ence of comorbid conditions. There is substantial 1-year mean cost associated with the licensed treatments and a drug in development, lisdexamfetamine dextromethorphan ( dexmethylphenidate, MPH-NR). No trials for DEX meeting the inclusion criteria were found. Sufficient data were identified for each of the outcomes: ADHD-RS, 36 trials; CGI-I, 20 trials; WDW, 27 trials; and AEWDW, 27 trials. The relative efficacy over placebo (95% confidence intervals [CI]) for LDX versus ADHD-RS was 1.41 (1.24, 1.61); CGI-I, 1.55 (1.28, 1.87); and for LDX versus MPH the (most commonly used MPH formulation) was ADHD-RS, 1.22 (1.08, 1.38); and CGI-I, 1.23 (1.04, 1.45). The safety relative risks (95% confidence intervals [CI]) for LDX versus ADHD-RS was WDW, 0.75 (0.49, 1.17); AEWDW, 1.72 (0.46, 6.37); and for LDX versus MPH were WDW: 1.15 (0.74, 1.78), and AEWDW: 2.27 (0.70, 7.91). CONCLUSIONS: The evidence synthesis of efficacy favours LDX over MPH for the treatment of ADHD. The analysis of many data proved inconclusive due to small event rates.

PMH3

EVALUATION OF ANTIDEPRESSANT EFFICACY OVER TIME: ILLUSTRATION WITH ESCITALOPRAM

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OBJECTIVES: Clinical registration studies in Major Depressive Disorder (MDD) are mostly controlled versus placebo. Regulators, clinicians, patients and payers therefore lack robust information to compare a new drug to the alternatives at time of launch. Objective was to evaluate if relative antidepressant efficacy varies over time. We evaluated the evolution of escitalopram and citalopram. METHODS: A database of randomized-controlled trials (RCTs) of adults suffering from MDD was built in order to provide a comprehensive assessment of antidepressant efficacy. New-generation antidepressants launched after 1989 were included in this analysis. A 5-year period was chosen for the efficacy evaluation from 2002 to 2007. Analyses were performed on the Montgomery-Asberg Depression Scale (MADRS) adjusted mean change from baseline at 2 months (6-12 weeks) using a Mixed Treatment Comparison methodology. RESULTS: If Normal likelihood. Escitalopram efficacy evolution was presented as mean difference to placebo, ranking probabilities and mean rank. RESULTS: MADRS results were reported in 2 months in 122 RCTs; 83 were selected for this analysis (excluding treatments launched after 2002). Differences in MADRS total score versus placebo increased from 3.39 [5.66; 1.70] in 2002 to 3.76 [4.63; 2.90] in 2007 for escitalopram. Ranking probabilities curves for escitalopram and citalopram were mostly overlapping in 2002, while a much clearer separation in favour of escitalopram appeared in 2007. Mean ranks were respectively 6.8 and 6.2 in 2002, and 4.4 and 7.3 in 2007 for escitalopram and citalopram. CONCLUSIONS: Escitalopram, relative efficacy increased from 2002 to 2007. This was mainly explained by new positive superiority escitalopram studies. Time of launch did not appear always to be the most appropriate to assess antidepressant efficacy mostly based on RCTs versus placebo. Other outcomes and studies selection may have an impact on results.

PMH7

ANALYSES OF SWITCHING AND COMBINATION USE OF ANTIDEPRESSANTS IN YOUNG SWEDISH ADULTS

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OBJECTIVES: Previous studies report varying frequency of switching and combination use of antidepressants between age groups and by socioeconomic characteristics. The purpose of this study was to analyse frequency of and predictors for combination use and switching of antidepressants in Swedish adults aged 20–34 years. METHODS: The study population encompassed antidepressant users aged 20–34 years initiating use between January and June 2006 (n=24,897). Data on filled antidepressants in 2006 were collected from the Swedish Prescribed Drug Register and information on socioeconomic characteristics from Statistics Sweden. Clinical and socioeconomic factors associated with use of at least two antidepressants and switching were analyzed with multivariate logistic regression. RESULTS: In total, 17.1% purchased at least two antidepressant drugs. This was more common among women, odds ratio (95% confidence interval) 1.16 (1.04-1.28), among those who started on mirtazapine compared to SSRIs: 2.33 (2.01-2.71), when a psychiatric care facility issued the index prescription compared to primary care 1.19 (1.07-1.32), among those born in Sweden with one parent born in Sweden 1.26 (1.09-1.45) and those aged 23-29 years.6 The association was stronger when an occupational health facility issued the index prescription 0.70 (0.53-0.94), with declining length of follow up 0.73 (0.62-0.86), and with increasing length of education. Among those who used at least two antidepressants, 71.6% were classified as switchers. Switching was less common among those starting on mirtazapine: 0.69 (0.53-0.90). The first prescription was issued in psychiatric care 0.74 (0.60-0.90) and among individuals with at least two years of university education 0.60 (0.41-0.87). CONCLUSIONS: Almost one fifth used two or more antidepressants; the majority was classified as switchers. Type of starting antidepressant, whether the index prescription was issued by a specialist, the care facility, and level of education influenced use of at least two antidepressants and switching.

PMH8

COST OF METHYLPHENIDATE AND ATOMOXETINE PRESCRIBING TO CHILDREN AND ADULTS IN SOUTH AFRICA

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OBJECTIVES: To investigate the cost of methylphenidate and atomoxetine pre-