In the context of comparative research, the World Health Organisation (WHO) proposed to categorise the risk for alcohol-related acute and chronic harm according to three levels: low, moderate, and high risk for alcohol consumption. OBJECTIVES: To examine utility scores associated with each category of the WHO drinking risk-level classification in patients with alcohol dependence (AD). METHODS: We used data from CONTROL, an observational cohort study including 143 AD patients from the Alcohol Treatment Center at Lautzanne University Hospital, followed for 12 months. Average daily alcohol consumption was assessed monthly using the Timeline Follow-back method and patients were categorised according to the WHO drinking risk-level classification: abstinent, low, medium, high and very high. Other measures were sociodemographic characteristics and utility scores derived from the EQ-5D. 5-Dimensions questionnaire (EQ-SD) were collected every three months. Mixed models for repeated measures were used to estimate mean utility scores associated with WHO drinking risk-level categories. RESULTS: A total of 143 patients (81 male, 62 female) were included. A 1-month follow-up permitting the assessment of 1318 person-months. At baseline the mean age of the patients was 44.6 (SD 11.8) and the majority of patients was male (63.6%). Using repeated measures analysis, utility scores decreased with increasing drinking levels, ranging from 0.80 in abstinent patients to 0.62 in patients with very high risk drinking level (p<0.001). CONCLUSIONS: In this sample of patients who abuse alcohol dependence undergoing specialized care, utility scores estimated from the EQ-SD appeared to substantially and consistently vary according to patients’ WHO drinking level.

PMH46
EXAMINING THE DIFFERENCES BETWEEN PATIENTS TREATED FOR MAJOR DEPRESSIVE DISORDER COMPARED TO THOSE WHO DO NOT REALIZE THEY HAVE MAJOR DEPRESSIVE DISORDER
Gross H1, Jeste V1, Chapnick J2
1Kantar Health, Princeton, NJ, USA, 2Kantar Health, New York, NY, USA
OBJECTIVES: To examine the differences between patients treated for Major Depressive Disorder (MDD) and patients who did not treat their depressive symptoms. METHODS: We used data from the US National Health and Wellness Survey (n=75,000), a cross-sectional Internet-based survey representative of US adults. Patients with MDD were identified using the Patient Health Questionnaire (PHQ-9). Health-related quality of life (HRQoL) was assessed with the SF-12 Health Survey (SF-12v2), and activity impairment was measured with the Work Productivity and Activity Impairment questionnaire (WPAI). Comparisons between patient groups were made with chi-square tests for categorical variables and ANOVA for continuous variables. RESULTS: PHQ-9 scores identified MDD in 6.3% of respondents (n=4,720), 33.5% (n=1,583) reported depression and prescription treatment, 30.0% (n=1,418) reported depression without prescription treatment, and 36.4% (n=1719) did not report depression. Compared to those who did not self-report depression, treated patients were more likely to have severe depression according to PHQ-9 scores (32.5% vs. 22.2%), had lower mental HRQoL (28.5 vs. 37.3), and more activity impairment (60.5% vs. 47.4%) (p<0.001). However, fewer treated patients visited the emergency room in the past 6 months (25.0% vs. 21.3%, p<0.001). Patients who did not report depression were more likely to have completed college (36.4% vs. 30.6%) and had higher incomes (37.6% with incomes over $50,000 vs. 32.4%), but were less likely to have insurance (70.5% vs. 82.6%), or own a home (86.5% vs. 90.7%), and more likely to believe their health was less likely to have prescription drug coverage (60.2% vs. 74.4%) (p<0.001). CONCLUSIONS: Patients who had MDD according to PHQ-9 but did not report depression had less severe depression and a higher mental QoL than treated patients, but still had poor health outcomes. Less comprehensive insurance coverage may be a barrier in seeking treatment.

