ratio (OR) 9.42; 95% confidence interval (CI): 8.55-10.39), female sex (OR: 1.11; 95%CI: 1.01-1.22), age 55-64 (OR: 1.26; 95%CI: 1.09-1.46) relative to age ≥75, and Hispanic (OR: 1.37; 95%CI: 1.05-1.81) relative to white. An incremental $10K in BY inpatient admission cost was also associated with greater likelihood of success (OR: 1.11; 95%CI: 1.08-1.15). Accounting for baseline differences between treatment cohorts using multivariate Cox proportional hazards regression analysis allowed to 026 Multivariate Cox proportional hazards regression was used to study persistence (by 71 days) than the stimulant alone users. Cox proportional hazards study.

PMH59 IMPACT OF ATYPICAL ANTIPSYCHOTICS USE ON LONG ACTING STIMULANTS PERSISTENCE AMONG CHILDREN AND ADOLESCENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

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OBJECTIVES: Pediatric Attention Deficit/Hyperactivity Disorder (ADHD) patients are usually prescribed combination of psychotropic agents. This study looked at the impact of atypical antipsychotic (AAP) use on long acting stimulant (LAS) persistence in children and adolescents with ADHD.

METHODS: This study used 4 years (January 2004 to December 2007) of IMS LifeLink™ claims data involving 6-16 years old youths with ADHD and at least 1 LAS prescription between July 2004 to December 2006 and continuous eligibility 6 months before and 1 year after the index LAS prescription. Persistence was measured by summing the total number of days a patient remained on the index LAS from the index prescription date with allowable gap of no recur prior to index prescription. Bivariate Cox proportional hazards regression was used to examine the impact of concomitant atypical antipsychotic use on persistence of stimulants.

RESULTS: The study cohort consisted of 39,981 subjects. Of these, 1,560 (3.90%) received LAS and AAP polypharmacy and the rest 38,421 (96.10%) received LAS monotherapy. Bivariate analyses revealed that concomitant use had longer persistence (by 71 days) than the stimulant alone users. Cox proportional hazards regression revealed that concomitant antipsychotic use was significantly associated with LAS persistence by 15% (HR=0.85, CI: 0.76-0.94) in comparison to the non-users among LAS recipients. Other factors such as age, region, season, coexisting mental health conditions, use of co-medications, and general mental health status influenced the LAS treatment persistence among children and adolescents with ADHD.

CONCLUSIONS: Use of atypical antipsychotics improved LAS treatment persistence in children and adolescents with ADHD. Various patient, clinical and treatment factors were associated with the LAS treatment persistence in ADHD. Understanding of these factors can help to improve persistence to LAS treatment.

PMH60 ANTIDEPRESSANT ADHERENCE IN OLDER ADULTS AND DIFFERENT QUALITY OF LIFE OUTCOME MEASURES

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OBJECTIVES: The aim of this study was to determine the impact of antidepressant adherence on health-related quality of life and life satisfaction in a representative community sample of older adults.

METHODS: The data were from the 2011 Canadian Study of Health and Aging (CSHA) in the Longitudinal Study (CSHA-L), the largest French speaking study in North America. A 6-week study duration.

Conclusions: The study results demonstrated that antidepressant non-adherence is associated with reduced quality of life, since they may be associated with reduced treatment adherence, and therefore reduced treatment effectiveness.

PMH62 THE ASSOCIATION BETWEEN RESIDUAL SYMPTOMS OF DEPRESSION WITH MENTAL AND PHYSICAL QUALITY OF LIFE IN PATIENTS WHO HAVE BEEN TREATED WITH ANTIDEPRESSANT MEDICATIONS

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OBJECTIVES: Examine the association between residual symptoms of depression (depressive symptoms still present after 3 months of antidepressant treatment) and patient reported mental and physical quality of life. METHODS: A subset of patients from the 2012 National Health and Wellness survey (n = 71,157), an annual general population survey of U.S. adults, that in the past year in major depressive criteria were diagnosed with depression and treatment with an antidepressant medication for at least 3 months (n = 5,354). Residual symptoms were measured via the 9-item Patient Health Questionnaire (PHQ-9). Ordinary Least Squares (OLS) regression was used to model the association between residual depression symptoms and quality of life. RESULTS: The most common residual symptoms were fatigue (49.6%; “Feeling tired or having little energy”) and sleep problems (42.8%; “Trouble falling or staying asleep, or too much sleeping”). All residual symptoms were more strongly correlated with physical (PCS) scores (r = −.37 to −.60) compared with PCS scores (r = −.06 to −.26) (p < 0.01). In the OLS regression models, anhedonia (“Little interest or pleasure in doing things”) and sadness (“Feeling down, depressed, or hopeless”) held the strongest associations with lower PCS scores (p < 0.001), whereas fatigue held the strongest association with lower PCS scores (p < 0.001) after controlling for other residual symptoms. CONCLUSIONS: Residual symptoms of depression persist despite adequate duration of antidepressant treatment and are associated with poorer quality of life.

PMH63 MEDIATION ANALYSIS OF EFFECT OF LURASIDONE ON PATIENT FUNCTIONING IN BIPOLAR DEPRESSION: DIRECT EFFECTS AND INDIRECT EFFECTS MEDIATED THROUGH IMPROVEMENT IN DEPRESSION SYMPTOMS

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OBJECTIVES: The aims of the study were to evaluate the effect of lurasidone in reducing depression symptoms and improving functioning among patients with bipolar depression has been previously demonstrated. This analysis examines the direct and indirect effect (mediated through improvement in depressive symptoms) of lurasidone on functioning. METHODS: Data from a 6-week, double-blind, placebo-controlled trial assessing the effect of lurasidone (20-60 mg or 80-120 mg) versus placebo in bipolar depression was used. Patient functioning was measured using a validated patient reported outcomes scale, Sheehan Disability Scale (SDS), that assessed functioning in work/school, family, and social life (higher scores indicate greater disability). Depression symptoms were measured using the 10-item Montgomery-Asberg Depression Rating Scale (MADRS), higher scores indicate greater severity. Path analyses evaluated total effect (βt), as well as the indirect effect (βi) and direct effect (βj) of treatment on SDS change, using standardized beta path coefficients and baseline scores as covariates. The direct effect of treatment on SDS change and indirect effects accounting for mediation through MADRS change was examined for statistical significance and magnitude. RESULTS: Path analyses (n = 258) revealed a moderate total effect for treatment predicting improvement in SDS scores (βt = 0.40, p < 0.001). Treatment predicted improvement in MADRS (βt = 0.33, p = 0.009), which subsequently predicted improvement in SDS (β1 = 0.70, p < 0.001; indirect effect = −0.23). The direct effect was small yet significant (β1 = 0.17, p = 0.04), indicating partial mediation. Indirect and direct effects accounted for 57% and 43% of the total effect, respectively. The full mediation model with indirect and direct effects explained 61.7% of the variation in the change in SDS scores. CONCLUSIONS: These analyses show that improvement in patient functioning among patients on lurasidone was largely mediated through improvement in depressive symptoms. Lurasidone also had a small but statistically significant direct effect in improving patient functioning that was independent of improvements in depression within a 6-week study duration.

PMH64 VALIDITY AND RELIABILITY OF THE MEDICAL OUTCOMES STUDY SHORT-FORM HEALTH SURVEY VERSION 2 (SF-12V2) AMONG ADULTS WITH AUTISM

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OBJECTIVES: This study aimed to determine the validity (construct, known-groups), reliability (internal consistency), and floor and ceiling effects of the 12