METHODS: Patient relevant endpoints of treatment (remission of depression, response to treatment, no relapse, serious adverse events, adverse events, social function, anxiety, pain, cognitive function) were prioritized using pairwise comparisons of these outcomes. In two separate groups, twelve patients and seven experts judged on a 9-point scale the relative importance of pairs of two outcome measures. The geometric mean of these judgments was used to derive weighting factors for the outcome measures (scale 0–1). RESULTS: Of all outcome measures, patients rated response to treatment highest (0.32), while experts rated remission of depression highest (0.48). Adverse events were all rated lowest by patients as well as by experts, and did not attain the threshold value onto one of the eating disturbances relevant scales.

CONCLUSIONS: The statistical analysis consisted of two sample T test, \( r^2 \)-probe. RESULTS: The target group's number was 82, the control group 83. In the “The feeling of the insufficiency” (\( P < 0.001 \)), “Interpersonal distrust” (\( P = 0.005 \)), “Interoceptive consciousness” (\( P < 0.001 \)), scales, the members of two psychiatric patient groups reached a significantly lower score away. In the “Bulimia” scale there was a significantly lower score in the control group as well than the borderline in a group (\( P < 0.005 \)), and here I found a significant difference between the members of two psychiatric groups: the anxious group reached a lower score, compared with the borderline group (\( P < 0.001 \)). CONCLUSIONS: The three psychiatric patient groups did not attain the threshold value onto one of the eating disturbances relevant scales neither. There is not a direct, causal contact between the examined psychiatric clinical pictures. The men's higher result achieved on the “Bulimia” scale relates rather onto the binge eating disorder.

**PMH55**

**MODELING PROGRESSION IN DEMENTIA: ASSESSING THE PERFORMANCE OF FIVE CLINICAL MEASURES IN SPANISH SUBJECTS AND CAREGIVERS**

**OBJECTIVES:** The primary objective of this analysis was to compare five different clinical measures and their impact on economic modelling. Clinical measures compared were the Mini-Mental State Examination (MMSE), the Cognitive Component Score (CCS), the Functional Component Score (FCS) the Behaviour Component Score (BCS), and the Dependence Scale (DS).

**RESULTS:** The MMSE, CCS, FCS, BCS and DS were compared in their ability to explain variation in clinical outcomes, economic and other utilized resources, caregiver burden (Zarit Scale) and caregiver QoL (EQ-QD) using univariate (Pearson correlations) and multivariate (linear regression) analyses. Data on subjects and caregivers was obtained from multiple centres in Spain.

**CONCLUSIONS:** In total 394 subjects, males and females aged 30 to 93 years old with mild cognitive impairment to severe dementia were included in this study. CCS and DS were moderately correlated with MMSE, with Pearson correlations ranging from 0.26 for BCS to 0.36 for CCS. These four clinical measures were also moderately correlated with medical costs, Zarit Scale and EQ-QD while MMSE was not. These measures also performed better in explaining variation in medical costs, Zarit Scale and caregivers’ EQ-QD. MMSE performed better explaining variation in the number of concomitant conditions and caregiver time (hours per day).

**PMH56**

**EVALUATION OF THE EFFECT OF ARIPIPRAZOLE ON QUALITY OF LIFE IN PATIENTS WITH SCHIZOPHRENIA IN A PROSPECTIVE, MULTICENTRE, OPEN-LABEL STUDY**

**OBJECTIVES:** Aripiprazole has been claimed to have a beneficial effect on cognition with an emphasis on verbal functioning in schizophrenic patients. A prospective, multicenter, open-label study of Aripiprazole was set to evaluate the effect on quality of life, in relation to illness severity and cognitive functioning of a treatment with aripiprazole in schizophrenic patients.

**METHODS:** A total of 363 schizophrenic patients from 18 to 65 years, treated with different typical and atypical antipsychotics or had no previous treatment, were switched to aripiprazole after a 2 week washout period. Quality of life was assessed by use of the Quality of Life Enjoyment and Satisfaction Questionnaire (QLESQ) at 3 separate test moments in a 12 weeks period.
At the same time, verbal cognitive function was assessed with the California Verbal Learning Test (CVLT) and the Verbal Fluency test (VF). The Clinical Global Impression-Severity (CGI-S) was assessed as well at the same visits. Statistical analysis was done using SAS 9.2 with the PROC MIXED module for mixed effects repeated measures analysis. RESULTS: A mixed models analysis on the QLESQ scores showed significant effects for CGI-S in all subscores but “school” (* p = 0.1485) and for the verbal cognitive measures only in subscores “leisure” for CVLT-LTR (* p = 0.0002). CONCLUSIONS: The observed difference over time in QLESQ values is dependent on phase of the study and which contributes mostly to the prediction of the QLESQ outcome. Verbal cognitive outcome was not predictive. These findings are not in agreement with other publications reporting an independent contribution of both measures on quality of life. As the study was open-label, interpretation of the results should be approached with some caution.

