Physician decisions regarding initial anti-depressant dosing levels may impact treatment outcomes. This study examined initial dosing levels and their associations with adherence among currently available selective serotonin and serotonin-norepinephrine reuptake inhibitors (SSRIs and SNRIs). METHODS: A total of 115,284 patients initiating treatment on an SSRI or SNRI during 2005 were selected for analysis from a large managed-care claims database. Patients were assigned to a drug group on the basis of their most recent prescription for one of the studied medications. The study included only patients with one or more ICD-9 coded diagnoses for depression or anxiety within +/− 3 months of initiation of treatment with their index drug, an initial 30 days supply of the index medication, and continuous eligibility of at least 6 months prior and 12 months following initiation. Subtherapeutic dosing levels of each studied medication were determined on the basis of label information. Outcome measures included early discontinuation (no prescription following initiation) and days on therapy with the index medication. All reported differences were significant at the <0.01 level. RESULTS: A total of 33.6% of all study patients initiated antidepressant treatment at a subtherapeutic dose. The share of patients initiating treatment at subtherapeutic levels varied substantially across medications: paroxetine, most frequently (30.1%) and escitalopram, least frequently (2.7%). Across all studied medications, subtherapeutic initial dosing was associated with worse clinical outcomes, both in terms of early discontinuation (29.9% and fewer average days on therapy (164.1) than initial dosing at therapeutic doses or higher (24.3% and 176.8 days, respectively). These associations were directionally consistent across all studied medications. CONCLUSIONS: Initial dosing of antidepressants at subtherapeutic levels was associated with frequent early discontinuation and fewer average days on treatment. Prescribers should be cognizant of the potential impact of initial dosing decisions on subsequent adherence to therapy.

PMMH2

PATIENTS WITH SCHIZOPHRENIA OR SCHIZOAFFECTIVE DISORDER WHO ARE CURRENTLY PRESCRIBED MANDOLIN® HAVE AN INCREASED RISK OF ULCERATIVE COLITIS, COLONIC CANCER, AND NOT RISK OF MORTALITY

PMMH3

FACTORS THAT INFLUENCE DECISIONS AMONG MBH NETWORK PHYSICIANS TO USE OFFICE-BASED OPIOID TREATMENT OR TO INCREASE THE NUMBER OF OPIOID-DEPENDENT PATIENTS THEY TREAT: RESULTS FROM THE OBOT ATTITUDE AND INTENTION PHYSICIAN SURVEY

An assessment of the impact of an educational pharmacy management intervention on prescribers to Medicaid beneficiaries. To improve patient care, many states have introduced interventions to improve access to OBOT by providing network physicians with logistical guidance and office management resources, such as lab testing kits, key opinion leadership, and referrals to local treatment centers.

PMMH4

AN ASSESSMENT OF THE IMPACT OF AN EDUCATIONAL PHARMACY MANAGEMENT INTERVENTION ON PRESCRIBERS TO MEDICAID BENEFICIARIES

PMMH5

PATTERNS OF AUGMENTATION OF EXTENDED-RELEASE STIMULANTS FOR ADHD WITH IMMEDIATE-RELEASE STIMULANTS IN ADULTS

PMMH8

PATTERNS OF AUGMENTATION OF EXTENDED-RELEASE STIMULANTS’ FOR ADHD WITH IMMEDIATE-RELEASE STIMULANTS IN CHILDREN AND ADOLESCENTS

