SF-36 AND EQ-5D QUALITY OF LIFE INSTRUMENTS IN MAJOR DEPRESSIVE DISORDER PATIENTS: COMPARISONS OF TWO DIFFERENT TREATMENT OPTIONS

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OBJECTIVES: To assess the correlation between the two QoL instruments (SF-36, EQ-5D) and the scores of these instruments to HAM-D scores in patients with major depressive disorder (DSM-IV) during 6 week treatment period. Another aim was to compare the efficacy and safety of citalopram treatments in major depressive disorder. METHODS: Seventy-four patients older than 18 years were recruited and randomly assigned to receive citalopram (37) or S-citalopram (37) at 3 psychiatric units. Socio-demographic characteristics of the patients and the HAM-D, SF-36 and EQ-5D scales were collected before and at 2, 4, and 6 weeks after the treatment. At the end of the study patient and physicians were asked to evaluate the treatments with verbal score. RESULTS: All patients completed the 6 week observation period. There was not any significant difference between both treatments for all measured parameters at any time point. The mean HAM-D and EQ-5D utility score for all patients at baseline were 23.5 (±0.77) and 0.44 (±0.035) and improved to 5.0 (±0.51) and 0.91 (±0.015) at the end of the trial (6. week), respectively. HAM-D were found to be well correlated with EQ-5D (r = 0.77) and with the mental health measures of SF-36; vitality (VT) (r = 0.79), social functioning (SF) (r = 0.70), role emotional (RE) (r = 0.59) and mental health (MH) (r = 0.78) subscales. The correlation between EQ-5D utility values and SF-36 subscales indicated that mental health measures; VT (r = 0.76), SF (r = 0.71), RE (r = 0.63) and MH (r = 0.76) have better correlation coefficient than physical health measures Correlation between utility and VAS scores for EQ-5D was 0.79. CONCLUSION: Both of the instruments are measuring the QoL and are well correlated with the HAM-D scores. However since EQ-5D has advantages (simple, easy and fast completion) it may be introduced even in daily practice for assessment of the QoL in major depression patients, efficiently.

MENTAL HEALTH—Patient Reported Outcomes

PMH51
ADHERENCE OF ALZHEIMER PATIENTS TO ANTIDEMENTIA DRUGS

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OBJECTIVES: Cholinesterase inhibitors and the NMDA-receptor modulator memantine present the first-line pharmacotherapy for Alzheimer’s disease, the most common type of dementia. Effective and safe therapy requires drug administration in a particular dose regimen, at specified times, and for a specific period of time. The present study sets out to assess the adherence of ambulatory Alzheimer patients to antidementia drugs by means of electronic monitoring. METHODS: Adherence was prospectively measured using MEMS (medication event monitoring system). MEMS presents a medication container with a microprocessor in the lid that records the date and time of every opening. The study design comprises a one month run-in phase followed by a main phase lasting six months. Percentage of days with correctly administered doses of medication (daily adherence) in the main phase, and number of patients with at least one monthly (30 day period) daily adherence less than 80% were defined as main outcome measures. RESULTS: Adherence was assessed in 16 patients (11 taking a once daily medication, 5 a twice daily). Patients were prescribed one of the following drugs: donepezil (n = 7), galantamine (n = 4), memantine (n = 4), rivastigmine (n = 1). Daily adherence in main phase varied from 48.3% to 99.4% (mean = 90.5%, median = 93.6%, SD = 12.4%). A total of 5/16 patients (31%) had at least one monthly adherence less than 80%. CONCLUSION: In general, the study revealed a good medication taking behaviour with one non-adherent day out of ten on average. Nevertheless, several individuals exhibited major discrepancies that may potentially endanger therapeutic goals. In a next step, another cohort of patients and their caregivers will receive a pharmaceutical care intervention including MEMS data feedback which might help to optimize adherence.

A BELGIAN PILOT PROJECT TESTING THE FEASIBILITY AND ACCEPTABILITY OF SHORT MESSAGE SERVICE (SMS) TEXT MESSAGING TO PATIENTS TREATED WITH QUETIAPINE

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OBJECTIVES: To investigate the feasibility, and patient/psychiatrist acceptability, of sending medication reminders and well-being questions to patients receiving quetiapine via SMS-messages. METHODS: This study was conducted by 7 Belgian psychiatrists in outpatients receiving quetiapine according to local label and considered capable of using their cellular-phone and sending SMS-messaging. Twenty-seven outpatient (11 male; 16 female, mean age: 35.3 years) were followed for 8 to 12 weeks in this psychiatrist assessed, pilot-study. Patients received SMS-messages twice daily to remind them to take their medication and enquire about their well-being, fun messages could be received optionally. Patients’ response was monitored by psychiatrists via a website, and subsequently used to assess technical feasibility. RESULTS: Patients responded to 77% of the SMS-messages (of which 84% total response, 13% inaccurate response, 3% late response). Twenty patients completed the study. The mean study duration was 9.4 weeks. Response was higher in patients who were supported in their disease by family/friends and who showed good motivation. More than 50% of the patients rated the degree of support offered by SMS as valuable (to a significant/reasonably extent). 71% appreciated the fun messages. The 2 major benefits expressed by the patients were the feeling of being cared for (n = 11/21) and the reminding to take their medication (n = 7/21). Most of the psychiatrists felt that the system helped improve compliance and relationship with the patient. Psychiatrists felt the system was valuable to 19/22 patients, 16/24 patients remained compliant with the system and 16/22 patients felt the frequency of SMS-messages was acceptable. There was a strong correlation between patients giving positive well-being responses and SMS-compliance (R Pearson = 0.72, p < 0.001). CONCLUSION: The technology was favorably accepted and performed well. The high levels of SMS-compliance and benefits expressed by patients and psychiatrists support a larger-scale assessment of this possibility for assistance to health care providers and patients.