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 25-34, and Hispanic (OR: 1.37, 95%CI: 1.05-1.81) to relative to white. An incremental $10K in NY inpatient admission cost was also associated with greater likelihood of success (OR: 1.11; 95%CI: 0.98-1.25). Accounting for baseline differences between treatment cohorts using propensity score matching with a 0.25 caliper wide, resulted in a comparable treatment effect, and similar rate of treatment effect observed when compared to other AU use (OR: 1.26; 95% CI: 1.14-1.39). CONCLUSIONS: Baseline factors associated with better performance on the HEDIS Continuity of Care measures were prior year adherence, use of UP therapy, higher inpatient costs, older age, female gender, and Hispanic ethnicity.

PMH59 IMPACT OF ATYPICAL ANTIPSYCHOTICS ON USE ON LONG ACTING STIMULANTS PERSISTENCE AMONG CHILDREN AND ADOLESCENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER Bulb V1, Kambie P1, Aprahamian A2

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OBJECTIVES: A 2011 study by Miyake et al. found that concomitant atypical antipsychotic use improved long acting stimulant (LAS) persistence in children and adolescents with ADHD. METHODS: This study used a 4 years (January 2004 to December 2007) of IMS Link™ 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 more than 30 days. 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 (3.9%) received LAS and AAP polypharmacy and the rest 38,421 (96.1%) received LAS monotherapy. Bivariate analyses revealed that concomitant users had longer persistence (by 71 days) than the stimulant alone users. Cox proportional hazards regression revealed that concomitant atypical antipsychotic use was 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-medication, 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) and thus 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 Lamoureux-Lamerachi C1, Vasiliadis H.M1,2, Dansie E.3, Loebel A4

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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 two waves of the 2006-2010 HADIS (Health Assessment and Determinants of Older Adults’ Health in Quebec) Study, a household cohort study of adults aged 65 years and over who consulted and were enrolled in a general practitioner network. The EQ-5D questionnaire was completed every 6 months, as well as the Subjective Side Effect Rating Scale, assessing adverse events in patients with schizophrenia, using data from an observational study. METHODS: We used data from EuroQol multicenter 2-year cohort study conducted in France, England and Germany. The EQ-SQ questionnaire was con- pleted every 6 months, as well as the Subjective Side Effect Rating Scale, assessing adverse events in extrapyramidal symptoms, weight gain, sedation and sexual dysfunction over the past seven days. A random-effects regression analysis was used to estimate the impact of these adverse events on utilities with adjustments on disease severity and other potential confounding factors. RESULTS: Our sample consisted of 452 patients meeting criteria. At 2 years, 33% of the cohort had an EQ-5D utility of 0.73 (0.28), 57.7% of patients reported extrapyramidal symptoms, 46.2% weight gain, 46.5% sedation and 28% sexual dysfunction. The regression model showed that extrapyramidal symptoms, weight gain, sedation and sexual dysfunction were associated with reductions in utility of 0.054 (0.008), 0.018 (0.008), 0.001 (0.008) and 0.032 (0.011) points, respectively. CONCLUSIONS: This study shows that side effects are associated with significant decrements in EQ-5D utility, especially extrapyramidal side effects. Additionally, adverse events may have an indirect negative impact on 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 Pawaskar M1, Supina D2, Cossrow N1, Dirks B3, Wett EA4

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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 US adults aged 18 years and older, was used. Inclusion criteria were a diagnosis of 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 Regression was used to examine the impact of residual depressive symptoms on QOL. 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 sleep”). All residual symptoms were strongly correlated with both MCS and PCS scores (r = 0.37 to 0.60) compared with PCS scores (r = 0.06 to 0.26). 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 MCS 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. Anxiety and sadness were most strongly associated with lower mental quality of life while fatigue was most strongly associated with lower physical 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 Haddad NM1, Daniel KW2, Loebel A3, Pikalov A1

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OBJECTIVES: To determine the impact of 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 patient functioning. METHODS: Data from a 6-week, double-blind, placebo-controlled trial assessing the effect of treatment [lurasidone (20-60 mg or 80-120 mg) versus placebo (PBO)] 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 (β total), as well as the indirect effect (β ind) and direct effect (β dir) 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 (β tot = 0.40, p = 0.001). Treatment predicted improvement in MADRS (β = 0.33, p = 0.009), which subsequently predicted improvement in SDS (β Ind = 0.70, p = 0.001; indirect effect = -0.23). The direct effect was small yet significant (β Dir = -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 in lurasidone arm was largely mediated by 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 QUESTIONNAIRE SHORT-FORM HEALTH SURVEY VERSION 2 (SF-12V2) AMONG ADULTS WITH AUTISM Kanna E1, Janrai K2, West-Strum D3, Mahalabeshwarik R1

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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