of children aged 5-17 years old was obtained from the Medical Expenditure Panel Survey (MEPS) for the year 2008. MEPS obtained information from parents about the health and sociodemographic characteristics of children. Logistic regression along with descriptive statistics was performed to explain racial and ethnic disparities among parent reported ADHD. Also, test for normality of residuals, homoscedasticity, goodness of fit and model specification were performed. All analysis was performed using STATA 11. **RESULTS:** Out of 6858 children between ages 5-17 years; parents reported ADHD for 633 (9.23%) children. Out of 6858 children 51% were female, 34% were whites and 43% had any public insurance. Hispanic (OR= 0.45 p=0.000) and Black (OR=0.77 p=0.025) parents were less likely to report ADHD than whites. Parents were more likely to report ADHD for Boys (OR=0.65 p=0.000), children with age more than 10 yrs (OR=1.85 p=0.000), with private (OR=1.37 p=0.013) and public insurance (OR=1.80 p=0.012) and from metropolitan statistical area (OR= 1.20 p=0.116). **CONCLUSIONS:** There are racial disparities among parent reported ADHD, whites are more likely to report ADHD than Hispanics and blacks. These differences continue to exist even after controlling for child's sociodemographic characteristics and other health related variables.

PMH56
FUNCTIONING AND QUALITY OF LIFE IN PATIENTS WITH BIPOLAR DISORDER: RESULTS FROM THE MULTINATIONAL LONGITUDINAL WAVE-BD STUDY

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OBJECTIVES: Individuals with bipolar disorder (BD) experience a high degree of impairment that affects aspects of daily life including autonomy, relationships and employment. The Wide AmbispectiVE study of the clinical management and burden of bipolar disorder (WAVE-bd) aimed to describe functioning and quality of life (QoL) in a multinational BD cohort. **METHODS:** Multinational, multicenter, non-interventional, cohort study of patients diagnosed with BD-I or BD-II with ≥1 mood episode in the preceding 12 months (retrospective data collection) followed by a minimum 9 months' prospective follow-up. Functioning was measured using the Functioning Assessment Short Test (FAST) tool (score range: 0-72, higher score indicates worse functionality, results presented from initial visit). QoL was measured with the EuroQoL-5D visual analogue scale (VAS) tool (score range: 0-100, higher score indicates better health), and the EQ-5D Index (score range: 0-1, higher score indicates better health) at every visit during the study. **RESULTS:** Overall, 2,896 patients were included in the analysis (1,989 BD-I, 907 BD-II). FAST total scores (mean±SD) for BD-I and BD–II patients, respectively, were 50.1±17.2 and 48.8±16.5. QoL fluctuated with disease phase; in BD-I patients the EQ-5D VAS scores (mean±SD) were 71.9±18.3 in hypomania, 70.4±18.7 in euthymia, 69.6±22.8 in mania, 56.5±18.5 in mixed episodes, and 53.5±22.0 in depression. In BD-II patients, EQ-5D VAS scores were 72.1±18.7 in hypomania, 70.0±17.8 in euthymia and 54.2±20.2 in depression. EQ-5D Index scores (mean±SD) reflected a similar trend (BD-I: hypomania 0.70±0.28, mania 0.67±0.29, mixed episodes 0.53±0.28, depression 0.49±0.29, euthymia 0.41±0.27; BD-II: hypomania 0.65±0.27, depression 0.46±0.27, euthymia 0.41±0.26). **CONCLUSIONS:** Patients with BD-I and BD-II experienced a high level of functional impairment compared to healthy individuals. QoL was similar in both BD-I and BD-II, and was lowest in patients experiencing depressive and mixed episodes, and highest in hypomanic episodes and euthymia.

PMH57
CROSS-COUNTRY COMPARISONS OF ADULTS WITH MAJOR DEPRESSIVE DISORDER

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OBJECTIVES: Major Depressive Disorder (MDD) has been cited as one of the leading causes of disabilities worldwide. This analysis seeks to explore the prevalence of MDD across select geographies and to compare the profile of sufferers. **METHODS:** Data were taken from the US, Brazil, and Japan 2011 National Health and Wellness Survey, a cross-sectional Internet-based survey representative of the adult population. Patients were classified as having MDD using the Patient Health Questionnaire (PHQ9). Health-related quality of life (HRQoL) was assessed with the SF-12 Health Survey (SF-12v2), and activity impairment was measured with the Work Productivity and Activity Impairment questionnaire (WPAI). Comparisons between patient groups were made with chi-square tests for categorical variables and ANOVA for continuous variables. **RESULTS:** Prevalence of MDD differs significantly across geographies, with Brazil having the highest percentage (9.8%, 13.5 M) followed by US (7.1%, 16.2 M) and Japan (4.7%, 5.0 M). In US and Brazil, MDD sufferers were more likely to be women than non-sufferers and were significantly younger (ps<0.05). Sufferers in US, Brazil, and Japan were more likely to experience insomnia/sleep difficulties and anxiety than non-sufferers (p<0.05). In each geography, MDD sufferers had a significantly lower mental QoL compared to the non-sufferer population, but the association was strongest in Japan (28.5 vs. 31.9 in the US vs. 35.4 in Brazil; p<0.05). In US, MDD sufferers reported greater work and activity impairment (42.0% and 51.3%, respectively vs. 12.2% and 18.2% for non-sufferers, respectively; ps<0.05). In all geographies, MDD sufferers had more ER visits in the past six months relative to non-sufferers (p<0.05) with the highest proportion in Brazil (35.8%). Hospitalization among MDD sufferers was also highest in Brazil (15.7%). **CONCLUSIONS:** Cross-country comparisons of MDD can provide insights to the magnitude of the problem and assess disease burden among these sufferers.

