that adjunctive treatment with aripiprazole provides health benefits compared to quetiapine and olanzapine in patients with MDD that fail to respond to conventional antidepressants. With country specific cost-data, this model is also suited to assess the cost-effectiveness of different adjunctive strategies in MDD in different countries.

[PMH12] THE COMPARATIVE EFFICACY OF INJECTABLE AND ORAL ATYPICAL ANTI PSYCHOTICS IN REDUCING RELAPSES IN ADULT SCHIZOPHRENIC PATIENTS: A SYSTEMATIC REVIEW AND MIXED TREATMENT COMPARISON ANALYSIS

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OBJECTIVES: To compare injectable and oral atypical antipsychotics in reducing relapses in adult schizophrenia patients. METHODS: A systematic review of literature was conducted in MEDLINE and EMBASE (January 1953-August 2009) to identify randomized controlled trials and comparative open-label studies of atypical antipsychotics performed on adult schizophrenia outpatients. Proceedings of the American Psychiatric Association Conference from 2006 to 2009 and bibliographies of identified studies and relevant reviews were also searched. Included studies had to have a clear definition of relapse (e.g. hospitalization or return to symptomatic condition), and a minimum follow-up period of 6 months. Comparators included atypical antipsychot- ics, typical antipsychotics, or placebo. Data extraction was validated by a second reviewer. A Bayesian mixed treatment comparison (MTC), enabling indirect comparisons while respecting randomization, was performed on the rate of relapse assuming random study effects. RESULTS: Ten articles were identified and included in the systematic review and MTC. The odds ratio (OR) [95% credible interval (CrI)] of relapse relative to placebo ranged from 0.13 [0.04, 0.47] (oral risperidone) to 0.41 [0.12, 1.01] (olanzapine). Injectable risperidone had lower odds of relapse than oral olanzapine, quetiapine, aripiprazole, combination therapy, haloperidol, and placebo with probabilities >95% and quetiapine XR, clozapine, and ziprasidone with probabilities of 85%, 90%, and 91%, respectively. Findings were robust to varying trial durations and responder definitions. CONCLU- SIONS: Compared to injectable forms of various atypical antipsychotics, as well as typical haloperidol, offer similar benefits over placebo in reducing relapse rates. Statistical and clinically important differences in relapse rates exist between oral and injectable formulations of atypicals in favor of injectable risperidone.

[PMH13] CHARACTERISTICS AND COST OUTCOMES OF INSURED PATIENTS TREATED WITH EXTENDED-RELEASE NALTREXONE (XR-NTX) OR ORAL ALCOHOL DEPENDENCE MEDICATIONS

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OBJECTIVES: There are four FDA-approved medication listings: disulfiram, naltrexone, acamprosate, and extended-release naltrexone (XR-NTX). This study used observational data to evaluate the utilization and cost outcomes of insured patients treated with XR-NTX versus other medications or no medication. Data were from Thomson Reuters’ MarketScan Commercial insurance claims database which contains information from millions of enrollees annually. Outcomes were measured six months after index and included medication possession ratio (MPR), detoxification admissions and days, alcohol-related admissions and days, ED visits, psychiatric and substance abuse outpatient visits and charges for detoxification and alcohol-related inpatient stays. Two sets of analyses were conducted: 1) Persons with an alcohol use disorder and no use of any alcohol medication (n = 4,047) were compared to persons with an alcohol use disorder and use of any of the four medications (n = 4,730). The samples were propensity-score matched on demographics, clinical characteristics and prior use of alcohol and psychiatric services, and 2) The four medications were compared (XR-NTX = n = 275; naltrexone n = 2064 acamprosate n = 3068; disulfiram n = 2076) using inverse probability weighting. RESULTS: The probability of any detoxification admission, alcohol-related admission, and ED visit and a substance abuse or psychiatric visit was significantly higher among no medication users than medications users. XR-naltrexone users had a significantly higher MPR than acamprosate users. Patients using any medication had fewer detoxification days and alcohol-related inpatient days. Among medication users, XR-NTX was associated with significantly lower detoxification costs (per 1000 patients over 6 months) versus oral naltrexone, disulfiram and acamprosate (Detox: $0.60-million vs. $1.48-million, $1.08-million, $1.40-million, respectively; P < 0.01 for XR-NTX vs. naltrexone and acamprosate). CONCLUSIONS: Individuals receiving alcoholism medications had significantly lower detoxification costs and substantially lower detoxification and hospitalization utilization rates than similar patients who received no medication. Of the approved medications, XR-TX had lower costs for detoxification and alcoholism hospitalization days.

