of population, economic & financial information, organization, prescription pattern and patient management. We first ran a principal component analysis on quantitative variables and then a multiple correspondence analysis on qualitative variables, in order to get individuals coordinates of PCTs on several axes on which they were projected. We then merged the results, and ran an analysis to create PCTs clusters. **RESULTS:** We identified 5 clusters of PCTs with differentiated, homogeneous attitude towards innovative drugs. Cluster 1 focused on MH disorders with GP-level decision-making, cluster 2 focused on MH disorders and contained high-prescribing physicians, cluster 3 had low recognition of MH disorders, cluster 4 had low recognition but offered a high level of care while cluster 5 was focused on cost containment. The clusters also varied in population size from 1.2 M to 23.9 M. **CONCLUSIONS:** As this work was rather innovative it was validated by local pharmaceutical sales and marketing organization. The cluster approach proposed was endorsed by account managers' pragmatic experience in the field and correlated well with their experience of obtaining access for their innovative MH drugs. This study helped to improve our understanding of the UK landscape in patient access for innovative drugs in MH.

PMH65

EFFECTIVENESS OF PHARMACEUTICAL THERAPY OF ADHD (ATTENTION-DEFICIT/HYPERACTIVITY DISORDER) IN ADULTS—A HEALTH TECHNOLOGY ASSESSMENT

Benkert D[1], Krause KH[2], Wasem J[3], Aidelsburger P[1]

[1]CAREM GmbH, Sauerlach, Germany; [2]Ludwig Maximilian University, Munich, Germany; [3]University of Duisburg-Essen, Essen, Germany

OBJECTIVES: Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurobehavioral developmental disorder, that is characterized by hyperactivity and impulse control disorder. In Germany pharmaceutical therapy is approved for children and adolescents solely. Therefore, treating adult patients with ADHD complies with off-label use of stimulants. Aim of this Health Technology Assessment is to examine the clinical effectiveness, cost-effectiveness, ethical-social and legal aspects of pharmacotherapy (stimulants, antidepressants, norepinephrine reputake inhibitors) of adult ADHD patients. **METHODS:** A systematic literature research is conducted in relevant electronic literature databases. Studies matching the ex ante defined inclusion criteria are assessed systematically and qualitatively according to methodical standards by two reviewers. Due to heterogeneity of included studies no meta-analysis is performed. **RESULTS:** Nine randomised controlled trials (RCT), five systematic reviews, three economic and two studies concerning legal aspects are included. All RCT show improvement regarding ADHD symptoms (hyperactivity, impulsivity). Response rates vary between 7 % and 42 % in the control group and 17 % to 59,6 % in the intervention group. The studies use primarily investigator and self-rated questionnaires such as the ADHD Rating Scale, the Conners Scales and the Clinical Global Impression as outcome parameters for the core symptoms of ADHD. Some studies show a larger improvement of the ADHD symptoms by a flexible dose approach. The systematic reviews demonstrate statistically significant improvement in symptoms of ADHD compared to placebo and other medications. The effect sizes for stimulants are somewhat higher than for non-stimulants. Adult ADHD patients cause higher annual direct and indirect costs than matched controls. The average medical costs are reported with 1.262 US-Dollar in 1998 and 1.673 US-Dollar in 2001. **CONCLUSIONS:** Methodological limitations of the RCT are the short study duration and the high drop-out rates. Further research is needed to determine the cost-effectiveness of medical treatment of adult ADHD patients.

PMH66

PREVALENCE OF AFFECTIVE DISORDERS IN SOUTH-WEST REGION OF SWEDEN

Löfroth E, Myrén KJ, Bruce S, Dahlberg E

IMS Health, Stockholm, Sweden

OBJECTIVES: To determine the prevalence of affective disorders (section F3 in ICD-10) in South-West region of Sweden. **METHODS:** This was a retrospective longitudinal descriptive database study of the utilization of health care of patients from the South-West region of Sweden (1.5 million inhabitants). All patients who were diagnosed with affective disorders between 2001 and 2007 in the South-West region of Sweden were included in the study. The patients were diagnosed in primary-, in- and out-patient care. **RESULTS:** A total of 138,194 patients were diagnosed with at least one type of affective disorder. This corresponded to a prevalence of 9% in the population of South-West region in Sweden. 89 percent (123,524 patients) of the total sample were diagnosed with major depressive disorder (F32) followed by recurrent depressive disorder (F33) at 14% (19,944 patients). Bipolar affective disorder (F31) was diagnosed in 5% of the patients (6932) and unspecified mood (affective) disorder (F39) was diagnosed in 4% of the patients (5,431). The prevalence of the different diagnoses were 8 percent for depressive episode, 1 percent for recurrent depressive disorder, 0.5 percent for bipolar affective disorder, 0.4% for unspecified mood (affective) disorder. **CONCLUSIONS:** Depressive episode was by far the most common of the affective disorders diagnosed, with a prevalence of 8 percent. a question remains whether the prevalence for bipolar is underestimated as this study found it to be 0.5%. The expected prevalence for bipolar disorder is 1 percent of the population. One plausible explanation could be that bipolar patients are classified with other codes than F31 in the South-West region of Sweden.

