PM65 THE RELATIONSHIP BETWEEN PSEUDOPHEDRINE SALES AND CLANDESTINE METHAMPHETAMINE LABS

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OBJECTIVES: The illicit production of methamphetamine from the precursor chemical pseudoephedrine (PSE) is clandestine methamphetamine (CMA) labs in the United States and is associated with a variety of harms for our communities and a financial burden on law enforcement. Previous work has shown a strong relationship between PSE sales and clandestine labs in Kentucky. The purpose of this project is to extend the study to Illinois and Louisiana and to use an integrated model by adding additional explanatory variables and control variables. METHODS: Regression models predicting clandestine methamphetamine lab incidents using 2011 to 2012 county-level data for Kentucky, Illinois, and Louisiana were calculated. Explanatory factors include PSE sales in (grams), population density, percent of adults with a high school diploma and percent population unemployed. Data sources include the National Precursor Load Exchange (NPLEx), the National Clandestine Laboratory Seizure report data received from the DEA, and the United States Drug Enforcement Investigation Crime in the United States statistics and the Census Bureau American Community Survey. RESULTS: Results indicate a strong positive relationship between PSE sales and clandestine lab counts. CONCLUSIONS: PSE sales are associated with a small, but significant relationship to clandestine labs. Counties with greater sales of PSE have a greater number of clandestine labs, controlling for counties with no labs reported. These findings are an important addition to our previous work providing evidence for a potential link between PSE, lab and the illegal drug market in multiple states over multiple years and have important policy implications as states struggle with policy options to reduces methamphetamine production in their communities.

PM57 BENZODIAZEPINE USE PATTERNs IN RESPONDENTS WITH DEPRESSION FROM THE CO-MORBIDITIES AND SYMPTOMS OF DEPRESSION (CODE) STUDY

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OBJECTIVES: To assess treatment patterns, patient characteristics, and outcomes for respondents with depression who were prescribed benzodiazepines (BZDs). METHODS: Survey-eligible adults with ≥2 medical claims for depression from 2010-2014 in the HealthCore Integrated Research Database were invited to participate in this retrospective/prospective study. Consenting respondents completed index and 6-month post-index surveys assessing depression, anxiety and health-related quality of life. Respondents included those with depression from claims data. Respondents with and without BZD prescriptions 6 months from index survey date were identified. Healthcare utilization and costs were assessed pre- and post-index survey data and combinations users among these groups. For descriptive statistics. RESULTS: Of 970 respondents who completed both surveys, 638 (66%) were prescribed BZDs and 332 (34%) were not. Respondents with and without BZD prescriptions were similar. Mean age was 47.9 and 45.7 years, respectively. The majority of respondents were female, overweight/obese, married/cohabiting, and college educated. Respondents prescribed BZDs were more likely to have pre-index diagnoses of double depression (10.8% vs. 6.6%, p < 0.0338), anxiety (90.4% vs. 65.7%, p < 0.0001), and a higher mean Quan-Charlson Comorbidity Index score (0.7 vs. 0.5, p < 0.0393) as well as higher depression, fatigue, pain, insomnia, and anxiety index survey scores. Tricylic antidepressants, serotonin-norepinephrine reuptake inhibitors, and second-generation antipsychotic use were higher for respondents prescribed BZDs (all p < 0.05). Mental health-related resource utilization involving psychiatrist visits was significantly higher for respondents prescribed BZDs at baseline and follow-up (all p < 0.05). Although total annual mental health-related costs were similar ($3,492 vs. $3,054, p > 0.5289), pharmacy and psychiatric visit costs were significantly greater for respondents prescribed BZDs. CONCLUSIONS: A majority of respondents with depression also had anxiety and were prescribed BZDs. Results suggest that BZD use was associated with more pronounced comorbid conditions and symptoms of depression, as well as higher healthcare resource utilization and costs.

PM58 PATTERNS OF PSYCHOTROPIC PRESCRIPTION UTILIZATION AMONG DISABLED MEDICARE BENEFICIARIES UNDER 65

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OBJECTIVES: One-third of Medicare beneficiaries <65, who are deemed eligible for Social Security Disability Insurance, are disabled due to a mental disorder. But psychotropic medications targeting mental disorders are most likely to go on a “drug holiday”. Given that serious adverse reactions can be associated with ADHD medications in some children, their clinical benefits should be continuously and closely monitored, and weighed against their potential risks.

PM60 AUDIT OF IRREVERSIBLE MONOAMINE OXIDASE INHIBITORS (MAOIs)

AUDIT FOR DEPRESSION IN CURRENT CLINICAL PRACTICE WITHIN THE HEALTHIM PROFESSIONAL NETWORK (THIN) UK PRIMARY CARE DATABASE

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OBJECTIVES: MAOIs were first discovered in the 1950s and used to manage depression when few alternatives existed. MAOIs block tyramine catalysis, meaning patients consuming tyramine rich foods (e.g. cheeses, cured meats) risk increased release of norepinephrine, potentially leading to hypertensive crisis. While MAOIs still have some role in depression management, little is known about current clinical practice. This study aims to audit the usage of MAOIs from 2004-2013. METHODS: The THIN database was used to identify all patients prescribed irreversible MAOIs between 01/04/2004-12/13/2013. Dates of first MAOI prescription and first depression diagnosis were identified, along with age, social deprivation score and repeat MAOI prescriptions. RESULTS: 886 patients were prescribed MAOIs during 2004-2013, 44% of which were new prescriptions. Median age at first use was 53years (IQR 43-63), M/F ratio was 1:1.8 and 49% were in the 2 most affluent quintiles. The median time from first depression diagnosis to first MAOI prescription was 11.2yeors (IQR 4.3-21.1). From 2004-2013, 33% of MAOI usage was from O5 to 6 months of treatment initiation falling from 72 to 28 patients. Median age of treated patients increased from 63 to 68years and 4-8% had concurrent SSRIs prescriptions. Median prescription duration was 8-12months (IQ 8.7-11.0) in each year, with per patient prescriptions ranging from 37 to 69 years (IQR 69-37) and MAOI duration between 01/04/2004-01/13/2013 was 7.1 years (IQR 4.4-8.8). CONCLUSIONS: MAOIs are a small representative sample of 6% of the UK population. This study projects an estimated 600 UK patients start MAOIs each year with numbers decreasing. Estimated UK MAOI usage has fallen from 9,000 to 4,000 patients during 2004-2013. Records indicate that patients are receiving shorter, more frequent prescriptions. NICE guidelines confirm that MAOIs still have some role in depression management, although not defined. This is the first large study to assess changes in MAOI usage.