PRODUCTIVITY LOSS AMONG PATIENTS WITH MOOD DISORDERS

CONCLUSIONS: The objective of this study is to analyze antidepressants and anxiolytics drug usage (ATC groups: N06A and N05B) in two mid European, neighbouring countries, Croatia and Slovenia, for the 9-year period, from 2000 to 2008. Further, the aim was to identify the generic drugs usage in each country, the price for DDD for original and generic drugs, and to identify the most prescribed drugs in each drug group. METHODS: The data have been obtained from the International Medical Statistics database for Croatia and Slovenia. Drugs usage is presented in defined daily doses per 1000 inhabitants per day (DDD/1000) according to the WHO Methodology. Financial expenditure data are presented in Euros. An average cost per DDD was calculated for each drug group. RESULTS: In 2008, the total usage of antidepressants was higher in Slovenia (42.7 DDD/1000 inhabitants/day) than in Croatia (22 DDD/1000 inhabitants/day), and it increased in both countries during the investigated period. The total usage of anxiolytics is more than 3 times higher in Croatia (7.4 DDD/1000 inhabitants/day) than in Slovenia (2.2 DDD/1000 inhabitants/day). The total usage of anxiolytics decreased in Slovenia in 2008 in comparison with prescriptions in 2000, while it increased in Croatia for 44.3% during the same period. The rate of generic prescriptions among antidepressants during the investigated period was higher in Croatia, i.e. in Croatia 73.6% of all prescribed antidepressants were generics in 2008, while in Slovenia 33.5%. CONCLUSIONS: Drugs prescription patterns are different comparing Croatia and Slovenia, a possible reason for relatively higher usage of antidepressants and lower usage of anxiolytics in Croatia could be depression treatment with anxiolytics. This indicates the need for a more thorough analysis and the introduction of national drugs guidelines for rational prescribing, monitoring and evaluation especially anxiolytics. Although the generic drugs usage in the mentioned groups is relatively high, it should be further supported and promoted.

QUALITY OF LIFE IN SCHIZOPHRENIC PATIENTS TREATED WITH ATYPICAL ANTIPSYCHOTICS, IN THE AMBULATORY SETTING: A 6-MONTH, OBSERVATIONAL, MULTICENTRIC PROSPECTIVE STUDY

CONCLUSIONS: The quality study estimated daily doses per 1000 inhabitants per day (DDD/1000) of atypical antipsychotics used in the population of the Netherlands and Belgium. The average daily dose increased in the Netherlands and decreased in Belgium. The usage of atypical antipsychotics in the Netherlands and Belgium is similar to or higher than in other European countries. CONCLUSIONS: The results of this study support the results of the other population-based studies and offer useful additional information on the consumption of psychiatric medications in two European countries. Further research is necessary to determine whether these trends will persist over time.

ANTIPSYCHOTIC PRESCRIBING TO THE ELDERLY: A TWO-YEAR COMPARATIVE ANALYSIS

OBJECTIVES: Antipsychotic medicines are commonly prescribed to elderly patients. These patients are at an increased risk of adverse drug events because of age-related pharmacodynamic and pharmacokinetic changes. The primary aim of the study was to determine antipsychotic prescribing patterns and cost to patients aged 60 years and older in a private health care sector primary care patient population in 2008 and 2009. METHODS: A retrospective, exposure-cohort drug utilization study was conducted on prescription data of a pharmacy group in South Africa for 2008 and 2009. No differential diagnoses were available. All records for antipsychotics (MIMS category 1.5) for patients 60 years and older were extracted for analysis. RESULTS: A total of 1800 patients in 2008 and 3086 patients in 2009 received 7857 and 11037 antipsychotic products at a sales value of R785 896 and R492 127, respectively. The average cost per antipsychotic product was R353.67 in 2008 and R338.98 in 2009. Most patients were female (61.78% in 2008 and 57.87% in 2009). Tablets were the preferred dosage form (94.40% in 2008 and 92.60% in 2009). The most frequently prescribed antipsychotic was quetiapine (46.9% in 2008 and 47.5% in 2009) followed by risperidone (31.4%) and apiriprozole (23.1%). Quetiapine was prescribed in 28.5% of the patients in 2008 and 28.0% in 2009. Antipsychotic usage was lower in 2009 compared to 2008. CONCLUSIONS: This study provides a useful insight into antipsychotic prescribing patterns in the elderly and could be used to guide the development of appropriate prescribing guidelines for this patient group.

PRODUCTIVITY LOSS AMONG PATIENTS WITH MOOD DISORDERS

CONCLUSIONS: The results of this study support the results of the other population-based studies and offer useful additional information on the consumption of psychiatric medications in two European countries. Further research is necessary to determine whether these trends will persist over time.