PMH47
WHAT MAKES PEOPLE GENERALLY SATISFIED WITH MENTAL HEALTH SERVICES?
Sohn M1, Barrett H2, Talbert J2
1University of Kentucky, Lexington, KY, USA, 2Kantar Health, Frankfurt, KY, USA
OBJECTIVES: The purpose of this study is to identify factors that predict whether clients will respond that they were “generally satisfied” with services received from Kentucky Community Mental Health Centers (CMHCs) in 2010. METHODS: Kentuck Cabinet for Health and Family Services, Department for Behavioral Health Developmental and Intellectual Disabilities, Frankfurt, KY, USA
OBJECTIVES: To assess patients’ preferences for attributes of antipsychotic medications to treat schizophrenia: A conjoint analysis. Gelbhorn H1, Gries KS2, Cho C3, Thompson CT, Paterson F1
1University of Washington, Seattle, WA, USA, 2United BioSource Corporation, Seattle, WA, USA, 3United BioSource Corporation, Bethesda, MD, USA, 4Janssen Scientific Affairs, LLC, Titusville, NJ, USA
OBJECTIVES: To examine psychiatrists’ preferences for specific attributes of antipsychotics reviewed and a log of schizophrenia. METHODS: A discrete choice experiment (DCE) was administered to psychiatrists to examine 7 attributes of antipsychotics (efficacy, mode of administration, formulary access, onset of action, dosing frequency, safety, and side effects). Psychiatrists were presented with 18 total choices and asked to indicate which of 2 hypothetical medications they preferred. Choices were divided among 3 profiles of patients with schizophrenia (average patient, symptomatic nonadherent patient, and chronic nonadherent patient). De-
scriptive statistics were reported for psychiatrists’ sociodemographic and professional characteristics. Part-worth utilities were estimated using random effects logit models, and relative importance values were calculated for the attributes.

RESULTS: Complete data were available from 478 psychiatrists; their mean age was 52.1 (±9.4) SD years, and the majority were male (n=326, 68.2%) and Caucasian (n=354, 74.1%). The psychiatrists had a mean of 19.0 (±9.1) SD years’ experience practicing psychiatry. Overall, all patient attribute changes, efficacy attribute changes, had the highest relative importance (RI): 54.93%. Mode of administration (RI=13.51%) and formulary availability (RI=11.33%) also contributed notably to the psychiatrists’ medication preferences. Other attributes were of more minor importance, each with RI values <10%, including onset of action (RI=6.97%), dosing frequency (RI: oral=6.23%; injection=0.94%), safety (RI=4.30%), and (RI=1.80%). The RI of medication attributes showed some differences across patient profiles; mode of administration increased in importance for both types of nonadherent patients, while formulary access and safety decreased in importance.

CONCLUSIONS: The results of the DCE demonstrate that efficacy, adherence, and quality of support are important factors for psychiatrists’ making medication decisions regarding the treatment of patients with schizophrenia. The RI of efficacy does not vary by patient profile; however, the RI of other attributes tends to vary depending on the profile of the patient being treated.

PMHS5
ATTRIBUTES ASSOCIATED WITH A PREFERENCE FOR MONTHLY INJECTABLE THERAPY IN PATIENTS WITH SCHIZOPHRENIA
Dudash K1, Panchi JM2, Gupta S2, Durkin M2
1Janssen Scientific Affairs, LLC, Titusville, NJ, USA; 2Kantar Health, Princeton, NJ, USA
OBJECTIVES: To identify attributes of patients with schizophrenia taking antipsychotics who state preference for monthly injectable antipsychotic therapy.
METHODS: From a 2007-2008 survey of patients self-reporting a schizophrenia diagnosis (N=1083), respondents currently using oral antipsychotics but not injectables (N=984) were classified as preferring monthly injectable antipsychotic therapy if they stated “very likely” or “extremely likely” on a 5-point Likert scale to “If you could receive your medication once a month as an injection, instead of having to take daily tablets or liquids, how likely would you be to choose the injection?” (N=268). The comparator group consisted of those who answered “not at all likely” or “somewhat likely” (N=485). Attributes were included in a single logit regression model with the dependent variable indicated by the preference for monthly injectable antipsychotic therapy. Independent variables included demographics, attitudes toward disease management, previous medication and healthcare experience, and self reported adherence, as measured by the Morisky Medication Adherence Scale (MMAS). RESULTS: Current oral antipsychotic users classified as having low adherence (MMAS=3 or 4) were 1.7 times more likely to prefer monthly injectable antipsychotic therapy (p=0.03) than those more adherent. Respondents aged 35-54 years were 1.8 times more likely to prefer monthly injectable antipsychotic therapy than respondents ≥55 years (p=0.03). Respondents who stated psychiatric medication was a “very important” or “extremely important” aspect of their life were 2.0 times more likely to prefer monthly injectable antipsychotic therapy (p=0.03) than those attaching less importance to their medication. CONCLUSIONS: In this survey of patients with schizophrenia, those who viewed their psychiatric medication as important and those who reported lower adherence were more likely to prefer once-monthly injectable antipsychotic therapy. These insights into patient attitudes and preferences can help mental health care professionals effectively engage in shared decision making with their patients. Support: Janssen Scientific Affairs, LLC.

