tion cost compared to generic risperidone. CONCLUSIONS: Treatment of early responders was more cost-effective than the treatment of early non-responders to atypical antipsychotic therapy. The treatment of early non-responders who switched to olanzapine was more cost-effective than treatment of early non-responders maintained on generic risperidone.

PMH52
ECONOMIC ANALYSIS OF ESCITALOPRAM (GENERIC DRUG) IN MAJOR DEPRESSIVE DISORDER (MDD)
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OBJECTIVES: The purpose was to conduct an economic analysis of escitalopram (generic drug) in MDD (MDD) in Poland. METHODS: Due to lack of statistically significant differences in comparisons of escitalopram with sertraline and escitalopram with venlaxafine, economic profitability estimation was conducted as a cost-minimization analysis. A hypothetical patient suffering from an episode of a major depressive disorder (MDD) in Poland. RESULTS: Due to lack of statistically significant differences in comparisons of escitalopram with sertraline and escitalopram with venlaxafine, economic profitability estimation was conducted as a cost-minimization analysis. A hypothetical patient suffering from an episode of a major depressive disorder (MDD) in Poland. CONCLUSIONS: Escitalopram (generic drug) is economically similar to sertraline and cheaper option of treatment in comparison with venlaxafine in the treatment of major depressive disorder in the 6 month time horizon.
unmedicated, ADHD in adults has a negative impact on labor force participation in the US. Irrespective of whether or not the ADHD is medicated, its presence also has a significant impact on increased absenteeism and presenteeism.

OBJECTIVES: To examine psychiatric-related health care costs and inpatient utilization among patients with type I bipolar disorder who relapse frequently within a large Medicaid database. METHODS: A large multistate Medicaid claims database (MarketScan®) was used to identify patients aged 18 to 64 years with type I bipolar disorder who relapsed frequently in a subsequent period than patients who did not relapse frequently. Supported by adjusted psychiatric-related health care costs and greater odds of inpatient and ER events patients with type I bipolar disorder who relapsed frequently had significantly higher psychiatric-related health care costs (mean $6014 vs $3495; P < 0.001), 3.7 times greater odds of psychiatric IP (P < 0.01), and 3.1 times greater odds of psychiatric-related ER visits (P < 0.01) than patients who did not relapse frequently. CONCLUSIONS: Medicaid patients with type I bipolar disorder who relapsed frequently had significantly higher adjusted psychiatric-related health care costs and greater odds of IP and ER events in a subsequent period than patients who did not relapse frequently. Supported by funding from Ortho-McNeil Janssen Scientific Affairs, LLC.

Assessment of health care utilization and cost among patients with bipolar I disorder treated with frequency therapy in a Multistate Medicaid Population

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OBJECTIVES: To estimate the rates and costs of all-cause and psychiatric-related hospitalizations and ER visits among patients with bipolar I disorder. METHODS: Retrospective cohort analysis of multistate Medicaid patients who were aged ≥18 years, had ≥1 inpatient or ≥2 outpatient medical claims indicating bipolar I disorder (ICD-9-CM codes 296.0X-296.1X, 296.4X-296.7X), and filled ≥1 prescription for an antipsychotic medication between January 1, 2004, and December 31, 2006. Patients were followed for 1 year from the date of first, or index, antipsychotic prescription. Patients were required to be continuously eligible for Medicaid without dual Medicare eligibility from 1 year before (baseline) through 1 year after (follow-up) index, and were required to receive ≥1 additional antipsychotic claim during follow-up to ensure a treated population. Descriptive statistics were generated on the use and costs (proxied by Medicaid payments) of hospitalizations and ER visits, all-cause and psychiatric-related (ICD-9-CM codes 290.XX-319.XX). RESULTS: 9410 patients met study eligibility criteria. Mean (±SD) patient age was 38.0 (±11.9) years, 74% were female, and 75% were white. Approximately 31% and 57% had preexisting diagnoses of substance abuse and psychiatric conditions, respectively. During follow-up, 40% of patients were hospitalized for any reason (37% with a psychiatric diagnosis). Patients had an average (±SD) of 0.9 (±1.7) all-cause and 0.8 (±1.6) psychiatric-related hospitalizations. All-cause and psychiatric-related ER visits occurred in 67% and 29% of patients, with an average (±SD) of 6.1 (±10.9) and 0.9 (±2.7) visits per patient, respectively. Average (±SD) costs were $698 (±150,374) and $6916 (±10,288) for all-cause and psychiatric-related hospitalizations, and $158 ($218) and $256 ($4516) for all-cause and psychiatric-related ER visits, respectively. CONCLUSIONS: Hospitalizations, ER visits, and costs were substantial among patients with bipolar I disorder. Studies investigating predictors of hospitalizations and ER visits in this patient population are warranted. Supported by funding from Ortho-McNeil Janssen Scientific Affairs, LLC.

