but no pairwise comparisons were statistically significant. CONCLUSIONS: The analysis demonstrates that many of the treatments are efficacious in controlling symptoms, although side effects resulting from treatment should be considered; weight gain is commonly observed, and treatment discontinuation due to adverse events is variable between studies. The lack of high-quality studies in this population highlights a need for further research.

PMH1

RELEVANCE OF TOLERABILITY OF VORTIXOTINE COMPARED WITH SELECTED ANTIDEPRESSANTS IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER WITH AN INADEQUATE RESPONSE TO PRIOR THERAPY

Diamond D1, Painchaud C2, Brignone M4

1Lundbeck SAS, Paris, France, 2Keyrus Biopharma, Levallois Perret, France

OBJECTIVES: To assess relative efficacy and tolerability of vortioxetine versus other antidepressants in patients with major depressive disorder (MDD) who experience inadequate response to treatment with selective serotonin reuptake inhibitors (SSRIs) or serotonin-norepinephrine reuptake inhibitors (SNRIs). METHODS: A systematic literature review identified 27 study findings, three of which (REVIVE, Kasper 2013 and STAR*D) contributed to the relevant network for quantitative assessment. Rate of withdrawal due to adverse events (AEs) in patients treated with vortioxetine was compared with other antidepressants, with a few studies comparing different antidepressants in switch therapy. The evidence varied in terms of: type of treatment, study duration (ranging from 1 to 2 years, sample sizes varied), indication, and AD exposure. A large body of evidence was found comparing vortioxetine with other antidepressants, with a few studies comparing different antidepressants in switch therapy. This study did not find any significant effect of paroxetine on cognition when compared to other SSRIs in elderly nursing home residents with depression. Long term studies are needed to evaluate comparative safety profiles of SSRIs in this vulnerable population.

PMH11

PAROXETINE USE AND COGNITION IN ELDERLY NURSING HOME PATIENTS WITH DEPRESSION

Bali V1, Aparasu R1, Chen H1, Johnson M1, Carnahan R3, Chatterjee S1

1University of Houston, Houston, TX, USA, 2University of Iowa College of Public Health, Iowa, IA, USA

OBJECTIVES: Paroxetine has strong anticholinergic properties and may lead to adverse cognitive outcomes. This study compared paroxetine and other selective serotonin reuptake inhibitors (SSRIs) in respect to cognitive outcomes in nursing home residents with depression. METHODS: A propensity score-adjusted retrospective cohort study was conducted using data from Medicare Part D claims and Minimum Data Set (MDS) data. New users of paroxetine and other SSRIs were followed until they reached the end of the follow up period (1 year), switched to a different antidepressant class, used psychotherapy, had a gap or more than 15 days in the use of index antidepressant class, whichever occurred earlier. Exposure to SSRIs was compared as a time dependent variable. The response variable was cognition and it was measured using the MDS Cognition Scale. Repeated measures mixed model was used to examine the effect of SSRIs use on cognition, with use of other SSRIs as the reference category. Other covariates in the final model included propensity scores and their interaction terms. RESULTS: The study cohort consisted of 1,081 elderly nursing home residents. Of these, 63 (5.83%) received paroxetine and 1,018 received other SSRIs (94.17%). After adjusting for propensity scores, the repeated measure mixed model did not find any statistical difference in cognition with the use of paroxetine (p = 0.25 [95% CI: 0.84, 0.35]) when compared to other SSRIs. Results from the sensitivity analysis were consistent with the main findings. CONCLUSIONS: This study did not find any significant effect of paroxetine on cognition when compared to other SSRIs in elderly nursing home residents with depression. Long term studies are needed to evaluate comparative safety profiles of SSRIs in this vulnerable population.

PMH12

SELF-REPORTED DEPRESSION AND PRESCRIPTION OF ANTIDEPRESSANTS: DOES GENDER MATTER?

Thumander Sundbom L1, Bingefors R2, Isacson D2

1University of Gävle, Gävle, Sweden, 2Uppsala University, Uppsala, Sweden

OBJECTIVES: Men and women are diagnosed with depression twice as often as men. This study aimed to examine gender differences in self-reported depression and the relation to prescribed ADs and also in the prescription of various types of ADs. METHODS: Data from the population-based cross-sectional survey “Public Health in Sweden 2012” was used (n=16,000 aged 18-84 years, response rate 49.3%). Symptoms of depression were measured with the Hospital Anxiety Depression Scale (HADS, cut-off score >8). Self-reported use of ADs two weeks prior to receiving the questionnaire was supplemented with prescription data (ATC-codes) from the national Swedish Prescribed Drug Register. RESULTS: Men and women reported depression to similar extent (men 12.3%, women 11.5%). However, women were more often prescribed ADs compared to men (men 3.7%, women 6.8%; p<0.001). Nine per cent of all women in the study population reported depression but had no AD treatment, 2.1% reporting depression and used ADs, and 4.7% used ADs but reported no depression. The corresponding figures for men were 10.8%, 1.5% and 2.2% (p<0.001). Selective serotonin reuptake inhibitors (SSRIs, N06AB) were the most commonly prescribed ADs for both men (74.8%) and women (79.2%). As for the SSRIs, no statistical significant gender difference was found for the tricyclic antidepressants (TCAs, N06AAA; men 9.5%, women 6.7%). However, men were prescribed “Other ADs” (N06AX) significantly more often than women (men 43.3%, women 29.2%; p<0.001). CONCLUSIONS: Although women and men reported depression to similar extent, women were prescribed ADs almost twice as often as men. Also, women used ADs without being currently depressed more often than men. Further, men were prescribed “Other ADs” more frequently than women.