OBJECTIVES: This study investigates impairments and propensities for risky behaviors among adults diagnosed with attention-deficit/hyperactivity disorder (ADHD) in Europe (E) and the United States (US). METHODS: Data are from a web-based survey of adults who self-reported having an ADHD diagnosis. Data were gathered October-December 2012 in Germany, UK, Netherlands, Sweden and the US. Participants were asked questions regarding social, family, educational and work-related personal impairments, and in order to be considered common among adults with ADHD, Chi-square tests of proportions were used to test for significant differences between European and US participants reported below. RESULTS: Three hundred European and 100 US adults reporting a diagnosis of ADHD from a health care professional completed the survey online. 60% of both European and US respondents agreed that ADHD has had a negative impact on their career success. One over-in respondents reported a suspension some time (31% E vs. 23% US) or more than six percent of European respondents reported 3 or more traffic tickets within the past year (vs. 9% US; p<.05). 11% reported 3 or more automobile accidents during the last year (vs. 9% US; p<0.05). Concern about exposure to a sexually transmitted disease was reported by 34% European and 44% US (p<0.05) study participants. CONCLUSIONS: ADHD Adults from Europe and the US report various impairments and risky behaviors possibly related to their condition, some more frequent among European than US participants.

PMH52
ASSESSING HEALTH-RELATED QUALITY OF LIFE (HRQOL) IN MAJOR DEPRESSIVE DISORDER (MDD): DO COMMONLY USED INSTRUMENTS MEET EMA REQUIREMENTS FOR PSYCHOMETRIC PROPERTIES AND CONTENT RELEVANCE

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OBJECTIVES: The impact of MDD on HRQOL is well documented, but little information exists about commonly used HRQoL instruments’ adherence to EMA requirements for psychometric properties and content relevance. This work examined commonly used HRQoL instruments for their relevance to MDD, based on their content, concepts measured and psychometric properties, and use in published MDD studies. METHODS: A qualitative research paper provided a conceptual model for MDD and mapped to this conceptual model to examine their relevance to MDD. The measures’ reliability, validity, responsiveness to change in depression and use in MDD trials and labelling were examined through review of classic databases (including PROQOLID, PROABEL, MEDLINE, PSYCHINFO, FDA, EMA). Where no information on MDD was available, data for mood disorders were explored. RESULTS: The SF-36, SDS, Q-LES-Q and EQ-5D have been widely used in MDD, with SDS and Q-LES-Q results included as part of approved EMA labelling claims in several other disorder indications. These instruments are generally well established and the combination covers HRQoL concepts relevant to the MDD population. The SF-36 Health Survey and Satisfaction Questionnaire (Q-LES-Q), Health Status Questionnaire-12 (HSQ-12) and EuroQol (EQ-5D) were mapped to this conceptual model to examine their relevance to MDD. The measures’ reliability, validity, responsiveness to change in depression and use in MDD trials and labelling were examined through review of classic databases (including PROQOLID, PROABEL, MEDLINE, PSYCHINFO, FDA, EMA). Where no information on MDD was available, data for mood disorders were explored. METHODS: A systematic literature review was conducted from January 2002 - December 2012 using the databases: Medline, PsychINFO, Cochrane, Mental measurements year book and Health and psychosocial instruments to identify instruments. The psychometric properties of the instruments have been assessed. Inclusion / exclusion criteria that were applied to the study are: language, availability of full text articles, and relevance to the topic of study. RESULTS: The review also yielded 20 instruments for measuring social support. Of these, 19 were generic and 1 was condition-specific. The most common domains included in the instruments were: social support, family and social support. A review of the psychometric properties of these instruments indicated good reliability (Cronbach’s alpha > 0.7). Caregiver burden was only measured less frequently as compared to social support. Caregiver burden was mostly measured using 4 instruments. Of these instruments, Caregiver Strain Questionnaire has been validated in a population of parents of autistic children. It has moderate reliability (Cronbach’s alpha 0.75 – 0.98). Caregiver burden was studied less frequently as compared to social support. Caregiver burden and social support are two important constructs that affect the quality of life (QoL) of caregivers of children with autistic disorder. Caregiver Strain Questionnaire can be used in older children with autistic disorder. CAREGIVER BURDEN AND SOCIAL SUPPORT IN PARENTS OF CHILDREN WITH AUTISM: A LITERATURE REVIEW

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OBJECTIVES: In preparation for patient interviews, focused searches of databases, unique databases and expert guidance were used to develop a comprehensive, structured database of health-related quality of life (HRQoL) measures that were conducted as part of the literature review to identify concepts to understand the experiences of adolescents with ADHD from various perspectives in addition, concept elicitation interviews with 10 clinicians, 3 teenagers, 3 of their peers and 10 siblings of adolescents with ADHD were conducted using semi-structured guides. Results from this preliminary stage were analyzed systematically, transcripts from the peer and sibling interviews were analyzed using a pre-defined coding dictionary, to identify concepts for the model. RESULTS: Disease-defining concepts in ADHD included core ADHD symptoms,
problems with cognitive functions and problems with emotional dysregulation. Anxiety disorders were more strongly associated with decreased cognitive function. Anxiety disorders also were associated with increased risk of suicide. Anxiety disorders were more common in women than in men. The prevalence of anxiety disorders in the general population is about 10%.

