

**ANTIPSYCHOTIC METABOLIC PROPENSITY AND
POLYOTHERAPY: INFLUENCE ON HOSPITALIZATION**Simoni-Wastila L¹, Shaffer T¹, Hsu VD¹, Mullins CD¹, Qian J¹,
Yang HWK¹, Chen CC², Kim E², Whitehead R³¹University of Maryland School of Pharmacy, Baltimore, MD, USA,²Bristol-Myers Squibb, Plainsboro, NJ, USA, ³Otsuka America
Pharmaceutical Inc, Rockville, MD, USA

OBJECTIVE: We used a large, employer-sponsored, administrative claims database of enrollees using second generation antipsychotics (SGAs) to address two study objectives: 1) describe patterns of SGA utilization by metabolic profile (MP) and polytherapy, and 2) examine the influences of MP and SGA polytherapy on hospitalization. **METHODS:** Using descriptive and logistic regression analyses, we examined patterns of SGA polytherapy by MP, focusing on SGA use patterns and their association with hospitalization. MP status was categorized as low (aripiprazole, ziprasidone), moderate (risperidone, quetiapine), and high (olanzapine). Polytherapy of two or more SGAs was defined as long-term (i.e., augmentation for ≥ 90 days) and short-term (i.e., switching for < 90 days). We controlled for sociodemographics, payor source, comorbidities, concurrent clozapine and typical use, and drug burden. **RESULTS:** On average, individuals received 10.2 SGA scripts annually; 23.8% used low, 70.2% used moderate, and 22.8% used high MP SGAs. Second generation antipsychotics polytherapy occurred in 9.6% of all SGA users (7.3% in low MP, 8.4% in moderate MP, and 7.3% in high MP SGA users). Switching accounted for 77.4% of all polytherapy. Relative to high MP users, moderate MP users were slightly more likely to be hospitalized (moderate MP OR = 1.2 [$p < 0.0001$]). Low MP use was not significantly different from high MP use with respect to hospitalization. Relative to monotherapy SGA users, polytherapy users had hospitalization odds of 1.9 ($p < 0.0001$). Other positive significant covariates included diagnoses of schizophrenia, bipolar disorder, depression, substance use disorders, obesity, increasing drug burden and atypical antipsychotic exposure. Clozapine use was negatively associated with all hospitalizations. Similar findings were found for psychiatric hospitalizations. **CONCLUSION:** Polytherapy and moderate MP SGAs are associated with higher risk of hospitalization compared to high MP SGAs and monotherapy use. These findings suggest the need for prudent selection of SGAs taking into account patients' comorbidities and pill burden.

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likelihood of switching (OR = 0.61, 95% CI: 0.53–0.69). Own product detail spending was also positively associated with acute phase antidepressant completion ($P < 0.05$). Other product DTCA was positively associated with continuation phase completion. **CONCLUSION:** Pharmaceutical spending on physician detail appears to impact antidepressant switching and completion of acute phase treatment by patients, while DTCA spending appears to have its greatest impact on successful completion of the continuation phase of antidepressant treatment.

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**PHYSICAL MORBIDITY AMONG PATIENTS WITH
SCHIZOPHRENIA: ANALYSIS OF THE NATIONAL HOSPITAL
DISCHARGE REGISTRY**

Bouza C, Lopez T, Amate J

Carlos III Health Institute, Madrid, Spain

OBJECTIVE: Schizophrenia is a serious public health concern that affects about 1% of people and poses an increasing burden on societies all over the world. There is a growing recognition that schizophrenia associates with an increased risk of premature death. However, little is known about the prevalence of medical disorders among persons with schizophrenia. Our aim is to assess the frequency and characteristics of medical disorders among patients with schizophrenia in Spain. **METHODS:** From the 2000–2004 National Hospital Discharge Register, records for all patients ≥ 15 yr with schizophrenia were retrieved. This official database is representative of the national population and contains information on each episode of patient care, with the clinical information coded in the ICD-9-CM format. Physical disorders were defined using their specific ICD-9-CM block codes. A validated Charlson's index was also employed. **RESULTS:** Of the 105,152 entries registered, a total of 60,912 patients (mean age 43 yr; 64% men) were identified and eligible for analysis. About 50% of patients had associated at least one ICD-9-CM physical disorder and 21% had associated at least one physical disorder of clinical relevance according to Charlson's index. Concerning specific physical conditions our data show that endocrine, cardiovascular, respiratory and digestive disorders were the most common appearing in 13.9%, 12% and 11% of patients respectively. Additionally, 11.5% and 8.8% of patients had an associated diagnosis of drug and alcohol addiction. About 38.3% of patients were hospitalised because a physical disorder. Mortality was significantly higher in this specific group of patients (5.3% vs. 0.2%, $P < 0.001$). **CONCLUSION:** Physical disorders are frequent and account for a high number of hospitalisations and associated mortality in schizophrenia. These findings have implications for a wide variety of concerned parties, settings of care and organizational systems and might provide a health care policy perspective on interventions designed to control physical health in this population.

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**EFFECTS OF DIRECT-TO-CONSUMER ADVERTISING AND
DETAILING SPENDING ON ANTIDEPRESSANT SWITCH AND
TREATMENT COMPLETION**

Chen SY, Hansen R, Maciejewski ML

University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

OBJECTIVE: Antidepressant discontinuation is a common problem in treating major depressive disorder (MDD). We examined the effects of antidepressant-related direct-to-consumer advertising (DTCA) and detail spending on medication switching, acute phase completion, and continuation phase completion among antidepressant users newly diagnosed with MDD. **METHODS:** A retrospective cohort study of medical and prescription claims from a large national health plan affiliated with i3 Innovus from 2000 to 2004 was conducted. A total of 5010 individuals with MDD were identified. Antidepressant switch, acute phase completion, and continuation completion were determined by prescription refill records. Logistic regressions were run with DTCA and detailing spending variables as main explanatory variables. **RESULTS:** In the switch model, own product detailing spending was negatively associated with the

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**THE CHANGE OF PRICES AND EXPENDITURES OF THE
ORIGINAL AND GENERIC DRUGS OF FLUOXETINE—
A LONGITUDINAL ANALYSIS ON REIMBURSEMENT
DATABASE OF THE NATIONAL HEALTH INSURANCE**Lee CE¹, Liou WS², Hsieh SC³¹Tri-Service General Hospital, Taipei, Taiwan, ²Medical Affairs Bureau,
MIND, Taipei, Taiwan, ³National Taiwan University College of Public
Health, Taipei City, Taiwan

OBJECTIVE: To investigate the change of prices and expenditure of the original and generic fluoxetine in Taiwan. **METHODS:** The uses of fluoxetine between 1997–2004 were initially selected