on a wide range. The increase of the mother’s educational level is in significantly posi-
tive relationship with the DS person’s computing (khi = 14.314, p = 0.026), drawing/ writing (khi = 21.027, p = 0.002) and reading (khi = 22.169, p = 0.001) perfor-
ance. It has a favourable effect on the development of the basic self-supporting skills (khi = 25.371, p = 0.001), and the DS person’s social connections. The majority of the those lacking friends live with mothers with the lowest qualification (khi = 9.799, p = 0.02). The level of happiness was measured on a four-grade scale. Owing to a mental retardation of medium gravity, surveying was carried out in an indirect way, by questioning the parents. The higher parental qualifications associated with happier DS people (khi = 17.344, p = 0.008). The parents’ educational levels are correlated (r = 0.609, P < 0.001).

CONCLUSIONS: More qualified parents provide supportive envi-
ronment rich in stimuli. Higher level of development reduces the DS person’s depen-
dence on others, increases their self-estimation, the level of happiness and through this the quality of life improves. It means a smaller burden on the health care system, the society and the family. However the professionals taking part in family support must be reminded that not every family can perform special child educational tasks inde-
pendently, and they need more intensive family support.

NEUROLOGICAL DISORDERS – Health Care Use & Policy Studies

IMPACT OF MEMANTINE TREATMENT INITIATION ON PSYCHOTROPIC USE: ANALYSES WITH THE RAMQ DATABASE Lachaine J1, Beauchemin C1, Legault M2, Bineau S3

OBJECTIVES: Behavioural and psychological symptoms of dementia such as aggres-
siveness, agitation and psychosis are common and very distressful for Alzheimer’s disease patients and their caregivers. Their occurrence leads to an increased use of psychotropic medications. Memantine treatment has demonstrated significant benefit on these symptoms in the experimental setting of randomized clinical trials. The objective of this study was to assess the impact of memantine treatment initiation on the use of psychotropic medications in real life practice. METHODS: A retrospective prescription claims analysis was conducted using the Quebec provincial public health plan (RAMQ) database. Data on medical and pharmaceutical services were obtained for the period from January 2004 to March 2009 for a random sample of patients who received at least one scripts of memantine. Trends in the proportion of patients using psychotropic drugs, antidepressants, neuroleptics, and anti-anxiety agents were extracted before and after the first prescription of memantine. Data were obtained from the RAMQ for a total of 2,007 patients. The study sample was 82.2 years old on average (SD = 7.6), with 67.6% of female. Proportion of patients using a psychotropic drug in the year preceding the initiation of memantine increased by 58.3%, from a proportion of 0.450 to 0.713 while this proportion only increased by 3.5% (0.713 to 0.738) in the year following the initiation of memantine. The increase in proportion of antidepressants, neuroleptics, and anti-anxiety agents before and after initiation of memantine were 48.3% (0.239 to 0.354) vs. 2.8% (0.354 to 0.364), 112.1% (0.219 to 0.465) vs. 1.9% (0.465 to 0.474) and 41.3% (0.354 to 0.364) vs. 4.4% (0.474 to 0.482). The level of happiness was measured on a four-grade scale. Owing to a mental retardation of medium gravity, surveying was carried out in an indirect way, by questioning the parents. The higher parental qualifications associated with happier DS people (khi = 17.344, p = 0.008). The parents’ educational levels are correlated (r = 0.609, P < 0.001).

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pendently, and they need more intensive family support.

HEALTH RELATED QUALITY OF LIFE DEFICITS IN MULTIPLE SCLEROSIS: POPULATION ANALYSIS Langly P1, Wagner JP5, Guests S1

OBJECTIVES: Existing assessments of the health related quality of life (HRQoL) in patients with multiple sclerosis have focused on persons with the disease. What has not been assessed is the extent to which the presence of multiple sclerosis generates HRQoL deficits compared to the general population. METHODS: Data are from the internet-based 2008 National Health and Wellness Survey in the UK, France, Spain, Italy and Germany. A total of 33,524 respondents completed the survey form, of whom 308 indicated they had a diagnosis of multiple sclerosis. Respondents completed the SF-12 generic HRQoL instrument. The analysis is based on the summary mental component score (MCS), physical component score (PCS) and health state utilities from the SF-12 instrument. Multivariate analysis (using ordinary least squares) was undertaken with the MCS, PCS and SF-6D utilities as dependent variables. The independent variables included a binary variable for the presence/absence of multiple sclerosis, socio-demographic characteristics, health risk factors (e.g., body mass index), country dummy variables and Comorbidity Index (CCI). RESULTS: Persons reporting multiple sclerosis had substantially lower PCS scores (32.19 vs. 48.66; t = 24.60), MCS scores (39.78 vs. 46.53; t = 10.18) and utility scores (0.57 vs. 0.72; t = 23.57). In the multivariate modeling, the deficit associated with the presence of multiple sclerosis was substantially greater than any other independent variable in the PCS (−12.07; 95% CI: −14.02 to −10.12) and utility models (−0.11; 95% CI: −0.13 to −0.09). The utility decrement in the SF-6D model attributed to multiple sclerosis far outweighed the utility deficits attributable to the other independent variables. CONCLUSIONS: Compared to the non-multiple sclerosis population, there are substantial HRQoL deficits associated with the diagnosis of multiple sclerosis. These deficits are substantial and far outweigh those attributable to socio-demographic characteristics, health risk factors and the presence of comorbidities.