PMHS9
IMPAKT OF ATYPICAL ANTI PSYCHOTICS 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 LinkInsight 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 more than 30 days. Multivariate Cox proportional hazards regression was used to determine the impact of concomitant use of AAP on treatment persistence (by 71 days) than the stimulant alone users. Cox proportional hazards model was adjusted for age, gender, region, BMI, presence of depression/anxiety (MD) and antidepressant use (MD X AD). RESULTS: The median adherence to LAS was significantly associated with age, cognitive impairment and the presence of depression/anxiety and antidepressant use (MD X AD). Adherence was highest among children and adolescents with ADHD. CONCLUSIONS: Use of atypical antipsychotics improved LAS persistence treatment in children and adolescents with ADHD. Various patient, clinical and treatment factors were associated with the LAS treatment persistence (in ADHD) and your understanding of these factors can help to improve persistence to LAS treatment.

PMHS60
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 KW and the ESA (Étude sur la Santé mentale des Aînés) Services study that included a large sample of older adults (n=1809) aged 65 years and over who consulted and were recruited in a primary care practices. HRQOL and EQ-5D-5L were used to measure utility. The efficacy of antidepressant adherence was assessed by EQ-5D-5L which assessed utility values, from the general population perspective and the EQ-Visual Analog Scale (EQ-VAS) was used to evaluate self-reported health status from the patient perspective. The CASP was used to evaluate life satisfaction. The common mental disorders were based on DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) criteria. Antidepressant use was obtained from administrative databases. A 4 level dummy variable was considered to construct the presence of depression (any degree) and anxiety (MD and antidepressant use (MD X AD)). Adherence to antidepressant was measured using the medication possession ratio (MPR ≥70%). Multivariate linear regression models were used to study HRQOL and life satisfaction as a function of depression and anxiety X antidepressant use (MD X AD) controlling for antidepressant use, the presence of chronic and physical disorders and other socio-demographic factors. RESULTS: HRQOL measured by the EuroQol was significantly associated with age, cognitive impairment and the presence of depression. Self-reported health status measured by the EQ-VAS was associated with age, number of chronic illnesses, cognitive impairment. The CASP was associated with age, and PTSD. Antidepressant use was associated with a lower HRQOL and a lower life satisfaction. CONCLUSIONS: The study showed that the determinants associated with HRQOL and life satisfaction from the patient and general population perspective differs. Future studies should focus on determining other factors that influence HRQOL and life satisfaction in older adults.

PMH61
UNITY DEPENDENCIES FACTORS DETERMINED WITH TREATMENT-RELATED ADVERSE EVENTS MANAGEMENT
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OBJECTIVES: Several studies have estimated health state utilities for patients with schizophrenia according to disease stage. However, the quality of life of these patients is mostly dependent on treatment-related adverse events, and there is paucity of data concerning adverse events associated with those adverse events. The objective of this study was to estimate utility decrements associated with treatment-related 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-SD questionnaire was completed every 6 months, as well as the Subjective Side Effect Rating Scale, assessing all adverse events. The differences between treatment-related adverse 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 adjustment on disease severity and other potential confounding factors. RESULTS: Our sample consisted of 383 patients. Relative to baseline, a 26% weight gain was associated with utility decrement of 0.054 (0.008), 28.7% sedation and 27.8% sexual dysfunction in women was associated with reductions in utility of 0.054 (0.008), 0.018 (0.008), 0.021 (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 symptoms. 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 ANTIPSYCHOTIC 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 US adults was used in this analysis. 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). Ordinary Least Squares (OLS) regression was used for MCS and PCS. 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 sleeping too much”). All residual symptoms were more strongly correlated with lower 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 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. Anhedonia 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
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OBJECTIVES: This study evaluated 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 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). Path analyses evaluated total effect (β), as well as the indirect effect (β'a) and direct effect (β'b) 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 score (β = 0.40, p < 0.001). Treatment predicted improvement in MADRS (β = 0.53, p < 0.001), which subsequently predicted improvement in SDS (β = 0.70, p < 0.001; indirect effect = 0.23). The direct effect was small yet significant (β = 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 reductions in depression symptoms. Lurasidone also had a small but statistically significant direct effect in improving patient functioning that was independent of improvements in depression in 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
PMH67

CONTENT VALIDITY OF THE SR-MAD RX OPIOIDS INSTRUMENT FOR USE IN PATIENTS WITH ACUTE OR CHRONIC PAIN

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OBJECTIVES: To assess the content validity and patient interpretation of the Self-Report Misuse, Abuse and Diversion (SR-MAD) of Prescription (Rx) Opioids instrument.

