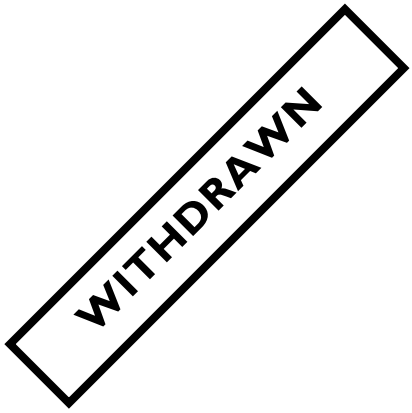
PMH13



PMH14

USE OF OLANZAPINE AND RISPERIDONE AT BASELINE IN A PROSPECTIVE STUDY OF THE COURSE OF TREATMENT FOR SCHIZOPHRENIA

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OBJECTIVES: To profile utilization of olanzapine and risperidone at baseline in a prospective study of treatment for schizophrenia, and evaluate factors associated with the receipt of these medications. **METHODS:** Data were obtained from the US Schizophrenia Care and Assessment Program (US-SCAP), a prospective study of treatment for schizophrenia in six large community systems of care. The first 1,231 patients enrolled in the study were evaluated, including 321 patients treated with olanzapine and 231 patients treated with risperidone. **RESULTS:** 45 percent of patients received olanzapine and/or risperidone over a six-month baseline interval. Olanzapine-treated patients received a median dose of 10.4 mg/day [mean 13.0, mode 10]. Risperidone-treated patients received a median dose of 6.0 mg/day [mean 5.6, mode 6]. Among patients receiving both medications, risperidone was two times more likely to precede olanzapine than the reverse order. Patients initiating treatment with olanzapine were significantly more likely to receive prior treatment with clozapine and/or depot antipsychotics ($P < 0.01$) than risperidone-treated patients. Patients treated with olanzapine only were significantly less likely to receive antiparkinsonian or anticholinergic agents ($P < 0.01$) during the treatment interval than patients treated with risperidone only. **CONCLUSIONS:** Dosages of olanzapine and risperidone in this large community sample of patients receiving usual care were consistent with expectations from controlled studies. Olanzapine-treated patients were more likely to receive prior therapies associated with treatment resistance or noncompliance than risperidone-treated patients, suggesting the possibility of greater severity in the olanzapine treatment group. Olanzapine-treated patients were less likely to receive antiparkinsonian or anticholinergic medications during therapy.

PMH15

UTILIZATION OF ANTIPSYCHOTIC MEDICATIONS IN THE TREATMENT OF SCHIZOPHRENIA IN A MANAGED CARE POPULATION

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Schizophrenia affects less than 1% of the US population, yet its treatment accounts for more than 2.5% of total healthcare expenditures, making it the most costly illness to treat in psychiatry. **OBJECTIVES:** The purpose of this study is to document the treatment experience of patients with schizophrenia in a managed care population. **METHODS:** This study utilized an administrative claims database from PacifiCare in California. Prescription and encounter claims from 1/1/95–9/1/99 in California, Texas, Oklahoma, Washington and Oregon were evaluated using an intent-to-treat analysis. Only adults were included, with ⩾6 prior months eligibility, no antipsychotic medication use in the 120 days before treatment start (washout period), continuous antipsychotic use for ⩾120 days, and ⩾365 days of eligibility following treatment start. **RESULTS:** Of the 4,388 PacifiCare members qualifying for this analysis, only 232 (5%) had a diagnosis of schizophrenia in the 180 days prior to the treatment start. In 4,321 (98%) of the antipsychotic treatment episodes, a single antipsychotic agent was initiated. Of those initiating antipsychotic mono-therapy, 3,286 (76%)

began therapy on a conventional medication, while 1,035 (24%) started on an atypical medication. Only 67 patients initiated treatment using ⩾2 antipsychotics simultaneously. Time-to-event analysis of treatment discontinuation (mono-atypical vs. mono-conventional vs. multitherapy) found that the probabilities of discontinuing therapy differed by year of prescription. In more current prescription years, patients initiating atypical therapy were more likely to remain on therapy than those starting on conventional agents. **CONCLUSION:** Atypical agents appear to provide improved performance in treatment continuation.

