included drug cost and the reduced compliance of medication by methylphenidate users (61%) versus AMP/DEX users (86%) and the AMP/DEX response rate. CONCLUSIONS: Generic Adderall™ is the dominant strategy over generic Ritalin™ given that compliance and side effect rates are consistently higher for generic Adderall™. However, it is difficult to make strong generalizations about cost-effectiveness between therapies given the overlapping efficacy rates and similar side effect profiles of competing treatments as reported in the literature. Clinicians should find it appropriate to initiate stimulants in the short term regardless of the specific agent available.

**PMH41**

**SUICIDE ATTEMPTS BY THE ELDERLY: HOSPITAL RESOURCE USE AND COSTS**

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OBJECTIVES: Reportedly, suicide rates are highest among those aged 65 years and older (elderly) in the US. This study examines admissions resulting from suicide attempts by elderly persons and estimates the resulting hospital costs. METHODS: Cases of suicide attempts by elderly persons were identified using ICD-9 diagnosis and E-codes. Hospital costs were developed based on 2000 discharge data from 619 hospitals in seven states, supplemented with national fee schedules. Cost estimates include accommodation, ancillary and physician services, reported in 2003 US$. Charges were adjusted using a 0.61 cost-to-charge ratio and the annual medical care component of the U.S. Consumer Price Index. RESULTS: Of 2129 suicide attempts identified, 36% were female and 3% were admitted from residential, nursing or correctional facilities. The mean age was 76 years; 75% were admitted via Emergency Room and 41% spent time in ICU. Drug overdose was the method of self-inflicted injury in 71% of cases. Mean length of stay was 5.9 days (median: 3, range: 1–261). Mean cost per stay was $11,445 (median: $6005, range: $498–$610,565). Cumulative cost for all cases was $29.7 million. The inpatient case fatality rate was significantly (p = 0.000) higher in males (12%) than females (4%). Of those discharged, 51% went home (6% with home care), 26% to subacute facilities, 20% to a mental health or residential care facility, and 1% returned to prison. Within 12 months following their index suicide attempt, 8% were readmitted for another attempt and survived. CONCLUSIONS: While most of the intentionally self-inflicted injuries by elderly persons who are admitted to hospital are not fatal, elderly males admitted for suicide attempts are three times more likely to succeed. Although suicide attempts by elderly persons generate substantial hospital costs, the estimates presented reflect only a portion of the economic consequences of this problem, as most require health services post-discharge.

**MENTAL HEALTH**

**MENTAL HEALTH—Quality Of Life/Utility/Patient Reported Outcomes Studies**

**PMH42**

**CORRELATIONS BETWEEN PSYCHOPATHOLOGY AND HEALTH RELATED QUALITY OF LIFE (HRQOL) MEASURES IN SCHIZOPHRENIA. RESULTS FROM THE SQUARE STUDY**

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OBJECTIVES: Evaluation of schizophrenic patients requires measurements that extend, beyond mere estimation of psychopathology symptoms, to assessment of quality of life levels. The relationship between psychopathology and HRQOL changes has not been extensively studied. The objective of this study is to assess correlations between psychopathology (Positive and Negative Symptom Scale, PANSS) and a disease-specific questionnaire, the Quality of Life Scale (QLS), in the evaluation of schizophrenia patients. METHODS: An open-label, 52-week follow-up study of 170 patients is being conducted in 8 Greek public psychiatric hospitals. Patients with mild to moderate schizophrenia (according to DSM-IV criteria) aged 18–65, hospitalized or outpatients, newly diagnosed or in acute exacerbation were enrolled. Psychopathology was assessed by PANSS general psychopathology, positive and negative symptom scores. HRQOL was assessed by QLS total and 4 subscale scores (interpersonal relationships, instrumental role, intrapsychic foundations and common objects and activities). Correlations analysis was used to identify the relationship between PANSS and QLS scores at baseline and at stabilization after 6-months treatment. Six month follow-up data are presented in this analysis. RESULTS: At baseline, a weak but statistically significant (p < 0.001) association was found between the 4 QLS subscale scores and PANSS general and negative symptom scores. Correlation coefficients ranged from r = -0.18 (p < 0.05) (QLS instrumental role vs. PANSS negative) to r = -0.46 (p < 0.001) (QLS intrapsychic foundation vs. PANSS negative). At six months a stronger and statistically significant association was observed. Correlation coefficients ranged from r = -0.32 (p < 0.001) (QLS total score vs. PANSS general) to r = -0.56 (p < 0.001) (QLS intrapsychic foundation vs. PANSS negative). CONCLUSIONS: The study reveals a statistically significant correlation between PANSS and QLS at baseline scores, which is improved over the 6-months follow-up period. HRQL measures and psychopathology seem to change synchronically; the correlation is enhanced as the control of schizophrenia symptoms is improved.