A national sample of 621 managed behavioral health care network physicians certified to prescribe bupropion extended release (SR) or immediate release (IR) to patients with a current diagnosis of major depressive disorder was included. A survey was sent to all respondents with a cover letter and a pre-paid return envelope. Those physicians who treated at least one patient with major depressive disorder during the survey period were invited to complete the survey. Completed questionnaires were analyzed. An estimated 26% of the physicians treated adults with major depressive disorder and 7% treated children. The majority of respondents were male (71%) and most were board certified (66%). The most common comorbid conditions were anxiety disorders and bipolar disorder (33% and 31%, respectively). The majority of respondents (82%) reported that they would be interested in receiving additional educational information on major depressive disorder. The majority of respondents (75%) stated that they would be interested in receiving additional educational information on treatment options for major depressive disorder. The majority of respondents (73%) stated that they would be interested in receiving additional educational information on the role of bupropion extended release in the treatment of major depressive disorder. The majority of respondents (78%) stated that they would be interested in receiving additional educational information on the role of bupropion immediate release in the treatment of major depressive disorder. The majority of respondents (81%) stated that they would be interested in receiving additional educational information on the role of bupropion extended release in the treatment of major depressive disorder with comorbid bipolar disorder. The majority of respondents (84%) stated that they would be interested in receiving additional educational information on the role of bupropion immediate release in the treatment of major depressive disorder with comorbid bipolar disorder. The majority of respondents (90%) stated that they would be interested in receiving additional educational information on the role of bupropion extended release in the treatment of major depressive disorder with comorbid anxiety disorders. The majority of respondents (93%) stated that they would be interested in receiving additional educational information on the role of bupropion immediate release in the treatment of major depressive disorder with comorbid anxiety disorders. The majority of respondents (95%) stated that they would be interested in receiving additional educational information on the role of bupropion extended release in the treatment of major depressive disorder with comorbid anxiety disorders and bipolar disorder. The majority of respondents (97%) stated that they would be interested in receiving additional educational information on the role of bupropion immediate release in the treatment of major depressive disorder with comorbid anxiety disorders and bipolar disorder.

PMH1

THE IMPACT OF SUBTHERAPEUTIC INITIAL DOSING ON ADHERENCE TO ANTI-DEPRESSANTS IN THE TREATMENT OF DEPRESSION AND/OR ANXIETY

OBJECTIVES: To examine patterns of augmentation of extended-release (ER) stimulant regimens with immediate-release (IR) stimulants in an adult population, identify the factors associated with these patterns, and quantify those factors’ effects on likelihood of augmentation. METHODS: Patients 18 years of age or older with prescription claims for at least a 90-day supply from June 2005 to May 2006 for 1 of the following ER stimulants indicated for attention-deficit/hyperactivity disorder (ADHD)—ER dexamfetamine (DEX-ER), ER mixed amphetamine salts (MAS-ER), or orosomucoid-release oral system methylphenidate (OROS® MPH)—and no ADHD medication use in the prior 180 days were selected from a large managed care database. Descriptive statistics were reported for age, gender, health plan type, region, physician specialty, dose level, selected comorbidities, and stimulant cost by augmentation status and by ER stimulant. Chi-square tests were performed to assess differences in categorical variables, and Student t tests were used to detect differences for mean age. A logistic regression model for predicting positive augmentation status was formulated using backward stepwise regression to evaluate the inclusion of potential explanatory variables. RESULTS: Of the 3234 adult patients eligible, 13.8% had IR augmentation. Respondents rated the degree to which 11 different scenarios independently affect their decision to use OBOT or to increase the number of OD patients they treat. Results are reported in terms of physician attitudes (to the extent to which each of 11 situations influences treatment decisions). The primary outcomes measure was the number of OD patients that physicians treat with OBOT. RESULTS: The response rate was 47.6% (296 physicians). The five most commonly endorsed barriers were concerns about coordinating logistics like urine tests (51.3%), attracting opioid-dependent patients to their practice (50.0%); patients selling bupropion or taking more than prescribed (48.4%); being available 24/7 for OBOT patients (48.3%); and ability to send challenging patients to appropriate treatment programs (42.8%). CONCLUSIONS: Managed Care Organizations may improve access to OBOT by providing network physicians with logistical guidance and office management resources, such as lab testing kits, key opinion leadership, and referrals to local treatment centers.