to be statistically significant (odds ratio: 1.056; 95% CI: 0.669-1.665) between atypical and typical antidepressant users. Similar results were obtained in sensitivity analysis (odds ratio: 1.089; 95% CI: 0.775-1.530). CONCLUSIONS: Typical and atypical antidepressant drug use in an elderly Medicare population has similar risks of hip fracture.

PMH4 RISK OF FALLS AND FRACTURES IN OLDER ADULTS USING ATYPICAL ANTIPSYCHOTICS: A MULTIPLE PROPENSITY SCORE ADJUSTED RETROSPECTIVE COHORT STUDY
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OBJECTIVES: The objective of the study was to evaluate the risk of falls and fractures associated with use of risperidone, olanzapine and quetiapine among community-dwelling older adults in the US. METHODS: The study involved a multiple propensity score-adjusted retrospective cohort design and included older adults aged 50 years and above, who initiated prescriptions of risperidone, olanzapine or quetiapine between July 1, 2000 and June 30, 2008 using IMS LifeLink Health Plans Claims data. Patients were followed until hospitalization/emergency room (ER) visit for accidental fall/hip fracture, or the end of the study period, whichever occurred earlier. Propensity score-adjusted Cox proportional hazard regression model was used to evaluate the relative risk of falls or fractures. The covariates in the final model included maximum dose of antipsychotic therapy, and exposure to other psychotropic medications that increase the risk of falls or fractures. RESULTS: There were 12,145 (5,083 risperidone, 4,377 olanzapine and 2,685 quetiapine) new users of atypical antipsychotics. A total of 380 cases of falls or fractures with at least one hospitalization/ER visit following the use of antipsychotic agents were identified. The relative risk of falls for users of risperidone, olanzapine and quetiapine were 165 (2.65%), 109 (2.81%) and 106 (4.47%) respectively. After adjusting for propensity scores and other covariates, the Cox proportional hazard model showed that there was no statistically significant difference with use of risperidone (hazard ratio, HR-1.225, P<0.0460) or quetiapine (HR-1.36, P<0.08-1.53) compared to olanzapine in the risk of falls or fractures. CONCLUSIONS: The study found no significant difference across the individual atypical antipsychotics in the risk of falls or fractures in a large cohort of older adults. Future studies are required to evaluate the overall safety profiles of atypical antipsychotics in the above population.

PMH5 PSYCHIATRIC ADVERSE EFFECTS RELATED TO PRESCRIPTION OF METHYLPHENIDATE IN TAIWAN
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OBJECTIVES: Attention deficit hyperactivity disorder (ADHD) is a common psychiatric disorder of childhood, and the methylphenidate hydrochloride (MPH) is the most frequently and well-established prescribed pharmacotherapy for ADHD. Warnings by the United States Food and Drug Administration on psychiatric adverse effects have concerns for drug safety. Existing studies to date demonstrate that MPH’s safety of children with ADHD which get inconsistent results. The purpose was to evaluate the potential association between MPH treatment and the subsequent development of psychiatric disorders such as disruptive, anxiety, mood, learning, tic and substance-related disorders. METHODS: A retrospective cohort study was conducted. Study subjects selected were aged 6 to 18 years on the date of the first diagnosed for ADHD between 2001 and 2006. Patients were divided into 2 groups: ever- users MPH and not- using MPH. The authors conducted case- control matching on the propensity score to reduce selection bias. The Cox Proportional Hazards Model was used to assess the association of use of MPH with the subsequent risks of psychiatric events occurring. RESULTS: The results shows that the MPH group had a significantly higher hazard ratio (HR) of patients diagnosed with oppositional defiant disorder (ODD) (HR = 1.807, P < 0.001), conduct disorder (CD) (HR = 1.125, P = 0.0460), and anxiety disorders (AD) (HR = 1.921, P < 0.001). The MPH group had a significantly higher HR of ODD and CD and a significantly lower HR of LD in boys only. CONCLUSIONS: Our study found that MPH treatment is associated with a higher risk of development of oppositional defiant disorder, conduct disorder and anxiety disorders and a lower risk of learning disorders.