**PMH43**

**DIFFERENTIAL IMPACT OF OLANZAPINE AND RISPERIDONE ON SEXUAL DYSFUNCTION AND ITS POTENTIAL IMPLICATIONS**

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OBJECTIVES: Antipsychotics differ in their impact on prolactin, and sustained elevation in prolactin levels is associated with sexual dysfunction. Unlike risperidone, olanzapine is known as a prolactin-sparing antipsychotic. This study aimed to: a) compare olanzapine and risperidone on reported sexual dysfunction during the long-term treatment of schizophrenia patients in usual care, and b) examine the associations between sexual dysfunction, medication adherence, and indicators of well-being for all patients. METHOD: Data of the U.S. Schizophrenia Care and Assessment Program (SCAP), a 3-year observational study of schizophrenia patients, were used to identify participants who were treated with olanzapine (N = 330) or risperidone (N = 216) at enrollment and continued on the drug for a minimum of 1 year. The SCAP-Health Questionnaire was used to measure patients’ self-reported medication-related sexual dysfunction at 6-month intervals. Group differences on changes in sexual dysfunction levels from baseline up to 3 years were examined using a mixed model with repeated measures...
Abstracts

(MMMRM). Pearson correlations examined the associations between sexual dysfunction, medication adherence and indicators of well-being. RESULTS: Compared to risperidone-treated patients, those treated with olanzapine reported significantly greater long-term improvements in medication-related sexual dysfunction (p < 0.001). Greater sexual dysfunction was significantly (p < 0.05) associated with greater emotional distress, poorer mental functioning, lower life satisfaction, less satisfaction with social life, and poorer self-reported medication adherence. CONCLUSION: Treatment with risperidone was associated with greater sexual dysfunction compared to olanzapine. Findings suggest that minimizing treatment-related sexual dysfunction may decrease emotional distress, improve life satisfaction, and increase adherence with medication.

REMISSION OF PSYCHOTIC SYMPTOMS AND LONG-TERM FUNCTIONAL OUTCOMES IN THE TREATMENT OF SCHIZOPHRENIA IN USUAL CARE

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OBJECTIVES: This study examined whether remission of psychotic symptoms is associated with favorable long-term functional and health-related quality of life (HRQOL) outcomes in the treatment of schizophrenia patients in usual care.

METHODS: We used data from the United States Schizophrenia Care and Assessment Program (SCAP), a 3-year observational study of schizophrenia, in which participants were assessed at enrollment and 12-month intervals. Remission of psychotic symptoms was defined using the Remission in Schizophrenia Working Group expert consensus criteria. Functional and HRQOL outcomes were assessed with validated measures. Four patient groups were compared on long-term outcomes: continuously remitted patients (R → R, N = 229); continuously non-remitted patients (NR → NR, N = 1110); patients who changed from non-remitted to remitted and stayed remitted (NR → R, N = 234); and patients who changed from remitted to non-remitted and stayed non-remitted (R → NR, N = 202). Analysis employed Generalized Estimating Equation (GEE) and mixed models with repeated-measures. RESULTS: The R → R group had significantly better outcomes than the NR → NR and R → NR groups on measures of productivity and occupational functioning, social activity, daily activity, Global Assessment of Functioning (GAF), mental health, quality of life, and life satisfaction. The NR → R group did not significantly differ from the R → R group on most measures, but had significantly poorer quality of life, daily activity, GAF, and occupational functioning. CONCLUSIONS: In this large prospective naturalistic study, remission of psychotic symptoms was associated with a broad range of favorable long-term functional and HRQOL outcomes. Findings highlight the importance of achieving and maintaining symptomatic remission in the long-term treatment of schizophrenia patients in usual practice settings.

