a diagnosis of bipolar disorder and received combination therapy with an atypical antipsychotic and a mood stabilizer. A 2-stage sample selection model controlled for differences between individuals receiving antipsychotics and factors that may impact the probability of hospitalization, i.e. demographics, bipolar type, disease severity, comorbidities, mood stabilizer used, and antipsychotic used. RESULTS: Individuals most likely to be hospitalized were those diagnosed as manic or bipolar depressed, or were receiving divalproex sodium or gabapentin. In pair-wise comparisons, hospitalization in the year following the start of combination antipsychotic therapy was 44% less likely for those receiving quetiapine vs olanzapine (P = 0.0354). There was no significant difference in the likelihood of hospitalization for the quetiapine group compared to the risperidone group (P = 0.3826). CONCLUSIONS: In patients with bipolar disorder receiving a mood stabilizer plus an atypical antipsychotic, the probability of hospitalization with quetiapine was significantly lower than with olanzapine, and similar to risperidone. These findings are relevant to prescription choices among atypical antipsychotics, for maximizing patient benefit and minimizing the burden of disease.

PMH54

WORK LOSS ASSOCIATED WITH BIPOLAR DISORDER
Sasane R1, de Lissovoy G1, Matza LS2, Mauskopf JA1
1AstraZeneca LP, Wilmington, DE, USA; 2MEDTAP International, Bethesda, MD, USA

OBJECTIVE: To assess indirect costs of work loss associated with bipolar disorder and major (unipolar) depression. METHOD: From MEDSTAT’s employer-based MarketScan® database for year 2000, workers (mean age 42 ± 9) with a primary ICD9-CM diagnosis of bipolar disorder (N = 740), major depression (N = 6314), and one-to-one matched controls with no psychiatric diagnosis were identified. Work loss parameters were absence hours and payments for short-term disability and worker compensation. RESULTS: Mean annual absence hours were 55 (±49) for the bipolar group vs 21 (±27) for controls (P = 0.009), and 53 (±154) for the unipolar depression group vs 24 (±48) for controls (P < 0.0001). Mean short-term disability payments were $1231 (±3424) for the bipolar group vs $131 (±967) for controls (P < 0.0001), and $741 (±2873) for the unipolar depression group vs $178 (±1309) for controls (P < 0.0001). Mean worker compensation payments were $554 (±4231) for the bipolar group vs $228 (±2289) for controls (P = 0.15), and $518 (±4814) for the unipolar depression group vs $220 (±2449) for controls (P = 0.0001). CONCLUSIONS: Bipolar disorder and major (unipolar) depression significantly increased work loss. Patients with bipolar disorder may exhaust their sick leave and go onto short-term disability more frequently than those with unipolar depression.

PMH55

CHILD HEALTH ILLNESS PROFILE AS A QUALITY OF LIFE MEASURE OF CHILDREN WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER
Sennik K1, Matza L2, Mannix S3
1Eli Lilly and Company, Indianapolis, IN, USA; 2MEDTAP International, Bethesda, MD, USA; 3MEDTAP International, Inc, Bethesda, MD, USA

OBJECTIVE: The Child Health Illness Profile-Child Edition (CHIP-CE) instrument is a psychometrically sound pediatric quality of life measure that works well in diverse ethnic and racial populations. Although the CHIP-CE has been used in a variety of populations, no known studies have used this instrument to evaluate the quality of life of children with Attention Deficit/Hyperactivity Disorder (ADHD). Our objective was to evaluate the quality of life of children using the CHIP-CE in a population of ADHD patients commonly treated with medications. METHODS: The CHIP-CE is a 76-item, parent-report questionnaire that assesses multiple domains of children’s health-related quality of life including: satisfaction (with self and health), comfort (emotional and physical symptoms and limitations), resilience (positive activities that promote health), risk avoidance (risk behavior that influences future health), and achievement (of social expectations in school and with peers). Standard scores (mean = 50, SD = 10) are established. One hundred thirty people in the United Kingdom (UK) were screened to find 83 eligible parents of children with ADHD to participate in a survey including the CHIP-CE questionnaire and an ADHD symptom frequency measure, the ADHD-RS. RESULTS: The total mean ADHD-RS score (37.2) in the sample was high and comparable to patients in drug trials (the normative non-ADHD score ranges from 7.4 to 12.5). The children of the parents rated had a mean age of 12.6. Seventy-two and three-tenths percent were currently being treated with stimulants and 97.6% were currently receiving therapy of either stimulants or psychotherapy. Children in the sample had considerable impairment in all 5 domains of the CHIP-CE, in particular the risk avoidance (25.2), achievement (29.1), and satisfaction (28.7) domains. CONCLUSION: The CHIP-CE assessment shows significant quality of life impairment in this sample of children with ADHD, despite 70% of the patients being currently treated with stimulant medication.

PMH56

MENTAL HEALTH SERVICES AND DRUG UTILIZATION PATTERNS FOR STUDENTS WITH MENTAL ILLNESSES IN SCHOOL-BASED HEALTH CENTERS
Guo J1, Jang R2, Cluxton RJ1, Keller K2
1University of Cincinnati, Cincinnati, OH, USA; 2Health Foundation of Greater Cincinnati, Cincinnati, OH, USA

OBJECTIVE: Mental health disorders among children and adolescents do not have sufficient attention. The purpose of this study was to assess direct health care costs and drug utilization for students with mental health illnesses in School-Based Health Centers (SBHC) and comparable schools. METHODS: Four SBHC intervention and two comparable non-SBHC schools (districts) in Ohio were selected for this study. A total of 1200 students who were enrolled in Medicaid program and had at least one mental illness diagnosis and received mental health medications were identified for this cohort. There were 850 students in those schools with SBHCs, and 350 students in non-SBHCs. The study period was from August 1997 to August 2002. Repeated measures analysis of covariates (ANCOVA) was conducted to assess the adjusted monthly total cost and the monthly mental health service cost before and after the SBHC program. RESULTS: The cohort involved 64.8% male, 40.7% African-American, and average 9.8 (SD 2.65) years-old in September 2001. During the study period, average monthly total costs were $221 (SD 692) before SBHC and $295 (SD 742) after SBHC. The most frequently diagnosed mental illnesses for all students were hyperkinetic syndrome of childhood, adjustment reaction, disturbance of emotion/conduct, affective psychoses, neurotic disorders, and specific delays in development. Frequently prescribed medications were antihypertension agents (4.3 Rx per