antipsychotics, lack of efficacy or tolerability and poor compliance remain frequent reasons for change of therapy.

**PMH59**

THE ELECTRONIC SCHIZOPHRENIA TREATMENT ADHERENCE REGISTRY—E-STAR: BASELINE RESULTS FOR GERMANY, SPAIN AND AUSTRALIA

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OBJECTIVES: E-STAR is an ongoing, international, observational survey evaluating long-term clinical and economic outcomes in patients switched to a new antipsychotic. METHODS: Data are collected via a secured web-based system, retrospectively for 12-months and prospectively for two-years. Patient demographics, treatment and hospitalisation history, reason for initiating new treatment, Clinical Global Impression—Severity (CGI-S), Global Assessment of Functioning (GAF) and adverse event data are collected. RESULTS: Complete baseline and retrospective data are currently available for 1920 patients enrolled: Germany (n = 744), Spain (n = 709), Australia (n = 467). Patients reported here switched to long acting injectable (LAI) risperidone. Mean age was 39.5 years (SD 11.8; range 37.5-41); majority were male (mean 61%; range 56-70%). 98% had a diagnosis of schizophrenia or schizoaffective disorder (range 98–100%). Mean duration of illness was 10.8 years (SD 9.3; range 9.2–12.6 years). Majority of patients (>80%) at baseline had a CGI-S score of 4–6 indicating that patients were moderately (35%), markedly (34%) or severely (18%) ill. The GAF scores were similar across countries (mean 46; SD 15; range 43–48). There were country differences in hospitalisation history during the 12-month retrospective period: 28%, 70%, and 17% of patients in Germany, Spain and Australia respectively had no hospitalisations; for patients with hospitalisations, the mean number of days hospitalised per patient was 58.2 (SD 53.1), 38.3 (SD 51.1), and 66.9 (SD 90.3) respectively. Prior to the switch to (LAI) risperidone, 67–90% patients were taking oral atypicals, 27–35% oral conventional and 22–52% depot conventional(s). The most frequent reason for switching was compliance: Germany (37%), Australia (52%), Spain (30%). CONCLUSIONS: Compliance remains an important treatment issue even for those treated with atypicals. Continued enrolment, and follow-up will enable a better understanding of a broader range of treatment patterns in schizophrenic patients.

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THE ELECTRONIC SCHIZOPHRENIA TREATMENT ADHERENCE REGISTRY—E-STAR: DATA QUALITY ASSURANCE GATE KEEPING METHODS

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OBJECTIVES: E-STAR is an international, non-interventional, observational study of clinical and economic outcomes in schizophrenia/schizoaffective patients who switch to a new antipsychotic. METHODS: Data over a 12-month retrospective and 24 month prospective period from in- or out-patients who start on a new antipsychotic medication are collected via a secure, privacy-protected web-site. All data are automatically checked against validation rules at the point of entering the study. The validation rules are established in consultation with specialists in data analysis and key opinion leaders, and are designed to prevent missing data, duplicate data and data outside pre-established, reasonable ranges. These require confirmation by the physician before the system will accept them. If data is entered incorrectly, the physician submits correction requests via an audited online data change request system. A further supplemental audit process is used to control quality of uploaded data. This process uses monthly reports to identify potential inconsistencies within the dataset after data has been validated at entry.

RESULTS: Uploaded data undergoing quality control checks, requiring adjustment by physicians, is minimal. Audit reports have helped redress data entry training issues, further enhancing data accuracy. Analysis is only conducted on patients after resolution of outstanding supplemental data queries. Conclusion: This largely automated three stage quality control process is important to the implementation of non-interventional, observational research such as this, where the goal is to study outcomes in a generalisable, representative patient cohort. This permits the inclusion of patients from a broad geographic region, which will add significantly to our understanding of the use of antipsychotics in actual clinical practice, outside of the influence of clinical trial settings. This also allows for much faster analysis and presentation of robust, pragmatic outcomes data.