of patients with schizophrenia. **RESULTS:** 1208 patients with schizophrenia were included in the study and followed for 2 years. Mean GAF score at baseline was 51.34 (SD: 16.06) ranging from 11 to 98. MCID values retrieved from the anchor-based approaches were 2.92 and 3.8, for within- and between-patient methods, respectively, when using GCI as external criterion. MCID values retrieved from the distribution-based approach were 9.43, 11.70, 0.15-0.80. As anchor-based measure are generally preferred to distribution-based measure, we suggest using 4 as the MCID for GAF, reflecting the smallest difference that clinicians would deem important. MCID estimates may help clinicians and researchers design future studies and interpret treatment effect.

**PMH3**

**BURDEN ASSOCIATED WITH AGITATION IN SCHIZOPHRENIA**

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**OBJECTIVES:** Clinical management of agitated patients with schizophrenia is a common objective in inpatient units and other settings. Being defined as a state characterized by motor restlessness, excitement, and mental tension, agitated patients may become a threat to others, act out violently, and also lead to suicidal thoughts and behaviors. The purpose of this study is to describe the agitated schizophrenia population. **METHODS:** We worked on data from a large longitudinal cohort of patients treated for schizophrenia, including a battery of questionnaires every 6 months for up to 24 months. Patients with a positive and negative syndrome scale (PANSS) Excited Component higher than 14 and a score of 4 or higher on at least one item, were identified as agitated. Finally, we applied two different dimensions of agitation: (a) number of days patients treated with OD (n=266) had the proportion of days patients treated with OD (n=266) had any agitation (GAF) < 61.99 p<0.0001), and more side effects (AIMS: 4.15 vs. 2.66 p=0.07). For each type of service, resource use was consistently higher for agitated patients when compared to others. No difference was found in terms of quality of life or depression level. **CONCLUSIONS:** Our study suggests that agitated patients with schizophrenia form a stable population overtime with a high clinical burden. Research on management of agitated is of key importance in schizophrenia.

**PMH4**

**EFFECTIVENESS OF ORODISPERSIBLE VERSUS STANDARD ORAL OLANZAPINE TABLETS IN NON-ADHERENT PATIENTS:** RESULTS OF A 1-YEAR EUROPEAN OUTPATIENT OBSERVATIONAL STUDY

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**OBJECTIVES:** Non-adherence is common in the treatment of patients with severe mental illness. Different formulations have been developed in an effort to improve medication adherence. The aim of this study is to explore whether there is a differential impact on treatment discontinuation between two different formulations of olanzapine: orodispersible (OD) or standard oral tablets (SOT) for the treatment of patients in non-adherent patients with schizophrenia or bipolar disorder. **METHODS:** This post-hoc analysis included 266 non-adherent patients diagnosed either with schizophrenia or bipolar disorder. We conducted a post-hoc analysis from an observational study (n=927) that measured the proportion of patients who discontinued treatment for any reason with olanzapine OD or SOT formulations over a 1-year period. Non-adherence was defined as having a baseline rating from 0 to 4 in the Medication Adherence Rating Scale (MARS). Treatment discontinuation was defined as discontinuing or adding a new antipsychotic to the index medication. A Kaplan Meier estimation of time to medication discontinuation was calculated. A Cox regression model adjusting for covariates was fitted to study the effect of baseline treatment on time to discontinuation. **RESULTS:** Patients treated with OD (n=117) vs. SOT (n=89) were more severe as measured by the Clinical Global Impression scale (CGI) (S=63 [SD 1.53] vs. 4.0 [SD 1.16], p < 0.0001) at baseline. During the 1-year follow up period the Kaplan Meier graph showed that patients treated with OD were less likely to discontinue treatment (11% vs. 27%, p=0.01). The Cox regression showed that patients taking OD had a significantly lower risk of discontinuing their baseline treatment compared to patients taking SOT (hazard ratio: 0.35; 95% CI: 0.15-0.80). **CONCLUSIONS:** Treatment discontinuation was low with both olanzapine formulations; however the use of the orodispersible formulation in non-adherent patients with schizophrenia or bipolar disorder was associated with a significantly lower treatment discontinuation rate over a 1-year period.

**PMH5**

**MINIMUM CLINICALLY IMPORTANT DIFFERENCE IN THE CALGARY DEPRESSION SCALE FOR SCHIZOPHRENIA**

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**OBJECTIVES:** No Minimum Clinically Important Difference (MCID) for the Calgary Depression Scale for Schizophrenia (CDSS) has been reported yet. This scale, ranging from 0 to 32, assesses the level of depression in schizophrenia. The objective of this study was to generate a MCID for the CDSS, based on a longitudinal cohort of patients with schizophrenia. **METHODS:** Two methods exist to assess MCID in scales such as CDSS: first approach (comparison of the change in CDSS score and Clinical Global Impression (CGI) within- and between-patients), and the distribution-based approach (comparison between the change in PRO scores and some measure of variability, including standard error measurement approach, standard deviation approach and effect size). Both methods were implemented in a longitudinal cohort of patients with schizophrenia. **RESULTS:** 1208 patients with schizophrenia were included in the study, and followed for up to 2 years. **CONCLUSIONS:** As in many MCID analyses, although the objective is to provide a unique threshold value, the different methods produce a variety of MCID values. MCID values retrieved in the present study are very disparate, ranging from 2.92 to 11.70. As anchor-based measure are generally preferred to distribution-based measures, we suggest using 4 as the MCID for CDSS, reflecting the smallest difference that clinicians would deem important. MCID estimates may help clinicians and researchers design future studies and interpret treatment effect.