moxetine treatment. CONCLUSIONS: At baseline, country-level variations in some patient characteristics were evident in children with ADHD treated with atomoxetine in the UK and IT. Further, this study suggests an opportunity for improved ADHD treatment response and satisfaction outcomes.

PMH62 AN EXAMINATION OF THE ASSOCIATION BETWEEN ANTIDEPRESSANT-RELATED WEIGHT GAIN AND VARIOUS ASPECTS OF WORKER PRODUCTIVITY Schneider G1, Roy A2, Dabbous OH3

OBJECTIVES: To understand the association of antidepressant-related weight gain with various aspects of worker productivity. METHODS: Employed individuals (n=18 years of age) with diagnosed depression (excluding bipolar disorder) completed a web-based computer-generated 25-minute survey (study population identified by Harris Interactive). Weight gain was measured using the Toronto Side Effects Scale which asked whether medication-related side effects in the 2-weeks preceding the survey, with higher numbers indicating greater impairment and less productivity (i.e., worse outcomes). Using distribution among current antidepressant users, each WPSI measure was categorized into quintiles, with the lowest and highest representing least and greatest impairment, respectively. Cumulative logit models were used to estimate the overall effect of weight gain on WPSI measures as well as across gender. RESULTS: Of the 1521 survey respondents, 872 (57%) reported current antidepressant use (60.6% female, mean age 49.9 ± 13.5 years). Weight gain was associated with loss of productivity: <2lbs (odds ratio [OR] = 1.54; p < 0.005), <4lbs (OR = 2.14; p < 0.0007) and <7lbs (OR = 2.96; p < 0.0009). In females, using “no weight gain” as a reference group, the odds of being in a worse overall productivity category increased with the increase of weight gain: <2lbs (odds ratio [OR] = 1.59; p < 0.02), <4lbs (OR = 2.17; p < 0.005) and <7lbs (OR = 3.13; p < 0.01). Similar trends were observed in males: <2lbs (OR = 1.43; p < 0.15), <4lbs (OR = 2.00; p < 0.06) and <7lbs (OR = 2.86; p < 0.02). CONCLUSIONS: In employees with depression, antidepressant-related weight gain was associated with loss in overall productivity. Additional research to quantify the indirect costs of antidepressant-related weight gain in terms of productivity losses may be useful.

Mental Health – Health Care Use & Policy Studies

PMH63 STAY HEALTHY THROUGH GAME-CARE THERAPEUTICS: IT’S TIME TO PLAY THE GAME!

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OBJECTIVES: Health care research in present scenario is a platform wherein a wide range of interventions play their role to alleviate suffering and mitigate the course of diseases. Gaming console have so far demonstrated promising and considerable potential as rehabilitation and lifestyle treatments. The objective of this review was to study the advent and role of new generation gaming consoles (e.g. Nintendo Wii, Sony PlayStation 3, and Xbox360) in healthcare research in a systematic manner. METHODS: A consolidated search strategy was developed and run in EMBASE, MEDLINE, Cochrane, POPLINE, SCOPUS, and ClinicalTrials.gov databases to identify the trials utilizing gaming consoles as principal intervention or supportive treatment in various disease areas. Grey literature was also identified through Google Scholar. Data extraction was performed and results were summarized. RESULTS: The data revealed that motion sensor and interactive gaming consoles have found their role in multiple health care fields ranging from rehabilitation, weight loss, stroke recovery, improvement in locomotor activity, Parkinson’s disease, Alzheimer’s disease, and back pain, etc. Also, their active presence in promoting exercise, health care, and have a higher prevalence of diabetes than general population. Once a hypoglycemic therapy is needed, proper compliance to the therapy and diabetic control are important for achieving good glycoemic control as well as preventing acute complications. Therefore, this study aimed to compare diabetic care and risk of acute complications after the initiation of the therapy for three years, between type II diabetes with schizophrenia versus those without schizophrenia. METHODS: This study used the claims database of the National Health Insurance program. Enrollees who began oral hypoglycemic therapy in 2001, and had been diagnosed with schizophrenia and referred at least one prescription of antipsychotic(s) in the year prior to the index date were included in the study (the case group). Enrollees without schizophrenia who began oral hypoglycemic therapy in 2001 were selected from a randomly selected sample of the enrollees to match the age and gender of the case group. Indicators of diabetic care included good medication compliance (a medication possession ratio ≥0.8), blood glucose test, and HbA1c test. Indicators were measured annually. Acute complications were defined as emergency room visits or hospital admissions due to coma, hypo-glycemia, encephalopathy, or diabetic ketoacidosis. Cox proportional hazards model was adopted to assess risk of acute complications. RESULTS: There were 544 subjects in the case group and comparison group, respectively. The percentage of subjects compliant to the therapy in the case group was decreasing. In addition, the incidence of acute complications significantly increased in the case group (4.6%) than the comparison group (1.22%) and had a higher risk of acute complications than the comparison group. CONCLUSIONS: Diabetics with schizophrenia, compared with those without such a condition, had worse diabetic care. Better disease management will be necessary for this group.

