Mean persistence (days) was 219.7 for QTQ, 200.9 for OLZ, 194.8 for RIS, and 179.2 for typical antipsychotics. Kaplan-Meier survival curves for the typical antipsychotic group showed that hazards of therapy modification differed within 250 days of antipsychotic initiation compared with after 250 days of therapy. Extended Cox regression modeling indicated no significant differences between antipsychotics in hazards of therapy modification within 250 days of initiation. However, patients initiated on typical antipsychotics were 6.3 times more likely to modify therapy compared with those initiated on QTQ after 250 days of antipsychotic therapy (p < 0.0001).

CONCLUSIONS: Adherence and persistence were similar between atypical antipsychotic groups. The typical antipsychotic group, however, demonstrated lower adherence and a greater likelihood of modifying therapy than the quetiapine cohort.

PMH40

ATYPICAL ANTIPSYCHOTIC COMPLIANCE AND PERSISTENCE AND ASSOCIATED HEALTH CARE UTILIZATION IN THE TREATMENT OF SCHIZOPHRENIA

Sun SX1, Liu GG2, Zhao Z1

1Wägrets Health Services, Deerfield, IL, USA, 2University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

OBJECTIVES: To determine the compliance and persistence to atypical antipsychotics in the treatment of schizophrenia patients and associated health care utilization. METHODS: The study sample was based on NC Medicaid claims database. Patients were included if they had a diagnosis of schizophrenia (ICD-9 295.XX), received at least two antipsychotic prescriptions during the period after index date and were continuously enrolled in NC Medicaid Program during three month prior and one year post treatment periods. Medication possession ratio (MPR), persistence and associated health care utilization were measured as compliance measures. Both descriptive and multivariate model were conducted. RESULTS: A total of 450 patients were included. Mean age was 42.3 years. 52.4% were men and 33.1% were blacks. Adherent (0.8 ≤ MPR < 1.0) patients accounted for 34.8%, 45.3%, and 18.9% respectively. Approximately 42.4% of patients had medication use gap, and the average duration of continuous medication use was 229 days. Adherent patients had fewer hospital admissions and hospital days than nonadherent and over-adherent (MPR > 1.1) patients accounted for 34.8%, 45.3%, and 18.9% respectively. In terms of the risk of hospitalization, nonadherent patients were more likely to be hospitalized than adherent ones (OD: 1.694, 95% CI: 1.019–2.816). Patients with gaps in medication use had more hospital admissions and hospital days than those without gaps (1.1 vs. 0.64 admissions; 10.4 vs. 5.3 days). In terms of the risk of hospitalization, nonadherent patients were more likely to be hospitalized than adherent ones (OD: 1.694, 95% CI: 1.019–2.816). Patients with gaps in medication use were more likely to be hospitalized (OD: 2.589, 95% CI: 1.633–4.106) and had 11 more hospital days than those without a gap (p = 0.0275). Patients who stayed on medication longer were less likely to be admitted to hospitals (OD: 0.998, 95% CI: 0.997–0.999).

CONCLUSIONS: The results from this...