Survey database. The study population included individuals above 18 years of age, suffering from depression (ICD-9-CM: 296). HQoL was assessed using SF-12 physical component summary (PCS) and mental component summary (MCS) scores. The significant predictors of HRQOL were identified using a multiple logistic regression model. SAS version 9.1 (SAS Institute, Cary, NC) was used for data analysis. RESULTS: 2917 individuals were identified. Depression impairments in both the domains of HQoL were found. Young adults (OR=0.198, 95%CI = 0.116-0.337) were significantly less likely of showing lower PCS scores as compared to older adults. Employed (OR=2.41, 95%CI = 1.78-3.25) and those reporting poorer perceived health (OR=1.62, 95%CI = 1.43-12.99) had significantly higher odds of showing lower PCS scores compared to employed, more educated individuals having a better perceived health status. Female age groups (23%) had the highest predictors of HQoL, followed by their known health conditions (21%). Employed (OR=1.38, 95%CI = 1.08-1.76), less educated (OR=1.31, 95%CI = 1.07-1.62) and individuals showing poorer mental health (OR=1.955, 95%CI = -2.27-4.24) and overall perceived health (OR=1.23, 95%CI = 1.52-2.50) were found in the study. This was observed in comparison to older, employed, more educated individuals reporting good overall health and mental health status. CONCLUSIONS: Sociodemographically disadvantaged people and people reporting lower perceived health status were more likely of showing lower PCS scores, if they were available in English, and there was at least one publication citing psychometric properties. Study instruments were evaluated based on: conceptual model, model- validity (type of disorder), practicality, depth (<15%), reliability (internal consistency and test-retest), construct validity (relevance and divergence or confirmatory factor analysis), and responsiveness. RESULTS: Six instruments were identified. Eating disorder quality of life (EDQLQ), eating disorder quality of life scale (EDQLS), health related quality of life in eating disorder and its abbreviated version (HeRQoLEd v2), Quality of life for eating disorders (QOL ED), and eating disorder well-being scale (EDWell) were developed for use in both genders. Lack of meeting study criteria may be attributed to missing data, e.g., test-retest reliability. None of the six instruments met all study criteria; however, EDQLQ and HeRQoLEdV2 met almost all study criteria. CONCLUSIONS: All eating disorder instruments reviewed were developed within the last 10 years with available data being inadequate to assess all scales. Similar to Tran et al, 2014, in the present study EDQLQ and HeRQoLEdV2 met most of the study criteria, in contrast, EDQLS was excluded from this list due to missing data. Study data supported individual level decision making only for the HeRQoLEdV2.

PMH52
THE EFFECT OF VOROTIXETINE ON FAMILY FUNCTIONING IN ADULTS WITH MAJOR DEPRESSIVE DISORDER
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OBJECTIVES: Eating disorders are psychological conditions characterized by disturbed eating habits affecting approximately 30% of teen girls with significant effects on their health related quality of life (HRQoL). The objective of this study was to compare and contrast psychometric properties of eating disorder specific HRQOL instruments. METHODS: Six instruments were included in this study: HeRQoLEd, EDQLQ, HeRQoL, HRQL, instruments in teens/adults supported by construct validity data, with most scales supporting consistency and test-retest), construct validity (convergent and divergent or confirmatory factor analysis), and responsiveness. RESULTS: Six instruments were identified. Eating disorder quality of life (EDQLQ), eating disorder quality of life scale (EDQLS), health related quality of life in eating disorder and its abbreviated version (HeRQoLEd V2), Quality of life for eating disorders (QOL ED), and eating disorder well-being scale (EDWell) were developed for use in both genders. Lack of meeting study criteria may be attributed to missing data, e.g., test-retest reliability. None of the six instruments met all study criteria; however, EDQLQ and HeRQoLEdV2 met almost all study criteria. CONCLUSIONS: All eating disorder instruments reviewed were developed within the last 10 years with available data being inadequate to assess all scales. Similar to Tran et al, 2014, in the present study EDQLQ and HeRQoLEdV2 met most of the study criteria, in contrast, EDQLS was excluded from this list due to missing data. Study data supported individual level decision making only for the HeRQoLEdV2.

