

toms in chronic obstructive pulmonary disease (COPD) in India. A study was undertaken to investigate 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 (FEV<sub>1</sub>) in 126 stable patients. Depression was examined by administering the nine-item Hindi version of Patient Health Questionnaire-9 (PHQ-9). Linear regression model was used to examine association between predictor variables and risk of depression with adjustment of age and sex. Cronbach alpha was calculated to assess internal consistency of PHQ-9. **RESULTS:** Patients with stable COPD (n=126) were evaluated (73.8% male and 26.2% female). In the study population as whole, 33.3% patients showed moderate to severe depressive symptoms whereas 20.6% patients had major depressive disorder on PHQ-9 Scale. Educational and occupational status, body mass index, FEV<sub>1</sub>, 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 especially higher with severity of COPD. Hence, the patients with COPD should focus on management of these two conditions. Further, future studies should be conducted to assess the role of depression management and timely treatment of it in the patients with COPD.

#### PMH54

##### PATIENT FUNCTIONING IN GENERALIZED ANXIETY DISORDER SUBJECTS WITH PARTIAL RESPONSE TO PRIOR SSRI TREATMENT: THE EFFECT OF ADJUNCTIVE THERAPY WITH PREGABALIN IN DAILY MEDICAL PRACTICE

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**OBJECTIVES:** To analyze the effect of adding pregabalin or usual care (UC) on patient functioning in GAD subjects with partial response (PR) to previous SSRI course in daily medical practice. **METHODS:** Post-hoc analysis of patients with PR to SSRI monotherapy enrolled in a prospective 6-month naturalistic study. PR was defined as a Clinical Global Impression scale score > 3 and persistence of anxiety symptoms > 16 in the Hamilton-Anxiety scale. Two groups (based on psychiatrist judgment) were analyzed: adjunctive therapy (AT) with pregabalin (150-600 mg/day) to existing therapy; or usual care (switching to a different SSRI or adding another anxiolytic different than pregabalin). Patient functioning was assessed by mean of the disability WHO-DAS-II scale [range 0 (no disability) to 100 (completely unable)]. Changes in domains scale scores were compared at end-of-trial visit by a general linear model with covariates. **RESULTS:** Four-hundred-eighty-six newly prescribed pregabalin and 239 UC patients [mean (SD) HAM-A 26.7 (6.9) and CGI 4.1 (0.5)] were analyzed. AT with pregabalin was associated with significantly higher mean (95% CI) reductions vs. UC in all the domains of the WHO-DAS-II scale. Differences between groups were statistically significant (effect sizes were moderate): understanding and communication [-6.9(-9.8;-4.0), p<0.001], getting around [-5.2(-8.0;-2.8), p<0.001], self-care [-3.6(-5.5;-1.8), p<0.001], getting along with others [-5.0(-8.6;-1.3), p=0.007], household [-5.3(-9.6;-1.0), p=0.015], work activities [-6.5(-11.2;-1.8), p=0.007], and participation in society [-6.3(-9.7;-2.9), p<0.001]. The overall disability score was significantly more reduced in pregabalin group vs. UC: -21.7(-23.3;-20.1) vs. -15.3(-17.5;-13.1), p<0.001. Gender effect was negligible (no interaction) in all the dimensions analyzed except household functioning (higher reduction in women). **CONCLUSIONS:** In medical practice, GAD patients with partial response to prior course of a SSRI experienced greater and meaningful functioning improvements with adjunctive therapy with pregabalin in comparison with usual care. The effect of pregabalin was independent of patient gender except for household functioning.

