Conclusions were drawn to determine if patients with comorbid anxiety had significantly higher medication adherence (PDC) values than patients without comorbid anxiety. Student t-tests were used to compare adherence rates and inpatient encounters. The results revealed that patients with comorbid anxiety had significantly higher PDC values than patients without comorbid anxiety (0.58 vs. 0.56, p<0.01). MDD patients with comorbid anxiety were more likely to have higher medication-related visits compared to patients without anxiety after adjusting for age, gender, Charlson comorbidity index, and covariates associated with higher medication utilization (OR=1.16, 95%CI=1.10-1.22). However, there was no difference between patients with and without comorbid anxiety in the probability of hospitalization. The results showed that MDD patients with comorbid anxiety had higher health-related ER visits. Clinicians treating patients with MDD should consider the role of comorbid anxiety on medication adherence and clinical outcomes.

PMH11 PERFORMANCE OF RISK ADJUSTMENT SCALES IN PREDICTING RISK OF HOSPITALIZATION AMONG DEMENTIA PATIENTS: A MEPS STUDY

Bhagwati D, Mehta M, Kwiatkowski A, Dwivedi N, Kambale P, Johnson ML
University of Houston, Houston, TX, USA

OBJECTIVES: To evaluate performances of various risk adjustment scales in predicting risk of hospitalization in patients diagnosed with dementia. METHODS: This cross-sectional study was conducted using the household and medical provider component files of Medical Expenditure Panel Survey (MEPS) data from 2000 to 2003 (panel 5, 6, and 7). Dementia patients were identified using ICD-9 and ICD-10 Classification of Diseases, 9th Revision, Clinical Modification (ICD-9CM) codes, and all cause hospitalizations were recorded from the inpatient files. The risk adjustment scales evaluated in this study were: diagnosis based scales (identified using ICD-9CM codes): D’Hoore’s adaptation of Charlson comorbidity index (CCI), and Elixhauser comorbidity algorithm, and prescription based scales (identified using national drug codes): chronic disease scores (CDS-1 and CDS-2). Logistic regression models were constructed with all-cause hospitalizations as binary outcome, adjusting for demographic, socio-economic (insurance, income, geographic region), and perceived health status covariates, and risk adjustment algorithms. Performance of the models in predicting hospitalization was measured by c index. RESULTS: Total 392 dementia patients were identified from the household component files during the study period. Most of the patients were male (68.58%), white (54.11%), elderly (mean age 73 years), and from a low income family (59.8%), and almost half of them had an inpatient visit (46.70%). Baseline logistic model with the covariates only predicted hospitalization risk reasonably well (c=0.60). Performance of risk adjustment models after adjusting for covariates were as follows- D’Hoore: c=0.688, Elixhauser: c=0.691, CDS-1: c=0.666, CDS-2: c=0.733, CDS-3: D’Hoore: c=0.687, CDS-1: Elixhauser: c=0.709, CDS-2: D’Hoore: c=0.752, and CDS-2: Elixhauser: c=0.757. CONCLUSIONS: Diagnosis based scales performed better than prescription based scales in predicting hospitalizations. The Elixhauser co-morbidity algorithm modified from CDS-1 to efficiently model healthcare utilization and cost performed superiorly. Among the combinations of diagnosis and prescription based scales CDS-2+ Elixhauser predicted hospitalization risk most efficiently.

PMH12 THE PROFILE OF IMPAIRMENTS TO ATTENTION AND EPISODIC RECOGNITION MEMORY IN MILD COGNITIVE IMPAIRMENT AND ALZHEIMER’S DISEASE

Wenes K1, Lenderking WR2
1UBC, Gageing, Vancouver, Canada, 2UBC, Lexington, MA, USA

