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USAGE AND PERSISTENCY OF ATYPICAL ANTI-PSYCHOTICS IN THE TREATMENT OF SCHIZOPHRENIA

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OBJECTIVES: To evaluate usage and persistency of atypical anti-psychotics among schizophrenia patients utilizing a managed care database. **METHODS:** A retrospective study utilizing the Pharmetrics claims database was conducted. All patients with a diagnosis of schizophrenia (ICD 9 codes 295.0 to 295.9) in 2003 were included in the analysis. Patients were required to have a minimum 12 months of continuous eligibility following their index diagnosis. A subset of patients was classified on the basis of first atypical anti-psychotic mono-therapy treatment (Risperidone, Olanzapine, Quetiapine, Aripiprazole or Ziprasdone). Persistency (%) in this group was calculated by following a closed cohort of patients on a specific atypical anti-psychotic therapy from month one to month 12. Patients who dropped-off therapy and then re-initiated the same atypical agent within the 12 month period (re-starts) were included in the analysis. **RESULTS:** A total of 6418 patients were analyzed. Of these 60.4% were currently on an antipsychotic (typical/ atypical) treatment. Atypical mono-therapy including clozapine was used by 51.7%, combination atypical therapy by 30.5%; the remaining 17.8% of the currently treated cohort were on typical anti-psychotics. The subset of 1777 patients on atypical mono-therapy consisted of 668 (37.6%) Risperidone; 754 (42.4%) Olanzapine; 228 (12.8%) Quetiapine; 105 (5.9%) Ziprasidone. Aripiprazole patients (n = 24) were excluded from this analysis. Olanzapine and Risperidone patients were more persistent (60% and 59%) compared to Quetiapine (44%) and Ziprasidone (40%). **CONCLUSION:** Majority of schizophrenia patients are currently treated with atypical anti-psychotics with Olanzapine and Risperidone in the lead in terms of treatment share and persistency.

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ADHERENCE AND SWITCHING WITH ANTIDEPRESSANTS

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OBJECTIVES: The purpose of this study was to quantify the extent of nonadherence across antidepressants and to determine the rate of switching within the class. **METHODS:** Blinded prescription data from two national retail pharmacy chains was analyzed for 417,002 patients taking sertraline, venlafaxine, paroxetine, and escitalopram. Cumulative drug consumption (total days supply) during the one year follow up period was employed as the measure of adherence. Kaplan Meier estimates of survival (persistence) curves were used to assess the time to discontinuation and to calculate the one year rate of discontinuation. Baseline patient characteristics, including age, gender, geographic region, median income, index quantity dispensed, population density, co-pay, and index refill and days supply prescribed were analyzed. **RESULTS:** Adherence data across these antidepressants showed that escitalopram patients obtained the fewest days of medication (161.26), and venlafaxine patients had the greatest number of days of therapy (191.54). At day 60, 30% of venlafaxine patients, 34% of sertraline patients, and 40% of paroxetine and escitalopram patients discontinued therapy. After 6 months, 60% of venlafaxine patients, 64% of sertraline patients, 68% of paroxetine patients, and 70% of escitalopram patients discontinued therapy. The rate of switching to another agent was 3.67% for paroxetine, 3.14% for venlafaxine, 2.95% for escit-

alopram, and 2.1% for sertraline. **CONCLUSION:** Even though antidepressant medications are effective in controlling depression, their effectiveness is reduced by the lack of adherence to therapy. Adherence can vary significantly across the agents within a class. Efforts to maintain patients on antidepressant therapy at the initiation of treatment are needed and most likely will affect future adherence.

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PRELIMINARY VALIDATION OF THE ENGLISH VERSION OF THE SCHIZOPHRENIA QUALITY OF LIFE (S-QOL) SCALE

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OBJECTIVES: This study assesses the validity and responsiveness over changes of the English version of the S-QoL, first schizophrenia-specific health-related quality of life scale developed from patients' viewpoint on the need-based framework. **METHODS:** The S-QoL, comprising 41 items exploring eight dimensions (Psychological Well-being, Self-esteem, Relations with Family, Relations with Friends, Resilience, Physical Well-being, Autonomy and Sentimental Life), was first developed and validated in French. After a standard backward-forward translation process, its English version was tested in a sample of patients with schizophrenia. Two assessments were performed: baseline and 12 weeks later. Psychometric properties (validity and sensitivity over changes) were evaluated using methods from Classical Test Theory, Rasch analyses and structural equation modelling. **RESULTS:** A total of 128 patients filled-in the S-QoL. The factorial structure of the original version was globally retrieved. The questionnaire was well accepted (missing dimension rates lower than 3%). Cronbach's alphas were greater than 0.70 for 6 of the 8 dimensions. The S-QoL dimensions and total score were statistically correlated with depression assessed with the Calgary Depression Scale for Schizophrenia (CDSS), and severity of symptoms measured by the Positive and Negative Symptoms Scale (PANSS). Using the sub-sample of patients rated "Very much Improved" or "Improved" on the Clinical Global Impression of Improvement (CGI-I) at Week 12, all the dimensions and the total score were statistically significantly improved. Five of the dimensions, as well as the total score, reached an effect size of at least 0.50 indicating an at least moderate change on health status. **CONCLUSION:** These results strengthen the usefulness of assessing the impact of schizophrenia on patients' everyday life with the S-QoL, specifically designed for assessing the health-related quality of life of patients with schizophrenia. Its sensitivity to changes in health state is of major interest for evaluative purposes.

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DEVELOPMENT AND VALIDATION OF THE SLEEP IMPACT SCALE FOR INSOMNIA

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OBJECTIVES: The objectives were to develop and validate a sleep-specific patient-reported outcomes instrument in US-English and US-Spanish that can be used in clinical trials. **METHODS:** In the development phase, interviews were conducted with 25 US-English speaking participants suffering from insomnia. Participants' comments were reviewed by two US-Spanish speakers to ensure commonality. Item generation was conducted simultaneously in the two languages to ensure conceptual equivalence. The face and content validity of the newly developed instrument (Sleep Impact Scale [SIS]) was tested in 10