Increasingly, antipsychotic medications are used off-label to manage disruptive behavioral disorders (DBD) often lead to multiple placement transitions among youth in foster care. This study is to investigate mental transition among antipsychotic users and propensity-score matched nonusers. OBJECTIVES: The Medication Part D Drug Event (PDE) file was used to identify Washington State dual-eligible who filled an antipsychotic prescription in 2010. Twelve-month antipsychotic utilization rates were determined using pharmacy claims, and by medical necessity (all claims were measured using the proportion-of-days-covered methodology). For nonadherent beneficiaries we distinguished between those who discontinued use and those who switched to another antipsychotic. Rates of antipsychotic polypharmacy in a given 30-day period, and antidepressant and mood-stabilizer utilization within the 12-month observation period were estimated. RESULTS: There were 21,749 WA State dual-eligible who filled an antipsychotic prescription in 2010. Over the 12-month observation period, 92% of the sample filled an atypical antipsychotic prescription (adherent=61%, discontinued=9%, switched=30%), and 16% filled a typical antipsychotic prescription (adherent=50%, discontinued=11%, switched=39%). Of the 3,070 duals who used more than one antipsychotic within a 30-day window, 91% used a maximum of two medications and only 9% used three or more. Finally, during the 12-month observation period, 46% of duals filled an antidepressant prescription and 23% filled a mood-stabilizer prescription. CONCLUSIONS: This information is critical to plan antipsychotic interventions aiming to improve quality of care and reduce costs, given that those individuals with SMi often avoid clinical trials and duals accumulate roughly $300 billion [2013 USD] in annual healthcare expenditures.

PMH62 EVIDENCE FOR THE OFF-LABEL USE OF METHYLEPHENIDATE FOR COGNITIVE ENHANCEMENT IN HEALTHY INDIVIDUALS

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BACKGROUND: Legal indications for the use of methylphenidate are restricted to children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Despite its defined therapeutic indications, there is a trend in non-prescribed methylphenidate off-label use by students and professionals to improve performance. New terms related to this trend: academic doping, nootropic, cosmetic neurology or smart pill.

METHODS: A systematic search was conducted to retrieve the best scientific evidence on the subject available in English, Portuguese or Spanish. RESULTS: One review evaluated nine studies on the use of methylphenidate among healthy medical students. The prevalence was 16%, with no gender difference. However, there was a higher prevalence among those with a low academic performance. Most students (63.2%) began using the drug after starting college. The use was seasonal throughout the year - periods close to exams or at the end of the semester were associated with a higher demand for the stimulant. There is little evidence in the literature about the effect of methylphenidate on non-ADHD or non-ADHD-related cognitive functions, and no consensus about the potential effects on neurocognition and executive function. There is no evidence that the drug increases memorization or associative learning, only that it makes people more alert, but with no selectivity of attention. Some studies suggest that stimulants may interfere with neural mechanisms for the consolidation of declarative memory, which is critical for intellectual performance. Also, methylphenidate increases heart rate and blood pressure, potentially more worrying in adults than children due to possible associations with other substances and reports of sudden deaths and psychiatric effects.

CONCLUSIONS: Although we currently live in a highly competitive environment, it’s important to adopt social interventions that focus on the misuse of methylphenidate, alerting the public and focusing on the consequences of its non-prescribed use.

PMH63 ANTIPSYCHOTIC USE AND FOSTER CARE PLACEMENT STABILITY AMONG YOUTH WITH ATTENTION-DEFICIT HYPERACTIVITY/DISRUPTIVE BEHAVIOR DISORDERS

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OBJECTIVES: Attention-deficit hyperactivity/disruptive behavior disorders (ADHD/DBD) often lead to multiple placement transitions among youth in foster care. Increasingly, antipsychotic medications are used off-label to manage disruptive behaviors. There is limited evidence of the impact of antipsychotic management of ADHD/DBD placed youth among academic performance, the association between antipsychotic initiation and time to first foster care placement transition among antipsychotic users and propensity-score matched nonusers. METHODS: All self-reported users of ADH/DBD (n=18,034) in one Mid-Atlantic state were included in this study. Antipsychotic use was ascertained from pharmacy claims, and discontinuation, switching and polypharmacy. Antipsychotic nonadherence is also problematic. The real-world observation of antipsychotic utilization patterns has been identified as a priority. We assessed utilization of antipsychotics and other psychotropic medications among dually-eligible adults with SMi, including calculations of adherence, discontinuation, switching and polypharmacy. METHODS: The Medicaid Part D Drug Event (PDE) file was used to identify Washington State dual-eligible who filled an antipsychotic prescription in 2010. Twelve-month antipsychotic utilization rates were determined using pharmacy claims, and by medical necessity (all claims were measured using the proportion-of-days-covered methodology). For nonadherent beneficiaries we distinguished between those who discontinued use and those who switched to another antipsychotic. Rates of antipsychotic polypharmacy in a given 30-day period, and antidepressant and mood-stabilizer utilization within the 12-month observation period were estimated. RESULTS: There were 21,749 WA State dual-eligible who filled an antipsychotic prescription in 2010. Over the 12-month observation period, 92% of the sample filled an atypical antipsychotic prescription (adherent=61%, discontinued=9%, switched=30%), and 16% filled a typical antipsychotic prescription (adherent=50%, discontinued=11%, switched=39%). Of the 3,070 duals who used more than one antipsychotic within a 30-day window, 91% used a maximum of two medications and only 9% used three or more. Finally, during the 12-month observation period, 46% of duals filled an antidepressant prescription and 23% filled a mood-stabilizer prescription. CONCLUSIONS: This information is critical to plan antipsychotic interventions aiming to improve quality of care and reduce costs, given that those individuals with SMi often avoid clinical trials and duals accumulate roughly $300 billion [2013 USD] in annual healthcare expenditures.

PMH65 ANTIPSYCHOTIC USE AND FOSTER CARE PLACEMENT STABILITY AMONG YOUTH WITH ATTENTION-DEFICIT HYPERACTIVITY/DISRUPTIVE BEHAVIOR DISORDERS

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