ate changes in categorical and continuous variables, respectively. **RESULTS:** Total of 102 patients who were followed up for 3 months are included in this analysis. Of which, 43.1% were male, mean age was 38.5 ± 12.6 years old, and mean time since diagnosis was 8.9 ± 8.4 years. The first reasons for initiating RLAI were insufficient response to previous medication (43.1%) and need for maintenance (24.5%). At 3-months, 98% of patients were still on RLAI treatment. Comparing the first 3-month treatment of RLAI to the 3-month period prior to the initiation of RLAI for the 102 patients, significant decreases were observed in the proportion of patients hospitalized (26.5% vs. 2.9%, $p < 0.001$) and the mean number of days in hospital (10.2 days vs. 1.3 days, $p < 0.001$). By 3-months, there were significant improvements in disease severity and patient functioning; the average CGI-S score significantly decreased from 3.74 at baseline to 3.33 at 3 months ($p < 0.001$) and the mean GAF score significantly increased from 51.5 at baseline to 56.0 at 3 months ($p < 0.001$). **CONCLUSIONS:** Based on the 3-month interim results, treatment with RLAI was associated with reductions in hospitalizations and improvements in disease severity and patient functioning in Russian patients with schizophrenia.

PMH4

EFFICACY AND SAFETY OF ORAL ATYPICAL ANTIPSYCHOTICS FOR SCHIZOPHRENIA: A META-ANALYSIS INCLUDING PALIPERIDONE EXTENDED-RELEASE

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OBJECTIVES: Atypical antipsychotics are widely used in the pharmacologic management of schizophrenia. A meta-analysis of oral atypical antipsychotics was conducted to assess the relative effectiveness of a newly introduced agent, paliperidone extended-release (ER). **METHODS:** Randomized placebo-controlled studies of risperidone, olanzapine, quetiapine and aripiprazole were identified via a database search (MEDLINE, Embase, the Cochrane Library, PsycInfo and the Cumulative Index to Nursing & Allied Health Literature). Baseline demographic, efficacy and safety data were extracted and combined in the meta-analysis using the DerSimonian and Laird approach [1]. Random effects meta-regression[1] was used to assess potential confounding by patient mean age, gender ratio and duration of therapy on variability in efficacy and safety. **RESULTS:** Atypical antipsychotics as a group had lower odds of withdrawal for any reason than placebo treatment (OR 0.52, 95%CI 0.46, 0.58), with paliperidone ER having lower odds than the antipsychotic class as a whole (OR 0.43, 95%CI 0.34, 0.53). Odds of withdrawal due to adverse events were lower with paliperidone ER (OR 0.88, 95%CI 0.71, 1.15) than with risperidone (OR 2.09, 95%CI 0.80, 5.41) and with the atypical antipsychotics as a class (OR 1.02, 95%CI 0.83, 1.25). Paliperidone ER was associated with a lower odds of somnolence (OR 1.33, 95%CI 0.92, 1.94) than the atypical class (OR 1.70, 95%CI 1.39, 2.09) and a lower odds of weight gain (OR 1.75, 95%CI 1.29, 2.37) than all of the atypical antipsychotics, including risperidone (OR 3.08, 95%CI 1.53, 6.20). The predominant factor in the observed variability in efficacy was the specific antipsychotic, rather than patient-related factors or duration of therapy. **CONCLUSIONS:** Within the spectrum of efficacy and safety of the class, Paliperidone ER demonstrates a unique efficacy and tolerability profile. Owing to the heterogeneity within the class, information on individual benefit/risk profiles of atypical antipsychotics is necessary for selecting a specific treatment for each patient.

[1] DerSimonian R, Laird N. Meta-analysis in clinical trials. Control Clin Trials 1986;7:177–88.

PMH5

COMPARISON OF RISK OF UPPER GASTROINTESTINAL HEMORRHAGE AMONG SSRI-USERS WITHIN U.S. MANAGED CARE POPULATION

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OBJECTIVES: Serotonin is critical for maintaining platelet haemostatic function such as aggregation. SSRI-induced upper gastrointestinal hemorrhage (UGIH) may occur through SSRI-induced inhibition of serotonin reuptake by platelets, leading to depletion of serotonin after several weeks of antidepressant (i.e. SSRI) treatment. The risk of SSRI-induced-UGIH has not been documented in a U.S. managed care population. The purpose of this study was to compare the incremental likelihood of UGIH events with use of SSRIs and in combination with NSAIDs in a managed care population. **METHODS:** A retrospective study was designed using data from a large managed care claims database. Subjects were identified anytime between October 1, 2005 to September 30, 2006 (index-period) and classified into SSRI-users, NSAID-users or SSRI-NSAID concomitant users. Each subject was matched to a control (non-SSRI/NSAID-user) based on their index date. All subjects were treatment naïve 12 months prior to their pre-index period and followed for 12 months post index date to determine the risk of any UGIH event based on ICD-9-CM code. **RESULTS:** A total of 87,054, 275,476, 27,696, and 386,248 subjects were identified as SSRI-users, NSAID-users, concomitant-users and controls at index-period. The control group was significantly ($p < 0.001$) younger than the drug cohorts (31vs. 42years), lower ($p < 0.001$) proportions of females (47% vs. 57%), and lower ($p < 0.001$) burden of comorbid illness as measured by Charlson Comorbidity Index (0.15 vs. 0.50). Compared to the controls, concomitant-users had 1.0% (OR = 3.32; 95%CI = 2.90–3.79), SSRI-users had 0.8% (RR = 2.59; 95%CI = 2.36–2.86), and NSAID-users had 0.5% (RR = 1.83; 95%CI = 1.69–1.97) cases with a diagnoses of UGIH. **CONCLUSIONS:** Current SSRIs that are recommended as first line therapy for depression is associated with a risk of UGIH within first 12-months either alone or in combination with NSAIDs. Future research needs to estimate the economic burden of such bleeding events to managed care.

PMH6

A SYSTEMATIC REVIEW ON THE EPIDEMIOLOGY AND SOCIOECONOMIC BURDEN OF BIPOLAR DISORDER IN EUROPE

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OBJECTIVES: To determine the epidemiological, clinical, and economic burden of bipolar disorder (BD) in Europe. **METHODS:** A systematic review of publications from the last 10 years relating to the burden of bipolar disorder was conducted, including studies on epidemiology, patient-related issues, and costs. **RESULTS:** Data from the UK, Germany, and Italy indicated a prevalence of bipolar disorder of ~1%, and a misdiagnosis rate of 70% from Spain. In one study, up to 75% of patients had at least one DSM-IV comorbidity, commonly anxiety disorders and substance/alcohol abuse. Attempted suicide rates varied between 21–54%, with 18% mortality in the UK. The chronicity of bipolar disorder exerted a profound and debilitating effect on the patient. Only 30% of German patients were employed full time at a level matching their qualifications. In Italy, 63–67% of patients were unemployed and in Germany,