TRENDS AND PATTERNS IN THE DIAGNOSIS AND PRESCRIBING OF PSYCHOTROPIC MEDICATIONS IN CHILDREN AND ADOLESCENTS WITH ADHD.

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OBJECTIVES: Our study seeks to assess national variations in physician diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and test a hypothesis that family practitioners are more likely to diagnose and prescribe medications for ADHD than specialists. Further, the study seeks to examine trends and patterns in the use of stimulant medications in children and adolescents with ADHD. METHODS: We used data from National Ambulatory Medicare Care Survey (NAMCS), an on-going annual survey sponsored by the Office of National Health Statistics. The survey includes a random sample of US office-based physician practices. The percentage of patients aged 18 years and younger who were diagnosed as ADHD using a weighted sample of youth visits to non-psychiatric specialists. Further, the study seeks to examine trends and patterns in the use of stimulant medications in children and adolescents with ADHD. RESULTS: In 2006, diagnosis by child psychiatrists declined significantly from 37.3% to 18.9% (P < 0.05) during the same period. The prescribing of long-acting stimulants increased from 42.8% in 2003 to 47.1% in 2006, and an opposition was observed for the short-acting agents during the same period (decreased by 8.5%). CONCLUSIONS: Non-specialist physicians are more likely to diagnose ADHD and prescribe psychotropic medications than specialists, further underscoring the controversy surrounding ADHD treatment. Dramatic changes in the patterns of psychotropic medication use in outpatient medical practice may be a cause for concern.

IMPROVED TREATMENT OUTCOMES FOLLOWING A SWITCH FROM RISPERIDONE TO OLANZAPINE IN A 1-YEAR NATURALISTIC STUDY OF SCHIZOPHRENIA PATIENTS IN JAPAN

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OBJECTIVES: This study assessed the clinical and functional outcomes following a switch from risperidone to olanzapine in a 1-year naturalistic study of schizophrenia patients in Japan. METHODS: We used data from a large 1-year prospective, multicenter, observational non-interventional study of individuals who were initiated on olanzapine for the treatment of schizophrenia in Japan. Current analysis focused on patients who were switched from risperidone to olanzapine (n = 258). Changes from baseline to endpoint on clinical and functional measures were assessed with validated measures. Repeated measures analysis was employed for longitudinal measures. RESULTS: At study entry, 45% were inpatients and 55% outpatient. Participants were in their early 40s with mean illness duration of 14 years. About half were male. Most were switched from risperidone to olanzapine due to poor medication efficacy (67.8%) and 8% were switched due to medication intolerability (29.1%). Most patients (67.8%) completed the 1-year study. During the follow-up period, patients experienced clinically meaningful and statistically significant (p < 0.05) improvements in overall symptom levels, on positive, negative, depressive and cognitively related quality of life and on paid work rates. Most patients (59.2%) demonstrated treatment response to olanzapine and 43.4% experienced symptom remission. Mean weight gain from baseline to endpoint was 2.31 ± 4.72 kg, with 30.4% of patients experiencing clinically meaningful weight gain (at least 7% of baseline weight). Most patients (76.0%) maintained their initial BMI category. CONCLUSIONS: In this 1-year naturalistic study of patients with schizophrenia in Japan, inpatients and outpatients who were switched from risperidone to olanzapine experienced clinically meaningful and statistically significant improvements in their clinical and functional outcomes, which were accompanied by a clinically meaningful weight gain for one-third of the patients. Current findings highlight the favorable benefit to risk profile of switching to olanzapine therapy following treatment failure on risperidone among schizophrenia patients in Japan.

PATIENTS’ EARLY PERCEPTIONS OF MEDICATIONS’ BENEFITS PREDICT SUBSEQUENT RESPONSE IN THE TREATMENT OF SCHIZOPHRENIA

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OBJECTIVES: To assess whether a brief and simple assessment of patients’ early perceptions of medications’ benefits can predict subsequent response or non-response to continued treatment with the same antipsychotic medication. METHODS: This post-hoc analysis used data from a cost-effectiveness study of antipsychotics in the treatment of schizophrenia (HGGID) in which the Rating of Medication Influences scale (ROMI) was assessed following 2 weeks of treatment. Patients rated ROMI items on a scale from 1 (no agreement) to 3 (strong agreement). Patients’ scores on the ROMI’s “Perceived Medication Benefits,” a 4-mm subscale identified in prior research, were used to predict subsequent response to continued treatment with the medication at Week 8. Response was defined as at least 20% reduction on the Positive and Negative Syndrome Scale (PANSS) total score from baseline to Week 8. Logistic regression was used to assess whether the ROMI “Perceived Medication Benefits” score was a strong predictor of subsequent response and identify the best cut-off score for the prediction model. Analysis was conducted on 439 patients who had PANSS and ROMI data at the 2-week and 8-week time points. RESULTS: A score of 2.75 or higher on the Perceived Medication Benefits subscale at Week 2 predicted subsequent response (per PANSS) at Week 8 with high specificity (73.2%) and high sensitivity (70%). Predictive value appears comparable to those reported in prior studies in which early response was assessed with a clinician-rated symptom scale, which requires special training and repeated assessments. Further research is needed to replicate the current findings.

LONG-TERM OUTCOMES AFTER SWITCHING FROM TYPICAL ANTIPSYCHOTICS TO OLANZAPINE AMONG SCHIZOPHRENIA PATIENTS IN JAPAN

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OBJECTIVES: To assess whether a brief and simple assessment of patients’ early perceptions of medications’ benefits can predict subsequent response in the treatment of schizophrenia patients in Japan. METHODS: Using data from a large 1-year prospective, multi-center, observational non-interventional study of olanzapine in the treatment of schizophrenia patients in Japan. OBJECTIVES: To assess whether a brief and simple assessment of patients’ early perceptions of medications’ benefits can predict subsequent response or non-response (per PANSS) at Week 8 with high specificity (73.2%) and high sensitivity (70%). Predictive value appears comparable to those reported in prior studies in which early response was assessed with a clinician-rated symptom scale, which requires special training and repeated assessments. Further research is needed to replicate the current findings.

DISCRETE EVENT SIMULATION MODEL IN MAJOR DEPRESSIVE DISORDER: LIFE-TIME HEALTH OUTCOMES OF ADJUNCTIVE ATYPIcal ANTIPSYCHOTICS

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OBJECTIVES: Adjunctive treatments with atypical antipsychotics have demonstrated efficacy in major depressive disorder (MDD) patients who respond insufficiently to conventional antidepressants. As most trial designs have limited simulation allows for extrapolation, to inform on optimal treatment sequences over a longer period. We estimated the life-time health outcomes for augmentation therapies with atypical antipsychotics in MDD patients who fail to respond to conventional antidepressants. METHODS: A discrete event simulation model was developed to simulate MD patients between major depressive episodes (MDEs) and remission periods over life-time based on published data. During MDEs, patients were treated with adjunctive aripiprazole, quetiapine or olanzapine. Patients who did not respond at 6 weeks were switched to subsequent treatment line. Comparative effectiveness and QALYs were calculated by comparing MDEs starting on adjunctive aripiprazole spent less time in MDEs compared to quetiapine (0.11 years) and olanzapine (0.17 years) and had an improvement of 0.06 and 0.04 quality adjusted life years respectively. PSA estimated an 85% and 80% probability that aripiprazole and quetiapine outperformed olanzapine. CONCLUSIONS: This novel DES model is well suited to account for the highly heterogeneous patient population, the deteriorating disease course and the use of different sequential treatment alternatives that is specific to MDD. The results indicate...