PMH54

ADHD AMONG ADULTS IN EUROPE AND THE UNITED STATES: SOCIO-DEMOGRAPHICS, COMORBIDITIES, HEALTH CARE RESOURCE USE AND WORK PRODUCTIVITY

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OBJECTIVES: To compare socio-demographic characteristics, comorbidities, health care resource use and work productivity among adults diagnosed with attention-deficit/hyperactivity disorder (ADHD) from Europe (E) and the United States (US).

METHODS: Data are from the 2011 National Health and Wellness Survey (NHWS), conducted online annually by Kantar Health, among samples of adults obtained from international consumer panels. Data reported in this study were gathered September-December 2011 in Germany, UK, France, Spain, Italy, the U.S. Comparisons of ADHD and non-ADHD control populations were presented previously. Those results are extended below, by comparing to differences between European and U.S. study participants, using chi-square tests of proportions.

RESULTS: A total of 235 European and 676 US NHWS participants were included in the analysis. ADHF individuals from both regions had moderate to high functional impairment and increased health care professional. Diagnosed ADHD respondents were more frequently male (59% E vs. 56% US) and less likely married (38% E vs. 35% US) than non-ADHD controls. ADHD respondents were more likely to report sleep difficulties (67% E vs. 44% US; p<0.05), anxiety (61% E vs. 58% US), depression (59% E vs. 60% US), or headaches (57% E vs. 63% US) than non-ADHD controls. Likelihoods of an emergency room visit (44% E vs. 24% US; p<0.05), or a hospitalization (22% E vs. 12% US; p<0.05) within the past 6 months were greater among diagnosed ADHD respondents than non-ADHF respondents. Diagnosed ADHD respondents were also much more likely to report health-related work productivity loss (55% E vs. 34% US; p<0.0001), problems with cognitive functions and problems with emotional dysregulation. Among the non-demographic characteristics, the number of medical conditions diagnosed (p=0.0244), and among the non-demographic characteristics, the number of medical conditions diagnosed (p<0.0001), among patients diagnosed with ADHD, were significantly associated with prescribing poly-pharmacy antidepressant drugs. The objective of this study was to determine the patient demographics, non-demographic factors and physician characteristics associated with prescribing polypharmacy antidepressants in both psychiatric and non-psychiatric conditions.

METHODS: The 2000–2009 National Ambulatory Medical Care Survey database was accessed for medical records of patients who were prescribed the antidepressant drugs. The medical records were sorted into psychiatric and non-psychiatric categories. A logistic regression analysis helped determine the patient demographic, non-demographic and psychiatric characteristics associated with prescribing poly-pharmacy antidepressant drugs. RESULTS: For patients diagnosed with psychiatric illnesses: Patient demographic factors of age (p<0.0001), gender (p=0.0087), race/ethnicity (p=0.0091), method of payment (p=0.0283), non-demographic factors of diagnosis (p<0.0001), and number of medical conditions diagnosed (p=0.0017, OR=2.15, CI=1.25-3.68) were significantly associated with prescribing poly-pharmacy antidepressant drugs. Among the physician related factors, physician specialty (p<0.0001) and the region of practice (South) (p=0.0475) were significantly associated with prescribing poly-pharmacy antidepressant drugs. The physicians classified as owners of non-solo practice (p=0.0044), and among the non-demographic characteristics, the number of medical conditions diagnosed (p=0.0246, OR=1.16, CI=1.01-1.32), and patients diagnosed with non-psychiatric illnesses: Patients age (p<0.0001), method of payment (p=0.0444), and among the non-demographic characteristics, the number of medical conditions diagnosed (p=0.0246, OR=1.16, CI=1.01-1.32), and patients diagnosed with non-psychiatric illnesses: Physicians classified as owners of non-solo practice (p=0.0036) were significantly associated with prescribing poly-pharmacy antidepressant drugs. CONCLUSIONS: The fact that more than 40% of poly-pharmacy antidepressant drugs was prescribed to patients diagnosed with non-psychiatric illnesses, and the significant association between the poly-pharmacy antidepressants prescribed and the number of medical conditions diagnosed in both psychiatric and non-psychiatric patients lends to further investigation as to the rationality of such practices.

