lowed by the UK (13), the Netherlands (7) and Germany (4). Despite the high societal costs, less attention is given to mental illness, this is largely under-reported, with just 26 of the 76 articles reporting indirect social, personal, informal care or criminal justice costs. In comparison, direct costs were evaluated in 48 articles and healthcare resource use in 38 articles. Indirect costs were reported in 6 of the 7 studies from the Netherlands compared to 5 of the 4 patient cost studies from Caregiver burden was assessed in just 3 studies, one each on dementia, autism and depression. CONCLUSIONS: Recent research on economic burden in mental health disorders has focused disproportionately on the management of substance abuse and on direct costs or healthcare resource use. Up-to-date data on indirect costs from other chronic mental disorders remains sparse.

MENTAL HEALTH – Patient-Reported Outcomes & Patient Preference Studies

PMH33 ESTIMATING THE IMPACTS OF MEDICATION ADHERENCE AND PERSISTENCE ON COSTS AND HOSPITALIZATION: THE CASE OF ATYPICAL ANTI PSYCHOTICS

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OBJECTIVES: Some studies on the effects of adherence and persistence to antipsychotics on healthcare use suggested negative associations between adherence and resource utilization, whereas several other studies suggested positive associations or no associations. This study aims to estimate the impacts of adherence and persistence to atypical antipsychotics on costs and hospitalization by reducing possible endogeneity. METHODS: To examine the effects of adherence (proportion of days covered), persistence (time-to-discontinuation) and time-to-discontinuation to atypical antipsychotics in the first year following the initiation of atypical antipsychotic therapy on costs and hospitalization in the second year, we carried out retrospective analysis of 2007-2013 Humana medical claims data. Individuals in the dataset were diagnosed with schizophrenia or bipolar disorder at any time and had a prescription for non-injectable atypical antipsychotics identified and selected. Instrumental variable (IV) regressions using structural equation modeling and mail-in diary cards were conducted to correct potential endogeneity. RESULTS: Being adherent was associated with decreased total costs by US$19,497 (p < 0.001), increased medication costs by US$8,194 (p < 0.001), decreased medical services costs by US$27,664 (p < 0.001), and reduced hospitalization-at-home for 23% (p < 0.001). Being persistent was associated with decreased individual total costs by US$23,927 (p < 0.005), increased medication costs by US$10,278 (p < 0.001), and decreased medical services costs by US$34,178 (p < 0.001). We could not identify a significant association between persistence and the risk of hospitalization. CONCLUSIONS: Good adherence and persistence to atypical antipsychotics lead to lower total costs than poor adherence and persistence. Efforts should be made to improve adherence and persistence.

PMH34 EFFECT OF ANTIDEPRESSANT-BASED TREATMENT OF DEPRESSED PATIENTS: AN OBSERVATION AMONG PATIENTS WITH COMPLETE ADHERENCE WITH THAI DEPRESSION INVENTORY AND LAM MEMPLOYMENT ABSENCE AND PRODUCTIVITY SCALE IN PSYCHIATRIC HOSPITALS

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BACKGROUND: Adherence to antidepressant treatment is demanded for both clinical and economic effectiveness in treated depression. The Lam Employment Absence and Productivity Scale (LEAPS) was used in depression to evaluate in blind randomization with Thai Depression Inventory (TDI). OBJECTIVES: To assess effects of antidepressant-based treatment among ambulatory Thai depressed patients after 3 months completed adherence to treatment with TDI and LEAPS METHODS: Thai depressed patients in public hospital under antide- pressant-based treatment were follow-up, 50 were completed adherence for 3 months. The LEAPS and TDI were assessed independently by both psychiatrists and clinical data by physicians and PRO data self-assessment by patients. DPC actions included PRO questionnaire shipments to patients at five time points, followed by Mail-in self-assessment. RESULTS: Of 120 patients included in the study, 98% of patients were adherent (p = 0.01). We did not find any significant difference between adherence and persistence on outcomes. CONCLUSIONS: Adherence is well correlated suggesting further evaluation for its benefits in larger depressed working population.

