**PMH5**

**ADHERENCE TO ANTIDEPRESSANTS IS ASSOCIATED WITH LOWER MORTALITY: A FOUR-YEAR POPULATION-BASED COHORT STUDY**

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**OBJECTIVES:** Despite the growing use of antidepressants (AD) and the potential grave consequences of inadequate treatment, little is known about the impact of adherence to AD on mortality in the general population. This study aimed to evaluate the association between adherence to AD and all-cause mortality in a population-based cohort.

**METHODS:** Data were extracted from the electronic medical database of the largest health provider in Israel, covering 53% of Israel’s population, and a total of 251,746 patients were included who had purchased AD at least once and were older than 40 years of age, between 2008-2011. Adherence was measured as mean possession ratio (duration of supplied AD divided by duration of therapy). This was modeled in a Kaplan-Meier model. Cox proportional hazards regression models were used to model the association between adherence and mortality.

**RESULTS:** The poor, moderate, and high adherence groups had adjusted mortality hazard ratios of 0.93 (95% Confidence Interval [CI]: 0.89 to 0.97), 0.83 (95% CI: 0.79 to 0.86) and 0.88 (95% CI: 0.85 to 0.91), respectively, with corresponding p-values <0.001 for all comparisons, compared to the non-adherent group. **CONCLUSIONS:** Adherence to AD, even at low levels, is associated with a corresponding decrease in the risk of mortality, controlling for relevant covariates. Physicians from all disciplines should actively improve their patients’ adherence to AD since their persistent use is associated with increased survival.

**PMH6**

**FINDINGS OF A RETROSPECTIVE STUDY ON FACTORS RESPONSIBLE FOR DEPRESSION IN INDIA**

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**OBJECTIVES:** Depression is a leading cause of morbidity and disability worldwide. The factors responsible for the prevalence of depression vary across countries and cultures. This study was aimed to provide data on the prevalence of depression and the possible risk factors responsible for its prevalence in Haryana State, India.

**METHODS:** A retrospective evaluation of the medical records was carried out at the psychiatric units of three different district government hospitals from September 2010 till August 2013. The data was analyzed by using the statistical software, SPSS version 13.**

**RESULTS:** The medical records of a total of 4512 patients with a confirmed diagnosis of depression were evaluated. The prevalence of depression was 0.71%. This study demonstrated that the risk of depression was significantly higher in females, with a majority of patients with depression being aged between 15-40 years. The mean duration of illness was 5 ± 2 years. The most frequent comorbidities noted were major depression 64%, bipolar disorder 23%, and anxiety disorders 13%.

**CONCLUSIONS: Overall, the findings demonstrated a high rate of depression among people of low socioeconomic status and aged patients with medical complications.

**PMH7**

**EVALUATION OF DISEASE OUTCOMES IN SCHIZOPHRENIA: RESULTS FROM THE “COHORT FOR THE GENERAL STUDY OF SCHIZOPHRENIA (COGS)” WITH 3 YEARS OF FOLLOW-UP**

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**OBJECTIVES:** To describe the evolution and effect of prognostic factors on psychiatric hospitalization rates in schizophrenia patients over 3 years using the Cohort for the General Study of Schizophrenia (COGS), a cohort established to provide a better understanding of schizophrenia outcomes and epidemiology in France.

**METHODS:** Between 2005-2011, 96 psychiatric centers recruited 1,388 patients meeting the following criteria: aged 15-65 years, DSM-IV criteria for schizophrenia, and treated in an outpatient or hospitalized setting ≥ 3 months. Data on sociodemographics, body mass index (BMI), comorbidities, psychiatric treatments, disease severity as per Clinical Global Impression (CGI) scores, Brief Psychiatric Rating Scale, Global Assessment of Functioning scale, suicidality risk and suicide were collected at baseline and semi-annually. Failure to reach the effect of lurasidone was evaluated yearly and over 3 years of follow-up. **RESULTS:** At cohort entry, mean age was 38.7 years, 68.9% were men, average maximum CGI score was 5.8, and 46.1% were hospitalizations. The mean CGI score was 4.9 during the Sheehan Disability Scale (SDS) validated patient-reported outcome measure assessing functioning in terms of work/school, family, and social life. The mean change in SDS total score from baseline to study endpoint was -10.4 (SD = 7.4) in the lurasidone group and -7.1 (SD = 8.7) in the placebo group. A greater percentage of participants on lurasidone achieved functional remission in comparison to placebo (40.9% vs. 25.5%, p=0.01).

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**PMH8**

**USE OF DEMENTIA ASSOCIATED WITH THE USE OF PAROXETINE AMONG THE ELDERLY NURSING HOME PATIENTS WITH DEPRESSION**

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**OBJECTIVES:** According to 2013 American Geriatrics Society Updated Beers Criteria, paroxetine has strong anticholinergic properties than other Selective Serotonin Reuptake Inhibitors (SSRIs). Such anticholinergic effects may lead to adverse cog- nitive effects on elderly nursing home residents. Furthermore, paroxetine is one of the most frequently prescribed AD. Methods: A retrospective cohort study was conducted using 2007-2010 Medicare claims data, and included nursing home residents > 65 years with depression. The study focused on incident SSRI users who did not have dementia in 2007 (baseline). Patients were included if they had continuous coverage for Medicare Parts A, B and D and no HMO coverage during the one year baseline and 2 years of follow up or until death. The primary outcome of this study was time to dementia diagnosis. SSRIs were classified as paroxetine and others. Cox proportional hazards regression was conducted to evaluate the risk of dementia with the use of paroxetine versus other SSRIs. **METHODS:** A retrospective cohort study was conducted using 2007-2010 Medicare claims data, and included nursing home residents > 65 years with depression. The study focused on incident SSRI users who did not have dementia in 2007 (baseline). Patients were included if they had continuous coverage for Medicare Parts A, B and D and no HMO coverage during the one year baseline and 2 years of follow up or until death. The primary outcome of this study was time to dementia diagnosis. SSRIs were classified as paroxetine and others. Cox proportional hazards regression was conducted to evaluate the risk of dementia with the use of paroxetine versus other SSRIs. **RESULTS:** The study cohort consisted of 19,050 elderly nursing home residents with depression. Among these patients, 1,716 (9.1%) received paroxetine and 17,334 (90.9%) received others. Since proportional-hazard assumption was violated, the extended Cox hazard model using the time-varying covariates was used to estimate the extended model revealed that paroxetine users had 66% [Hazards Ratio, HR, 1.66; 95% Confidence Interval (CI), 1.03-2.67] higher risk for dementia than other SSRIs users after 390 days of treatment. However, the dementia risk did not vary within 380 days of SSRIs use. Other factors positively associated with dementia risk were age, male gender, and non-White race. **CONCLUSIONS:** Paroxetine use was associated with a time-varying increase in risk of dementia among depressed elderly nursing home residents. There is a need to optimize anticholinergic medication use in this population as depression is an independent risk factor for dementia.

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**PMH9**

**THE EFFECT OF LURASIDONE ON FUNCTIONAL REMISSION AMONG PATIENTS WITH BIPOLAR DEPRESSION**


**OBJECTIVES:** Bipolar depression is characterized by depressive symptoms and impairment in many areas of functioning, including work, family, and social life.

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**VALUE IN HEALTH 17 (2014) A1-A295**