METHODS: A cross-sectional, qualitative study was conducted in patients with chronic or acute pain. Patients were recruited from 3 clinical sites based on their pain status and opioid use. Setnik B. 1, Setnik B. 2, Setnik B. 3, Setnik B. 4, Setnik B. 5, Setnik B. 6 completed the questionnaire and the SR-MAD in 2020. The results were coded and thematically categorized. Setnik B. 1, Setnik B. 2, Setnik B. 3, Setnik B. 4, Setnik B. 5, Setnik B. 6 analyzed the data. Setnik B. 1, Setnik B. 2, Setnik B. 3, Setnik B. 4, Setnik B. 5, Setnik B. 6 reported the results

RESULTS: Thirty-seven patients were interviewed: 11 opioid naïve; 13 known abusers; and 13 non-abusers. Mean age was 55 ± 13.5 years (range 26 to 84); 33 patients (90%) experienced chronic pain; three (8%) experienced acute pain; and one (3%) experienced both chronic and acute pain. Overall, most patients (n=31, 84%) demonstrated a comprehensive understanding of the questionnaire’s content and reported the SR-MAD was easy to complete via web-administration. The majority of patients (n=36, 97%) agreed that the SR-MAD was understandable; however, three (8%) were not confident in their answers and two (5%) thought the questionnaire was too lengthy. Patients reported the SR-MAD was easy to complete but they were interested in more detailed questions. Setnik B. 1, Setnik B. 2, Setnik B. 3, Setnik B. 4, Setnik B. 5, Setnik B. 6 concluded that the SR-MAD meets the criteria for content validity.

CONCLUSIONS: The SR-MAD was developed based on patient input and addresses opioid abuse, misuse, and diversion. Additional interviews with aberrant opioid abusers are underway to further examine the content validity of the SR-MAD. Setnik B. 1, Setnik B. 2, Setnik B. 3, Setnik B. 4, Setnik B. 5, Setnik B. 6

PMH68

QUALITY OF LIFE AMONG ADULTS WITH AUTISM SPECTRUM DISORDERS

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OBJECTIVES: The purpose of this study was to determine the predictors of quality of life (QOL) among adults with autism. A modified conceptual model of Wilson and Cleary’s QOL conceptual model was used to study the relationship between autism severity, coping, functional independence, social support and QOL in adults with autism. METHODS: A cross-sectional, descriptive quantitative design was utilized for this study. An internet-based survey using Qualtrics online software system was administered to adults with autism enrolled with the Interactive Autism Network (IAN). Among these adults, who were: 1) aged 18 years and above; and 2) capable of self-reporting with little or no proxy help were identified and approached for participation. Structural equation modeling (SEM) was used to identify the inter-relationship among study variables and to identify the factors influencing QOL among adults with autism. RESULTS: The survey sample included 262 adults with autism. Results from the SEM analysis revealed the modified Wilson and Cleary’s QOL model tested in the study to have an adequate fit (chi-square=49.75, df=17, RMSEA=0.08, CFI=0.99). Significant correlations among coping, functional independence, social support and QOL domains (p<0.05) were observed. Study results depicted autism severity, maladaptive coping, appraisal social support and functional independence as significant predictors of physical and environmental QOL. Autism severity had a significant (p<0.05) negative impact on physical QOL, functional independence and social support. The impact of maladaptive coping was significant for physical independence and social support. Adaptive coping was found to have a positive influence on QOL. CONCLUSIONS: Modifiable variables including social support and coping were found to influence QOL among adults with autism. This knowledge can provide better care for health care professionals involved in the management of autism among these adults should consider these factors when designing treatment intervention strategies. Browne E. 1, Khanna R. 1, West-Strum D. 1, Bentley J. 1, Banahan B. 1, Holmes E. 1, Barnard M. 1

PMH69

IMPACT OF BINGE EATING DISORDER ON WORK PRODUCTIVITY AND SOCIAL FUNCTIONING IN A REPRESENTATIVE SAMPLE OF UNITED STATES ADULTS

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OBJECTIVES: Binge Eating Disorder (BED) recently moved with slight modification of research criteria to the Diagnostic and Statistical Manual of Mental Disorders-5. There is limited information on the impact of BED on productivity and social functioning. One cross-national epidemiological study reported BED was associated with an increased number of days of role impairment. We report here the associations of Diagnostic and Statistical Manual of Mental Disorders-5 criteria for BED with productivity and functioning impairment. We report here the associations of Diagnostic and Statistical Manual of Mental Disorders-5 criteria for BED with productivity and functioning impairment. METHODS: An Internet survey of a representative sample of US adults, conducted in fall, 2013, included questions related to demographics, employment and presenteeism (30.0% vs 22.6%), work productivity loss (3.19[3.85] vs 12.60[2.23]), and activity impairment (43.12[3.46] vs 19.94[2.27]) respectively (p<0.001 for all). CONCLUSIONS: This is the first large population study to examine the association of BED, using DSM-5 criteria, with work productivity and daily functioning. Results suggest that those with BED experience considerable impairment in functioning and work productivity relative to those without BED. Carrasco H. 1, Hopfni D. 1, Babcock T. 1, Herman B. 1, Pawassar M. 1, Russo L. 1

