

item Medical Outcomes Study Short-Form Health Survey version 2 (SF-12v2) among adults with autism. **METHODS:** Study data was collected using an online survey (Qualtrics software system) of 291 adults with autism registered with the Interactive Autism Network (IAN). Using confirmatory factor analysis, construct validity of the SF-12v2 was examined by comparing model fits across four different iterations of the SF-12v2 two-factor structure. Known-groups validity was assessed by comparing SF-12v2 physical component summary (PCS) and mental component summary (MCS) score by autism severity. Internal consistency reliability was determined using Cronbach's alpha. Floor and ceiling effects were assessed based on the percentage of participants scoring the lowest and highest possible score, respectively. **RESULTS:** Results from CFA indicated an adequate fit with the data for the two-factor SF-12v2 model with minor modifications. As per known-groups validity, the SF-12v2 MCS domain adequately distinguished adults with autism by severity, with higher MCS score observed among adults with low autism severity as compared to those with high autism severity. However, contrary results were observed for the PCS domain. High internal consistency reliability was observed for the PCS domain (Cronbach's alpha 0.87), MCS domain (Cronbach's alpha 0.73), and overall instrument (Cronbach's alpha 0.84). There were no floor and ceiling effects. **CONCLUSIONS:** The SF-12v2 had good construct validity, and the factor structure fit well with the data. The known-groups validity of the SF-12v2 warrants further investigation in this population. Reliability of the instrument was good, and there were no floor and ceiling effects. Overall, SF-12v2 had adequate psychometric properties among adults with autism.

PMH67

CONTENT VALIDITY OF THE SR-MAD RX OPIOIDS INSTRUMENT FOR USE IN PATIENTS WITH ACUTE OR CHRONIC PAIN

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OBJECTIVES: To assess the content validity and patient interpretation of the Self-Reported Misuse, Abuse and Diversion (SR-MAD) of Prescription (Rx) Opioids instrument. **METHODS:** A cross-sectional, qualitative study was conducted in patients with chronic or acute pain. Patients were recruited from 3 clinical sites based on three patient groups (opioid naïve, known opioid abusers, and chronic opioid non-abusers) to participate in a one-on-one cognitive interview. Patients completed the SR-MAD instrument via web-administration and then participated in an in-depth discussion following a semi-structured interview guide to assess the patient's understanding of the questionnaire. Descriptive statistics and content analysis were performed. **RESULTS:** Thirty-seven patients were interviewed: 11 opioid naïve; 13 known abusers; and 13 non-abusers. Mean age was 55 ± 13.5 years (range 26 to 84); 33 patients (89%) experienced chronic pain, three (8%) experienced acute pain, and one (3%) experienced both chronic and acute pain. Overall, most patients (n=31, 84%) demonstrated a comprehensive understanding of the questionnaire's content and reported the SR-MAD was easy to complete via web-administration. The majority of patients (n=28, 76%) reported they were truthful when completing the questionnaire and most (n=22, 59%) said they were comfortable completing the questionnaire using a secure internet site. Although some patients (n=15, 41% [opioid naïve n=5, known abusers n=7, and non-abusers n=3]) reported there were questions about opioid misuse that were not applicable to them, they all understood what was being asked and thought the questions would be relevant if they were abusing pain medication. Eight patients (known abusers n=4, non-abusers n=1, opioid naïve n=3) reported they were not comfortable answering the SR-MAD honestly in a clinic/doctor's office. **CONCLUSIONS:** The SR-MAD was developed based on patient input and addresses opioid abuse, misuse, and diversion. Additional interviews with aberrant opioid abusers are underway to further examine the content validity of the SR-MAD.

PMH68

QUALITY OF LIFE AMONG ADULTS WITH AUTISM SPECTRUM DISORDERS

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OBJECTIVES: The purpose of this study was to determine the predictors of quality of life (QOL) among adults with autism. A modified version of Wilson and Cleary's QOL conceptual model was used to study the relationship between autism severity, coping, functional independence, social support and QOL in adults with autism. **METHODS:** A cross-sectional, descriptive quantitative design was utilized for this study. An internet-based survey using Qualtrics online software system was administered to adults with autism enrolled with the Interactive Autism Network (IAN). Among these adults, those who were: 1) aged 18 years and above; and 2) capable of self-reporting with little or no proxy help were identified and approached for participation. Structural equation modeling (SEM) was used to identify the inter-relationship among study variables and to identify the factors influencing QOL among adults with autism. **RESULTS:** The survey sample included 262 adults with autism. Results from the SEM analysis revealed the modified Wilson and Cleary's QOL model tested in the study to have an adequate fit (chi-square=49.75, df=17; RMSEA=0.88; CFI=0.95). Significant correlations among coping, functional independence, social support and QOL domains (p<0.05) were observed. Study results depicted autism severity, maladaptive coping, appraisal social support and functional independence as significant predictors of physical and environment QOL. Autism severity had a significant (p<0.05) negative impact on physical, psychological and environment QOL. Higher degree of social support and adaptive coping were found to have a positive influence on QOL. **CONCLUSIONS:** Modifiable variables including social support and coping were found to influence QOL among adults with autism. Physicians and other health care professionals involved in the management of autism among these adults should consider these factors when designing treatment intervention strategies.

