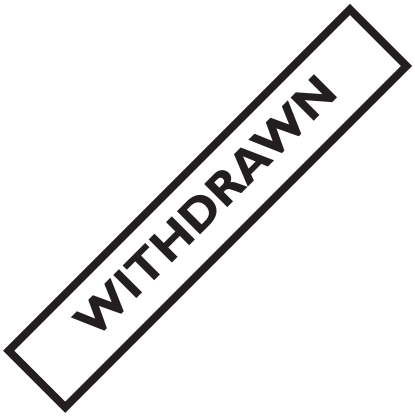
less likely to receive antidepressant pharmacotherapy (OR = 0.30, 95% CI = 0.16–0.56) and 80% less likely to receive an SSRI or SNRI (OR = 0.20, 95% CI = 0.10–0.40) but nearly twice more likely to receive psychotherapy (OR = 2.93, 95% CI = 1.44–5.94), compared to patients covered by private insurance (67.6%). Patients lived in the south were the least likely to receive antidepressant pharmacotherapy, an SSRI or SNRI and psychotherapy, compared to other regions (northeast, west and midwest). Other factors predictive of receipt antidepressant pharmacotherapy include patients 50 to 64 years old (patients 30 to 49 as reference) and female gender. Other factor predictive of receipt of psychotherapy included self-report depression as a reason for office visit and duration of the encounter.
CONCLUSION: Among patients diagnosed with depression, factors affecting the pattern of prescribing antidepressant pharmacotherapy and psychotherapy include a patient's age, gender, type of insurance coverage, self-report of depression and region lived in. Further research is required to discern the reasons for these observed effects.

PMH37



PMH38

CLINICAL COMPARABILITY OF SCHIZOPHRENIA PATIENTS SERVED AT TWO PUBLIC SETTINGS: VETERANS AFFAIRS (VA) AND NON-VA MEDICAID

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Differences between Veterans Affairs (VA) and non-VA Medicaid patients with schizophrenia may limit the ability to generalize study results from one group to the other.
OBJECTIVE: This study assessed the clinical comparability of patients with schizophrenia in these two populations (VA and Non-VA Medicaid), after adjusting for important background characteristics.
METHOD: Baseline data from the U.S Schizophrenia Care and Assessment Program, (US-SCAP), a prospective, naturalistic study of schizophrenia, with a total of 223 VA patients were matched with Non-VA Medicaid patients (N = 1,428), using propensity scores calculated based on patients' characteristics (gender, age, race, age at illness onset, and study site). Using standard measures, the matched pairs (N = 217) were compared on 28 parameters of clinical symptomatology, level of functioning, quality of life, alcohol and drug abuse, depression, concurrent medical conditions, prior hospitalization, medication adherence, and work status.
RESULTS: VA and Non-VA Medicaid patients did not significantly differ on 26 of the 28 studied parameters. For two-thirds of the parameters, the magnitude of the difference between the groups was less than 10%.
CONCLUSIONS: Current findings suggest clinical comparability of VA and Non-VA Medicaid patient groups, with potential generalizeability of clinical findings from one group to the other, after adjustments for background characteristics.