PMH58
IMPACT OF POSITIVE AND NEGATIVE SYMPTOMS AND COGNITIVE IMPAIRMENT ON HEALTH OUTCOMES AND HEALT CARE RESOURCE UTILIZATION IN EUROPEAN PATIENTS WITH SCHIZOPHRENIA

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OBJECTIVES: The aim of this study was to assess the impact of positive and negative symptoms and cognitive impairment (CI) on health-related quality of life (HRQOL), productivity loss and health care resource utilization (HCRU) in European patients with schizophrenia. **METHODS:** An analysis of patient and physician-reported data from the cross-sectional Adelphi Schizophrenia Disease-Specific-Programme was conducted. Subjects 18 years or older with ≥4 physician visits in the past year were selected (n=2411). Patient-reported HRQOL was assessed by the Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form (Q-LES-Q-SF), EQ-5D and EQ-5D Visual Analogue Scale (VAS) and work productivity via the Work Productivity Activity and Impairment (WPAI). HCRU included number of outpatient, emergency and inpatient visits and length of hospital stay (LOS). Analyses of outcomes and utilization by level and severity of physician-rated positive, negative and cognitive symptoms employed multivariate methods (linear, logistic, negative binomial, tobit and ordered probit regressions) with a backward selection process. Age, gender, ethnicity, home circumstances, employment, number of comorbidities, anxiety, depression, non-drug therapy, substance abuse, obesity and medication compliance served as covariates. **RESULTS:** Most patients were older, male, Caucasian, lived alone or with family and were unemployed. Positive symptoms (delusions, disordered thoughts) and negative symptoms (blunted affect, social withdrawal) were reported in 40-50% of the patients. Average severity scores for positive and negative symptoms were >40 (max. 100, higher scores are more severe). A total of 84% of patients suffered "mild" to "continuous or severe CI". Multivariate analysis showed that the presence and severity of negative symptoms decreased Q-LES-Q-SF and EQ-5D VAS scores. CI severity significantly predicted HRQOL measures, productivity loss in terms of decreased ability to do regular activities, outpatient, inpatient visits, LOS and non-drug therapy. **CONCLUSIONS:** CI was uniquely associated with patient functioning and HCRU. Pharmacological and non-pharmacological interventions targeted toward CIs may result in better functioning and lower HCRU.

PMH59
BURDEN OF DISEASE IN PATIENTS WITH DIAGNOSED DEPRESSION IN BRAZIL: RESULTS FROM 2011 NATIONAL HEALTH AND WELLNESS SURVEY (NHWS)

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OBJECTIVES: About 121 million people worldwide suffer from depression, and it is the fourth leading cause of disability, according to the World Health Organization. Cross-cultural studies have revealed that depressive disorders constitute a public health problem in most societies. This study is aimed to assess co-morbidity, quality of life (QOL), work/productivity loss, and medical resource utilization in patients diagnosed with depression in Brazil. **METHODS:** A total of 12,000 Individuals' (age 18+) self-reported data were collected from 2011 National Health and Wellness Survey (NHWS) in Brazil.. QOL was measured by the physical component score (PCS) and mental component score (MCS) of the Short Form-12 (SF-12). Loss of work/productivity was measured by the validated Work Productivity and Activity Impairment instrument. Medical resource utilization was measured by healthcare provider, emergency room visits and hospitalization in the past 6 months. **RESULTS:** Of the 12,000 respondents, 1,379 (10.8%) had been diagnosed with depression, predominantly women (67.5%). Highest proportion of depression diagnosed patients was found between those 18-34 years old (40.8%). Those diagnosed with depression reported more co-morbidities (anxiety 77.0%, headache 74.8%, sleep difficulties 59.1%, insomnia 56.65%, pain 47.2%, migraine 39.6%), lower mean scores of PCS (46.1 vs. 50.1) and MCS (35.8 vs. 48.3), more emergency room visits (42.4% vs. 19.3%), and more patients being hospitalized for any medical condition (19.7% vs. 8.6%) over the past 6 months compared to not diagnosed with depression group. Furthermore, patients diagnosed with depression reported greater overall work impairment (36.9% vs. 17.3%) and impairment in daily activity (44.5% vs. 18.3%) compared to patients not diagnosed with depression. All comparisons were statistically significant at p< 0.05. **CONCLUSIONS:** Results from the Brazil NHWS indicate patients diagnosed with depression suffer from impairment in QOL, work/ productivity loss, greater usage of health care resources and more co-morbidities. Findings indicate there is an unmet medical need in depressive patients in Brazil.

PMH60
HEALTH-RELATED QUALITY OF LIFE (HRQOL) AMONG SURVIVORS 8 MONTHS AND 3 YEARS AFTER SICHUAN 2008 EARTHQUAKE IN CHINA

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OBJECTIVES: To measure the impact of the catastrophic 2008 earthquake in the Sichuan province of China on HRQOL among survivors. **METHODS:** The study employed a two-wave longitudinal study of survivors 8 months and three years after the earthquake, using a probability cluster sample design stratified according to three levels of earthquake impact. Twelve shelters out of nine townships were selected during the first-wave sampling, which included three shelters out of three severely affected townships, six shelters out of three moderately affected townships, and three shelters out of three mildly affected townships. The study was restricted to individuals between 16 and 89 years of age. A total of 1617 survivors