CLINICAL AND HEALTH-RELATED QUALITY OF LIFE OUTCOMES ASSOCIATED WITH OLANZAPINE IN PATIENTS WITH BIPOLAR DISORDER AS COMPARED WITH HALOPERIDOL

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OBJECTIVE: To compare the clinical and health-related quality of life outcomes associated with olanzapine and haloperidol treatment in patients with bipolar disorder.

METHODS: Patients (N = 453) with bipolar I disorder (manic or mixed episode) were randomized to either olanzapine 5–20 mg/day or haloperidol 3–15 mg/day for 12 weeks. The primary clinical outcome was the symptomatic remission rates, as defined a priori by the proportion of patients having a Y-MRS total score ≤12 and a HAMD-21 total score ≤8, at 6 weeks and 12 weeks. The humanistic outcomes were measured as changes from baseline to endpoint (week 6 or week 12) in the scores of the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36).

RESULTS: Olanzapine-treated patients had a higher remission rate than haloperidol at six weeks (52% versus 46% p = 0.15) and at 12 weeks (52% versus 44%, p = 0.08). At week six, significant changes in five SF-36 domains of general health (p = 0.010), physical functioning (p < .001), role limitations due to physical health problems (p < .001), social functioning (p < .05), and vitality (p < .01), were found in favor of olanzapine-treated patients as compared to haloperidol. At week 12, olanzapine treatment maintained the significantly favorable changes in the same domains with the exception of social functioning. None of the SF-36 domains was in favor of haloperidol at week 6 or week 12.

CONCLUSIONS: Compared to haloperidol, olanzapine treatment was associated with the improvements in the clinical and health-related quality of life outcomes in patients with bipolar disorder.

THE USE OF NEFAZODONE IN THE TREATMENT OF POST TRAUMATIC STRESS DISORDER

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OBJECTIVE: Examine the utilization and daily dose of nefazodone compared to that of three SSRIs (fluoxetine, paroxetine, and sertraline) in the treatment of PTSD and depression at the Dorn Veterans Medical Center, a hospital for military veterans.

METHODS: A total of 1761 patients received an SSRI or nefazodone during the month of December 1999. Fifty patients from each drug group were randomly selected. Information on diagnosis and dose were extracted from the chart and pharmacy records.

RESULTS: PTSD was the primary diagnosis for each drug as follows: Fluoxetine 16%, nefazodone 52%, paroxetine 24%, and sertraline 10%. The average daily dose of each drug for depression vs. PTSD is as follows: Fluoxetine 23.8 mg vs. 31.3 mg; nefazodone 291.7 mg vs. 341.0 mg; paroxetine 24.2 mg vs. 23.8 mg, and sertraline 74.4 mg.

WITHDRAWN