PMH22

INCIDENCE, PREVALENCE AND TREATMENT PATTERNS OF PATIENTS WITH ADHD SYMPTOMS IN THE NETHERLANDS

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OBJECTIVES: Estimate incidence, prevalence and pattern of care in sickness fund insured patients with ADHD symptoms in The Netherlands. METHODS: Claims data on approximately 6 million sickness fund insured persons during 1999-2001. Patients on (chronic) methylphenidate (n=13,000) treatment were assumed having ADHD symptoms. Both incident and prevalent patients were identified and analysed. RESULTS: Overall, ADHD prevalence and incidence was 0.24% and 0.07% respectively. The overall male/female ADHD prevalence ratio (%) was 0.43:0.08. The highest prevalence and incidence figures were seen in the 10-14 year age category with 1.8% and 0.35% respectively. In 2000 the mean number of days of therapy were 165 days (75th percentile; 240). Average number of prescriptions for prevalent and incident patients were 6 and 4. Of the methylphenidate prescriptions 46% belong to the GP, 9% to a paediatrician and 6% to a psychiatrist. For both the family doctor and specialist together this was 23%. In children/adolescents and adults (>20 years) the GP prescribes 42% and 43% respectively. For paediatricians and psychiatrists these figures were 14% and 4%. The most prescribed co-medication (ATC2) for children, adolescents a) and adults b) were: J01 a) 8.8%, b) 3.3%; N02 a) 2.7%, b) 3.9%; N05 a) 11.6%, b) 26.4%; N06 a) 3.4%, b) 17.3%; R03 a) 8.4% b) 3.8%; R06 a) 4.8%, b) 2% (figures as an average 1999-2001). Twelve percent (12%) of children aged 10-14 received an R03 preparation. CONCLUSIONS: ADHD is a common disorder. Highest prevalence was seen in the 10-14 year age category. In general, ADHD patients are slightly compliant with methylphenidate drug treatment. Overall the family doctor plays an important role in the treatment of ADHD. Both psycholeptics and psychoanaleptics are commonly used as (co-) medications, especially in adults. A high co-morbidity or complex diagnosis could be an explanation.

PMH23

ADHD TREATMENT AND CO-MORBIDITIES: BASELINE RESULTS FROM THE OBSERVATIONAL STUDY ADORE IN GERMANY

Rothenberger A1, Döpfner M2, Finnern H3, Lorenzo M4, Ralston S1, Dittmann R1

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OBJECTIVES: To present preliminary baseline data on the treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) symptoms and on observed co-morbid problems in German patients enrolled in the ADORE study (Attention Deficit Hyperactivity Observational Research in Europe). METHODS: ADORE is an ongoing 24 month, pan-European, prospective, observational study to describe the relationship between treatment regimen prescribed and quality of life in ADHD. Only patients not formally diagnosed with ADHD previously were included. RESULTS: A total of 392 patients with a mean age of 8.7 (SD 2.1) years with inattentive/impulsive/hyperactive symptoms were enrolled, of which 300 (77%) were male. ADHD symptoms were first observed at a mean age of 5.0 (SD 2.5) years, while treatment was first sought at a mean age of 7.1 (SD 2.3) years. A total of 384 subjects (98%) were formally diagnosed with ADHD at baseline for the first time—the vast majority according to DSM IV or ICD 10 criteria. The mean baseline score on the ADHD Rating Scale-IV was 33.0 (SD 9.0). The mean Clinical Global Impression-Severity score was 4.4 (SD 0.9). The most commonly reported comorbid psychiatric symptoms were related to: oppositional defiant (N = 271 (69%)) and conduct (N = 240 (61%)) disorders, anxiety (N = 108 (28%)) and learning disorders (N = 243 (62%)). Investigators prescribed pharmacotherapy in 78 cases (20%), some form of psychotherapy in 66 cases (17%), and a combination of pharmacotherapy and psychotherapy in 84 cases (21%). Short-acting methylphenidate was prescribed for 159 (95%) out of 162 patients (41%) receiving pharmacotherapy. Psychoeducation/counselling was prescribed for 156 (40%) and cognitive behavior therapy for 44 (28%) of the patients/families. CONCLUSIONS: Baseline data showed: 1) an average gap of two years between first symptoms and seeking treatment; 2) frequent comorbid problems; and 3) prescription of some form of treatment in approximately two thirds of patients.