PMH16

USE OF ATYPICAL ANTIPSYCHOTIC MEDICATIONS IN A VETERANS POPULATION

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RESEARCH OBJECTIVE: Novel antipsychotic medications have several advantages over traditional agents in the treatment of schizophrenia. Little is known about factors that affect prescribing of novel agents. This study examines variation in novel antipsychotic prescribing at 13 VA Medical Centers from six Veterans Integrated Service Networks (VISNs). **STUDY DESIGN:** Using automated data from 13 VA Medical Centers at six VISNs, we identified 740 patients with an outpatient prescription for antipsychotic medication following their last discharge with a diagnosis of schizophrenia in 1997. Most patients (711) were male. Approximately 46% were African American, 46% were white, and 7% were Hispanic. Mean age was 48.5 (range 22–89). **POPULATION STUDIED:** Schizophrenic patients. **PRINCIPAL FINDINGS:** Novel antipsychotic medications were prescribed for 46.2% of the subjects, with significant variation among the facilities (χ^2 = 24.9, df = 12, P = 0.015, range 26.8–58.9%) and less significant variation among the VISNs (χ^2 = 9.85, df = 5, P = 0.08, range 39.5–54.4%). About 6% of the patients (46) were given depot antipsychotic medications. Only 1 person received both depot and novel antipsychotic medications. Although the study population consisted of approximately equal numbers of white and African American subjects, 72% (33) of the subjects prescribed depot antipsychotics were African Americans. White patients were more likely than non-whites to receive novel antipsychotic medications (OR = 1.836, P = 0.0002) controlling for marital status, gender, age, and facility. **CONCLUSIONS:** Less than half of patients with schizophrenia are receiving novel antipsychotic medications in this sample. In addition, there is significant variation among facilities as well as by ethnicity. **IMPLICATIONS FOR DELIVERY AND PRACTICE:** The variation among facilities as well as by ethnicity suggests that prescribing practices for these agents could be improved. Further research is needed to determine the factors that influence these practices.

PMH17

BIPOLAR DISORDER DRUG USE PATTERNS AND COMPLIANCE IN MEDI-CAL POPULATION

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Treatment guidelines for bipolar disorder recommend constant drug therapy with a mood stabilizing medication and prompt drug treatment for manic and depressive episodes. The use patterns and duration of mood stabilizing therapy in real world practice are unclear. **OBJECTIVES:** This study documents the use patterns and duration of therapy for mood stabilizing medications used to treat bipolar disorder patients and explores the factors that affect compliance with drug therapy. **METHODS:** Medi-Cal data covering 1993–99 were used to identify 4,813 adult bipolar patients with at least one prescription for a mood stabilizer filled during the first 12 months of their treatment episode. Compliance was defined as a medication possession ratio for mood stabilizers in excess of 0.9 during the first 12 months after the initiation of drug therapy. Logistic regression analysis was conducted using SAS. **RESULTS:** 1,765 patients (36.7%) initiated therapy on a mood stabilizer; 612 (12.7%) and 965 (20%) used an antidepressants or antipsychotic as initial therapy, respectively; 1,471 (30.6%) used multiple medications as initial therapy. The compliance rate was 12.4%. A diagnosis of bipolar-manic disorder significantly increased the likelihood of compliance (odds ratio = 1.74), as did a diagnosis of schizophrenia (1.33), and initiation of therapy on an atypical antipsychotic (1.47). Delays in the initiation of mood stabilizer therapy and the selection of valproic acid as the initial mood stabilizer significantly reduced the likelihood of compliance (odds ratio = 0.642, P = 0.002 for valporic acid). **CONCLUSIONS:** Current drug treatment patterns for bipolar disorder are far from ideal. Delays in mood stabilizer use and drug selection are important determinants of mood stabilizer use patterns that are consistent with treatment guidelines.

PMH18

USE OF NONBARBITURATE SEDATIVE/HYPNOTIC AGENTS IN AN AMBULATORY POPULATION

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Scarce data exists to characterize the nature of recent sedative/hypnotic use in ambulatory patients. Clinical literature suggests that use of these agents has adverse consequences related to physical and mental functioning that may be of particular concern to older individuals. Ad-