visiting psychiatrists. The issues of over-medication and polypsychopharmacy deserve further attention.

PMH57

SECOND GENERATION ANTIPSYCHOTICS AND HOSPITALIZATION IN BIPOLAR DISORDER: A CLAIMS DATA ANALYSIS

Pikalov A[1], Whitehead R[1], Werner C[2], Kim E[3]

[1]Otsuka America Pharmaceuticals Inc, Rockville, MD, USA, [2]Otsuka Pharma GmbH, Frankfurt, Hessen, Germany, [3]Bristol-Myers Squibb, Plainsboro, NJ, USA

OBJECTIVES: Up to 75% of patients with bipolar disorder report at least one lifetime hospitalization; patients treated with second generation antipsychotics (SGAs) and mood stabilizers (MS) are hospitalized more frequently than those treated with MS monotherapy. It is not clear whether different SGAs differentially reduce the risk of hospitalization in this at-risk population, therefore the purpose of this study is to characterize hospitalization rates in patients treated with adjunctive SGA-MS combination therapy. **METHODS:** A retrospective propensity score-matched cohort study was conducted in the LabRx integrated claims database from January 2003 through December 2006. Patients 18–65 with bipolar disorder and 180 days of pre-index enrollment without SGA therapy and 90 days post-index enrollment were eligible for inclusion. MS therapy was initiated within 30 days prior to or following index SGA prescription. Multivariate logistic regression was used to estimate the risk of hospitalization in patients treated with aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone during the 90 day follow-up period. **RESULTS:** Of 7134 patients meeting inclusion criteria, 920 patients on aripiprazole were matched to 920 on olanzapine, quetiapine, or risperidone, while 518 aripiprazole patients were matched to 518 on ziprasidone. Hospitalization rates in the first 90 days following index prescription was 9.3% (range 7.1–12.8%). Compared to aripiprazole, patients on adjunctive SGAs demonstrated statistically significantly greater risks of hospitalization (olanzapine OR 1.8, 95%CI 1.3, 2.7; quetiapine OR 1.5, 95%CI 1.1, 2.2; risperidone OR 1.8, 95%CI 1.3, 2.6; ziprasidone OR 1.7, 95%CI 1.1, 2.7). **CONCLUSIONS:** Hospitalization in the first 90 days following initiation of combination mood stabilizer-SGA therapy is relatively common and influenced by choice of SGA. This difference may be due to dosing and titration under real world conditions.

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BUDGET CONSTRAINTS AS A MAJOR CAUSE FOR UNDERTREATMENT OF PATIENTS SUFFERING FROM ALZHEIMER'S DISEASE IN GERMANY: A COMPARATIVE PANEL SURVEY OF GENERAL PRACTIONERS AND NEUROLOGISTS

Gaudig M

Janssen-Cilag, Neuss, Germany

OBJECTIVES: Empirical studies show a severe undertreatment of patients with Alzheimer's disease in Germany. This comparative online panel survey investigates potential causes for undertreatment among general practitioners (GPs) and neurologists/psychiatrists. **METHODS:** A total of 100 neurologists/psychiatrists and 302 GPs were included in an online panel survey. Participating GPs had experiences in treating diabetes, asthma, depression, epilepsy, migraine and dementia; neurologists were experienced in schizophrenia, depression, epilepsy, multiple sclerosis, migraine and dementia. Participants were asked to compare these therapeutic areas in 8 items: urgency of treatment, therapeutic options, difficulties in diagnosis, knowl-

edge on guidelines, difficulties in patient and care-giver communication, influence of budget restrictions, experiences in switching therapy and referrals to specialists. A Likert-rating scale (1–5) was used for assessing. An additional open question addressed reasons for discontinuing therapy with antidementive drugs. **RESULTS:** For Alzheimer's disease GPs see lowest urgency for treatment (2.2; 1.3 in diabetes), lowest number of therapeutic options (3.5; 1.5 in asthma), largest difficulties in diagnosis (3.3; 1.7 in diabetes), largest difficulties in patient and care-giver communication (3.7; 1.9 in diabetes) and highest budget restrictions (2.0; 2.8 in epilepsy). GPs' knowledge of guidelines is lowest in epilepsy (3.4) and dementia (3.0; 1.7 in diabetes); their experience in therapeutic switches is lowest, the number of referrals to specialists highest. Neurologists agree with GPs that therapeutic options in dementia are lowest (3.5, 1.5 in schizophrenia) and budget pressure is highest (1.9; 2.7 in epilepsy). They see a higher urgency of treatment for Alzheimer and show more experience in treatment. Both groups agreed that budget restraints are the most important reason for discontinuing treatment with antidementive drugs. **CONCLUSIONS:** Results suggest that budget constraints for GPs and neurologists/psychiatrists are the dominant reason for undertreatment of patients with Alzheimer's disease. To ensure evidence-based treatment with antidementive drugs in Germany budget constraints need to be reduced.

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MODELLING THE ANTIDEPRESSANTS MARKET BEHAVIOUR AFTER PATENT EXPIRIES

Pechlivanoglou P, Boersma C, Visser ST, Postma MJ

University of Groningen, Groningen, The Netherlands

OBJECTIVES: Controlling pharmaceutical expenditures is of particular interest to governments, as pharmaceuticals present one of the main components of health care expenditures. Patent expiries of drugs are important, as dispensing (cheaper) generic drugs potentially results in lower pharmaceutical expenditures. Therefore, modelling generic substitution patterns is highly relevant as this can provide useful cost-cutting decision support. The aim of this study was to model the duration until patients switch from branded to generic drugs, in relation to various influencing variables **METHODS:** Data were obtained from Dutch pharmacy dispensing records from IADB.nl. We focused on antidepressant prescription data. To identify a pattern on the underlying diffusion process, the analysis was applied to four antidepressants whose patent recently expired (fluoxetine, paroxetine, citalopram, sertraline). Duration analysis techniques were used to estimate the probability of patients to switch to a generic drug over time, and to estimate the effect of different covariates (e.g. patient, pharmacist and general practitioner characteristics) on this switching probability. Since interval censored data were used, discrete duration methods were applied which resulted in the estimation of a binary regression model. **RESULTS:** A higher probability for patients to switch from a branded to a generic drug within the first five months after patent expiry was identified. Switching probabilities were mainly affected by the general practitioners' and pharmacists' inclination to provide generic drugs, the age, the experience of the patient on the specific drug and the amount of different generic drugs introduced in the market. **CONCLUSIONS:** Despite differences in pharmacy dispensing patterns for different antidepressants studied, we generally found common patterns in generic substitution. Next to the inclination of health care professionals, patient characteristics, time and the amount of available generic alternatives affect generic substitution significantly. However,