PMH53
PSYCHOTRIC TREATMENTS AND QUALITY OF LIFE IN SCHIZOPHRENIA PATIENTS
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OBJECTIVES: The aim of this review was to evaluate the quality of life at tertiary care hospital to find the clinical evaluations with particular identification and quality of life in schizophrenia patients. Patients visiting the psychiatry clinic were screened for psychological problems using a standardized 60-itemnaire and patients with history of psychiatry problems over a period of years. METHODS: It was a possible observational study for 6 months in a hospital. The study enrolled 150 in-patients and out-patients with Schizophrenia. Patients were included in the study who met addition criteria after informed consent (of patient or his/her legal guardian), and after obtaining permission. Patient history, principal symptoms, physical examination and computed tomography scan information were taken as the pretreatment evaluation. Antipsychotic drugs (Chlorpromazine and Haloperidol). The DFFS total score was observed from baseline to week 8 (-10.8±0.7 (vortioxetine) and -7.9±0.7 (agomelatine) was used in this study. The quality of life was analyzed. RESULTS: A study was conducted to search the clinical profile, patient behavioural symptoms of drugs used among schizophrenia patients. A major number of patients who visited the hospital were diagnosed with different psychotic disorders. Among patients who were diagnosed with schizophrenia, 52% were males and 48% were females. Major factors were found to be family history (43%), alcohol (15%), thyroid disorders (7%), family problems (7%), and post menopausal problems (1%). Symptoms shown by the patients were abnormal behaviour (75%), smiling to self (15%), talking to self (29%), hallucinations (39%), aggressive (5%), sleeplessness (42%). Most common people affected were between 20-25 age groups (23%). CONCLUSIONS: It was concluded that patients were recovered through the treatment using Chlorpromazine and Haloperidol. Electro convulsive therapy through supportive treatment was used to improve the quality of life of the patients.

Mental Health - Health Care Use & Policy Studies
PMH54
THE ASSOCIATION OF VALUE-BASED BENEFIT DESIGN AND BEHAVIORAL HEALTH MEDICATION USAGE
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OBJECTIVES: To measure the impact of reduced copay intervention on medication usage, healthcare utilization and costs, and health status. METHODS: A self-Insured global healthcare company followed 529 insured members with anxiety and/or depression to determine the impact of waived pharmacy copays for anxiety and depression medications. The primary outcome was change in inpatient and outpatient prescription drug expenditures (PMR). Secondary outcomes included initiation of medication, healthcare utilization, medical/pharmacy costs, and percentage of generic medication. A repeated-measures multivariable model was utilized to measure intervention impact, adjusting for age, gender, number of prescriptions, and comorbidity index. RESULTS: Unadjusted analysis showed the copay intervention group was significantly more likely to start a new medication (31.4% vs. 29.5%, p = 0.033) and more likely to fill a generic medication (68.2% vs. 59.6%, p = 0.004) compared to the control group. Healthcare utilization was similar pre-post intervention. Multivariable adjusted analysis revealed a 4.5% increase in MPR after the intervention (OR=1.78, 95%CI = 1.20-1.78). CONCLUSIONS: A reduced copay for depression and/or anxiety medications was associated with increased medication initiation and adherence. This value-based benefit design could be expanded with additional follow-up to measure longer-term trends and with other medications to assess similar impact.

PMH55
META-REVIEW OF FINDINGS IN EXISTING LITERATURE REVIEWS COVERING BEHAVIORAL HEALTH-PHYSICAL HEALTH INTEGRATION STUDIES
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OBJECTIVES: This metareview identifies the common elements associated with published behavioral health-physical health (BH-PH) collaboration/integration strategies for managing comorbid conditions. METHODS: PubMed, Cochran Library, and the Academy (AHRQ) were searched using keywords “review” or “meta-analysis” and any combination of: “collaboration,” “integrated,” “behavioral,” “mental,” “primary care,” “general practice,” “depression,” “schizophrenia,” “bipolar,” “panic,” “anxiety,” “alcohol,” and “substance abuse.” RESULTS: The search identified 110 systematic reviews and/or meta-analyses covering BH-PH collaboration/integration strategies, referencing almost 3,000 studies. Most studies addressed integration of BH services into primary care (PC) or BH settings. Provider integration strategies usually included a psychiatrist or clinical psychologist available for PC consultation, but also therapists, BH-trained clinical nurses, social workers, care managers, and/or community health workers. The DFFS total score was observed from baseline to week 8 (-10.8±0.7 (vortioxetine) and -7.9±0.7 (agomelatine) was used in this study. The quality of life was analyzed. RESULTS: A study was conducted to search the clinical profile, patient behavioural symptoms of drugs used among schizophrenia patients. A major number of patients who visited the hospital were diagnosed with different psychotic disorders. Among patients who were diagnosed with schizophrenia, 52% were males and 48% were females. Major factors were found to be family history (43%), alcohol (15%), thyroid disorders (7%), family problems (7%), and post menopausal problems (1%). Symptoms shown by the patients were abnormal behaviour (75%), smiling to self (15%), talking to self (29%), hallucinations (39%), aggressive (5%), sleeplessness (42%). Most common people affected were between 20-25 age groups (23%). CONCLUSIONS: It was concluded that patients were recovered through the treatment using Chlorpromazine and Haloperidol. Electro convulsive therapy through supportive treatment was used to improve the quality of life of the patients.