[PMH14] ALL-CAUSE TREATMENT DISCONTINUATION FOR OLANZAPINE COMPARED TO OTHER ANTIPSYCHOTICS IN THE TREATMENT OF SCHIZOPHRENIA: A META-ANALYSIS

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OBJECTIVES: Treatment discontinuation has been increasingly used as a quantitative tool for measuring the overall effectiveness of antipsychotic medications, including efficacy, safety, and tolerability of a drug. While results have been inconsistent, several studies have found that olanzapine and other second-generation antipsychotics (SGA) are more effective in the treatment of schizophrenia compared to first-generation antipsychotics (FGA). This meta-analysis compared time to and rate of treatment discontinuation of antipsychotics in schizophrenia. METHODS: Electronic search strategies identified all relevant papers on the topic published up to April 2009. Randomized controlled trials (RCTs) and observational studies that compared olanzap- ine with SGAs and/or FGAs for patients with schizophrenia were included in the meta-analyses. Risk of bias (HR), Relative Risks (RR) and their associated 95% confidence intervals (CI) were extracted. RESULTS: There were 60 RCTs (N = 33,360) and 27 observational studies (N = 202,591) included. The meta-analysis of time to discontinuation revealed that olanzapine was significantly better as compared to aripiprazole, quetiapine, risperidone, ziprasidone, and perphenazine within randomized trials and better than amisulpride, risperidone, haloperidol, and perphenazine within observational studies. Discontinuation rates in the RCTs were significantly lower for olanzapine compared to all antipsychotics except for clozapine. In the observational studies, olanzapine was better than amisulpride, risperidone, haloperidol, and clozapine. Subgroup analysis indicated that industry spon- sorship (Lilly vs. other sources) and olanzapine dosages did not affect the results, except for observational studies published by companies other than Lilly which found olanzapine compared to FGAs. CONCLUSIONS: In both randomized trials and observational studies, time to and rates of discontinuation, which are overall indices of effectiveness, olanzapine was better than most SGAs and FGAs, except for clozapine.

[PMH15] PREDICTORS OF FAVORABLE LONG-TERM OUTCOME IN THE TREATMENT OF SCHIZOPHRENIA

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OBJECTIVES: This study aimed to identify schizophrenia patients who experience favorable outcomes over a 3-year period and determine baseline predictors of favor- able long-term outcomes. METHODS: This was a retrospective, population-based, ra- dential study of individuals treated for schizophrenia in the United States (US-SCAP; N = 2327). A hierarchical cluster analysis was performed to group patients, using baseline clinical, functional, and resource utilization measures. Clinical status was based on symptom severity, Functional level reflected patient-reported productivity and occupational role functioning. Resource utilization of psychiatric hospitalization and emergency services was systematically abstracted from medical records. A patient was classified as having a favorable long term outcome if their outcome values had the closest distance to the defined “best baseline cluster” at each point over the 3-year follow-up, stepwise logistic regression was used to determine baseline predictors. RESULTS: Of 1604 patients with sufficient data to assess 3-year outcomes, only 191 (12%) experienced favorable outcomes. Overall, 5 distinct outcome clusters were identified. These clusters ranged from best to worst outcome. The baseline predictors of the most favorable outcomes sustained over the 3-year period included better quality of life, more daily activities, patient-reported clearer thinking, less severe positive symptoms, lower AIMS score, higher level of global functioning, being employed, not having health insurance, being female, and not having help with shopping, leisure, or social activities. CONCLU- SIONS: This study identified 5 distinct clusters of patients with schizophrenia based on their baseline clinical, functional, and resource utilization factors. Current findings suggest that clinicians could make early projections of long-term outcome, thus enabling early tailored therapeutic interventions that could enhance patient’s likelihood of achieving more favorable long-term outcomes.

[PMH16] THE COMPARATIVE EFFICACY AND SAFETY OF ADJUNCTIVE ANTI PSYCHOTICS IN MAJOR DEPRESSIVE DISORDER PATIENTS THAT FAILED TO RESPOND TO CONVENTIONAL ANTIDEPRESSANTS

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OBJECTIVES: August atypical antipsychotics are effective in treating patients suffering from major depressive disorder (MDD) and that respond insuffi- ciently to conventional antidepressants. Direct head-to-head trials comparing these agents are lacking. An indirect comparison was conducted to assess the comparative efficacy and safety of augmentation with atypical antipsychotics in MDD. METHODS: A systematic literature search was conducted of Medline/PubMed (1966-September 2009). Eligible trials enrolled patients diagnosed with unipolar depression who had failed to respond to at least one prior antidepressant. Trials had to be double-blind placebo controlled assessing the efficacy and/or safety of augmentation therapy with aripiprazole, quetiapine, or olanzapine during an acute depressive episode. Response...