PMHS5
THE RELATIONSHIP BETWEEN PSEUDOPHEDRINE SALES AND CLANDESTINE METHAMPHETAMINE LABS
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OBJECTIVES: The illicit production of methamphetamine from the precursor chemicals, PMH57, is likely to be associated with higher health risk for our communities and a financial burden on law enforcement. Previous work has shown a strong relationship between FSE sales and clandestine labs in Kentucky. The purpose of this project is to extend the study to Illinois and Louisiana. METHODS: A model by adding additional explanatory variables and control variables. RESULTS: Regression models predicting clandestine methamphetamine lab incidents using 2011 to 2012 county-level data for Kentucky, Illinois and Louisiana were calculated. Explanatory factors include PSE sales (in grams), population density, percent of adults with a high school diploma and percent population unemployed. Data sources include the National Precursor Log Exchange (NPLEx), the National Clandestine Laboratory Seizure report data received from the Drug Enforcement Agency (DEA), and the Emergency Crime in the United States statistics and the Census Bureau American Community Survey. RESULTS: Results indicate a strong positive relationship between FSE sales and clandestine labs in Kentucky, with a more highly populated area in average sales per lab than a rural area on average is associated with greater number of labs (p<0.05). Individually, sales of FSE are strongly correlated to labs and children increasing antidepressant prescriptions. CONCLUSIONS: PSE sales have a little more number of clandestine labs, counties with greater sales of FSE have a greater number of clandestine labs, controlling for counties with no labs reported. These findings are an important addition to our previous work providing evidence for a link between FSE sales and clandestine labs in multiple states over multiple years and have important policy implications as states struggle with policy options to reduce methamphetamine production in their communities.

PMHS7
BENZAMIDEZEPINE USAGE PATTERNS IN RESPONDENTS WITH DEPRESSION FROM THE CO-MORBIDITIES AND SYMPTOMS OF DEPRESSION (CODE) STUDY
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OBJECTIVES: To assess treatment patterns, patient characteristics, and outcomes for respondents with depression who were prescribed benzodiazepines (BZDs). METHODS: Survey-eligible adults with ≥2 medical claims for depression from 01/01/2004–31/12/2013. Dates of depression diagnosis and first BZD prescription were calculated from IMS data. Respondents were invited to participate in this retrospective/prospective study. Consenting respondents completed index and 6-month post-index surveys assessing depression, anxiety and health status. Respondents with more than 6 months of claims data. Respondents with and without BZD prescriptions at 6 months from index survey date were identified. Healthcare utilization and costs were assessed pre- and post-index. Survey data and claims data used as descriptive statistics. RESULTS: Of 970 respondents who completed both surveys, 638 (66%) were prescribed BZDs and 332 (34%) were not. Respondents with and without BZD prescriptions were similar. Mean age was 47.9 and 65.7 years, respectively. The majority of respondents were female, overweight/obese, married/cohabiting, and college educated. Respondents prescribed BZDs were more likely to have pre-index diagnoses of double depression (10.8% vs. 6.6%, p = 0.0338), anxiety (90.4% vs. 65.7%, p < 0.0001), and a higher mean Quan-Charlson Comorbidity Index score (0.7 vs. 0.5, p = 0.0393) as well as higher depression, fatigue, pain, insomnia, and anxiety index survey scores. Tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors, and second-generation antipsychotic use were higher for respondents prescribed BZDs (all p<0.05). Mental health-related resource utilization involving psychiatrist visits was significantly higher for respondents prescribed BZDs at baseline and follow-up (all p<0.05). Although total annual mental health-related costs were similar ($3,492 vs. $3,054, p = 0.529), pharmacy and psychiatric visit costs were significantly greater for respondents prescribed BZDs. CONCLUSIONS: A majority of respondents with depression also had anxiety and were prescribed BZDs. Results suggest that BZD use was associated with more pronounced comorbid conditions and symptoms of depression, as well as higher healthcare resource utilization and costs.

