PMH1 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 adhering to AD therapy 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. The cohort consisted of patients who had purchased AD at least once and were older than 40 years of age, between 2007-2011. Adherence was measured as mean possession ratio (dose of supplied AD divided by duration of follow-up). The cohort was modeled in the Copenhagen General Population Network (THIN) data of Denmark.

RESULTS: 436,299 children in Year 1 and 398,718 in Year 2 were included with 0.75% and 0.76% diagnosed with ADHD respectively. There was evidence at the 5% level of an increasing trend in ADHD prevalence in both academic years (p<0.01, p=0.005 in Year 1, Year 2 respectively). Younger children were 14% more likely (RR=1.14, 95% CI 1.07-1.23) in Year 1 and 12% more likely (RR=1.12 95% CI 1.04-1.20) in Year 2 to have ADHD than older children. Males were around five times more likely to have an ADHD diagnosis in both years (RR=5.00 95% CI 4.56-5.49, RR=4.92 95% CI 4.47-5.42 in Year 1, Year 2 respectively). CONCLUSIONS: There was good agreement across academic years both in the percentage with ADHD diagnosis, and the increasing trend in the academic year. Younger children were more likely to have been diagnosed with ADHD than their older peers. This may partly be due to them appearing to lack the maturity of their older classmates. Males were more likely to have an ADHD diagnosis than females both years. There were no differences in different age groups and bracketed to include other conditions.

PMH2 RISK 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 cognitive and functional consequences. This study aims to evaluate 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. SSRI users 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 SSRI users, 1,716 (9.1%) received paroxetine and 17,334 (90.9%) received others. Since proportional-hazard assumption was violated, the extended Cox hazard model was used to calculate the extended model revealed that paroxetine users had 66% [Hazard Ratios, 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 SSRI 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 antidepressant medication use in this population as depression is an independent risk factor for dementia.

PMH3 THE EFFECT OF LURASIDONE ON FUNCTIONAL REMISSION AMONG PATIENTS WITH BIPOLAR DEPRESSION

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OBJECTIVES: Bipolar depression is characterized by depressive symptoms and impairment in many areas of functioning, including work, family, and social life. There is continuing need for treatment options that provide remission in symptoms and functioning. The efficacy of lurasidone on symptom remission of bipolar depression has been demonstrated previously. The objective of this study was to assess the effect of lurasidone on functional remission among patients with bipolar depression.

METHODS: Post-hoc analysis of a 6-week, randomized, double-blind, placebo-controlled clinical trial of lurasidone (20-60 mg or 80-120 mg) versus placebo was conducted. Functioning was assessed using the Sheehan Disability Scale (SDS), validated self-reported outcome measure assessing functioning in terms of work/school, family, and social life (higher scores indicate lower functioning). Functional remission (defined as SDS total score ≤5) was compared between lurasidone and placebo groups using logistic regression. Results for the primary outcome of interest was in functional remission at baseline (1.7%). The mean change in SDS total score from baseline to study endpoint was -10.4 (SD = 7.49) in the lurasidone group and -7.1 (SD = 8.27) 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).