PMHS6
LEVOMILNACIPRAN IN THE TREATMENT OF MAJOR DEPRESSIVE DISORDER: FUNCTIONAL HEALTH AND WELL-BEING EFFECTS FROM A PHASE III CLINICAL TRIAL
Blum A1, Tourkmalimitis S1, Ruth A2
1Forest Research Institute, Inc, Jersey City, NJ, USA; 2Prescott Medical Communications Group, Chicago, IL, USA
OBJECTIVES: Levomilnacipran (1S, 2R-milnacipran) is a potent and selective serotonin and norepinephrine reuptake inhibitor (SNRI) in clinical development for the treatment of major depressive disorder (MDD). Primary and post hoc analyses were conducted on data from a positive Phase III trial (NCT00969709) to evaluate the treatment of major depressive disorder (MDD). Primary and post hoc analyses were conducted on data from a positive Phase III trial (NCT00969709) to evaluate the efficacy and safety of levomilnacipran patients treated with sustained-release (SR) levomilnacipran. METHODS: A double-blind, multicenter, parallel-group, placebo-controlled, fixed-dose study in patients aged 18-65 years who met DSM-IV-TR criteria for MDD and Montgomery-Asberg Depression Rating Scale-Clinician Rated (MADRS-CR) score ≥30. Study comprised a 1-week single-blind, placebo lead-in, 8-week double-blind treatment, and 2-week double-blind down-taper. Patients were randomized to placebo (n=175) or once-daily levomilnacipran (n=529) 40 mg, 80 mg, or 120 mg (titrated-up from an initial dose of 20 mg). Functional health and well being were measured using change from baseline to Week 8 on the SF-36v2 acute (1-week recall) health survey. Individual health dimensions, and physical (PCS) and mental (MCS) component summary scores were compared for levomilnacipran patients vs. placebo demonstrated significantly greater improvement in MCS (LSDM=-4.4; p=0.0013) and on several individual dimensions (General Health [2.3; ±0.69; p=0.0007], Vitality [2.4; ±1.05, p=0.0238], Social Functioning [3.1; ±1.17; p=0.0086], Role Emotional [3.1; ±1.20; p=0.0097], Mental Health [4.3; ±1.16; p=0.0003]. Nonsignificant: PCS [0.2; ±0.74; p=0.8366] and other dimension score changes were noted. CONCLUSIONS: Levomilnacipran patients experienced statistically significant and clinically meaningful improvements in functional health and well being as measured by the SF-36 MCS and associated individual dimensions. Nonsignificant changes were noted for the PCS and other dimension score changes. Supported by funding from Forest Laboratories, Inc.