PMH65 THE CHALLENGE OF ADHERENCE AND INDIVIDUALIZED TREATMENT IN SEVERE MENTAL DISORDERS – A NORDIC PERSPECTIVE

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OBJECTIVES: Drug choice and adherence are important aspects in schizophrenia and bipolar disorder (BD) and depend on patient and drug characteristics. Our aim was to examine Nordic psychiatrists’ views on treatment choice, adherence, once-daily (OD) and total monthly costs (TMC) of antipsychotics (AD) versus quetiapine (IR). METHODS: We conducted a quantitative, telephone-based survey with 201 respondents randomly selected from a list of all 1906 Swedish and 677 Danish psychiatrists (excluding child and geriatric psychiatrists). Structured, one-hour qualitative interviews with 10 high-priority countries allowed us to further interpret the results. Data was collected by an independent research company. For binary variables, we performed a binomial test of the null hypothesis that the alternative responses were equally likely. RESULTS: One hundred one Danish and 100 Swedish psychiatrists were included, 65% were male and the mean (SD) psychiatrist experience was 15.4 (8.9) years. No relevant country differences were found. 198 psychiatrists (99%) agreed on the importance of individualized treatment (p < 0.0001). Respondents reported that 42% of schizophrenia and 33% of BD patients tried ≥3 antipsychotics before being stabilized. All respondents reported non-adherence to be common and associated non-adherence with side-effects. 199 (99%) psychiatrists thought that ODD would improve adherence (p < 0.0001), and 196 (98%) that it could mitigate partial adherence problems (p < 0.0001). 179 respondents (89%) said that ODD reduces relapse rates (p < 0.0001). A total of 147 psychiatrists (73%) associated quetiapine XR with less day sedation than IR (p < 0.0001), and 132 (66%) associated XR with a reduced need for injection treatment (p < 0.0001). In the qualitative interviews, XR was to a higher extent associated with antipsychotic monotherapy and IR more often with short-term use for e.g., AD conversion. CONCLUSIONS: Nordic psychiatrists consider antipsychotic treatment in schizophrenia and BD to be important and perceived ODD to improve adherence. Respondents associated quetiapine XR with different use compared to IR.

PMH66 12-YEAR TREND ANALYSIS ON THE CHARACTERISTICS, PRIMARY, AND OTHER SOURCES OF MEDICATIONS FOR PHYSICIAN-OFFICE VISITS FOR PATIENTS WITH DEMENTIA IN THE UNITED STATES

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OBJECTIVES: This study was to estimate the national trend of physician-office visits for patients with Alzheimer’s disease and senile dementia (AD + SD), related characteristics, primary payment source, and prescribed medications over a period of 12 years (1998 – 2009) in the United States. METHODS: Physician-office visits with AD + SD diagnosis were identified in the National Ambulatory Medical Care Survey, stratified by time frame, to perform a trend analysis for patients aged 40+ with relevant ICD-9-CM codes (290.xx, 294.xx, 331.xx). Main outcomes of interest are the changes in AD + SD physician-office visits, primary payer source, and prescribed medications. A series of multivariate regressions (generalized linear model [GLM] with Poisson distribution) for number of medications prescribed per visit were employed by year to estimate the increased medication numbers associated with AD + SD, controlling for patient demographics, comorbidities, and visit/payment characteristics. The impact of explanatory variables at both physician-office and patient levels and visit level was also assessed through hierarchical modeling. RESULTS: Over the 12-year period, the annual AD + SD visits and average all-purpose medications prescribed per AD + SD visit have yearly growth rates of 18.2% and 10.7%, respectively. MediCare patients has consistently been the largest primary payer for AD + SD physician-office visits (from 67% of visits in 1998 to 77% in 2009). Private payer and Medicaid also have increased shares (from 6% to 13% and from 4% to 5%, respectively) as primary payer, while fewer visit portions are primarily covered by Self-pay and Other sources. Numbers of drug mentions per visit attributable to AD + SD, estimated through GLM regressions, are 0.64 in 1998, 1.52 in 2004, and 2.20 in 2009. CONCLUSIONS: AD + SD patients’ use of physician-office services has increased