

between QALY scores and scores on instruments regularly used in schizophrenia studies such as the PANSS or the CGI, in order to see if it is possible to construct reliable 'crosswalks' between such clinical measures and the QALY-generating scores. **RESULTS:** The limited evidence in the field suggests that the calculation of QALYs to quantify the adverse effects of schizophrenia is difficult. Nevertheless, usefulness of such calculation for a proper estimation of the true burden of schizophrenia cannot be ignored. Data from a large observational study, following 600 people with schizophrenia over three years, are used to analyse the correlation between utility-generating scores from EQ-5D and schizophrenia specific measures of clinical circumstances such as the PANSS, the MADRS, the AIMS measure of side effects, the Simpson-Angus measure of side effects and the Barnes Akathisia Rating Scale to see how generic instruments such as EQ-5D perform in evaluating different health states in Schizophrenia. **CONCLUSIONS:** Although the EQ-5D index does not capture the changes in quality of life associated with symptoms changes, it may be reasonably valid for calculating QALYs for patients with schizophrenia.

## PMH40

**LONG-TERM MAINTENANCE OF INITIAL HEALTH RELATED QUALITY OF LIFE (HRQL) IMPROVEMENTS GAINED THROUGH ANTIPSYCHOTIC TREATMENT: 24-MONTH RESULTS FROM THE SCHIZOPHRENIA HEALTH OUTCOMES (SOHO) STUDY**

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**OBJECTIVES:** 1) To describe the long term evolution of HRQL of outpatients with schizophrenia, and 2) to analyse its association with antipsychotic use. **METHODS:** SOHO is an ongoing, 3-year, observational study of the treatment of schizophrenia in ten European countries. The primary objective of SOHO is to assess the costs and outcomes of treatment of schizophrenia using antipsychotics. Together with clinical measures, the EQ-5D (VAS score and tariffs) were administered at baseline, and 3, 6, 12, 18, and 24 months. The 'panel analysis' approach was used, since the outcomes were measured for the distinct post baseline epochs (0–6, 6–12, 12–18, and 18–24 months of treatment). Multivariate modeling was performed for each epoch, adjusting for baseline differences among patients. When using the second and subsequent episodes of patient treatment the baseline covariates were derived from the covariates collected when the patient switched treatment. **RESULTS:** A total of 8109 patients were included in this analysis (44% women; mean age: 40); 24-month retention was 78.47%. Overall, the EQ-5D score after each period of continuous treatment was: Baseline; mean 0.6 SD 0.32; (0–6 months): 0.76 SD 0.26; (6–12 months): 0.79 SD 0.24 (12–18 months): 0.81 SD 0.23; (18–24 months): 0.82 SD 0.23. Olanzapine-treated patients had statistically higher EQ-5D utility improvements during the first 6 months compared with risperidone (difference in mean change: 0.041; 95% CI: 0.023–0.06)-, quetiapine (0.032; 0.006–0.059)-, oral (0.081; 0.057–0.105)- and depot typicals (0.077; 0.049–0.105)-treated patients. No statistical separation was observed between olanzapine, clozapine and amisulpride groups. These differences remain during the 24-month follow-up. **CONCLUSIONS:** Antipsychotic treatment is associated with sustained improvement in HRQL. The improvements in EQ-5D scores during the first 6 months for the Olanzapine group were significantly higher than the improvement for other antipsychotics and remaining thereafter, with the exception of Amisulpride and Clozapine where no significant separation was found.

**PMH41**  
**REMISSION CRITERIA FOR DEPRESSION WHEN USING SHORT VERSIONS OF THE HAMILTON DEPRESSION RATING SCALE (HDRS)**

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**OBJECTIVES:** To define criteria for symptoms remission in depression for reduced versions of the HDRS. **METHODS:** The discriminative validity of the HDRS (HDRS-21 and 17 items) and its shorter scales [Bech Melancholia Scale (BMS-6); Maier & Philips Severity Scale (MPSS-6); Gibbons et al Depression Scale (GDS-8); Evans et al Depression Scale (EDS-6)], was assessed against the Clinical Global Impression of severity (CGI) in a Spanish multicenter study. The study included 168 depressive patients in ambulatory care. Of these, 118 patients were considered as clinically unstable (either because of presenting a new/recurrent disease episode or because of needing an adjustment/change of treatment). After six weeks, those patients were reassessed by the HDRS and the CGI. The best cut-off points to discriminate the criterion of clinical remission (CGI score = 1) were found by using Receiver Operating Characteristic analyses (ROC). The accuracy of the different versions was assessed by analysing the area under the ROC curves (AUC). **RESULTS:** All versions discriminated at baseline the severity of depression according to the CGI criterion (all p-values < 0.005 by one-way ANOVA corrected for multiple comparisons). Also, all versions discriminated the severity of depression (remission versus no remission) at six weeks of follow-up (all p-values < 0.0001 by t-test analyses). The ROC analyses suggested the following cut-off points to identify remission criteria in our sample (HDRS-21: <=7; HDRS-17: <=7; BMS: <=2; MPSS: <=3; GDS: <=5; EDS: <=4). The AUC showed similar accuracy for the HDRS-21, HDRS-17 and the four shorter versions (AUC range from 0.89 to 0.95, chi<sup>2</sup> (five df) = 8.72, p = 0.12). **CONCLUSION:** Compared with the canonical versions of the HDRS (21 or 17 items), shorter versions have showed similar accuracy to define remission of depressive symptoms.

## PMH42

**COMPARISON OF SSRI AND SNRI TREATMENT FOR DEPRESSION IN PRIMARY CARE: A NATURALISTIC STUDY**

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**OBJECTIVES:** To compare outcomes of patients receiving either SSRI or SNRI antidepressants for Major Depression in primary-care settings. **METHODS:** We analyzed data collected from an observational study in 47 primary care facilities in four Canadian provinces. Patients meeting DSM-IV-TR criteria for major depression, >=18 years of age and scoring >=18 on the HAMD-17 were assigned to groups assessed using HAMD-7 or HAMD-17. All patients received SSRIs or SNRIs according to their physician's preference. Patient outcome was remission (HAMD-17 <=, or HAMD-7 <=) after 8 treatment weeks. **RESULTS:** Of the 337 patients, 159 (47.2%; 66.6% were females) received SSRIs (citalopram-110, fluoxetine-9, paroxetine-37 and sertraline-3), and 178 (52.8%, 67.4% were females) received SNRIs (venlafaxine-XR). Mean age was 42.0 ± 13.6 for SSRIs and 43.7 ± 13.7 for SNRIs (P = 0.60). SSRI-treated