PMH67

FACTORS ASSOCIATED WITH ANTIPSYCHOTICS USE AMONG COMMUNITY-DWELLING OLDER PERSONS WITH DEMENTIA

Rhee Y[1], Shega J[2], Csernansky J[1]

[1]Northwestern University, Chicago, IL, USA; [2]University of Chicago, Chicago, IL, USA

OBJECTIVES: Despite the use of antipsychotics to treat dementia patients, the efficacy of the treatment is not well established. We examine factors associated with antipsychotics use among community-dwelling older persons with dementia. **METHODS:** We used data from The Aging, Demographics, and Memory Study (ADAMS) to assess dementia severity and service use from 2002 to 2004. We used logistic regressions to identify factors associated with antipsychotic use; N = 307. **RESULTS:** Among older persons with dementia living in community (weighted sample = 207,544), 7.8% (weighted sample = 16,272) took any antipsychotic medications; 69.1% were female, 70.7% were white, and 21.8% were African American. The average age was 85 years. Physical functions were measured by the number of ADL (average. 2.9) and number of IADL (mean 3.6). The most frequent primary diagnoses were Alzheimer's disease (74.3%), vascular dementia (16.0%) and other dementia (9.8%).The most frequently prescribed antipsychotics were: risperidone (58.0%), quetiapine (15.4%), and haloperidol (7.7%). Of those taking an antipsychotic, 86.0% were diagnosed with Alzheimer's dementia. We used the Neuropsychiatry Inventory (NPI) for behavior problems (delusions, hallucinations, agitation/aggression, depression, apathy, elation, anxiety, disinhibition, irritability/lability, and aberrant motor behavior). We evaluated severity of dementia using the Clinical Dementia Rating Scale (CDR).Community-dwelling older persons with dementia are significantly more likely to receive antipsychotics if they were agitated (OR = 3.4, $P < 0.05$), had disinhibition (OR = 4.6, $P < 0.05$), or had greater dementia severity (OR = 1.9, $P < 0.01$). Also, Medicaid recipients were significantly more likely to receive antipsychotic medications (OR = 5.4, $P < 0.01$). Participants were significantly less likely to be medicated with antipsychotics if they had vascular dementia (OR = 0.09, $P < 0.05$) or the caregivers were clinically depressed (OR = 0.2, $P < 0.05$). **CONCLUSIONS:** Community-dwelling older persons with dementia are more likely to receive antipsychotics if caregivers report behavior problems, the dementia is more advanced, and the patient has Medicaid coverage. Persons with vascular dementia are less likely to be treated with antipsychotics.

PMH68

TREATMENT DISCONTINUATION IN A LOCAL MENTAL HEALTH CARE SYSTEM IN GERMANY FROM THE PATIENTS' AND HEALTH CARE PROVIDERS' PERSPECTIVE

Pueschner F[1], Diewald V[2], Schoul A[3], Fleischmann J[1]

[1]Janssen-Cilag Germany, Neuss, Germany; [2]Rhein Kreis Neuss, Neuss, Germany; [3]YouGovPsychonomics, Cologne, Germany

OBJECTIVES: Treatment discontinuation in psychiatric care is a major cause for the deterioration of mental health problems. This study assessed reasons for treatment discontinuation of patients suffering from schizophrenia or depression in a local mental health care system in Germany. **METHODS:** A retrospective survey was performed to assess how coordination of care through mental health care providers in the Rhein-Kreis-Neuss region (Germany) is organized. Within this survey reasons for treatment discontinuation were explored from the perspective of providers and patients. 88 providers of care (60 institutions) and 30 patients diagnosed with schizophrenia and 17 patients diagnosed with major depression were interviewed using in-depth face-to-face interviews. Additionally providers were qualitatively interviewed on strategies to prevent discontinuations. **RESULTS:** Providers were asked to rank pre-specified reasons for treatment discontinuation according to their occurrence (often, occasionally, seldom, never). 38.8 % ranked non-adherence to medication as often, 38.1 % waiting times for next treatment. 25.6 % identified problems in the patient's social environment as being often a reason for treatment discontinuation, 23.7 % mentioned revolving doors effects, 19.3 % resistance to therapy and 12.3 % lack of communication between providers. Patients diagnosed with schizophrenia (mean age 45 years; mean duration of illness 16 years) and depression (mean age 45 years; mean duration of illness 13 years) indicated that they consider discontinuation or actually discontinue treatment when there is a lack of social integration or when there is no reaction of providers to articulated problems with treatments. In response to an open question on suggestions for improvement, providers recommended better cross-sectoral coordination, earlier start of treatment and early return to normal daily living as appropriate measures. **CONCLUSIONS:** From the subjective perspective of providers and patients a variety of causes seem to influence treatment discontinuation. More research into specific interventions to improve treatment adherence is needed.

PMH69

INFLUENCE OF WAITING TIME IN A LOCAL MENTAL HEALTH CARE SYSTEM IN GERMANY FOR CARE IN PATIENTS DIAGNOSED WITH SCHIZOPHRENIA OR DEPRESSION

Fleischmann J[1], Diewald V[2], Schoul A[3], Pueschner F[1]

[1]Janssen-Cilag Germany, Neuss, Germany; [2]Rhein Kreis Neuss, Neuss, Germany; [3]YouGovPsychonomics, Cologne, Germany

OBJECTIVES: To assess if patients suffering from schizophrenia or depression are affected by waiting times for the next treatment in a mental health care system in Germany. **METHODS:** Aa retrospective survey was performed to assess coordination of care through providers engaged in the care for patients with schizophrenia or major depression in the Rhein-Kreis-Neuss region (Germany). One parameter for evaluating quality of coordination is the occurrence of waiting times, emerging when patients are