#### PMH55

##### WORK IMPAIRMENT BURDEN OF ANXIETY AND DEPRESSION IN GERMANY

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**OBJECTIVES:** The effect of mental disorders on absenteeism in Germany has steadily increased. They are now the third-most common reason for sick leave after musculoskeletal and respiratory conditions. The aim of this study was to provide current estimates of the effect of anxiety and depression on both absenteeism and presenteeism in Germany. **METHODS:** Data from the German respondents (N=15,001) of the 2011 National Health and Wellness Survey were used in the analysis. Outcome measures included the Short Form-12v2 (mental and physical component summary [MCS and PCS] and health utility scores) and the Work Productivity and Activity Impairment questionnaire. Respondents who reported a diagnosis of anxiety and, separately, a diagnosis of depression were compared with respective matched controls (matched on demographic and health history variables using propensity score matching). **RESULTS:** A total of 904 (6.0%) respondents reported a diagnosis of anxiety (62.6% female, mean age=44.6 years) and 1574 (10.5%) respondents reported a diagnosis of depression (60.2% female; mean age=44.9 years). Compared with matched controls, respondents with anxiety reported significantly greater absenteeism (17.9% vs. 8.1%) and presenteeism (36.3% vs. 19.4%) (all p<.05). Similar findings were observed for depression (absenteeism: 17.3% vs. 7.6%; presenteeism: 36.1% vs. 17.1%; all p<.05). These findings translated to an incremental 60.7 and 61.1 days lost per year due to absenteeism alone for anxiety and depression, respectively. Respondents with anxiety and depression also reported significantly lower levels of health status compared with matched controls (anxiety: 33.0 vs. 45.7 and 43.5 vs. 46.6 for MCS and PCS, respectively, all p<.05; depression: 33.3 vs. 46.6 and 43.8 vs. 47.1 for MCS and PCS, respectively, all p<.05). **CONCLUSIONS:** Anxiety and depression were associated with significant work impairment along with reduced mental and physical health status in Germany. These results suggest greater awareness and early treatment could reduce the social and economic burden of these conditions.

#### PMH56

##### HEALTH-RELATED QUALITY OF LIFE OF PATIENTS ON OPIATE REPLACEMENT THERAPY

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**OBJECTIVES:** To evaluate health-related quality of life (HRQOL) 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. EQ-5D, SF-36, SF-6D, Hospital Anxiety Depression Scale (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 t-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 levels of anxiety with the mean score being 11.14 (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 the mean mental component score was 33.18. **CONCLUSIONS:** HRQOL was 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.

#### MENTAL HEALTH – Health Care Use & Policy Studies

#### 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:** Describe the management of alcohol dependence at general practitioner (GP) level. **METHODS:** STREAM is a non-interventional, 6-month prospective study of adult patients undergoing targeted alcohol screening during routine consultation by GPs throughout England and Scotland, for whom alcohol problems were either known or suspected on the basis of clinical signs or patient's report. Inclusion criteria were an AUDIT score >= 8 and consent. At baseline, diagnosis of dependence was made using the DSM-IV criteria and data were collected on socio-demographic characteristics, comorbidities, alcohol consumption with the timeline follow-back method, previous and current alcohol treatment, treatment goal (abstinence or reduction of alcohol consumption). The data were analyzed descriptively. **RESULTS:** A total of 218 patients screened positive and were included in 26 sites. A total of 79% of patients fulfilled the DSM-IV criteria for alcohol dependence; 74% were men, the mean age was 50 years and only 29% were working full or part-time. 40% of patients had a history of alcohol treatment (almost always counseling), 20% had a history of detoxification and 9% a history of pharmacological treatment. At inclusion, the proportion of patients with ongoing treatment for alcohol addiction was 28% and these patients were drinking in average 63 g/day compared to 89 g/d in untreated patients. Of those patients on treatment or about to initiate it, alcohol reduction was more frequently the treatment goal than abstinence (51% vs. 45%). **CONCLUSIONS:** Targeted screening is an effective way for GPs to identify patients with alcohol dependence opportunistically. Many such patients have a history of counseling but few have received pharmacological interventions. Only a minority of those with alcohol dependence have ever received any form of treatment. For the majority of those in treatment, alcohol reduction is the treatment goal of choice. Consumption levels in patients with dependence tend to be high, irrespective of treatment status.

#### 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 expenditures. 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 Poisson 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 FP7 EU-PROJECT E-HEALTH MONITOR (EHM)

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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)