementia.
at week 6, the functional remission rate was similar for participants receiving lura- 
sidone 30-60 mg and lurasidone 80-120 mg (41.1% vs 42.1%, respectively). Controlling for baseline SDS total score and study center, the adjusted odds ratio for functional remission among participants receiving lurasidone versus placebo was 3.96 (p<0.01, 95% CI [1.72, 9.13]) in the 20-60 mg lurasidone group and 2.46 (p=0.077, 95% CI [1.3-4.2]) in the 80-120 mg group. CONCLUSIONS: This post-hoc analysis of a lurasidone pivotal trial showed statistically significant improvement in functional remission within 6-week study duration among patients with bipolar depression treated with lurasidone compared to placebo.

PMH10 SYSTEMATIC REVIEW OF LONG-ACTING INJECTABLES (LAIs) VERSUS ORAL ATYPICAL ANTI PSYCHOTICS (OAs) ON HOSPITALIZATION RATES FOR SCHIZOPHRENIA

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OBJECTIVES: The current study aimed at assessing the impact of LAIs versus OAs on hospitalizations among patients with schizophrenia by conducting a thorough systematic review of studies with different study designs and performing a meta- analysis. METHODS: Using the PubMed database and major psychiatric conference proceedings, a systematic literature review for 01/2000-07/2013 was performed to identify English-language studies evaluating schizophrenia patients treated with atypical antipsychotics. Studies reporting hospitalization rates as a percentage of patients hospitalized or as the number of hospitalizations per-person per-year were selected. A meta-analysis of the percentage decrease in hospitalization rates from baseline during treatment was conducted as a primary analysis. The secondary analysis was performed if the absolute rate of hospitalization during follow-up of pooled treatment-effect estimates were calculated using random-effect models. To account for differences in patient and study-level characteristics between studies, meta-regression analyses were used. Subgroup analyses were further explored after adjusting for heterogeneity across study designs. No adjustment was made for multiplicity. RESULTS: Fifty-eight studies evaluating 25 arms (LAIs: 13 arms, 4,516 patients; OAs: 12 arms, 23,123 patients) were included in the analysis. Random-effect analysis produced an estimate of 35.5% (95% CI 33.4-37.6, p<0.001) reduction in hospitalization rates for LAIs compared to OAs across all arms. CONCLUSIONS: Hospitalization rates for LAIs was 26.4 percentage points higher than for OAs (95%CI: 3.3-49.5, p=0.023). The effect of LAI on hospitalization rates was greater than the overall effect of OAs in hospitalization rates (p=0.08). Adherence to LAIs compared to OAs was assessed using a self-reported 7-day diary. Treatment was considered as poor adherence if patients received < 80% of injections. Adherent patients received > 80% of their injections within 5 days of the scheduled date. Otherwise, patients and centers were non-adherent. Poisson regression was used to derive ratio (RR) comparing hospitalization rates using rates among adherent and non-adherent patients and centers. Propensity scores were used to derive adjusted RRs. RESULTS: Of 506 recruited patients, 95.7% were followed up to 1 year (average age: 38.7; 64.6% males; 60% adequately adherent on the first attempt). Overall hospitalization rate for follow-up was 32.5 per 100 person-years. Fifteen centers treating 243 patients and 21 centers treating 263 patients were adherent and non-adherent, respectively. Lower hospitalization rates were associated with PAMAP (crude RR: 0.64 [95% CI 0.44-0.93], adjusted RR: 0.84 [0.7-0.97]). Nearly 75% of patients were adherent but hospitalization rates was not associated with disease severity nor with reduced hospitalization rates. The effect of PAMAP on hospitalization rates was greater among non-adherent (adjusted RR: 0.45 [95% CI 0.36-1.28]) than adherent patients (adjusted RR: 0.85 [95% CI 0.51-1.53]). CONCLUSIONS: Adherence among schizophrenia patients partaking in a PAMAP for RLAI was high. PAMAP may reduce psychiatric hospitalization rate for schizophrenia patients with problems adhering to long-acting injectable antipsychotics treatment regimens.