PMH70

DO DEPRESSED PATIENTS ON ADJUNCTIVE ATYPICAL ANTI PSYCHOTICS DEMONSTRATE A BETTER QUALITY OF LIFE THAN PATIENTS WITH ANTIPSYCHOTICS ONLY? (A COMPARATIVE CROSS-SECTIONAL STUDY OF A NATIONALLY REPRESENTATIVE SAMPLE OF THE UNITED STATES POPULATION)

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OBJECTIVES: The adjunctive use of some atypical antipsychotics (AAPs) has shown to provide some benefits in improving the depressive symptoms in patients with treatment resistant depression. However, little is known about the impact of these agents on patients’ health-related quality of life (HRQoL). METHODS: Patients with self-reported depression (ICD-9: 296, 300, and 311), and have used the given AAPs and/or antidepressants for at least a year, were identified in the Medical Expenditure Panel Survey (MEPS) of 2008-2011. The patients were classified into users of adjunctive AAPs (i.e., antipsychotics plus AAPs) and users of antidepressants only. The antidepressants were identified based on documented evidence, and included tricyclic antidepressants, monoamine oxidase inhibitors, and selective serotonin reuptake inhibitors (SSRIs). Multivariate linear regression analyses were conducted to determine whether the utilization of AAPs was associated with the Physical Component Summary-12 (PCS12) or with the Mental Component Summary-12 (MCS12) of HRQoL measure. Sociodemographics, Charlson Comorbidity Index, psychotherapy (i.e., cognitive behavioral therapy), Patient Health Questionnaire-2 (FHQ-2) scores, and the number of prescription medications associated with depression were controlled. RESULTS: A total of 6,368 participants were reported to have had depression and to have used antidepressants in their treatment for at least a year. Of these participants, 1,979 (31.0%) were taking antidepressants only and 4,390 (69.0%) were taking antidepressants and one or more antidepressants. The mean age of the study participants was 44.89 ± 12.83 years, females (59.2%) were more represented than males (40.8%). Multivariate linear regression analyses were conducted to determine those factors related to demographics, general health, psychiatric comorbidities, assessment for antidepressant use, and antidepressant prescription. ASSOCIATIONS: The adjunctive use of some atypical antipsychotics (AAPs) was associated with higher scores in the PCS-12 (β = 1.455, 95% CI = 0.136-3.045, p < 0.0279). Rather, it was negatively associated with the MCS-12 scores (β = −1.549, 95% CI = −2.245[−0.853], p < 0.0023). The results indicated that the adjunctive AAPs was not associated with higher scores of HRQoL. Future studies should examine whether poor mental scores of HRQoL have occurred from lower medication adherence to AAPs or from lower baseline HRQoL scores among users of adjunctive AAPs. Hong SH, Solomon M, Lys H, Kim Y, Yang Y, Setnik B.

PMH71

ANTICHLONERGIC DRUG USE AND HEALTH RELATED QUALITY OF LIFE (HRQoL) IN THE ELDERLY WITH DEMENTIA

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OBJECTIVES: People with dementia are sensitive to cognitive side effects of anticholinergic drugs and this may adversely affect their Health Related Quality of Life (HRQoL). The study examined the association between the use of drugs with anticholinergic properties and HRQoL among community-dwelling elderly dementia patients. METHODS: This was a retrospective longitudinal cohort study involving elderly (age > =65 years) patients with a diagnosis of dementia, using data from Medical Expenditure Panel Survey (MEPS) panels 9 to 13. Each panel consisted of five rounds which spanned over the period of two years. Patients who used anticholinergic drugs in round 1 or 2 were excluded. Anticholinergic drug exposure was measured in rounds 3 and 4 using Anticholinergic Drug Scale (ADS), an ordinal scale that rates anticholinergic drugs into levels 0 – 3 in increasing order of anticholinergic potency. The Physical Component Summary (PCS) and Mental Component Summary (MCS) based on Short-Form 12 (SF-12) health survey, measured in round 4. Two separate multiple linear regression analyses were performed to determine the associations of anticholinergic drugs use and anticholinergic potency with adjusting for sociodemographic variables and baseline HRQoL measures. RESULTS: The study included 112 patients, of which, 15.18% used anticholinergic drugs. Majority of the study participants were between ages of 65-79 (53%), females (57%), and with poor family income disability (62%). Anticholinergic drug exposure was significantly associated with 5.75 units reduction in PCS (p-value: 0.01) whereas no association was found between anticholinergic use and MCS. Baseline HRQoL measures were found significant in both models. CONCLUSIONS: Anticholinergic medications were associated with...