PMHS8
PATTERNS OF PSYCHOTROPIC PRESCRIPTION UTILIZATION UTILIZATION AMONG DISABLED MEDICARE BENEFICIARIES UNDER 65
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OBJECTIVES: The use of attention-deficit/hyperactivity disorder (ADHD) medications is high in children, adolescents and adults but little is known about its usage pattern, and treatment adherence among distinct age groups in Canada. This study sought to characterize utilization patterns of ADHD drugs approved for use in Canada with a special focus on the non-stimulant drug, atomoxetine. METHODS: Prescription data and annualized longitudinal patient level data from IMS Brogan were used. Descriptive statistics were used to characterize drug utilization patterns from 2010-2014. Treatment trends were analyzed with respect to age, gender, race, and physician, concomitant medications and the specialty of the prescribing physician. Adherence patterns for atomoxetine were measured by the medication possession ratio (MPR). RESULTS: IMS data indicate that the average annual prescription volume of all ADHD drugs in Canada have been increasing each year (35% increase from 2,795,226 in 2009 to 3,787,266 in 2013). methylphenidate stimulants accounted for approximately 70% of all prescriptions, and children 6-12 years accounted for most of these prescriptions. Prescriptions of atomoxetine showed the same increasing trends; however females aged 19-65 accounted for most of this increase. ADHD drug use declined during the summer months and in 2013, over 20% of children aged 13-18 years had at least one gap of more than 30 days between the end of one prescription of atomoxetine and the start of another. In addition, 25-35% of this age group had an MPR of less than 80%. CONCLUSIONS: ADHD drug utilization has been increasing over the last 5 years in Canada. Children aged 6-12 years account for most of the prescriptions, and they are most likely to go on a “drug holiday”. Given that serious adverse reactions can be associated with ADHD drugs in some children, their clinical benefits should be continuously and closely monitored, and weighed against their potential risks.

PMHS9
AUDIT OF IRRESIVABLE MONOAAMINE OXIDASE INHIBITORS (MAOI) PRESCRIPTION FOR DEPRESSION IN CURRENT CLINICAL PRACTICE WITHIN THE HEALTH IMPROVEMENT NETWORK (THIN) UK PRIMARY CARE DATABASE
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OBJECTIVES: MAOIs were first discovered in the 1950s and used to manage depression when few alternatives existed. MAOIs block tyramine catalysis, meaning patients consuming tyramine rich foods (e.g., cheeses, cured meats) risk increased release of noradrenaline, potentially leading to hypertensive crisis. While MAOIs still have some role in depression management, little is known about current clinical practice. This study aims to audit the usage of MAOIs from 2004-2013. METHODS: The THIN database was used to identify all patients prescribed irreversible MAOIs between 01/01/2004-31/12/2013. Dates of first MAOI prescription and first depression diagnosis were identified, along with age, social deprivation score and repeat MAOI prescriptions. RESULTS: 886 patients were prescribed MAOIs during 2004-2013, 44% of which were new prescriptions. Median age at first use was 53 years (IQR 43-63), M:F ratio was 1:1.8 and 49% were in the 2 most affluent quintiles. The median time from first depression diagnosis to first MAOI prescription was 11.2 years (IQR 4.3-21.1). From 2004 to 2013, MAOI usage increased from 0.5% to 6% in each year, with per patient prescriptions ranging from 37 to 694 (IQR 29-69) to 54 (IQR 27-83). Median time on MAOIs from 2004-2013 was 1 years (IQR 0.4-4.8). CONCLUSIONS: THIN is a representative sample of 6% of the UK population. This study projects an estimated 600 UK patients start MAOIs yearly. Numbers decreasing. Fewer MAOIs in 2009-2010, over 4,000 patients during 2004-2013. Records indicate that patients are receiving shorter, more frequent prescriptions. NIC效 guidelines confirm MAOIs still have some role in depression management, although not defined. This is the first large study to assess changes in MAOI usage.
USA

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Antipsychotic medications can significantly improve behaviors. There is limited evidence of the impact of antipsychotic management of Tai M.

label use for cognitive enhancement in healthy individuals.

$300 billion [2013 USD] in annual healthcare expenditures.

that individuals with SMI often avoid clinical trials and duals accumulate roughly...