PMHS3
MEASURING REAL WORLD OUTCOMES BY INCORPORATING PRO DATA COLLECTION INTO PATIENT ACCESS SUPPORT PROGRAMS
PAREXEL Consulting, Waltham, MA, USA
OBJECTIVES: The current focus on use of real world data in evaluating outcomes, drug value and in establishing payer coverage policies requires that data be available in a timely and regulatory compliant format. The purpose of the DCE is to identify factors for patient support programs to collect data that can demonstrate value and be presented to payers. METHODS: Many product sponsors establish a no cost and toll free program to support patients navigate their insurance benefits and obtain access to prescribed therapy. A total of 2000 opioid addicted patients were divided into 2 groups; 1000 patients were not aligned with clinical care support to monitor patients and identify outcomes and 1000 that reported outcomes data into the patient support program. RESULTS: Patients who received support services that allowed for the collection of FRO’s stayed on treatment longer than those who did not receive access to report outcomes. Patients in the reporting arm stayed on therapy on average 2.1 months longer than patients who did not receive access. Patients who stayed on therapy longer did not cost payers as much as those who came off of therapy sooner. CONCLUSIONS: Product sponsor patient support programs can serve as a valuable tool to support the reporting and collecting of FRO data. Such programs can contain an opt-in procedure to allow patients access to PRO tools that can help manage their disease and track treatment outcomes. Such data can then be analyzed and reported on to demonstrate product value and cost effectiveness through Budget Impact Modeling (BIM) comparing the cost of care of those who do not track FRO data vs. those who do not.

PMHS4
USING LONGITUDINAL DATA TO EXPLAIN THE IMPACT OF PAIN DEPRESSION FOR GENERAL POPULATION
Cai L1,2,3,4,5
1University of Utah, Salt Lake City, UT, USA
OBJECTIVES: The goal of this study was to examine the impact of physical pain on depression using longitudinal survey data for general population in the United States. METHODS: This work employed two rounds of Medical Expenditure Panel Survey (MEPS) from years 2008 and 2009. Depression was measured by frequency of feeling depressed over the last 2 weeks, scaled by 0-not at all, 1- several days, 2- more than half the days, and 3-nearly every day. Physical pain was measured by severity of pain scaled by 1-not at all, 2-a little bit, 3- moderately, 4-quite a bit, and 5-extremely. People older than 18, who had reported severity of depressed mood and physical pain, management status, family size, and highest education degrees were included in the study. Only round 2 and round 4 of the survey were used since pain questions were only asked in these two rounds. The final panel contained 21,257 observations, among which 46.52% and 45.34% reported pain limited normal activities and round 2 and round 4 respectively, 28.25% and 27.26% of reported depressed mood in round 2 and 4 respectively. Ordinary Least Squares (OLS), Linear Mixed Effect Model (LME), generalized linear model (GLM) were used to examine the impact of pain on depression. RESULTS: Compared with GLM and LME, the OLS estimates were shown upward biased. GLM and LME both suggested that individuals whose physical pain deteriorated to the next level from level 2 to level 4 would present a 0.16 (p<0.0001) more depressed mood (based on 0-3 scale) on average. Individuals perceived better health status, were older, richer, married, and employed were less depressed. CONCLUSIONS: This work utilized a national representative longitudinal data to examine the impact of physical pain on depression. Severity of pain and some individual characteristics were found significantly affecting the severity of depression.

PMHS5
RACIAL AND ETHNIC DIFFERENCES IN ADHD IN YOUNG AND ADOLESCENT CHILDREN: PARENTAL REPORTS IN THE MEDICAL EXPENDITURE PANEL SURVEY 2008
Yeoa DC1,2, Franziini L2
1University of Houston, Houston, TX, USA; 2University of Texas Health Science Center Houston, Houston, TX, USA
OBJECTIVES: Attention-deficit/hyperactivity disorder (ADHD) is the most common neurobehavioral disorder characterized by developmentally inappropriate levels of inattention and hyperactivity. Previous literature suggests that, racial and ethnic disparities continue to exist across several medical conditions. Some studies have shown that such differences reduce when difference in family income, health insurance and such sociodemographic factors are taken into account. But, it has been also documented that such differences may accentuate for specific type of disorder. Aim of this study was to determine any racial and ethnic differences and weather such differences can be explained by child’s other health condition and sociodemographic characteristics. METHODS: A nationally representative sample

A91