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.

PMH8

RELATIVE EFFICACY AND TOLERABILITY OF VOROXETINE COMPARED WITH SELECTED ANTIDEPRESSANTS IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER WITH AN INADEQUATE RESPONSE TO PRIOR THERAPY

Diamant D, Painchaud C, Brignone M

OBJECTIVES: To assess relative efficacy and tolerability of voroxetine versus other antidepressants in patients with major depressive disorder (MDD) who experience inadequate response to treatment with other antidepressants (SSRIs) or selective-serotonin-norepinephrine reuptake inhibitors (SNRIs). METHODS: A systematic literature review identified 27 study clusters, three of which (REVIVE, Kasper 2013 and STAR*D) contributed to the relevant network for quantitative assessment. RESULTS: The remission rate and withdrawal rate due to adverse events (AEs) Switch treatments compared to voroxetine in the analysis were agomelatine, sertraline, venlafaxine XR, and bupropion SR, commonly used in clinical practice. Simple adjusted indirect comparisons using Bucher’s method were also conducted, in line with guidelines from EUnetHTA. RESULTS: Direct analysis of remission rates based on the REVIVE study showed voroxetine had a significantly higher remission rate (relative difference -11.0% [95% CI -19.4, -2.6] to agomelatine). Indirect comparisons revealed voroxetine had numerically higher remission rates than sertraline (relative difference -14.4% [95% CI -29.9, 11.1]), venlafaxine (relative difference -7.20% [95% CI -24.3, 9.9]), and bupropion (relative difference -10.76% [95% CI -27.8, 6.4]). Rate of withdrawals due to AE was numerically lower with voroxetine than agomelatine (relative difference 3.6%, [95% CI -1.1, 8.3]). Indirect comparison showed that withdrawal rates due to AE was numerically lower with voroxetine than sertraline (relative difference 12.1%, [95% CI -3, 21.2]), venlafaxine (relative difference 12.3%, [95% CI 0.8, 23.8]), and bupropion (relative difference 18.3%, [95% CI 6.4, 30.1]). CONCLUSIONS: The evidence supporting treatment strategies for patients with MDD with inadequate response to prior antidepressant therapy is limited. This study demonstrates that remission rates for voroxetine are numerically higher than other antidepressants widely used in clinical practice. Voroxetine is a well-tolerated treatment, showing statistically lower withdrawals due to AE in patients with MDD with an inadequate response to prior SSRI or SNRI monotherapy.

PMH9

MEASURING THE EFFECTS OF REFORMULATING OXYCONTIN ON OPiOid ABUSE IN 6 NATIONAL ABUSE SURVEILLANCE SYSTEMS IN THE US

Cipelan FM, Chilcoat H

OBJECTIVES: To assess the effects of the reformulation of OxyContin (ER0) with physiocochemical abuse-deterring properties that are intended to make tablets harder to crush, dissolve or chew on rates of abuse of ER0 compared to other opioids using a range of administrative systems at 3 reformulations. The reforms were 3.6% higher in 2009–2010 compared to 27 March 2013. Data from 6 surveillance systems were examined. 1) National Poison Data System (NPDS), 2) NARADs Poison Center (PC) Program, 3) NAVIPPRO ASI-MV System assessing individuals in substance abuse treatment, 4) RADARS Drug Diversion program using law enforcement officials’ surveillance, 5) doctor-shopping using the IMS prescription database, and 6) Spontaneous adverse event reports of fatalities to the Charleston County Medical Examiner’s Office. METHODS: The database search retrieved 11 953 citations, of which 27 randomized controlled trials from 54 publications met the inclusion criteria. The switch interventions assessed included: SSRIs, SNRIs and other non-SSRI/SNRI antidepressants such as monoamine oxidase inhibitors, tricyclic antidepressants, tetracyclic antidepressants, with a few studies comparing different antidepressants in switch therapy. The evidence varied in terms of: type of treatment, study duration (ranging from 2 weeks to 14 weeks), depression scale, sample size (< 100 to > 500 patients), prior suicide risk, and definition of inadequate response. Generally, the mean age of included patients was comparable (44 years to 48 years). Overall, few of the included studies were powered to detect differences. A1–A307 conclusions. A116 CONCLUSIONS: A comprehensive overview of switch studies assessing antidepressant monotherapies in prior SSRI/SNRI non-responding patients found an overall low strength of evidence for studies evaluating these monotherapies. Limited clinical data have been retrieved but given the possibility to perform further quantitative evaluations.

PMH11

PAROXETINE USE AND COGNITION IN ELDERLY NURSING HOME PATIENTS WITH DEPRESSION

Bailly V, Aparasu R, Chen H, Johnson M, Carnahan R, Chatterjee S

University of Houston, Houston, TX, USA, University 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 cognition and 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 from 2010. 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 SSRI/SNRI was the main variable. The propensity score 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 found no association in cognition with the use of paroxetine (β = 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?

Thunduk Sundكوم L, Bingefors R, Isacson D

University of Gävle, Gävle, Sweden, Upptäck University, Uppsala, Sweden

OBJECTIVES: To examine whether the use of antidepressants (ADs) is different as men as women. Concerning self-reported depression though, gender differences are not that distinct. Prescription of antidepressants (ADs) has increased considerably the past decades, especially for women. 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 (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, N06AA; 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.

PMH13

EXAMINING PREVALENCE, INCIDENCE AND MORTALITY RATES AMONG OPIOID-DEPENDENT PATIENTS IN THE U.S. NATIONWIDE POPULATION


1StatinMed Research, Plano, TX, USA, 2StatinMed Research, The University of Michigan, ME, USA, 3University of Arbor, MI, USA, 4City University of New York & StatinMed Research, New York, NY, USA