OBJECTIVES: Automated tests can assess aspects of cognitive function which cannot be assessed using traditional non-automated techniques. To build on previous findings that patients with minimal cognitive impairment show slower information retrieval (Wenes et al., 1996), the present analysis compared 74 patients with amnestic Mild Cognitive Impairment (MCI) to healthy controls (n=1409), and patients with mild, moderate and moderately-severe Alzheimer’s disease (AD; n=764). METHODS: Three CDR System tests of attention were administered (digit vigilance task, word and choice reaction time) and two episodic memory tests (word and picture recognition). For attentionPower of Attention (the ability to focus attention) and Continuity of Attention (the ability to sustain attention) were used. For recognition, the abilities to correctly identify previous stimuli and reject novel stimuli were analyzed, as was speed of response. RESULTS: For Power of Attention, and Word and Picture Recognition Speed, there was a clear continuum of decline from normals through AD. For Continuity of Attention, Word Recognition Accuracy, and the ability to recognise previous pictures, MCI subjects demonstrated preserved functioning equivalent to controls. For the ability to reject novel pictures, MCI patients showed deficits comparable to moderate AD patients. The ability to reject novel pictures is related to activity in the cingulate gyrus, and the impairment in MCI suggests disruptions to this area, which may have consequences for neurogenesis. Overall, the pattern of decline is not consistent across all cognitive functions assessed. CONCLUSIONS: These findings will be discussed in terms of the likely that amnestic MCI is a prodrome of AD, which may be the case for episodic memory as assessed by delayed word recall, but not necessarily for aspects of episodic recognition memory or the ability to sustain attention. These findings may have implications for treatment of early disease, as well as prevention strategies.

PMH13 COMPARATIVE EFFECTIVENESS STUDY OF RISPERIDONE LONG-ACTING INJECTABLE: THE USE OF DYNAMIC EXPOSURE METHODOLOGY FOR RISK SHARING AGREEMENT

Bruno Pouillot l, Rosoullion F, Abenhaim L
1LA-SEE Europe, Paris, France, 2Saint Anne Hospital, Paris, France, 3London School of Hygiene and Tropical Medicine, London, UK
Risperidone long-acting injectable (R-LAI) was the first of the ‘atypical’ antipsychotic drugs with delayed release to be marketed worldwide for the treatment of schizophrenia. This strategy was envisaged to deliver a primary advantage over conventional oral drugs but could not be demonstrated ahead of marketing approval as R-LAI was mainly assessed against placebo for that purpose. A risk-sharing agreement was reached between the manufacturer and the French National Health Pricing Authority – The Economic Committee on Health Care Products (CEPS), under which coverage would be ensured following demonstration of cost minimization in real terms. OBJECTIVES: To assess whether R-LAI use was associated with a decreased risk of hospitalization and provide data for risk-sharing agreement and coverage. METHODS: A cohort with a ‘dynamic exposure’ methodology was used to assess the relative effectiveness of R-LAI. A cohort of adult patients with schizophrenia was recruited from 177 psychiatric hospitals across France followed over 12 months. A 3-month follow-up granularity was used for treatment characterization. The relative rate of hospitalization was assessed using a Poisson multiple regression model for auto-correlated data (SAS-GENMOD). Results were adjusted with propensity scores using potential confounders of R-LAI use vs. non-use, including history of hospitalization, severity of schizophrenia, and patterns of antipsychotic use. RESULTS: The cohort consisted of 1859 patients with 454 person years of R-LAI use, and 1306 person years of R-LAI non-use. R-LAI use was associated with an adjusted rate ratio of hospitalization of 0.66 (95% CI: 0.46–0.96) when compared to non-use and 0.53 (95% CI: 0.32–0.88) when compared to typical LAI antipsychotics. This was found to be associated with better compliance in patients with a history of recurrent hospitalization, and therefore compensated for the costs of treatment. CONCLUSIONS: A cohort with dynamic-exposure methodology established a successful risk-sharing agreement for a new treatment for schizophrenia.

PMH14 CLINICAL EFFECTIVENESS ANALYSIS OF NAUTILXONE VERSUS ACAMPROSATE AND PLACEBO IN ALCOHOL DEPENDENT PATIENTS TREATED WITH PSYCHOTHERAPY

Jarose J, Miernek K, Wachal M, Walczak J
Academy of Medical Sciences, Warsaw, Poland

OBJECTIVES: The objective of this study is to assess the clinical effectiveness of nautilxone versus acamprosate and placebo in alcohol dependent patients receiving psychotherapy. METHODS: Analysis was conducted in accordance with the principles of the Cochrane Collaboration guidelines and the guidelines of the Polish Agency for Health Technology Assessment. Calculations were performed using the StatsDirect® 2.6.8 statistical package. The extended evaluation of safety based on sources other than RCTs was performed. RESULTS: The difference in the primary endpoint was out of the margin set by the trial’s protocol. Nautilxone was administered orally plus psychotherapy for alcohol-dependent patients results in a higher clinical effectiveness and comparable safety profile in comparison with acamprosate for a 1-year-long-observation treatment and placebo for both a short (12-16 weeks) and medium-term observation treatment. Statistical significances in favor of