ADHESION TO MEDICATION FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD): DOES THE TIMEFRAME MATTER?

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OBJECTIVES: ADHD medication adherence frequently take ‘drug holidays’ during the summer months. The study objective was to compare ADHD medication adherence for an entire year (EY-365 days) and the school year (SY-270 days) by medication class and type. METHODS: Continuously enrolled Texas Medicaid children (518 years) who had ≥2 prescription claims for an ADHD medication served as the study population. EY and SY (September 1-May 31) prescription claims were extracted from July 2012-December 2008. Prescription claims were grouped by medication class (immediate release(IR), extended release(ER), long-acting(LA), non-stimulant(NS)), and medication type (stimulant(S)), non-stimulant(NS)). Adherence, as measured by medication possession ratio (MPR) using a fixed interval denominator, was measured both continuously and dichotomously (80%) T-tests, ANOVAs and chi-square were employed to determine differences between groups. RESULTS: Overall adherence for EY (n = 62,789) was 49.4 (±27.0) and SY (n = 50,842) was 62.2 (±26.2). For EY, mean medication class adherence was not significantly different between NS (52.5 ± 27.0) and IR (51.2 ± 26.0); however, LA (63.5 ± 23.8) and NS (62.9 ± 27.0), while IR (52.8 ± 24.7) was significantly lower (p < 0.0001). When adherence was dichotomized, EY medication class adherence differed significantly (p < 0.0001); NS/25.8%, ER/24.1%, LA/21.2%, IM/9.8%. Similarly, SY differed significantly (p < 0.0001); NS/30.8%, LA/30.5%, IM/16.2%. NS had significantly higher mean adherence than S, respectively: EY:12.5 ± 30.9 vs. 49.4 ± 30.2; p < .00001) and SY (50.8 ± 27.0 vs. 62.1 ± 26.1; p < .01). When dichotomized, results were similar (p < .0001): EY:25.8% vs. 21.5% and SY:30.8% vs. 27.9%. CONCLUSIONS: Subjects were non-adherent during SY compared to EY. Medication practice-variability was dependent on the timeframe used. For analyses comparing NS and S, NS had significantly higher adherence, however for SY mean adherence, the difference may not be practically significant. Due to unique patient medication-taking behaviors, ADHD medication adherence differs depending on the timeframe used.

ADHESION AND PERSEVERANCE WITH PRESCRIPTION MEDICATION THERAPY IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER: A REAL-WORLD COMPARISON OF BRANDED ANTIDEPRESSANTS AND GENERIC SSRIS

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OBJECTIVES: Adherence and persistence with prescribed medication is important in the treatment of major depressive disorder (MDD). This study compared adherence and persistence of 3 branded antidepressants (duloxetine, venlafaxineXR, and escitalopram) and generic selective serotonin reuptake inhibitors (SSRIs) in the real-world treatment of MDD. METHODS: A total of 44,026 MDD patients (18 to 64 years)