toms in chronic obstructive pulmonary disease (COPD) in India. A study was undertaken to determine the prevalence and risk factors of depression in the Indian COPD patients. METHODS: COPD was classified according to GOLD stages based on forced expiratory volume in one second (FEV1) in 126 stable patients. Depression was examined by administering the nine-item Hindi version of Patient Health Questionnaire (PHQ-9). Linear regression model was used to examine association between predictor variables and risk of depression with adjustment for age and sex. Cronbach alpha was calculated to assess internal consistency. RESULTS: Patients with stable COPD (n=126) were included in analysis. Depression was significantly associated with FEV1, respiratory symptoms, physical impairment and dyspnea were found to be potential predictors of depression in COPD patients. CONCLUSIONS: One-fifth of the patients with COPD had severe symptoms of related to depression, which was expected high prevalence of anxiety with the mean score being 11.4 (anxious). 35% were depressed with the mean score being 8.40 (borderline depressed). The mean EQ-5D utility score was 0.56 with 7% having a utility score that was worse than death. The mean SF-36 utility score was 0.55. The mean SF-36 physical component score was 44.25 and mental component score was 45.43, which is significantly reduced in this opiate replacement therapy cohort. HCV, gender and injecting drug use did not affect HRQOL but anxiety, depression and use of crack cocaine had a significant impact.

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PMH57
NATURALISTIC DISEASE MANAGEMENT STUDY OF PATIENTS WITH ALCOHOL DEPENDENCE IN THE PRIMARY CARE SETTING IN THE UNITED KINGDOM (STREAM)

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OBJECTIVES: To evaluate health-related quality of life (HRQL) and contributing factors in individuals receiving opiate replacement therapy. METHODS: This was a cross-sectional study of patients attending for methadone therapy in an inner city drug treatment centre. Dependent patients were included in the study and the Short Form-36 (SF-36), 36-Item General Health Questionnaire (GHQ), Social Readjustment Scale (SRRS) and Hamilton depression scales (HADs) were assessed, along with substance abuse via the Treatment Outcomes Profile (TOPs). Mean values, ranges and standard deviations were calculated and utility scores were derived. Analysis was performed using Spearman’s correlation and test to determine any significant correlations. RESULTS: A total of 115 patients were included. 72% were male and the mean age was 35 years. 63% were HCV-PCR positive and 49% admitted to using drugs in the past month. 57% of patients had high nicotine (anxiety with the mean score being 11.4 (anxious). 35% were depressed with the mean score being 8.40 (borderline depressed). The mean EQ-5D utility score was 0.56 with 7% having a utility score that was worse than death. The mean SF-36 utility score was 0.55. The mean SF-36 physical component score was 44.25 and mental component score was 45.43, which is significantly reduced in this opiate replacement therapy cohort. HCV, gender and injecting drug use did not affect HRQOL but anxiety, depression and use of crack cocaine had a significant impact.

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PMH58
ARE PUBLIC SUBSIDIES EFFECTIVE TO REDUCE HOSPITALIZATIONS

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OBJECTIVES: Elderly people facing dependence are exposed to the financial risk of long lasting care services. This risk is high for people facing cognitive, functional and behavioral problems. In the short-term, dependent elderly people face increased non-medical care expenditures. In the long-term, they face increased medical care expenditures, driven by extended hospital stays. In France, providing public financial assistance has been showed to improve dependent people’s access to non-medical care services. However, the long-term impact of public financial assistance on care trajectories has not been explored yet. Our study aims at determining whether financial assistance on non-medical care provision decreases hospital stays rates. METHODS: We run Fixed Effects Poison regression models using longitudinal data of 574 French patients diagnosed with Alzheimer’s disease. We use instrumental variables to reduce the presence of a potential endogeneity bias. RESULTS: We find that beneficiaries of home care subsidies have a 34% lower rate of hospitalization than non-beneficiaries. CONCLUSIONS: Providing public financial assistance is effective to reduce hospitalizations in Alzheimer’s disease.

PMH59
DEVELOPING AN INDIVIDUALIZED E-HEALTH DECISION SUPPORT SYSTEM FOR DEMENTIA TREATMENT AND CARE: THE FF7 EU-PROJECT E-HEALTH MONITOR SYSTEM

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OBJECTIVES: The increasing prevalence of dementia worldwide highlights the need for effective and individualized support systems for dementia treatment and care. Facing the reality of increasing internet usage as well as the large availability of digitalized information, there is a high potential for ehealth interventions. Therefore one purpose of this project is to provide a Personal eHealth Knowledge Space (PeKS)