negative symptoms. The results suggest that functioning and improvement in functioning are more strongly correlated with negative than with positive and other symptom factors.

PMH7
ASSOCIATION OF ANTIDEPRESSANT-RELATED WEIGHT GAIN WITH DEGREE OF ENJOYMENT AND SATISFACTION REGARDING GENERAL DAILY ACTIVITIES, MEDICATION AND OVERALL QUALITY OF LIFE
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OBJECTIVES: To examine the association of antidepressant-related weight gain with degree of enjoyment of general daily activities, medication and overall quality of life. METHODS: Employed individuals (≥18 years of age) with depression (excluding bipolar disorder) completed a web-based computer-generated 25-minute survey (population identified by Harris Interactive). Degree of enjoyment and satisfaction related to general activities, satisfaction with current medication, and overall quality of life was measured using a 5-point ordinal scale (1=very poor; 5=very good) employing the Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form (QLES-Q-SF). A summary “percent-of-max” score was calculated for general activity items, and transformed to a 5-level ordinal variable using cut-points of 20, 40, 60 and 80% (≥20% represented least overall enjoyment/satisfaction). Gender stratified cumulative logit models were used to estimate the effect of weight gain on QLES-Q-SF measures. RESULTS: Of the 1,521 survey respondents, 872 (57%) reported current antidepressant use (60.6% female, mean age 49.9 ± 13.5 years). Compared with females with no weight gain, the odds of having lower enjoyment/satisfaction were greater for females who experienced any weight gain: <2lbs (odds ratio [OR] = 2.22; p = .0001), <4lbs (OR = 2.27; p = .004) and <7lbs (OR = 12.50; p = .0001). Among males lower QLES-Q score was associated only with the <7lbs category (OR = 5.26; p = .0001). Satisfaction with medication was inversely associated with weight gain for females; <2lbs (OR = 1.49; p = .051), <4lbs (OR = 2.33; p = .002) and <7lbs (OR = 8.33; p = .0001) and males; <7lbs (OR = 2.76; p = .031). CONCLUSIONS: These data suggest that antidepressant-related weight gain was strongly associated with lower enjoyment and satisfaction in general daily activities and with current medication, which may affect medication adherence.

PMH8
DONEPEZIL ORAL DISINTEGRATING VERSUS DONEPEZIL STANDARD TABLETS ON OBJECTIVE BURDEN OF CAREGIVERS OF NAIVE PATIENTS WITH ALZHEIMER’S DISEASE
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OBJECTIVES: The goal of this research was to compare the effect of donepezil oral standard tablets (OST) versus donepezil oral disintegrating tablets (ODT) on stress and objective burden in caregivers of de novo patients with dementia of AD in routine medical practice. METHODS: A 6-month, prospective, observational study enrolled naive patients with possible/probable AD according to DSM-IV/NINCDS-ADRDIA criteria. Comparison on caregiver stress and objective burden was carried out between the donepezil formulations of OST and ODT for a 6-month period. SELF-administered ZARIT scale and daily hours devoted to the care of patients on basic and instrumental activities of daily-living (BADL, IADL), behaviour supervision and nursing home institutionalization were computed. RESULTS: 547 naive and de novo AD patients were enrolled from 8 centers and received OST or ODT, at 7.1 (2.5) and 7.1 (2.6) mg/day, respectively. No significant differences were observed in age, sex distribution, schooling, educational training, or relationship with main caregiver between groups. Baseline clinical characteristics (comorbidities, symptoms of dementia duration, MMSE scoring) were homogeneous between groups and remained unchanged during the study. Adjusted ZARIT scoring was reduced significantly in ODT group by -1.1 point (p = .0001) but this was not statistically higher than the reduction observed in OST cohort; -0.5 (p = .527) between groups comparison). Daily hours of care on BADL and IADL were not statistically different between conditions and remained unchanged during the study. Also, average number of hours/day on behaviour supervision or general supervision and the percentage of caregivers having to quit their jobs were similar. CONCLUSIONS: Findings of this study show that both subjective and objective burden of caregivers of de novo two patients with AD treated with donepezil remain stable during the 6-month period of the study, and it is unrelated with type of formulation given to patients.

PMH9
EMPLOYMENT STATUS AND SELF REPORTED QUALITY OF LIFE IN CHINESE MDD PATIENTS RECEIVING TREATMENT FOR MAJOR DEPRESSIVE DISORDER
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OBJECTIVES: To describe treatment characteristics among children with Attention Deficit/Hyperactivity Disorder (ADHD) the United Kingdom and Italy
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METHODS: To describe treatment characteristics among children with ADHD in two European countries. METHODS: Medical charts of patients aged 6-17 with ≥1 diagnosis of ADHD between 1/2004-6/2007 were reviewed by physicians from 6 European countries. All patients had ≥2 years of follow-up data and received pharmacological or behavioral therapy post-diagnosis, and were not enrolled in a clinical trial. This analysis focused on two countries with the largest samples of Strattera® (atomoxetine- HCL) users: UK (UK) and Italy (IT). Outcomes presented include descriptive statistics (means, rates, percentages) describing treatment: patterns, response and satisfaction. RESULTS: 94 patients met inclusion criteria (UK [n=51], IT [n=43]). Patients were predominantly male 80.4% (UK) and 76.7% (IT), Caucasian, 88.2% and 95.3% and mean (SD) age at diagnosis was 9.56 (2.6) and 9.03 (2.9). Most patients were diagnosed with the Conners (74.0% UK and 65.1% IT). A majority of patients presented as combined type ADHD (hyperactive/impulsive and inattentive symptoms) (UK >74% and IT >62%). Between 63% to 76% of all patients indicated ≥8 impairment for impulsivity and hyperactivity (scale from 0 to "no impairment") to 10 “high level impairment”), 76.5% (UK) and 55.8% (IT) of patients received two or more ADHD treatments and 42.1% and 20.5% received a methylphenidate product; 37.3% and 32.6% of physicians in the UK and IT, respectively, indicated that these patients had a “poor” or “very poor” response to methylphenidate. 64.3% of patients were prescribed atomoxetine compared to 35.3% previously prescribed. 23.0% of physicians of current patients indicated that they were “neither satisfied nor dissatisfied,” “moderately dissatisfied,” or “very dissatisfied” with current ato-

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