PMH24

EFFECT OF ZIPRASIDONE INITIAL DOSING ON DISCONTINUATION IN SCHIZOPHRENIA

Joyce AT1, Ollendorf DA2, Harrison DJ2, Cheli A2

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OBJECTIVES: To examine the effects of initial ziprasidone dose on discontinuation rates, using PharMetrics integrated medical and pharmacy claims data. METHODS: Patients 218 years with a diagnosis of schizophrenia and a ziprasidone claim between March, 2001 and February, 2003, and continuously enrolled for ≥2 months before and ≥3 months after initiation of ziprasidone, were stratified by initial daily dose (≥40 to ≤80 mg [Low]) vs. ≥80 to ≤120 mg [Medium] vs. 120–160 mg [High]). The 6-month risk of discontinuation was examined using Cox proportional hazards models controlling for gender, psychiatric comorbidities, and pre-ziprasidone utilization of antipsychotics (atypical, con-

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vontional, none). RESULTS: Mean age of the sample (N = 1058) was 38 years; 42% were male. The 6-month risk of discontinuation was significantly greater in patients with a Low vs. a High initial dose (HR 0.74; 95% CI 0.58–0.94; P = 0.012) and trended toward significance when comparing a Medium vs. a High initial dose (HR 0.86; 95% CI 0.69–1.10; P = NS). The largest difference in discontinuation rates between dose groups occurred after the first prescription. CONCLUSIONS: Patients initiating ziprasidone therapy with an initial dose of at least 120mg/day demonstrated better medication adherence compared with those initiating at lower doses. This finding may reflect improved efficacy at daily doses ≥120mg.

**EMERGENCY DEPARTMENTS: THE FRONT LINE OF SCHIZOPHRENIA MANAGEMENT?**

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OBJECTIVES: To examine utilization of Emergency Departments (ED) for schizophrenia-related problems during a 1-year period. METHODS: Data from 2001 and 2002 statewide Massachusetts ED and hospital databases were examined for cases with a principal diagnosis of schizophrenia (ICD-9: 295.00–295.95). Cases where injury or non-related medical conditions were coded were excluded. Data were examined for demographics, visit status, arrival time, duration, disposition, cost and repeat visits. Patients admitted were tracked by identifiers in the hospital database. Cost estimates include accommodations, ancillary and physician services, were adjusted for national values and using 0.61 cost-to-charge ratio reported in 2004 in U.S. RESULTS: Of 5686 cases identified, 72% were male. Mean age was 46 years (range: 9–90). Visits were distributed evenly Monday through Friday, but decreased on weekends. Almost half (48%) of all visits occurred between 3:00–11:00 PM. Visitation was coded as emergency for 57% of cases. Most (46%) were admitted to acute hospitals; 22% transferred to other facilities, 31% were treated and released from ED, 1% died in ED or left AMA. Mean duration of ED visit was 5.3 hours (median: 4.1). Mean cost per ED visit was $573 (median: $480) for those released or transferred, and $366 for those admitted (median: $329). In 2002, 45% of schizophrenia cases discharged from Massachusetts acute hospitals came through ED. In one year, 28% of those visiting an ED for a schizophrenia-related problem had at least one other schizophrenia-related ED visit (mean revisits: 2.1; range 1–22). Cumulative 1-year ED cost for schizophrenia-related cases was roughly $2.6 million. CONCLUSIONS: The ED is a front line for schizophrenia management, as it provides evaluation and referral services for non-emergent patients, as well as acute treatment. Further research is needed to determine if lack of availability, or access to other mental health services prompted ED use.

**SSRI UTILIZATION AND PERSISTENCE IN A CALIFORNIA MEDICAID POPULATION**

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OBJECTIVES: To investigate utilization and persistence in Zoloft patients versus those on other antidepressants. METHODS: Using a 20% sample of California Medicaid claims data from 1999 to 2003, patients on antidepressants were identified and tracked for 12 months from the first fill date of an antidepressant medication. Utilization patterns (discontinuation, gap, switch, and augmentation events), medication possession ratio (MPR), days covered (DC), and persistency (proportion of patients on initial medication at least 80% of the time) were analyzed. Differences were tested using normal approximation with a 2-sample test. Odds ratios were computed with respect to Zoloft and tested using logistic regression models with propensity scores. RESULTS: A total of 1403 patients were initiated on Celexa, 1309 on Effexor, 10,758 on Paxil, 4631 on Prozac, and 2429 on Zoloft. Proportionally, more Zoloft patients were event-free than Effexor or Paxil patients (p < 0.05), but less so than Celexa. Adjusted odds ratios suggest that patients initiated on Zoloft were more likely to persist with their medication than patients on Effexor, Paxil or Prozac (OR = 0.824, 0.732, 0.762, respectively; p < 0.05). Differences between Zoloft and Celexa (OR = 1.040) were not statistically significant. Zoloft had a higher average MPR than Effexor, Paxil or Prozac, but slightly lower than Celexa (p = 0.0259). All cohorts experienced a decline in days covered (DC) on Day 31, 61, 91, and 181. At the end of follow-up, 29.6% of patients initiated on Zoloft were still taking the medication, which was significantly higher than patients on Effexor (24.3%), Paxil (24.9%) or Prozac (23.7%), but slightly lower than patients on Celexa (32.6%, p = 0.0502). CONCLUSIONS: Patients initiated on SSRI’s continue to have relatively fast declines in medication adherence and persistence within the recommended timeline for therapy.