OBJECTIVES: The purpose of this study is to: 1) characterize the changes in utilization of psychotropic medications among adults with anxiety disorder over a 6-year period (2004 and 2009), and 2) identify factors associated with psychotropic medication use. METHODS: Patients with anxiety disorder were identified in the 2004 to 2009 Medical Expenditure Panel Survey (MEPS). Psychotropic medication use was ascertained from a self-reported prescription file. The number and percentage of patients with each psychotropic medication use was calculated for each year and drug class. We used t-tests to compare psychotropic medication use between 2004 and 2009, and a logistic regression model to identify the factors associated with psychotropic medication use. RESULTS: The estimated number of adult patients who reported having an anxiety disorder increased from 18.9 million in 2004 to 21.4 million in 2009. The percentage of patients who reported ever using a psychotropic medication grew from 62.5% in 2004 to 66.8% in 2009 (p<0.05) and one-third of patients reported ever using a selective serotonin reuptake inhibitors (SSRI). From 2004 to 2009, there was a significant increase in the use of benzodiazepines (26.1% to 32.9%, p<0.01), serotonin-norepinephrine reuptake inhibitors (SNRI) (6.5% - 10.5%, p<0.01), and atypical antipsychotics (8.6% to 8.4%, p<0.01). A higher prevalence and significant increase in the use of benzodiazepines was observed among older adults aged ≥ 65 years (43.9% in 2004 - 53.0% in 2009, p<0.01). Multivariate logistic regression results showed that white race, female gender, higher education, private insurance, and comorbid mood disorders were associated with self-reported psychotropic medication use. CONCLUSIONS: In the US, psychotropic medication use among patients with anxiety increased from 2004 to 2009. The high prevalence and increasing trend of benzodiazepine use among older patients with anxiety disorder needs more research to evaluate its implications.

PMH13
A REAL-WORLD US RETROSPECTIVE DATABASE ANALYSIS EVALUATING TREATMENT PATTERNS, HEALTH CARE RESOURCE UTILIZATION AND COSTS IN PATIENTS WITH BIPOLAR DISORDER TREATED WITH MODIFIED RELEASE (IR) OR EXTENDED RELEASE (XR) QUETIAPINE FUMARATE
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OBJECTIVES: Compare treatment patterns, health care resource utilization and costs in patients with bipolar disorder newly treated withquetiapine IR (QTP-IR) or XR (QTP-XR). METHODS: An observational, retrospective cohort study utilizing the HealthCore Integrated Research Database identified patients (18 - 64 years) with an ICD-9 diagnosis of bipolar disorder and ≥1 pharmacy claim for QTP-IR or QTP-XR between October 2, 2008 and July 31, 2010. Outcomes included: patient characteristics at the index date (first claim for QTP-IR/QTP-XR), 12-month pre-index clinical characteristics, health care resource utilization and costs (inpatient, outpatient and ER visits, pharmacy and other costs), 12-month post-index treatment patterns, health care resource utilization and costs, assessed using generalized linear models adjusted for multiple variables. RESULTS: A total of 3049 patients with bipolar disorder were analyzed. QTP-IR patients had ≥1 change (28.2%) compared with QTP-XR patients (10.1%). At baseline, patients initiating treatment with QTP-XR were more likely to have no change or discontinuation of their index therapy (8.8% vs. 5.7%, OR 1.44 [95% CI 1.03, 2.00], p=0.03). At 6 months, patients treated with QTP-XR had a lower mean daily dose (ADD; mean) of QTP-XR was higher than QTP-IR (225 mg/day vs 175 mg/day, p<0.0001). An ADD of 300-800 mg was reached sooner (15.6 days vs. 30.8 days, p<0.01) and in more patients (44.2% vs. 27.2%, p<0.0001) initiated with QTP-XR compared with QTP-IR. There were no differences in total healthcare costs between cohorts, however, patients initiated with QTP-XR were less likely to be hospitalized for any reasons (OR 0.65 [95% CI 0.50, 0.85], p=0.01), and incurred lower mental-health related costs ($6686 vs. $7577, p<0.01), compared with QTP-IR. CONCLUSIONS: Treatment patterns and treatment differences in patients with bipolar disorder treated with QTP-XR compared with QTP-IR in real-world practice. Mental-health related hospitalization and costs were reduced in the 12 months following patients initiating treatment with QTP-XR compared with QTP-IR.