IMPROVEMENTS IN COGNITIVE DEFICITS ARE ASSOCIATED WITH IMPROVED FUNCTIONAL OUTCOMES: RESULTS FROM A LONGITUDINAL OBSERVATIONAL STUDY OF SCHIZOPHRENIA PATIENTS

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OBJECTIVES: Neurocognitive deficits were shown to be associated with poorer functional outcomes. This study examines if changes in cognitive deficits are linked to changes in functional outcomes in the long-term treatment of schizophrenia patients in usual care, and whether this link is independent of changes in EPS, Positive and Negative symptoms. METHOD: Participants were 2144 patients who completed at least 1-year follow up in the U.S. Schizophrenia Care and Assessment Program, a 3-year observational study of patients with schizophrenia. Cognitive impairment was assessed by the PANSS Cognitive Factor (PANSS Cog). Functional outcomes were measured by the Quality of Life Scale (QLS), the Global Assessment of Functioning Scale (GAF), and the SCAP-Health Questionnaire (SCAP-HQ). Changes were measured from baseline to the end of 1-year follow-up. Statistical analysis employed Pearson correlations, path analyses, and generalized linear models. RESULTS: Improvements in the PANSS Cog were significantly correlated with improvements in occupational role functioning, social functioning, capacity to engage in activities, participation in the community, GAF, daily activities, employment status, and hourly wages. When adjusting for EPS, Positive and Negative symptoms, cognitive improvements were significantly (p < 0.05) associated with improved GAF, QLS total score, occupational role functioning, and hourly wages. CONCLUSION: Improvements in cognitive deficits appear to be associated with improved functional outcomes. Since the PANSS Cognitive Factor was used as a proxy measure of cognition, current findings will require replications with neuropsychological tests. Findings suggest that improving cognitive utility scores generated from the published SF-6D and EQ-5D tariffs.

METHODS: The study consisted of a sample of 156 people with schizophrenia who completed the SQLS-R4, EQ-5D and the SF-36. To facilitate regression modelling both sets of scores were subtracted from unity to give utility decrement on the scale zero to positive infinite. In the regression models the utility decrements were entered as dependent variables with the three levels of SQLS-R4 data [total score, domain scores, individual items scores] acting as explanatory variables. For each of the levels two models were considered each for the EQ-5D and SF-6D, the standard OLS model and a gamma distribution GLM with the canonical log link. RESULTS: For both the EQ-5D and SF-6D models as the number of explanatory variables increased so did the variance explained by the data (R2), with a gradual steady increase for the SF-6D, compared to a much sharper increase from 43% to 55% for the EQ-5D. AICs were used to provide a comparison between the OLS models and the GLMs. For all 3 levels of SQLS-R4 explanatory variables the GLM (gamma/log) was preferred over the OLS model for the EQ-5D data, with the opposite being true for the SF-6D.

CONCLUSIONS: There was little to choose between the 3 levels of models, with the exception that much more variance was accounted for by inclusion of all the items compared to the domain scores for the EQ-5D OLS model. However, caution should be taken when selecting which model to use, as the EQ-5D GLM model resulted in higher utility scores than the SF-6D OLS model for patients with good quality of life, whereas the opposite was true for patients with poor quality of life.

MAPPING UTILITY SCORES FROM THE EQ-5D AND SF-6D ONTO THE SCHIZOPHRENIA QUALITY OF LIFE SCALE

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OBJECTIVES: To explore the feasibility of estimating a preference based utility score for the SQLS-R4 by mapping it onto the utility scores generated from the published SF-6D and EQ-5D tariffs.

METHODS: The study consisted of a sample of 156 people with schizophrenia who completed the SQLS-R4, EQ-5D and the SF-36. To facilitate regression modelling both sets of scores were subtracted from unity to give utility decrement on the scale zero to positive infinite. In the regression models the utility decrements were entered as dependent variables with the three levels of SQLS-R4 data [total score, domain scores, individual items scores] acting as explanatory variables. For each of the levels two models were considered each for the EQ-5D and SF-6D, the standard OLS model and a gamma distribution GLM with the canonical log link. RESULTS: For both the EQ-5D and SF-6D models as the number of explanatory variables increased so did the variance explained by the data (R2), with a gradual steady increase for the SF-6D, compared to a much sharper increase from 43% to 55% for the EQ-5D. AICs were used to provide a comparison between the OLS models and the GLMs. For all 3 levels of SQLS-R4 explanatory variables the GLM (gamma/log) was preferred over the OLS model for the EQ-5D data, with the opposite being true for the SF-6D.

CONCLUSIONS: There was little to choose between the 3 levels of models, with the exception that much more variance was accounted for by inclusion of all the items compared to the domain scores for the EQ-5D OLS model. However, caution should be taken when selecting which model to use, as the EQ-5D GLM model resulted in higher utility scores than the SF-6D OLS model for patients with good quality of life, whereas the opposite was true for patients with poor quality of life.