OBJECTIVE: To assess treatment adherence to antipsychotic monotherapy in bipolar/manic disorder. METHODS: A total of 18,158 antipsychotic monotherapy treatment episodes for bipolar and manic disorders were identified from a claims database (1999–2003) representing 50 million US insured. Adherence measures included treatment compliance, captured by regularity of prescription refills, and treatment duration. Atypicals included risperidone, olanzapine, quetiapine, and ziprasidone; conventional agents included haloperidol, perphenazine, thioridazine, and thiothixene. Multiple regression adjusted for patient characteristics. RESULTS: Quetiapine alone had significantly (P < 0.05) greater compliance than the conventional agents and had the highest compliance among the atypicals, which was significantly greater than for risperidone or olanzapine. Olanzapine and ziprasidone demonstrated significantly greater compliance than risperidone. Daily dose was negatively associated with compliance for all agents except quetiapine (P < 0.05 for risperidone and the conventional agents), which had a positive, but non-significant association (P = 0.074). Quetiapine and risperidone had significantly longer treatment duration than olanzapine, ziprasidone, and the conventional agents. All atypicals, except ziprasidone, had significantly lower odds of switching to another psychotropic compared with conventional agents; quetiapine had the lowest estimated odds ratio. CONCLUSION: According to claims data, treatment adherence for quetiapine appears higher than for other agents commonly prescribed for bipolar/manic disorder, possibly due to more favorable tolerability.

PMH18
AN EXPLORATORY STUDY TO DEVELOP A MODEL OF QUALITY OF LIFE FOR BIPOLAR DISORDER
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OBJECTIVES: To derive a patient-based model of quality of life (QoL) for bipolar disorder (BPD). METHODS: Qualitative research methods were employed to investigate the impact of BPD on QoL. Specifically, to identify how patients perceive their condition to affect their life quality and how they define “QoL”. Semi-structured interviews were conducted with women with a clinical diagnosis of BPD. Interpretive phenomenological analysis (IPA) was used to explore and interpret participants’ perceptions of QoL impact. IPA involves two stages: a case-by-case thematic analysis, and an interpretive analysis to connect and cluster themes. For the latter, emphasis was placed on interpreting the meaning and importance ascribed by patients to the impact of BPD. The data were then compared to existing models of QoL to derive a QoL model for BPD. RESULTS: As IPA requires small sample sizes, interviews were conducted with four women (26–92 mean 49.5 years). Psychometric tests were employed to ensure that the women were not currently depressed (BDI) or manic (SCAN, MRS). Analysis revealed that BPD has a profound impact on affected individuals. Thematic analysis identified key areas of impact including; social life, personal relationships, self-esteem, work life, fear of rejection and impact on day-to-day activities. Interpretive analysis revealed eight key thematic clusters including; intimate personal relationships, social impact and personal development/fulfillment. Relating these to existing models of QoL suggested that a needs-based model of QoL impact was the most appropriate for BPD. The model suggested that areas of need adversely affected by BPD related to; safety and security, belongingness and love needs; esteem; cognitive needs and self-fulfillment. CONCLUSION: BPD impacts many life areas. Application of IPA revealed that the needs-based model of QoL can successfully be used to explain the patient’s perception of, and response to, the symptomatic and functional impact of the condition.

PMH19
TREATMENT ADHERENCE WITH ANTIPSYCHOTICS AMONG BIPOLAR AND MANIC PATIENTS
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OBJECTIVE: To assess patterns of dementia/Alzheimer disease (AD) management and to investigate predictive factors of cognitive-enhancing agents (CEA) use. METHODS: A cross-sectional study was conducted using 2000–2002 National Medical Care Survey among elderly patients over the age of 60. Dementia/AD status was defined according to dementia-related ICD-9 codes; additionally, patient visit characteristics and CEA prescriptions associated with dementia/AD status were evaluated using a logistic regression model. RESULTS: A total of 25,561 patient visit records were identified. Majority of the visits were from white patients (90.2%) and approximately half of them were made by male individuals (45.9%). Of the total visits, only 0.6% (155) had dementia/AD status. Most of the dementia/AD visits were made by women (60.0%) and persons over the age of 75 (67.7%). Dementia/AD visit records were predominantly from white patients (93.5%) and were associated with public insurance (74.8%; Medicare/Medicaid). Of the dementia/AD visits, about half (46.5%) were prescribed with one or more CEA and donepezil HCl was the most prevalent agent that was prescribed (31.6%). Our logistic regression model evaluating predictive factors of CEA prescription revealed that physician’s specialty was a strong predictor in the model; as psychiatrists (OR = 5.5; p < 0.01) and neurologists (OR = 2.6; p < 0.03) were more likely to prescribe CEA as compared to other physicians. No other visit characteristics showed significant association with CEA use. CONCLUSION: Early detection and treatment of dementia delays the progression of cognitive impairment. Considering the high prevalence of dementia/AD among the elderly (8–10%) in the US, the study’s results show that dementia man-