medicine. The study provides a baseline data for further studies on patients’ adherence to psychotropic medications.

PMH42 TREATMENT CONTINUATION AND TREATMENT CHARACTERISTICS OF 3 LONG-TERM SCHIZOPHRENIA PATIENTS: INCLUSION CRITERIA (SOMATIC COMORBIDITIES, RISPERIDONE MICROPHASES AND HALOPERIDOL DECAANOATE) IN BELGIUM. Sergen1, Geerts P1, Decuyper F2, Wegewijs T2, Rijnjs R1, De Hert M3. 1Janssen-Cilag BV, Brussels, Belgium; 2Janssen-Cilag BV, Tilburg, The Netherlands; 3Katholieke Universiteit Leuven, Kortenberg, Belgium

OBJECTIVES: Treatment continuation of 3 long acting, injectable, antipsychotic drugs: paliperidone palmitate, risperidone microphases and haloperidol decanoate, was evaluated in the Belgian outpatient setting using panel data from public pharmacies. Drug dosage, age distribution and frequency of co-prescribed psychotropic medications were investigated. METHODS: IMS Lifeline14 Treatment Dynamics database was used, adhering appropriate inclusion criteria. Three patient cohorts that started paliperidone palmitate, risperidone microphases or haloperidol decanoate treatment respectively, between 1 December 2011 and 31 August 2012, were analyzed. All cohorts included at least 13 months of follow up. Treatment continuation was investigated. RESULTS: After 90 and 180 days, more patients continued treatment with paliperidone palmitate (60.71% and 42.41% respectively) than with risperidone microphases (39.0% and 26.4%) or haloperidol decanoate (34.23% and 17.5%). Within 3 months after discontinuation, more patients restarted their treatment when using paliperidone palmitate (41%) compared to risperidone microphases (27%) or haloperidol decanoate (17%). For all therapies, dosing was comparable between treatment initiation and discontinuation. Patients treated with paliperidone palmitate were generally younger, more males, more smokers, more paliperidone palmitate, risperidone microphases, 17%; or haloperidol decanoate, 5%). Over 1 year, on average 62% of patients used paliperidone palmitate or risperidone microphases in monotherapy. In contrast, haloperidol decanoate in monotherapy declined over time (from 49% to 28% in 1 year). Medication against extrapyramidal symptoms was on average more used with haloperidol decanoate (37%) than with paliperidone palmitate (16%) or risperidone microphases (28%). CONCLUSIONS: Results of the database research indicate that more patients treated with paliperidone palmitate continued their therapy, restarted therapy and were of younger age than patients receiving risperidone microphases or haloperidol decanoate. Mono-therapy was more frequently observed in the monotherapy setting in chronic treatment. Combination therapy was less frequently used compared to haloperidol decanoate.

PMH43 DESCRIBING THE HEALTH STATUS OF SCHIZOPHRENIA CAREGIVERS IN THE NETHERLANDS. Gupta F1, Fishewor G2, Jones K1, Van Impe K1.

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OBJECTIVES: Research indicates schizophrenia is a cause of burden for patients and caregivers. This study examined health-related quality of life (HRQoL) and comorbidities experienced by schizophrenia caregivers compared to non-carers and caregivers of other conditions. METHODS: A cross-sectional study was conducted in 2010-2011. Caregivers in the Netherlands, 4Katholieke Universiteit Leuven, Kortenberg, Belgium. RESULTS: Of the 553 caregivers matched to non-caregivers (n = 104,877) and 14,589 matched to non-carers (n = 50,989) and other caregivers, schizophrenia caregivers reported lower MCS (40.3 vs. 45.9), significant lower PCS (46.8 vs. 49.0) and health utilities (0.64 vs. 0.71, p < 0.001), compared to non-caregivers (all p < 0.001). Schizophrenia caregivers reported significantly lower MCS (40.3 vs. 45.9), and depression (29.4% vs. 19.4%) than non-caregivers. Comparing schizophrenia caregivers with other caregivers, schizophrenia caregivers reported higher MCS (40.3 vs. 39.4), less depression (29.4% vs. 31.4%) and more anxiety (37.9% vs. 31.7%) and heartburn (31.7% vs. 22.9%), than non-caregivers. Comparing schizophrenia caregivers with non-caregivers (n = 104,877) and 14,589 matched to non-carers (n = 50,989) and other caregivers, schizophrenia caregivers reported more somatic and psychiatric complaints (2.5 times vs. 1.7 times, p < 0.001). CONCLUSIONS: Caregivers with schizophrenia reported worse HRQoL and more somatic and psychiatric comorbidities than non-caregivers and caregivers of other conditions. Providing caregivers with support services to better manage patients effectively may improve caregiver’s health status.

PMH44 DOES GIVING CAREERS A BREAK IMPROVE THEIR WELLBEING? RESULTS FROM AN EVALUATION USING THE EQ-SD-5L. Gladwell D1, Gupta S1, Willgoss T.G.1, 1ICON Commercialisation and Outcomes, Belsheba, MD, USA; 2Shire, Wayne, PA, USA; 3Linköping University, Linköping, Sweden; 4Shire, Danderyd, Sweden.