PMH6 DIFFERENTIAL RATES OF SIDE EFFECTS IN DEPRESSED ADULTS AND ADOLESCENTS BEING TREATED WITH ANTIPSYCHOTICS
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OBJECTIVES: Antidepressants are first line treatment of depression. Effectiveness may be compromised because of discontinuation, which is commonly associated with side effects. Using a national database of medical and pharmacy claims, we sought to identify and compare the prevalence of side effects in newly depressed adults and adolescents taking different classes of antidepressants. METHODS: A new-user design was implemented using 11 years of data to identify a retrospective cohort of newly depressed subjects on antidepressant monotherapy, defined as SSRI, SNRI, TCA, MAOI, bupropion, phenytoipazepine, or tetracyclic antidepressants. Rates of side effects (per 1,000 person-months of exposure) were calculated within each antidepressant group; relative risks were calculated (SSRI as referent group). Propensity-adjusted Cox Proportional Hazards regression was used to model the likelihood of side effects adjusted for demographic, clinical and treatment characteristics. RESULTS: A total of 40,017 patients had a new episode of depression and were on antidepressant monotherapy within 30 days of diagnosis [SSRI (66%), Bupropion (14%), SNRI (12%), other (8%)]. The most common side effects were headache (up to 16.8 per 1,000 person-months of therapy in adults, 17.6 per 1,000 in adolescents) and nausea (up to 7.2 per 1,000 in adults, 9.3 per 1,000 in adolescents). Relative to all other receiving SSRIs, those receiving SNRIs had higher risk of nausea (HR = 1.28, 95%CI =1.08-1.50), and of having one or more side effect of any type (HR =1.23, 95%CI =1.10-1.37). Adults taking bupropion were less likely to have sedation (HR =0.36, 95%CI =0.16-0.79). Adolescent receiving an SNRI were more likely to experience sedation compared to adolescents receiving an SSRI (HR = 3.14, 95%CI =1.91-5.08). CONCLUSIONS: Side effects detected in claims must be significant enough to be reported to the provider and medically coded, so these rates are underestimated. Nevertheless, the reported rates are nontrivial. Future work will account for side effects in the likelihood of discontinuation and associated reduced comparative effectiveness.

PMH7 LIKELIHOOD OF POTENTIAL DRUG-DRUG INTERACTIONS AMONG PERSONS INITIATING THERAPY WITH SELECTIVE SEROTONIN REUPTAKE INHIBITORS: EFFECT OF INITIAL SSR1 AND OTHER FACTORS
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OBJECTIVES: Selective Serotonin Reuptake Inhibitors (SSRIs) are the most frequently and well-established prescribed pharmacotherapy for ADHD. Antipsychotic use among dual eligible nursing home residents is a significant risk factor for fractures. This study examined the likelihood of potential SSRI-DDI using Poisson regression methods. RESULTS: A total of 12,306 adults met inclusion criteria. Using the compendia list of SSRI-DDI, 48.5-52.0% of subjects had at least one instance of co-prescribing with a potentially interacting drug(s) with SSRI. Compared to escitalopram users, citalopram (HR [Hazard Ratio] = 1.05, P<0.01), fluoxetine (HR =1.03, P<0.01), fluvoxamine (HR =1.17, P<0.01), and paroxetine (HR =1.05, P<0.01) users all demonstrated a higher likelihood of potential SSRI-DDI. Sertraline (HR =0.99, P<0.02) users demonstrated a similar likelihood of potential SSRI-DDI as escitalopram. Results were similar for the expert panel list of SSRI-DDI. CONCLUSIONS: SSRI-RIs are widely used, and co-prescribing with drugs with the potential to elicit SSRI-DDI may be more frequent than is often reported. Among SSRIs, escitalopram and sertraline are associated with a lower likelihood of being co-prescribed with a potentially interacting drug. Clinicians, pharmacists and patients should be aware of the potential for such interactions, and further study is needed to identify subsequent patient outcomes.

PMH8 EFFECT OF VARIOUS ANTIDEPRESSANT GROUPS ON BONE MINERAL DENSITY (BMD)
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OBJECTIVES: Research shows a significant association between low bone mineral density (BMD) and persons receiving antidepressant medication, with levels of BMD loss varying with the type of pharmacological agent used. This study compared the BMD of depressed patients on different groups of antidepressants. METHODS: One hundred forty four male and female depressed subjects between the ages of 25 – 70 years were recruited from the psychiatric clinics in Penang General Hospital and Penang Adventist Hospital. The groups of antidepressant medication included selective serotonin reuptake inhibitors (SSRI), tricyclic antidepressants (TCA) and other types of antidepressants (OTA). BMD was ascertained by measuring the derivative Z-score from the calcaneal bone of the heel using an Ultrasound bone densitometer by Furuno Electric. RESULTS: ANOVA found no significant differences in mean BMD across the different groups of antidepressants (p=0.055). CONCLUSIONS: This study finds no association between BMD loss and the type of antidepressant employed in a depressed Malaysian population.

PMH9 RISK OF DEATH IN DUAL ELIGIBLE NURSING HOME RESIDENTS USING ANTIPSYCHOTIC AGENTS
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OBJECTIVES: Antipsychotic use among dual eligible nursing home residents is a cost and safety concern. This study examined the comparative risk of death in dual eligible elderly nursing home residents using typical and atypical agents. METHODS: A retrospective cohort design matched on propensity score was used to examine the risk of death due to antipsychotic use among dual eligible nursing home residents using typical and atypical agents.