

being the most cost-effective treatment compared with atypical, oral and depot typical antipsychotic medications.

MENTAL HEALTH—Health Care Use & Policy Studies

PMH25

PREDICTORS OF BIPOLAR DISORDER IN PATIENTS DIAGNOSED WITH MAJOR DEPRESSION IN A PRIVATELY INSURED POPULATION

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OBJECTIVES: To investigate whether patients with bipolar disorder (BD) who are misdiagnosed with major depressive disorder (MDD) can be identified through claims data-based predictor variables. **METHODS:** Administrative claims data from 3 US health plans were used to identify patients diagnosed with MDD between January 1, 2000 through March 31, 2004. An age-, gender-, and region-stratified random sample of patients with 2 medical claims for MDD and none for BD was surveyed via telephone to complete the Mood Disorder Questionnaire (MDQ), a tool used to screen patients for BD symptoms. Univariate logistic regression, followed by multivariate techniques, was used to identify predictors of BD. Baseline variables with a univariate p-value <0.10 were entered into the best-fit multivariable model with acceptable predictive validity for final predictor variable selection. **RESULTS:** From a sampling frame of 41,738 patients diagnosed with MDD, based on sample size calculations, surveys were administered until a target sample of 1360 patients was screened. Screened BD positive patients (n = 94, 6.9%) were considered likely to be inaccurately diagnosed. A higher percentage of males screened positive compared to females (8.6% vs 6.1% respectively, P = 0.092) and patients aged 18–35 were 3 times more likely to screen positive than patients 56 years and above (P < 0.01). Rates of inpatient or ER visits related to mental health conditions were higher in patients screening positive compared to patients screening negative for BD (40.4% vs 21.3%, P < 0.01). The final model indicated that age, gender, rate of inpatient or ER visits related to mental health conditions, substance abuse, concomitant use of anticonvulsants, antidepressants, antipsychotic medications, and anxiolytic agents are useful predictors in identifying BD patients who are diagnosed inaccurately with MDD. **CONCLUSION:** These claims data-based predictor variables, after necessary validation and reliability checks, can be used by health plans in identifying patients at high risk of missed BD diagnosis.

PMH26

ACCESS TO ILLICIT DRUGS: POLICY IMPLICATIONS FROM THE 2003 NATIONAL SURVEY

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OBJECTIVES: To examine whether perceived access to illicit drugs by occupation is consistent with actual drug use. **METHODS:** We used data from a 2003 National Survey on Drug Use and Health. A total of 55,245 Americans aged 12 and older participated in the study. Of those 55,245 study participants, 29,915 subjects who are currently employed were selected for this present study. Descriptive analyses (ANOVA and chi-square test) and regression modeling were performed to detect the difference between illicit drug use and occupation. **RESULTS:** The majority of the sample was white (70%) and half of the sample was male (56%). About 44% of the sample was between the ages of 18 and 25. Of the 5 illicit drugs, marijuana was found

to be easiest to access, followed by cocaine, crack, LSD, and heroin. Protective service workers reported having the easiest access to all five substances, followed by sales occupations. Compared to other occupations, workers in entertainment, sports, media, and communications reported having relatively easy access to marijuana and LSD. Protective service workers were the best predictor of easy access to all five illicit drugs. **CONCLUSION:** Inconsistency was found that protective service workers had an easy access to drugs but their actual usage of illicit drugs was very low. Other policy implications relating to access to drugs by occupations were addressed in the study.

PMH27

STIMULANT UTILIZATION IN CHILDREN UNDER A STATE EMPLOYEES BENEFIT PROGRAM

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OBJECTIVES: We analyzed prescribing patterns for ADD treatment among children of Arkansas state employees and public school employees (primarily elementary and secondary teachers) in order to determine if differences existed based on age, gender, type of stimulant prescribed, and medication dosage. **METHODS:** This observational study utilized administrative claims from a state employees' database in 2005. The population consisted of children (less than 19 years) with a diagnosis of ADD with or without hyperactivity. **RESULTS:** 1100 children (3.6%) in the claims database (30,821 children 3 to 18 years) had a diagnosis of ADD with or without hyperactivity, and received at least one medication during 2005. Two sample populations were examined: children of state employees (ASE) and public school employees (PSE). 3.1% of children in both databases (PSE = 499/16,102, ASE = 450/14,719) received at least one stimulant. Mean age of children in the ASE (69.6%) was 11.2 years, ±3.6, and in the PSE (69.3% male) was 11.7 years, ±3.7. The most commonly prescribed stimulants were Adderall (n = 220) and Concerta (n = 424). The dosage range for Adderall was 5 to 80 mg, and 18 to 144 mg for Concerta. There was a positive correlation (p < 0.001) between age and Adderall dosage (R = 0.36) and between age and Concerta dosage (R = 0.29). Dosages above the recommended maximum were seen in 7.7% of PSE and 4.9% of ASE children. **CONCLUSION:** Children of ASE were equally likely as children of PSE to be treated with stimulants for ADD, although there was a trend toward higher dosages in the children of PSE.

PMH28

