

increasing time between injections. Untreated schizophrenia was rated as very poor health-related quality of life with a mean (median) utility of 0.27 (0.20). The treated health states were rated at much higher utilities and were statistically significantly different ( $p < 0.001$ ) from each other: (1) 2-weekly: mean (median) utility = 0.61 (0.65); (2) 4-weekly: mean (median) utility = 0.65 (0.70); (3) 3-monthly: mean (median) utility = 0.70 (0.75). **CONCLUSIONS:** This study has provided robust data indicating that approximately a 0.05 utility difference exists between treatment options, with the highest utility assigned to 3-monthly injections.

#### PMH51

##### BASELINE RESULTS FROM BEAT THE BLUES

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**OBJECTIVES:** Depression exerts significant morbidity in homebound elders. While antidepressant medications are effective, little data exist on non-pharmacological support programs. Beat the Blues (BTB) is a non-pharmacological intervention designed to teach community dwelling depressed African Americans elders coping skills. BTB was tested in an 8-month randomized two-group experimental design (treatment vs. wait list control). This analysis examines relationships between health utility and baseline characteristics of participants. **METHODS:** Patients were enrolled in 2009 and 2010 and eligible if they had depressive symptoms (i.e., PHQ-9 score  $> 5$ ), were African American,  $> 55$  years, English speaking, and cognitively intact (MMSE  $> 24$ ). Data included demographics, co-morbidities, functionality (ADL, IADL, and mobility), and health utility which were converted from EQ-5D scores using US scoring algorithm. Regression analyses were conducted to assess the relationship between health utility and relevant variables with focus on the relative impact of depression score, with and without adjusting for the study variables. **RESULTS:** In the sample ( $n = 86$ ), the average age was 68, most were female (77%), unmarried (92%), non-working (89%), had an average of 6.5 health conditions (range 1-15), and taking at least one medication for depression, anxiety, sleep, or pain. The mean EQ-5D utility index score was 0.56 (SD 0.2); mean PHQ-9 score was 12.6 (moderate depression; SD 4.9). EQ-5D index scores were significantly related to PHQ9 score, gender, diabetes, asthma, stroke, multiple sclerosis, memory problems ( $p < .05$ ) and highly related to functionality (IADL, mobility), foot problems, number of comorbidities ( $p < .005$ ). After adjusting for patients' age, education, and gender, EQ-5D utility score was significantly decreased as patients had mobility difficulty, high PHQ9 score, or more comorbidities. **CONCLUSIONS:** BTB serves as a unique sample for examination of contributors to health utility in depressed homebound African American elders. Mobility, depression severity, and number of comorbidities were significant predictors of health utility in this population.

#### PMH52

##### PATIENT AND PHYSICIAN PREFERENCES AND SATISFACTION WITH ORAL AND LONG-ACTING INJECTABLE LONG-TERM ANTIPSYCHOTIC TREATMENT FOR PSYCHOTIC DISORDERS

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**OBJECTIVES:** Compliance to treatment in schizophrenia is important to avoid relapse and hospitalization. There is evidence that satisfaction to treatment is positively associated with adherence. We studied patient and physician preference and satisfaction for different forms of administration of antipsychotic treatment and drivers behind. **METHODS:** A non-interventional study including adult patients diagnosed with schizophrenia and other schizoaffective disorders using long-term therapy with either atypical orals, atypical LAI (long acting injectables) or other typical LAI were included. One face-to-face meeting was conducted where a number of questionnaires were answered by the patient and the physician, MSQ (Medical Satisfaction Questionnaire), CGI-Severity, DAI (Drug Attitude Inventory) as well as current and previous medication, adherence, adverse reactions and other background variables. The hypothesis was that non-inferiority in MSQ scale between Atypical LAIs and Atypical oral treatment exist. Statistical method was analysis of variance with a 95% confidence interval. **RESULTS:** A total of 265 patients in Sweden, Finland, Norway and Denmark with a stable disease during the last three months were included. Significant differences were observed between oral treatment and injectables in age and time to diagnosis, and were therefore adjusted for in our analysis. Non-inferiority could be established in the MSQ (primary objective). The hypothesis of superiority was confirmed in DAI scale, were both Atypical Oral and Atypical LAI where significant better ( $p = 0.0001$  and  $p = 0.0003$ ) compared to Typical LAI. Patient own assessment of adherence showed that patients = on LAI were more adherent than patients on Atypical oral treatment, while no difference between the two LAI existed. **CONCLUSIONS:** These results suggest that patient satisfaction with their drug therapy is not determined by the administration form. Physicians need to have a good understanding of patients preferences and satisfaction to therapy when initiating drug therapy.

