that stabilizes the disease and reduces hospitalizations will help patients and payers as well.

**PMH44**

**THE PREDICTIVE VALIDITY OF DIFFERENT ADHERENCE MEASURES USING ADMINISTRATIVE CLAIMS DATA**

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**OBJECTIVES:** To determine the predictive validity of eight different adherence measures by studying the variability explained between each measure and two outcome measures: hospitalization episodes and total non-pharmacy cost. **METHODS:** This study was a retrospective analysis of the Arkansas Medicaid administrative claims data. Schizophrenia (ICD-9-CM = 295.3x) patients were identified in the recruitment period July 2000 through April 2004. Patients had to be >18 years old, have prescription benefits, and continuously eligible for 6 months prior and 24 months after their first antipsychotic prescription. Persons taking two different antipsychotic drug products simultaneously were excluded. Medication Possession Ratio (MPR), Proportion Of Days Covered (PDC), Medication Possession Ratio, modified (MPRm), Refill Compliance Rate (RCR), Compliance Ratio (CR), Continuous Measure of Medication Gaps (CMG), Days Between Fills Adherence Rate (DBR), and Continuous, Single Interval Measure of Medication Acquisition (CSA) were computed and modeled to predict hospitalizations and non-pharmacy costs. **RESULTS:** A total of 3971 patients with a mean age 46.5 years, 54% were female, 55% were white, and 38% were black. The one-year adherence rates were numerically similar for MPR (0.74 SD = 0.31) and PDC (0.72, SD = 0.29). Other measures such as MPR

**PMH45**

**SOCIODEMOGRAPHIC AND CLINICAL CORRELATES OF UTILITY SCORES IN ALZHEIMER'S DISEASE**

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**OBJECTIVES:** The pharmaco-economic evaluation of treatment for Alzheimer's Disease (AD) has relied on general measures of utilities that have been validated in general populations. There has been little study of the relationship between disease specific measures of health status, functional capacity and quality of life in AD and measures of Quality Adjusted Life Years (QALYs), the outcome of primary interest in pharmaco-economic assessments. **METHODS:** Follow-up data were obtained from caregiver proxy raters at 3, 6, and 9 months concerning 421 patients with early stage Alzheimer's Disease, living with at least one caregiver in a non-institutional setting, who participated in the CATIE AD trial of antipsychotic medication for psychosis or aggression due to AD. Multiple regression models were used to examine the relationship between change in the Health Utilities Index (HUI)—Mark III, and a broad range of socio-demographic characteristics, psychiatric symptoms, cognitive performance, activities of daily living, and AD-related quality of life—to determine the measures that were most strongly related to QALYs and the power of clinical measures to predict utility scores. **RESULTS:** Analysis of correlates of change in utilities scores from baseline showed weak bivariate and for the most part, non-significant multivariate relationships between change in health utility scores and measures of socio-demographic characteristics, psychiatric symptoms, and cognitive performance. However, there were highly significant associations between decreases in health utilities and change two scales: the AD Cooperative Study Scale for Activities of Daily Living (ADCS-ADL) and AD-Related Quality of Life (AD-RQoL) (both p < 0.001). The total R-squared was 17%. CONCLUSION: Only weak relationships were found between changes in a standard measure of health utilities and socio-demographic and clinical indicators. The presence of significant cognitive impairment and the need to rely on proxy raters may limit the validity of utility measurement in AD.

**PMH46**

**NOVEL USE OF A TELEPHONE BASED INTERACTIVE VOICE RESPONSE SYSTEM TO IMPROVE DATA COLLECTION**

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**OBJECTIVES:** To investigate whether electronic memory aids and IVR verbal numeric scales improve the quality of data collection methods. To evaluate whether perceptions of clinical change reported directly by the patient is enhanced by the use of a novel telephone based interactive voice response system. **METHODS:** A total of 137 patients from a multi-site, double-blind, placebo controlled study were administered the IVR PGI-I and the Memory Enhanced Retrospective Evaluation (MERET) over a 4-week period. Effect sizes using these approaches were determined and compared to determine any differences. In addition, we investigated whether dosage level predicted a more rapid onset of action. **RESULTS:** At 2 and 4 weeks the point estimates for both IVR PGI-I and MERET were 2.68 and 3.24 (p = 0.035) and 2.5 and 3.21 (p = 0.015), respectively. Overall, the effect size for the PGI-I was 0.526 compared to 0.612 for MERET. For the subjects in the higher dose group, there were significant improvements reported by the patient at 1 day for shoulder (p = 0.008) and back pain (p = 0.01). Significant differences were also found at day 3 for pain while awake (p = 0.03), day 5 for Global emotional improvement (p = 0.03), and day 7 and Global physical improvement (p = 0.04) at day 7. No other significant differences were found. **CONCLUSION:** The use of an electronic memory aid produced a 16.3% larger drug-placebo treatment effect size compared to the standard PGI-I. MERET ratings increased the patients’ perception on the effectiveness of active drug treatment with minimal influence of the placebo effect. In this study, the higher dose had an earlier onset of efficacy for both physical and emotional symptoms. The daily IVR reporting of this data allowed detection of a rapid onset of action.

**PMH47**

**THE EFFECTS OF PATIENT TYPE ON PHYSICAL AND MENTAL HEALTH OF CAREGIVERS IN FRANCE, GERMANY, ITALY, SPAIN AND THE UNITED KINGDOM**

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**OBJECTIVES:** To assess the effects of caring for adult patients with chronic conditions on the physical and mental health of caregivers. **METHODS:** This analysis was based on data from...