Mental Health – Health Care Use & Policy Studies

PMH56

GLOBAL TREATMENT SATISFACTION: PRESENTATION OF A LATENT VARIABLE APPROXIMATING MODEL

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OBJECTIVES: This research presents an approximating model of global treatment satisfaction (GS) created using econometric techniques. GS questions are usually worded, “All things considered, how satisfied are you with the care you have been receiving?” The economic interpretation of GS is higher satisfaction corresponds to higher utility. When thought of as utility, GS is tied to the assumptions of utility maximizing imbedded in consumer theory, and more specifically, the assumptions of utility indifference curves and a utility function that is specified using ordered probit regression under the log-linear functional form. The structural part of the relation is isolated by setting the model error term to zero. RESULTS: The model estimate for the outcome variable is 0.205 (SE. 0.041, t=0.003), and for the severity variable 0.722 (SE. 0.431, t=0.3). A set of GS indifference curves are presented based on severity and outcome equivalences. CONCLUSIONS: The effort necessary to obtain higher GS is worth the margin. This model can be used in research and clinical service to monitor the development of GS indifference curves are presented based on severity and outcome equivalences. This technique can be incorporated into the quality assurance activities in any health care setting.

MENTAL HEALTH – Health Care Use & Policy Studies

PMH57

FACTORS INFLUENCING PHYSICIANS’ PRESCRIBING BEHAVIOR ASSOCIATED WITH PRESCRIBING POLY-PHARMACY ANTIDEPRESSANT DRUGS

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OBJECTIVES: Prescribing of more than one antidepressant drug (poly-pharmacy) is not clinically substantiated in literature and such a practice could contribute to additional side-effects. Antidepressant drugs are prescribed to patients diagnosed with psychiatric and non-psychiatric medical conditions. The objective of this study was to determine the patient demographics, non-demographic factors and physician characteristics associated with prescribing poly-pharmacy antidepressants in both psychiatric and non-psychiatric cases.

METHODS: The 2000–2009 National Ambulatory Medical Care Survey database was accessed for medical records of patients who were prescribed the antidepressant drugs. The medical records were sorted into psychiatric and non-psychiatric categories. A logistic regression analysis helped determine the patient demographic, non-demographic and psychiatric characteristics associated with prescribing poly-pharmacy antidepressant drugs. RESULTS: For patients diagnosed with psychiatric illnesses: Patient demographic factors of age (p<0.0001), gender (p=0.0087), race/ethnicity (p=0.0091), method of payment (p=0.0283), non-demographic factors of diagnosis (p<0.0001), and number of medical conditions diagnosed (p=0.0017, OR=2.15, CI=1.25-3.68) were significantly associated with prescribing poly-pharmacy antidepressant drugs. Among the physician related factors, physician specialty (p<0.0001) and the region of practice (South) (p=0.0475) were significantly associated with prescribing poly-pharmacy antidepressant drugs. The physicians classified as owners of non-solo practice (p=0.0044), and among the non-demographic characteristics, the number of medical conditions diagnosed (p=0.0246, OR=1.16, CI=1.01-1.32), and patients diagnosed with non-psychiatric illnesses: Patients age (p<0.0001), method of payment (p=0.0444), and among the non-demographic characteristics, the number of medical conditions diagnosed (p=0.0246, OR=1.16, CI=1.01-1.32), and patients diagnosed with non-psychiatric illnesses: Physicians classified as owners of non-solo practice (p=0.0036) were significantly associated with prescribing poly-pharmacy antidepressant drugs. CONCLUSIONS: The fact that more than 40% of poly-pharmacy antidepressant drugs was prescribed to patients diagnosed with non-psychiatric illnesses, and the significant association between the poly-pharmacy antidepressants prescribed and the number of medical conditions diagnosed in both psychiatric and non-psychiatric patients lends to further investigation as to the rationality of such practices.

ATYPICAL ANTI精神病CTICOS FOR SCHIZOPHRENA IN BRAZIL: A DESCRIPTIVE ANALYSIS OF ACQUISITION COSTS

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OBJECTIVES: Several medications are available in the Brazilian public health system (SUS) to treat schizophrenia. The Ministry of Health (MoH) and Brazilian states share the responsibility of acquiring the atypical antipsychotics, which has been a cost impact on the budget. Here we present an economic analysis of the financial resources allocated in the acquisition of atypical antipsychotics in the SUS. METHODS: Descriptive analysis of expenses with drugs, based on the amount dispensed and acquisition prices in 2011. Data were obtained from MoH databases. CONCLUSION: The amount dispensed and cost were the same in all states. The financial resources provided by the MoH for the acquisition of the atypical antipsychotics, clozapine and quetiapine, were not accounted for. The MoH should allocate more funds for the acquisition of atypical antipsychotics.