#### PMH53

##### ASSESSING THE IMPACT OF MAJOR DEPRESSIVE DISORDER (MDD) ON FAMILY FUNCTIONING: DEVELOPMENT OF THE DEPRESSION AND FAMILY FUNCTIONING SCALE

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**OBJECTIVES:** To assess family functioning from patients' and partners' perspectives to better understand the impact of depression on family functioning; To develop and test patient and partner versions of a new self-reported measure, the Depression and Family Functioning Scale (DFFS), for use in clinical trials. **METHODS:** First, 32 in-depth interviews were conducted separately with adults with moderate-to-severe MDD and their respective partners to 1) gather qualitative data describing the impact of depression on family functioning, and 2) identify constructs relevant to measuring this impact. Next, based on the interview results and a targeted literature review conducted to supplement these results, 26 items were drafted to address each aspect of family functioning likely to be affected by depression. Questionnaire items were then tested and refined through two iterative sets of cognitive interviews with a total of 15 MDD patients and 15 partners of MDD patients to allow for enhanced comprehension of questionnaire items, as well as optimization of the recall period and response scales used in the final DFFS. **RESULTS:** Depression negatively affects family functioning, most notably through poorer communication, increased conflicts, decreased family interaction, and decreased intimacy. Family functioning constructs most commonly referenced in the literature review included communication, satisfaction, and cohesion. Draft DFFS items generally tested well and only minor modifications were made to the items after the second set of interviews to further facilitate comprehension and accurate responses. Both patients and partners found the final 15 DFFS items important and relevant. **CONCLUSIONS:** Depression negatively affects family functioning in multiple ways. The DFFS is a brief scale designed to evaluate depression's impact on family functioning in patients with MDD and their partners. The DFFS has the potential to provide unique and important information facilitating more comprehensive evaluation of new treatments in clinical trial settings.

#### PMH54

##### CAREGIVER BURDEN IN SCHIZOPHRENIA - A SYSTEMATIC REVIEW

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**OBJECTIVES:** Caregivers of people with schizophrenia experience economic and humanistic burden which not only affects their quality of life (QoL) and functioning, but also compromises the continuity of care to the patients. The goal is to provide a comprehensive review of studies that have assessed the caregiver burden and to identify instruments that measure caregiver burden in schizophrenia. **METHODS:** A systematic literature review was conducted from January 2000 - December 2010 using a number of medical databases. Studies assessing caregiver burden were identified after applying the inclusion/exclusion criteria. In addition, the review also identified instruments along with their psychometric evaluation. Clinical and review studies were excluded from the systematic review. **RESULTS:** The review yielded 22 studies that focused on psychoeducational interventions designed for caregivers, predictors, mediators and consequences of caregiver burden, and cultural/ethnic differences in caregiving. The most important predictors of caregiver burden were contact time with the patient, cohabitation with the patient, and coping styles of the caregiver. The consequences of caregiver burden were mostly psychosocial in nature. The review also yielded 13 instruments (1 generic, 12 condition-specific). The most common domains included impact on daily life/household tasks, social life, psychological well-being, economic burden, time constraints imposed and relationship with healthcare professionals. A review of the psychometric properties of these instruments indicated good reliability (Cronbach's alpha 0.6 - 0.94). However, responsiveness of the instruments was not discussed. **CONCLUSIONS:** Caregivers play a crucial role in the management of schizophrenia and with the increasing recognition of caregiver burden, it is important for healthcare professionals to consider the health and well-being of caregivers. Understanding the nature and extent of caregiver burden will facilitate the development of appropriate interventions that can help improve caregivers' quality of life (QoL) and functioning.

#### PMH55

##### THE BURDEN OF DIAGNOSED DEPRESSION AND SLEEP DIFFICULTIES ON QUALITY OF LIFE, WORK PRODUCTIVITY, AND RESOURCE USE

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**OBJECTIVES:** To compare quality of life, work productivity loss, and resource use between respondents diagnosed or not diagnosed with depression and/or experiencing sleep difficulties. **METHODS:** Data were analyzed from Kantar Health's 2010 US National Health and Wellness Survey, a nationwide survey of adults ( $\geq 18$  years old). Outcome variables were components of the SF-12v2 HRQL instrument: mental and physical component summary scores (MCS and PCS) and SF6D health utilities (measuring health status). Work productivity loss (employed individuals only) and activity impairment were assessed using the Work Productivity and Activity Impairment questionnaire. Resource use was measured by the number of traditional health care provider visits, ER visits and hospitalizations. Linear regressions and negative binomial regressions, controlling for patient demographics and comorbidities, were applied as appropriate. **RESULTS:** A total of 75,000 respondents completed the survey, including those diagnosed with depression and experiencing sleep difficulties ( $n = 10,119$ ), depressed without sleep difficulties ( $n = 1,717$ ), not depressed with sleep difficulties ( $n = 33,341$ ), and not depressed with no sleep difficulties ( $n = 29,823$ ). Compared with the other groups, those with both depression and sleep difficulties had poorer PCS, MCS and health utility scores; greater lost work productivity and activity impairment; and significantly more traditional healthcare provider visits, ER visits and hospitalizations (all  $p$ -values  $< 0.05$ ). De-