PMH11 EVALUATING THE IMPACT OF CANNABIS USE ON METABOLIC SYNDROME

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OBJECTIVES: Cannabis is the most commonly used illicit substance in the United States. Usage rates have climbed in recent years, underscoring the need for knowledge regarding the impact of cannabis use on factors associated with metabolic health problems, such as heart disease and diabetes mellitus. Some studies suggest that cannabis use is associated with improvements in weight, BMI, and insulin resistance. METHODS: Data on, 4,267 persons from Continuous National Health and Nutrition Examination Survey (NHANES) from 2005 to 2010 was used to explore the relationship between cannabis use and factors of metabolic syndrome, including fasting insulin, glucose, insulin resistance, hemoglobin A1c, triglycerides, HDL cholesterol, and BMI. Relationship between cannabis use and insulin resistance, BMI, and waist circumference were evaluated. RESULTS: The first IV models used sex, age, race, and BMI as instruments for past and current use of cannabis as instruments for past and current use of cannabis. The second used past cannabis use as an instrument for current use. RESULTS: OLS models show lower fasting insulin, insulin resistance, BMI, and waist circumference in past cannabis users compared to individuals who have never used cannabis. CONCLUSIONS: The current evidence suggests that cannabis use is associated with improvements in weight, BMI, and insulin resistance, although more research is needed to explore the potential associations with other metabolic health outcomes.

PMH12 THE TRADEOFF BETWEEN INTERNAL AND EXTERNAL VALIDITY IN COMPARING THE EFFECTIVENESS OF TRANSCRANIAL MAGNETIC STIMULATION (TMS) WITH ANTIDEPRESSANT DRUG THERAPY IN THE TREATMENT OF MAJOR DEPRESSION USING PROPENSITY Sscores METHODS

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OBJECTIVES: Transcranial magnetic stimulation (TMS) is FDA cleared for use in pharmacoresistant depression and is a safe intervention. Two shared concerns of TMS efficacy and safety. However, TMS has not been directly compared to pharmacotherapy. Propensity score matching was used to compare the effectiveness of TMS to pharmacotherapy. Prospectively collected data from a pragmatic study of 305 participants were analyzed. Participants were matched with TMS and STAR*D participants. Two cycles of Treatment Alternatives to Relieve Depression (STAR*D) study. METHODS: TMS patients were propensity-score matched to STAR*D patients on baseline characteristics, including age, gender, and nicotine use. CONCLUSIONS: TMS was non-inferior to STAR*D in terms of symptom response and remission. The persistent drug effect was associated with a greater risk of psychosexual dysfunction than SSRIs. This risk was comparable to other drugs like tricyclic antidepressants (TCAs). However these classes are not completely bereft of side effects. Psychosexual dysfunction is a condition that occurs commonly among depressed patients. It has been shown to be associated with antidepressants. The objective of our study was to evaluate the prevalence of psychosexual dysfunctions among patients taking TCAs, SSRIs, and SNRIs. METHODS: We used a cohort study design in an administrative claims database (2006-2013 Lifelink claims data) to compare the incidence of psychosexual dysfunction in TCAs, SSRIs, and SNRIs. RESULTS: The prevalence of psychosexual dysfunction is significantly lower in the TCA group. CONCLUSIONS: TCA users were found to be less likely to report psychosexual dysfunction compared to users of other antidepressant classes. This finding is consistent with previous studies and may have important clinical implications. The percentage of patients taking TCAs who report psychosexual dysfunction is significantly lower than those taking SSRIs or SNRIs. This finding is consistent with previous studies and may have important clinical implications. The percentage of patients taking TCAs who report psychosexual dysfunction is significantly lower than those taking SSRIs or SNRIs. This finding is consistent with previous studies and may have important clinical implications.