46% of duals filled an antidepressant prescription (adherent = 50%, discontinued = 9%, switched = 30%). The 4 of the 307 duals who used more than one antipsychotic within a 30-day window, 91% used a maximum of two medications and only 9% used three or more. Finally, during the 12-month observation period, 46% of duals filled an antidepressant prescription and 23% filled a mood-stabilizer prescription.

RESULTS: This information is critical for psychiatric practice and in seeking to improve quality of care and reduce costs, given that individuals with SMI often avoid clinical trials and duals accumulate roughly $300 billion [2013 USD] in annual healthcare expenditures.

PMH62 EVIDENCE FOR THE OFF-LABEL USE OF METHYLPHENIDATE FOR COGNITIVE ENHANCEMENT IN HEALTHY INDIVIDUALS

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BACKGROUND: Legal indications for the use of methylphenidate are restricted to children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Despite its defined therapeutic indications, there is a trend in non-prescribed methylphenidate off-label use by students and professionals to improve performance. New terms related to this trend: academic doping, nootropics, cosmetic neurology or smart pill.

OBJECTIVES: To find evidence of methylphenidate off-label use and cognitive enhancement in healthy individuals.

METHODS: A systematically search was conducted to retrieve the best scientific evidence on the subject available in English, Portuguese or Spanish.

One review evaluated nine randomized controlled trials of methylphenidate for cognitive enhancement in healthy individuals.

RESULTS: Off-label use is still a prevalent practice and needs to be monitored.

In the present observational study was carried out at a tertiary care psychiatric hospital in Waranagl, India over a period of six months. Three hundred prescriptions were collected and analyzed according to the recommendations of World Health Organization.

RESULTS: It was found that schizophrenia (45%, n = 147) is the most common among the study population followed by depression (31%, n = 127). Dementia was the least detected (5%, n = 8) psychiatric condition. Among Schizophrenia patients, mostly were administered with lorazepam (n = 131). On the other hand, amisulpride was found to be administered in fewer patients. Among 29 patients with parkinson's disease, l-dopa was used to be widely prescribed, propranolol, trazodone and mirtazapine were used in fewer number. Among Dementia patients mostly used drug was donepezil (n = 13). The study revealed the increased use of antipsychotic drug utilization in tertiary care facility (an historic city of south India). Among the study population, dementia was the least detected case. Schizophrenia and anxiety patients were mostly administered with lorazepam and however, among dementia patients, mostly was donezepil used.

PMH65 RESOURCE UTILIZATION AND COSTS ASSOCIATED WITH OFF-LABEL USE OF ATYPICAL ANTIPSYCHOTICS: A HEALTHCARE ENCOUNTER LEVEL COSTING STUDY

PMH66 HEALTH RESOURCE USE OF PATIENTS ENROLLED IN JANSSON CONNECT TREATED WITH LONG-ACTING INJECTABLE (LAI) ATYPICAL ANTIPSYCHOTICS: PRELIMINARY RESULTS FROM A SUMMATIVE EVALUATION

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OBJECTIVES: This study was designed to describe the healthcare resource use (HRU) of schizophrenia patients enrolled in JANSSEN CONNECT® (JC). METHODS: This is a multi-center, retrospective medical chart review of patients enrolled in JC, a comprehensive program (enrolled in May 2013 to February 2015) that provides specialty care and managed care outreach; a healthcare professional has determined a Janssen long-acting injectable atypical antipsychotic to be the most clinically appropriate treatment option. Data collected included demographic and clinical characteristics, HRU, outcome and injection approved through a comprehensive medical evaluation. The index date was defined as LAI initiation date when new users initiated LAI on/after JC enrollment while continuous users initiated LAI prior to enrollment. Descriptive analysis was conducted to evaluate the demographic, clinical characteristics and HRU of JC enrollees at 9-month and 18-month post-index periods. Comparative analysis on the new antipsychotic users. The outcome was time to first foster care placement transition. Cox proportional hazard ratios (HRs) associated with antipsychotic initiation, adjusting for demographic, clinical, and foster care characteristics.

RESULTS: Comparing new users to propensity-score matched nonusers, there was no difference regarding average days to placement transition (37% versus 36%) during the follow-up. The HR was 1.1 (95% CI: 0.7-1.6).

CONCLUSIONS: Youths initiating antipsychotics had no significant reduc-