PMH4

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 adherence to AD treatment 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, and a total of 251,746 patients were included who had purchased AD at least once and were older than 40 years of age, between 2008-2011. Adherence was measured as mean possession ratio (duration of supplied AD divided by duration of prescribed AD) and was modeled as a four level variable: non-adherence (<20%), poor (20%-50%), moderate (50% - 80%), and good (>80%) adherence. We used survival analyses and included demographic and clinical variables to determine the adjusted association between AD adherence and mortality **RESULTS:** The poor, moderate and good adherence groups had adjusted mortality hazard ratios of 0.93 [95% Confidence interval (CI): 0.89 to 0.97], 0.83 [95% CI: 0.79 to 0.86] and 0.88 [95% CI: 0.85 to 0.91], respectively, with corresponding p-values <0.0001 for all comparisons, compared to the non-adherent group. **CONCLUSIONS:** Adherence to AD, even at low levels, is associated with a corresponding decrease in the risk of mortality, controlling for relevant covariates. Physicians from all disciplines should actively improve their patients' adherence to AD since their persistent use is associated with increased survival.

PMH5

FINDINGS OF A RETROSPECTIVE STUDY ON FACTORS RESPONSIBLE FOR DEPRESSION IN INDIA

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OBJECTIVES: Depression is a leading cause of morbidity and disability worldwide. The factors responsible for the prevalence of depression vary across countries and cultures. This study was aimed to provide data on the prevalence of depression and the possible risk factors responsible for its prevalence in Haryana State, India. **METHODS:** A retrospective evaluation of the medical records was carried out at the psychiatric units of three different district government hospitals from September 2010 till August 2013. The data was analyzed by using the statistical software, SPSS version 13®. **RESULTS:** The medical records of a total of 4512 patients with a confirmed diagnosis of depression were evaluated. The prevalence of depression was found to be significant among females (χ^2 = 32.9, df = 1, p<0.001), as a majority (58 %) of the patients were females. In terms of ethnicity, seventy-eight percent patients were Hindus and mainly belonging to lower castes of community and other backward classes. However, in terms of age, majority, 1714 (38%) were over 50 years of age (χ^2 = 38.78, df = 1, p<0.0001). Whilst evaluating the risk factors for depression, social problems and medical complications were the most common identified stressors during patient evaluation. Marital and family problems, followed by relationship/childhood problems and death of loved ones, were the frequent risk factors identified among females. However, financial and job related problems were the most common stressors identified among males. Among medical complications, hypertension was most frequent **CONCLUSIONS:** Overall, the findings demonstrated a high rate of depression among people of low socioeconomic status and aged patients with medical complications.

PMH6

EVOLUTION OF DISEASE OUTCOMES IN SCHIZOPHRENIA: RESULTS FROM THE "COHORT FOR THE GENERAL STUDY OF SCHIZOPHRENIA (CGS)" WITH 3 YEARS OF FOLLOW-UP

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OBJECTIVES: To describe the evolution and effect of prognostic factors on psychiatric hospitalization rates in schizophrenia patients over 3 years using the Cohort for the General study of Schizophrenia (CGS), a cohort established to provide a better understanding of schizophrenia outcomes and epidemiology in France. **METHODS:** Between 2005-2011, 96 psychiatric centers recruited 1,388 patients meeting the following criteria: aged 15-65 years, DSM-IV criteria for schizophrenia, and treated as outpatients or hospitalized ≤ 3 months. Data on sociodemographics, body mass index (BMI), comorbidities, psychotropic treatments, disease severity as per Clinical Global Impression [CGI] scores, Brief Psychiatric Rating Scale, Global Assessment of Functioning scale, suicidality risk and suicide, were collected at baseline and semi-annually. Crude psychiatric hospitalization rates per 100 person-years were calculated yearly and over 3 years of follow-up. **RESULTS:** At cohort entry, mean age was 38.7 years, 68.9% were men, average maximum CGI score was 5.8, and 46.1% were hospitalized in the past year. During follow-up, somatic comorbidities (cardiovascular, endocrine, and respiratory) were stable at < 5%. Mean BMI was 25.3 at cohort entry and after 3 years. Hospitalization rates were: 53.8 (95% CI: 49.9-57.8) the first year, 54.8 (95% CI: 50.5-59.4) the second year, and 52.9 (95% CI: 48.5-57.6) the third year. By age group, 3-year hospitalization rates followed a bimodal distribution: 80.3 among patients aged 15-24 years, 58.9 for patients aged 25-34 years, 45.1 for patients aged 35-44 years, 59.0 for patients aged 45-54 years, and 39.1 for patients ≥55 years. Rates were associated with higher baseline CGI scores (82.7 for a score of 7 [highest score]), appointed legal guardianship (69.4), and moderate or high suicide risk (100.3 and 99.6, respectively). **CONCLUSIONS:** Comorbidities, BMI, disease severity, and hospitalizations rates were stable over 3 years of follow-up for schizophrenia patients, an important finding for burden of schizophrenia disease assessment.

PMH7

COMPARING THE INFLUENCE OF MONTH OF BIRTH AND GENDER IN TWO ACADEMIC YEARS ON ATTENTION DEFICIT HYPERACTIVITY DISORDER DIAGNOSES (ADHD) AMONG CHILDREN IN THE HEALTH IMPROVEMENT NETWORK (THIN) UK DATA

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OBJECTIVES: Long-term costs follow a diagnosis of ADHD; therefore it is important to examine factors influencing diagnosis. This study determines the prevalence of ADHD among children according to month of birth and gender across two academic years. **METHODS:** Children aged 5-15 years in the academic years Sep 2010-Aug 2011 (Year 1) and Sep 2011-Aug 2012 (Year 2) in The Health Improvement Network (THIN) were assessed for ADHD using diagnoses and prescriptions. Percentages were calculated and differences across month of birth assessed using chi squared tests for trend. Children with later months of birth (Mar-Aug) were compared to earlier months of birth (Sep-Feb), and males to females using relative risks (RR). **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<0.001, 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 through the academic year. Younger children were more likely to be 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 in both years. Further work could assess the differences in different age groups and be extended to include other conditions.

PMH8

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 outcomes. This study examined the risk of dementia associated with 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. SSRIs 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 (9.01%) received paroxetine and 17,334 (90.99%) received others. Since proportional-hazard assumption was violated, the extended Cox hazard model involving Heaviside function was used to evaluate the dementia risk. The extended model revealed that paroxetine users had 66% [Hazards Ratio, 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 390 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 anticholinergic medication use in this population as depression is an independent risk factor for dementia.

PMH9

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. **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 measured using the Sheehan Disability Scale (SDS), a validated patient-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 ≤6) was compared between lurasidone and placebo groups using logistic regressions. **RESULTS:** In this 6-week trial (N=485), few participants were 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)