PMH35 PRO SELF-ASSESSMENT AND PATIENT RETENTION IN MAJOR DEPRESSION STUDIES: EFFICIENCY OF A DIRECT-TO-PATIENT CONTACT APPROACH

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Functioning can be defined as the ability to perform daily activities, and to main- tain meaningful interpersonal relationships. The Moderate Difficulty Disorder (MDD) is associated with substantial impairment in functioning. The study examined associations between various measures of functioning (patient assessment) and MDD symptoms (clinician assessment). A major challenge was to establish an appropriate control group for the patient sample. Therefore, in a mixed design, a long-term study OBJECTIVES: The purpose of the Direct to Patient Contact (DPC) approach was to maximize patient compliance to Patient Reported Outcomes (PRO) data, data collection and retention in a study conducted in real life settings over a two-year follow-up period. METHODS: This was an international, multicentric, observational, prospective longitudinal cohort study involving 1,500 MDD patients followed-up for two years in five European countries. Patients were recruited by General practitioners or psychiatrists and data collected using a method: clinical data by physicians and PRO data self-assessment by patients. DPC actions included PRO questionnaire shipments to patients at five time points, followed by Mail-in self-assessment. RESULTS: Of the 1,450 patients included in the study, 98.7% of patients agreed to be contacted directly by DPC staff. Overall, 71.7% of patients were reached by phone and 75.6% of PRO questionnaires were returned; the questionnaire completion rate reached 95.3%. Some patients remained lost to follow up, 0.1% died, 3.5% voluntarily withdrew from the study and 16.7% were withdrawn for other reasons. There were no patients lost to follow up. CONCLUSIONS: This study demonstrates that the use of DPC in a MDD population, likely to be study non-compliant/unresponsive, produced excellent long-term response rates. It minimized voluntary patient drop-outs and lost to follow up rates, and ensured an enhanced data collection of self-assessed PROs, thus improved reliability of study outcomes.

PMH36 DEVELOPMENT AND VALIDATION OF A PATIENT-REPORTED OUTCOME MEASURE OF THE PSYCHOMATIC IMPACT OF SUBFONTAL FAT

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OBJECTIVES: This study examined associations between various measures of functioning (patient assessment) and MDD symptoms (clinician assessment). A major challenge was to establish an appropriate control group for the patient sample. Therefore, in a mixed design, a long-term study OBJECTIVES: The purpose of the Direct to Patient Contact (DPC) approach was to maximize patient compliance to Patient Reported Outcomes (PRO) data, data collection and retention in a study conducted in real life settings over a two-year follow-up period. METHODS: This was an international, multicentric, observational, prospective longitudinal cohort study involving 1,500 MDD patients followed-up for two years in five European countries. Patients were recruited by General practitioners or psychiatrists and data collected using a method: clinical data by physicians and PRO data self-assessment by patients. DPC actions included PRO questionnaire shipments to patients at five time points, followed by Mail-in self-assessment. RESULTS: Of the 120 patients included in the study, 98% of patients were adherent (p = 0.01). We did not find any significant difference between adherence and persistence on outcomes. CONCLUSIONS: Adherence is well correlated suggesting further evaluation for its benefits in larger depressed working population.

PMH37 HUMANISTIC BURDEN IN DEMENTIA: WHICH TOOLS WERE MOST COMMONLY USED IN STUDIES PUBLISHED IN PUBMED IN 2014?

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OBJECTIVES: To determine which patient-reported outcome (PRO) and car- egiver quality of life tools were used in studies on dementia published in 2014. METHODS: An evidence surveillance process was based on a systematic search of PubMed, incorporating all studies published from 2010 and updated weekly, with a final search on 18 May 2015. Articles identified by the search that reported humanistic burden outcomes in dementia were identified. Articles were included if they reported results or a study protocol from a primary research study or were a systematic review. PRO tools were identified, where possible, from the abstract alone. RESULTS: Of 1,980 articles published in 2014 identified by the search for PROs and quality of life, 32 were relevant to patients and 1 to caregivers. Among these, 29 included PROs related to burden or symptoms. The PRO used was not specified in 17 abstracts, but 19 different PRO or caregiver- reported instruments were cited in the remaining 15 abstracts. Dementia-specific instruments included the Quality of Life Checklist-AD (QLC-AD), Alzheimer’s Disease Assessment Scale-Cognition (ADAS-Cog), the Five-Cog test, the Metamemory in Adulthood Questionnaire and the Mild Cognitive Impairment Questionnaire (MCI), used in 1 study each. Despite the substantial burden in caregivers, only 1 study reported outcomes related to humanistic burden in this population. Instruments used in caregivers included generic utility measures, the QOL-AD, and the Zarit Burden Interview, but were not specified in 5 abstracts. Utilities were measured in only 3 studies, with Short Form (2 of 36) used in all 3 studies and EQ-SID in one. Depression was assessed in 2 studies of