lowed by the UK (13), the Netherlands (7) and Germany (4). Despite the high societal costs and impact of illness, this conceptually under-reported, with just 26 of the 76 articles reporting indirect social, productive input 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 4 of the 13 studies from Germany. 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 been 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 ANTIPSYCHOTICS
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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) and persistence on indirect costs - to discriminate variables 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 health plan claims data. Individuals in the database with a diagnosis of schizophrenia or bipolar disorder at any time and had a prescription for non-injectable atypical antipsychotics were identified and selected. Instrumental variable (IV) regressions using a flexible instrumental approach and mail order as IVs were conducted to correct potential endogeneity. RESULTS: Being adhered was associated with decreased total costs by US$1,497 (p < 0.05), increased medication costs by US$8,194 (p < 0.01), decreased medical services costs by US$27,664 (p < 0.01), and reduced hospitalization time by 2.25 days (p < 0.05). Being persistent in treatment was associated with decreased individual total costs by US$2,937 (p < 0.05), increased medication costs by US$10,278 (p < 0.01), and decreased medical services costs by US$34,178 (p < 0.01). We could not identify any 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 LABORATORY MEASUREMENT}

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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 acquired, re-validated and tested 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 antidepressant-based treatment were followed-up, 50 were completed adherence for 3 months. The LEAPS and TDI were assessed independently by both psychiatrists and hospital pharmacist. Apparent economic impact of treatment was computed based on work- absence employed the minimum daily wage-average of workers covered and persistence (time-to-discontinuation) to atypical antipsychotics in 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 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 shipment to patients at five time points, followed by follow-up reminder contacts for non-returned questionnaires. 1,450 patients were included in the study, 97.8% of whom 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%. Results: The patients remained stable, 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 mandated 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.

PMH35 DEVELOPMENT AND VALIDATION OF A PATIENT-REPORTED OUTCOME MEASURE OF THE PSYCHOSOCIAL IMPACT OF SUBTENTINAL FAT

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OBJECTIVES: To determine which patient-reported outcome (PRO) measure are developed and validated to assess subcutaneous fat (SMF)-associated psychological impact and its improvement associated with the reduction of SMF with deoxycholic acid (DCA) injection (ATX-101) as an injectable treatment for SMF. METHODS: Scale development and validation followed global regulatory guidelines and industry best practices. A conceptually driven items were developed based on literature review, key opinion leader interviews, and patient concept elicitation interviews. The resulting 6-item scale assesses negative psychological impact of SMF on emotional perceptions (happiness, self-consciousness, otherness, and embarrassment) and visual perceptions (looking older and overweight). Items are rated on an 11-point scale (0 = no impact, 20 = extreme negative impact), the total scale score is the average response. Six clinical trials of ATX-101 for SMF treatment provides assessment of reliability, construct validity, sensitivity to change, and score interpretation. PR-SMFS validity was assessed using two generic measures of psychological impact, the Derriford Appearance Scale-24 (DAS-24) and Body Image Quality of Life Inventory (BIQI). RESULTS: The PR-SMFS demonstrated high test-retest reliability (Intra-class correlation = 0.75), internal consistency (Cronbach’s alpha = 0.92), external validity against the DAS-24 (r = 0.57) and patient SMFS (r = 0.49 to 0.75). Three treatment-induced large effect sizes (Cohen ES = 2) consistent with effect sizes for clinician and patient ratings, and objective measures of SMF reduction. CONCLUSIONS: These results confirm that PR-SMFS is a content-valid PRO instrument with robust reliability and validity for SMF psychological impact assessment.

PMH36 HUMANISTIC BURDEN IN DEMENTIA: WHICH TOOLS WERE MOST COMMONLY USED IN STUDIES PUBLISHED IN PUBLMED IN 2014?

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OBJECTIVES: To determine which patient-reported outcome (PRO) and caregiver quality of life tools were used in studies on dementia published in 2014. METHODS: An evidence surveillance process was established based on a systematic search of PubMed, incorporating all studies published from 2010 and updated weekly, with a final search on 18 May 2015. Abstracts 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 caregivers, including 12 articles on humanistic burden. The PRO tool 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-Adapted Alzheimer’s Disease (QoL-AD) in 6 studies, and the Alzheimer’s Disease Assessment Scale - Cognition (ADAS-Cog), the Five-Cog test, the Metamemory in Adulthood Questionnaire and the Mild Cognitive Impairment Questionnaire (MCQ), used in 1 study each. Despite the substantial burden of caregivers, only 11 of the 19 humanistic burden tools were reported out of a total of 19 humanistic burden in this population. Instruments used in caregivers included general 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 (12 or 36) used in all 3 studies and EQ-SD in one. Depression was assessed in 2 studies of...
influence reimbursement at national/regional level were interviewed. RESULTS: Most payers emphasized the need for providing opioid substitution products to addicted patients, especially for methadone, which generally requires daily clinic visits to allow patients to receive their medication under direct supervision. A substitution therapy requiring less-frequent clinic visits would decrease administrative costs and, also, as efficacy parameters relative to standard-of-care are maintained. Similarly, surveyed EUS physicians indicate that potential for abuse or diversion and patient compliance are major considerations for prescribing a new therapy (46% [France], 28% [UK] and 52% [Spain] of respondents cite these factors, respectively, as a top three consideration). The former could be decreased and the latter increased if therapies were dosed less frequently. A long-acting buprenorphine injection, such as Camurus/Braeburn Pharmaceuticals’ CAM-2038, could, therefore, appeal to both payers and prescribers. Indeed, 86–96% of surveyed physicians are willing to prescribe CAM-2038 if it establishes a similar efficacy, safety, and tolerability profile to existing formulations. CONCLUSIONS: The opioid addiction market is dominated by generic products. However, while payers and prescribers are constrained by tight healthcare budgets, our primary research indicates that new brands such as long-acting depot CAM-2038 could gain traction via powerful market-access strategies that focus on their ability to reduce treatment costs, provideExisting efficacy and safety standards are maintained.

PMH43 REDUCING CONSUMPTION VERSUS MAINTAINING ABSTINENCE: MARKET ACCESS CHALLENGES FACING A NOVEL TREATMENT PATHWAY FOR ALCOHOL ADDICTION IN THE EU

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OBJECTIVES: To determine the degree of impact of each indicator.

The relationship of the indicators and the composite indicator was determined by each indicator’s weight. For each city, a “composite indicator score” was calculated for all cities, summing the weighted values of all indicators. The relationship of the indicators and the composite indicator scores with “utilization score” were analyzed by means of Pearson and Spearman correlation analysis as needed. Then, a multivariate regression model was built to determine the degree of impact of each indicator. RESULTS: There were significant differences in the relative utilization of AD treatments among cities and regions. Generally industrialized and larger cities had higher utilization than smaller and/ or rural cities. The variables that were included in the final multivariate regression model that, utilization Index increases when SGK coverage rate and population density increase and when household size decreases. CONCLUSIONS: Geographical disparities in the usage are initially assumed to be related to scarcity, affordability, population density (disperse residence) and household size (indirect indicator for socio-economic and family member to provide caregiver service in Turkish culture).