returned the study survey. The SF-36 instrument was used to measure HRQOL and compared with the provincial norm. The second wave was a random sample of 223 respondents from the 616 first-wave respondents, who were interviewed with an identical instrument 3 years after the earthquake. ANOVA and t-tests were used to compare SF-36 scores among residents by earthquake impact levels, against a provincial norm, and between 8 months and 3 years. RESULTS: The SF-36 subscale scores at 8 months and 3 years were statistically lower than the provincial norm (all ps < 0.05). Among the second-wave respondents, all the three-year SF-36 subscale scores improved in comparison to those taken 8 months after the earthquake except for RF and SF. CONCLUSIONS: The HRQOL declined compared with the norm, especially the psychological aspects. Furthermore, the HRQOL 3 years after the earthquake were persistently lower than the norm level, despite its recovery from 8-month level.

PMH61

EFFECTS OF Lisdexamfetamine Dimesylate Augmentation on Functional Outcomes in Adults with Partially or Fully Remitted MDD

Shirneshan E1, Hong SH2, Brown LL1

1University of Tennessee Health Science Center, Memphis, TN, USA, 2University of Tennessee, Memphis, TN, USA

OBJECTIVES: Anxiety disorders represent the most common psychiatric illness in the US and are the most common approach to treat anxiety disorders. Our objective is to determine whether patients with anxiety disorder seek pharmacological treatment and examine factors associated with the pharmacological treatment utilization. METHODS: We evaluated Medical Expenditures Panel Survey (MEPS) data (data pooled for survey calendar years 2005-2009). Adult MEPS respondents (age≥17), identified as having anxiety disorder condition status (ICD9) were included in this study. Andersen’s health services utilization was used as the conceptual framework for the study. Dependent variables were defined as utilization of anti-anxiety medications (model A) and number of prescriptions for anxiety disorders (model B). Independent variables i.e. predisposing, enabling and need variables, were defined for each model based on current literature and availability in MEPS. Logistic regression (model A) and Poisson regression (model B) analyses were conducted to find the prediction utilization as well as the number of prescriptions. RESULTS: Sixty-one percent of adults with anxiety disorder take anti-anxiety medication (95% CI: 59%, 63%). For model A, significant variables were race (Native Hawaiian/Pacific Islander versus white, OR<0.001, p<0.001), education (no education versus elementary school, OR = 0.295, p = 0.039), prescription drug insurance coverage (no coverage versus for at least one year, OR = 0.768, p = 0.005), insurance coverage (private insurance versus public insurance, OR = 0.749, p = 0.034), having irritable bowel syndrome (IBS) (OR = 2.951, p = 0.016), and mood disorder (OR = 2.194, p<0.0001). For model B, significant variables were cost index (β = 0.391, p<0.001), number of comorbidities (β = 0.163, p<0.001) and age (β = 0.174, p= 0.043).

CONCLUSIONS: Our study suggests that anti-anxiety medication utilization among adult patients with anxiety disorder is high. Demographic variables are less likely to affect this utilization, while enabling and clinical need variables are highly influential.

PMH65

Comparison of Deviation Rates from the Labeled Daily Average Consumption in Patients with ADHD Initiated on Lisdexamfetamine Dimesylate (LDX) versus Other Once-Daily FDA-Approved Stimulant Medications

Seyvawaj J1, Hodgkins P2, Guerin A3, Gauthier G4, Cloutier M5, Wu EQ6, Erder MT1

1Shire Development, LLC, Wayne, PA, USA, 2Analysis Group, Ltd., Montreal, QC, Canada, 3American Group, Inc., Boston, MA, USA

OBJECTIVES: To compare deviation rates from the labeled average daily consumption (DACON) in patients with ADHD initiated on lisdexamfetamine dimesylate (LDX) versus other once-daily FDA-approved stimulant medications. METHODS: Patients with ADHD initiated on a stimulant medication on or after February 23, 2007 were selected from a large US claims database. Based on age and previous treatment, patients were classified into treatment-naïve or previously-treated children/adolescents (6-17 years old), and adults (>18 years old), respectively. Furthermore, for the initiated medication, patients were classified into 4 cohorts: LDX, methylphenidate HCI (ORPH), other methylphenidate/dexamethylenphendate HCI long acting (MPH LA), and amphetamine long acting (AMPH LA). DACON was defined as the quantity of units supplied divided by the number of days of supply. For the 1-month study period, the deviation rates from the labeled DACON (ie, DACON >1 pill/day) and the likelihood of deviation from the labeled DACON were compared across cohorts using chi-square tests and multiple logistic regression models, respectively. RESULTS: Across all subgroups, the proportion of patients who deviated from the labeled DACON was significantly higher in each treatment cohort (range: 7.4%-29.4%) versus the LDX cohort (range: 2.9%-9.9%) (all p<0.001). After adjustments, uniformly across all subgroups, patients in each treatment cohort were significantly more likely to deviate from the labeled DACON versus LDX-treated patients. In children/adolescents groups, odds ratios ranged from 2.6 to 3.7 and 2.9 to 4.1 in the previously-treated and the treatment-naïve cohorts, respectively (all p<0.001). In adult groups, odds ratios ranged from 2.1 to 4.0 and 2.1 to 4.1 in the previously-treated and the treatment-naïve cohorts, respectively (all p<0.001). CONCLUSIONS: Findings suggest that LDX-treated patients were more likely to adhere to the dosing regimen recommended in FDA labels and were less likely to have a DACON >1 compared with patients treated with other once-daily stimulant ADHD medications.