OBJECTIVES: To understand social and work impacts of caring for children/ adolescents with attention-deficit/hyperactivity disorder (ADHD) in Sweden relative to a combined cohort of other Nordic countries (Denmark, Finland and Norway). METHODS: Caregivers in Sweden and other Nordic countries completed the Caregiver Perspective of Pediatric ADHD (CAPPA) online survey capturing carer impact of caring during working, social and personal life. RESULTS: The estimated mean utility of the cohort was significantly lower than 0.81; the value that would be predicted in the general population given the age and gender characteristics of the cohort. CONCLUSIONS: Informal carers have significantly lower HRQoL than age-matched controls. While it is not possible to draw firm conclusions around the estimated mean utility of the cohort was significantly lower than 0.81; the value that would be predicted in the general population given the age and gender characteristics of the cohort.

PMH45 THE IMPACT OF WORK ON SOCIAL AND WORK ACTIVITIES AMONG CAREGIVERS OF CHILDREN WITH ADHD IN SWEDEN RELATIVE TO OTHER NORDIC COUNTRIES. Romero B1, Gupta K1, Dietrich CN2, Flood E1, Gustafsson PA1, Alménberg E1, Vågberg L1; 1ICON Commercialisation and Outcomes, Belsheba, MD, USA; 2Shire, Wayne, PA, USA

OBJECTIVES: To understand social and work impacts of caring for children/ adolescents with attention-deficit/hyperactivity disorder (ADHD) in Sweden relative to a combined cohort of other Nordic countries (Denmark, Finland and Norway). METHODS: Caregivers in Sweden and other Nordic countries completed the Caregiver Perspective of Pediatric ADHD (CAPPA) online survey capturing carer impact of caring during working, social and personal life. RESULTS: The estimated mean utility of the cohort was significantly lower than 0.81; the value that would be predicted in the general population given the age and gender characteristics of the cohort. CONCLUSIONS: Informal carers have significantly lower HRQoL than age-matched controls. While it is not possible to draw firm conclusions around the estimated mean utility of the cohort was significantly lower than 0.81; the value that would be predicted in the general population given the age and gender characteristics of the cohort.

PMH46 CONCEPTUAL COMPREHENSIVENESS OF ANXIETY INSTRUMENTS IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE: EVALUATING THE POTENTIAL FOR CONFORMING SOMATIC AND PSYCHICING ANXIETY. Wilgoss T.G.1, Humphrey L.1, Fatyoe F2, Yohannes AM3.

1Akias International, Manchester, UK; 2Manchester Metropolitan University, Manchester, UK; 3OBEGS Consultancy, Bath, UK.

OBJECTIVES: To determine the conceptual comprehensiveness of anxiety instruments for chronic obstructive pulmonary disease (COPD) patients. METHODS: To determine conceptual comprehensiveness, the content of 12 extant anxiety PROMs was mapped to a conceptual model of anxiety in COPD, developed through a qualitative literature review and in-depth qualitative interviews (n=15) of COPD patients with anxious symptoms. RESULTS: The conceptual model contained 29 concepts within five domains (somatic [15 concepts]; psychic tension [5 concepts]; apprehension [5 concepts]; panic [3 concepts]; behavioural [1 concept]). The most comprehensive conceptual coverage was found in the Mind Over Mood Anxiety Inventory (MMAI) and Hospital Anxiety and Depression Scale (HADS) which respectively covered 18 (29%) and 16 (26%) concepts across all five domains. Concept mapping revealed the majority of PROMs are biased towards assessing somatic symptoms of anxiety, with no measure providing comprehensive assessment of non-somatic concepts. Indeed, the two most widely used anxiety PROMs in COPD research and clinical practice (Beck Anxiety Inventory [BAI] and Hospital Anxiety and Depression Scale) provide sub-optimal coverage of anxiety concepts. In particular, the BAI is heavily weighted towards assessing somatic concepts, with little focus on psychic, apprehensive, panic and behavioural concepts of anxiety. CONCLUSIONS: In light of the sub-optimal content validity of extant instruments, including those commonly used in research and practice, there is a need for a comprehensive, specific anxiety PROM. Such an instrument can be utilised in clinical trials for evaluating new products and enhance the accuracy of anxiety screening and measurement in clinical practice.

PMH47 THE ANXIETY INVENTORY FOR RESPIRATORY DISEASE (AIR): AN EXPLORATION OF THE AIR’S PSYCHOMETRIC PROPERTIES THROUGH RASCH ANALYSIS. Willgoss T.G.1, Humphrey L.1, Fatyoe F2, Yohannes AM3.

1Akias International, Manchester, UK; 2Manchester Metropolitan University, Manchester, UK

OBJECTIVES: The Anxiety Inventory for Respiratory disease (AIR) is a novel, non-somatic patient-reported outcome (PRO) measure of anxiety among patients with obstructive pulmonary disease (COPD). Traditional psychometric meth-