OBJECTIVES: Major depressive disorder (MDD) is an important public health problem in South Korea, with a lifetime prevalence of 6.7%. Current antidepressants do not fully meet needs in depression, so additional options are required. We assessed the cost-utility of vortioxetine (a new antidepressant with multimodal activity) versus vilazodone XR in MDD patients in South Korea initiating these antidepressants or switching from suboptimal therapy with significantly inadequate responses. A one-year cost-utility analysis from a societal perspective was performed using an initial decision-tree model, which included suicide risk, followed by a Markov model for subsequent treatment, with simulation, relapse, and recovery as the main health states. In first-line efficacy, a two-month was performed from the Asian SOLUTION study (vortioxetine vs. venlafaxine XR; NCT01571453) and for switching patients from REVIVE (vortioxetine vs. agomelatine; NCT0148807) and STAR*D (pragmatic trial of several antidepressants). STAR*D was evaluated as a source for subsequent lines of treatment. Adverse event probabilities were included to consider the impact on quality of life and costs. Utilities were derived from REVIVE and adverse events from the literature. A modified GBD model was developed to estimate the cost per disability adjusted life year (DALY). Costs among patients with major depressive disorder (MDD) treated with vilazodone, citalopram, escitalopram, fluoxetine, paroxetine or sertraline were estimated from a survey of 28 Korean physicians. Korean 2013/2014 costs were applied. Deterministic and probabilistic sensitivity analyses were conducted. RESULTS: Vortioxetine dominated venlafaxine XR, with QALY gains of $1,015 and an ICER of $758 to $1,165 (P <0.05). Similarly, all-cause total costs were also significantly higher across all SSRI cohorts versus vilazodone by $758 to $1,165 (P<0.05). Similarly, all-cause total costs were also significantly higher across all SSRI cohorts versus vilazodone by $351 to $780 after accounting for prescription costs. CONCLUSIONS: MDD treatment with vilazodone was more cost effective with significantly lower costs and with significantly lower all-cause medical service and numerically lower total costs to patients compared to other SSRIs included in this study. PMH43 HEALTH RESOURCE AND CRIMINAL JUSTICE SYSTEM COSTS FOR YOUNG CLINICAL TRAUMA PATIENTS WITH SCHIZOPHRENIA AND PRIOR INCARCERATION BY TREATMENT FAILURE STATUS
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OBJECTIVES: Describe estimated health resource (HR) and criminal justice (CJ) system costs by treatment failure status for young patients with schizophrenia that participated in the Paliperidone palmitate Realize In Demonstrating Effectiveness in Preventing Hospitalization Study. METHODS: Healthcare and CJ system events were a common cause of failure in this analysis with an estimated 86.5% expected to have a criminal justice system contact and 70.2% expected to be incarcerated. CONCLUSIONS: From a state government perspective, provision of early interventional therapies that reduce treatment failure among young patients may avoid substantial cost.

MENTAL HEALTH - Patient-Reported Outcomes & Patient Preference Studies

PMH44 FIVE-YEAR IMPACT OF DEPRESSION ON LIFE-SATISFACTION AND THE PROTECTIVE INFLUENCE OF SOCIAL SUPPORT
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OBJECTIVES: Life satisfaction is affected by social, economic, disease and health-related living conditions. Depressive disorders are known to be an important burden for life satisfaction, whereas social support from family or peer groups can substantially reduce the impact of this condition. The present study aimed to demonstrate the role of sociodemographic and health-related factors, and examine the importance of sociodemographic and health-related factors, and examine the importance of social support during the five-year follow-up. Methods: Social support, depressive symptoms, demographics, and health-related factors were measured at baseline and follow-up after five years. Results: The five-year follow-up showed that social support had a positive impact on life satisfaction. The findings suggest that social support can be an important factor in improving life satisfaction in individuals with depressive disorders. The study also revealed that social support was associated with better mental health and reduced depressive symptoms.

PMH45 CAREGIVERS’ PREFERENCES FOR TREATMENT OPTIONS IN ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) IN CHILDREN: A QUALITATIVE ANALYSIS
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OBJECTIVES: To elicit caregivers’ preferences for evidence-based treatment options for their child’s attention deficit hyperactivity disorder (ADHD), and to identify segments of caregivers who are interested in different types of evidence-based treatments. Methods: Interviews were conducted with a child aged 4–14 and in case for ADHD were recruited from outpatient clinics and advocacy groups. All caregivers completed a self-administered survey that included sociodemographic information, and a best-worst scaling (BWS) instrument assessing treatment preferences. The BWS instrument comprised 18 choice tasks, each