schizophrenic patient is placed, ranging from €67.4 per day in a
day centre, to €164 per day in a long term residency or €315.7
per day in a mental health unit of a general hospital, where most
stays are currently taking place in Spain. CONCLUSIONS: Fol-
dowing the deinstitutionalisation process of psychiatric patients
that has occurred in most Western countries, in Spain, we observe
an increase in admissions rates linked to a decrease in LOS for
schizophrenic patients. The changing patterns of use of hospital
resources parallel to the changes in community care, mean that
the costs have varied complementarily throughout this reform
process. These trends could have important implications for
policy makers and health care providers.

MENTAL HEALTH—Patient-Reported Outcomes Studies

WHAT DO PATIENTS WITH SCHIZOPHRENIA WANT OUT OF THEIR MEDICATION? IDENTIFYING PATIENT REPORTED “PROCESSES” IN MENTAL HEALTH

Schmeding A1, Bridges JF2, Rudolph I1
1Janssen-Cilag GmbH, Neuss, Germany, 2GfK AG, Nürnberg, Germany

Poor compliance of schizophrenic patients is well known and
linked to negative treatment outcomes. To address persistent
issues of compliance we need to adopt a more patient centric
approach towards evaluation of medicine with an aim to better
appreciate the requirements of patients. OBJECTIVES: To iden-
tify patient requirements towards drug characteristics, with
further emphasis on route of administration, and to examine
if attitudes are modified with experience with a depot.
METHODS: Based on 13 relevant drug characteristics, extracted
through patient focus groups (n = 20) and literature a survey
instrument was developed. Respondents were asked to rank and
then rate the factors using 5-point Likert scales. Respondents
included depot naïve (n = 33), depot experienced (n = 34), and
patients currently on depot (n = 38)). Data was analyzed using
descriptive statistics. RESULTS: In aggregate, patients ranked
avoidance of dyskinesia (79.25), positive influence on sleep
(75.25), onset of action (72.75), and no/little weight gain (72.25)
as important drug characteristics. The least rated factors were
no/little interaction with alcohol (52.75) and drug costs (53.5).
With regard to differences between patients experiences with a
depot, current depot users gave frequency of application a higher
ranking (Rank 4 vs. Ranks 8,8). The preference for a depot
formulation was highly dependent on previous experience
(depot: 84%, depot experience: 29%, depot-naïve: 3%, p <
0.05), with an overall preferred frequency of injection every
four weeks. CONCLUSIONS: Patients with Schizophrenia are
capable and willing to share their attitudes about key processes
related to the medical management of schizophrenia. Incorporat-
ing patient preferences into decision making offers an opportu-
nity to better understand issues of adherence and management of
therapy. Experience with a depot medication seems to lead to
higher acceptance and appreciation of such formulations.
More research is need to understand if these differences are
related a optimal selection of medication or a learning by doing
phenomena.

SWITCHING OF ANTIPSYCHOTICS FROM THE PATIENTS POINT OF VIEW: RESULTS OF A QUANTITATIVE PATIENT SURVEY

Schmeding A1, Bormann L2, Klose N1, Ibach B1
1Janssen-Cilag GmbH, Neuss, Germany, 2GfK AG, Nürnberg, Germany

OBJECTIVES: Considering the patients point of view in treat-
mment decision making is crucial for a successful therapy. In con-
trast to somatic diseases in schizophrenia there are only few
examples where the patients attitude and point of view was
systematically recorded. Objective of the study was to collect the
attitude of schizophrenic patients towards generic substitution of
atypical antipsychotics. METHODS: In the quantitative survey
schizophrenic patients, capable to give one’s consent, aged 18–60
years were interviewed on the basis of a structured questionnaire.
All participants received a second generation antipsychotic for at
least one year. Getting in contact with the patients was facilitated
via practice-based psychiatrists who secured the recruitment of
the appropriate patients in line with the screening criteria.
RESULTS: The survey was conducted in November/December
2007. 104 patients (Æ 41.2 ± 11.1 yrs.; Æ treatment duration
3.5 ± 3.2 yrs.). According to the patients’ information drug
treatment was changed 1.7 times on average during the last 5
years (range 1–14). In case of a generic substitution initiated by
the attending physician 69% of the patients expressed a willing-
ness to take the medication further on. The acceptance of a
treatment switch was reduced if the switch was not justified by a
lack of efficacy/tolerability (28%). Especially the regular switch
of drugs with the same agent in the pharmacy would be met with a
refusal as voiced by 76% of the patients. CONCLUSIONS: The
study shows that the conduction of a quantitative survey with
schizophrenic patients is feasible and differentiated statements
regarding patients’ attitudes towards pharmacotherapy can be
generated. The results emphasize the importance of an extensive
education of the patients prior to a generic substitution in order
to support therapy adherence, which is fragile per se. Physicians
are expected to fulfill this educational task.

CAN PATIENTS WITH SCHIZOPHRENIA COMPLETE A CONJOINT ANALYSIS? EVIDENCE FROM GERMANY

Bridges JF, Kinter ET
Johns Hopkins University, Bloomberg School of Public Health,
Baltimore, MD, USA

Patient preferences are an important indicator of patients’ under-
lying values and could enlighten literatures on both compliance
and satisfaction with treatment. Patient preference methods,
such as conjoint analysis, are increasingly used in clinical areas,
but applications in mental health remain limited. OBJECTIVES:
To determine the capability of patients with schizophrenia to
complete a conjoint analysis questionnaire, document patients’
reactions to conjoint tasks and assess the validity and reliability
of their responses. METHODS: Attributes and levels relating to
the medical management of schizophrenia were identified
through patient focus groups and literature reviews to create
simple conjoint analysis task of six attributes with two levels
per attribute. Respondents were presented with sets of four
scenarios to test satiation. Questionnaires were administered in
person with limited explanation, were audio recorded and later
analyzed. RESULTS: Respondents easily completed the conjoint
tasks and results were consistent with underlying hypotheses.
Specifically we identified four statistically significant factors: i)
ability to think clearly (p < 0.001); ii) tiredness (p < 0.001);
iii) having a supportive physician (p > 0.001); and iv) the ability to
participate in social activities (p > 0.005). The reliability of
responses based test-retest was high, 92.5% agreement between
responses, Kappa 0.648 (p > 0.0001). Patients could also com-
plete more complicated tasks based on choice among four