PMH69

IMPACT OF BINGE EATING DISORDER ON WORK PRODUCTIVITY AND SOCIAL FUNCTIONING IN A REPRESENTATIVE SAMPLE OF UNITED STATES ADULTS

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OBJECTIVES: Binge Eating Disorder (BED) recently moved, with slight modification, from the DSM-IV appendix to a fully recognized disorder in DSM-5. There is limited information on the impact of BED on productivity and social functioning. One cross-national epidemiological study reported BED was associated with an increased number of days of role impairment. We report here the associations of DSM-5 defined BED, with work productivity and functional impairment in the work/school, social and family life domains. **METHODS:** An internet survey of a representative sample of US adults, conducted in fall, 2013, included questions related to demographics, general health, psychiatric comorbidities, assessment for DSM-5 criteria for BED, the Work Productivity and Activity Impairment questionnaire (WPAI) and the Sheehan Disability Scale (SDS). SDS and WPAI were compared (BED vs no BED groups) via ANOVA. **RESULTS:** Among 22,397 respondents, 344 (1.5%) participants (242 women and 102 men) met full DSM-5 criteria for BED, 1,616 (7.2%) reported overeating with loss of control but not meeting DSM-V criteria for BED. The remainder of the respondents, 20,437 (91.3%), may have reported overeating but no other BED symptoms. Relative to those with no BED, those with BED had higher mean[SD] impairment on SDS work/school (3.86[3.62] vs 1.01[2.21], p<0.001), social life (5.29[3.49] vs 1.22[2.33], p<0.001) and home/family life (4.89[3.44] vs 1.18[2.26], p<0.001). As measured by WPAI, those with BED, compared to those in the no BED group, had higher mean[SD] scores for absenteeism (9.59[19.97] vs 2.90[12.95]), presenteeism (30.00[31.64] vs 10.86[20.07]), work productivity loss (33.19[33.85] vs 12.60[23.22]), and activity impairment (43.52[34.36] vs 19.94[27.22]) respectively (p<0.001 for all). **CONCLUSIONS:** This is the first large population study to examine the association of BED, using DSM-5 criteria, with work productivity and daily functioning. Results suggest that those with BED experience considerable impairment in functioning and work productivity relative to those without BED.

PMH70

DO DEPRESSED PATIENTS ON ADJUNCTIVE ATYPICAL ANTIPSYCHOTICS DEMONSTRATE A BETTER QUALITY OF LIFE COMPARED TO THOSE ON ANTIDEPRESSANTS ONLY? (A COMPARATIVE CROSS-SECTIONAL STUDY OF A NATIONALLY REPRESENTATIVE SAMPLE OF THE UNITED STATES POPULATION)

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OBJECTIVES: The adjunctive use of some atypical antipsychotics (AAPs) has shown to provide some benefits in improving the depressive symptoms in patients with treatment-resistant depression. However, little is known about the impact of these agents on patients' health-related quality of life (HRQoL). **METHODS:** Patients with self-reported depression (ICD-9: 296, 300, and 311), and have used the given AAPs and/or antidepressants for at least a year, were identified in the Medical Expenditure Panel Survey (MEPS) of 2008-2011. The patients were classified into users of adjunctive AAPs (i.e., antidepressants plus AAPs) and users of antidepressants only. The AAPs were identified based on documented evidence, and included risperidone, aripiprazole, quetiapine, olanzapine, and ziprasidone. Multivariate linear regression analyses were conducted to determine whether the utilization of AAPs was associated with the Physical Component Summary-12 (PCS12) or with Mental Component Summary-12 (MCS-12) of HRQoL measure. Socio-demographics, Charlson Comorbidity Index, psychotherapy (i.e., cognitive behavioral therapy), Patient Health Questionnaire-2 (PHQ-2) scores, and the number of prescription medications associated with depression were controlled. **RESULTS:** A total of 3,638 participants reported to have depression and to have used the given AAPs and/or antidepressants for at least a year during the period of 2008-2011 (306 on AAPs vs. 3,332 on antidepressants only). The study subjects were ≥18 years, predominantly White (91.9%) and female (71%). The adjunctive AAPs utilization was not associated with higher scores in the PCS-12 ($\beta = 1.455$, 95% CI = -0.1366-3.0459, p = 0.0729). Rather, it was negatively associated with the MCS-12 scores ($\beta = -1.549$, 95% CI = -3.0171-0.0822, p = 0.0386). **CONCLUSIONS:** The adjunctive utilization of AAPs was not associated with higher scores of HRQoL. Future studies should examine whether poor mental scores of HRQoL have occurred from lower medication adherence to AAPs or from lower baseline HRQoL scores among users of adjunctive AAPs.

PMH71

ANTICHOLINERGIC DRUG USE AND HEALTH RELATED QUALITY OF LIFE (HRQOL) IN THE ELDERLY WITH DEMENTIA

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OBJECTIVES: People with dementia are sensitive to cognitive side effects of anticholinergic drugs and this may adversely affect their Health Related Quality of Life (HRQoL). The study examined the association between the use of drugs with anticholinergic properties and HRQoL among community-dwelling elderly dementia patients. **METHODS:** This was a retrospective longitudinal cohort study involving elderly (age ≥ 65 years) patients with a diagnosis of dementia, using data from Medical Expenditure Panel Survey (MEPS) panels 9 to 13. Each panel consisted of five rounds which spanned over the period of two years. Patients who used anticholinergic drugs in round 1 or 2 were excluded. Anticholinergic drug exposure was measured in rounds 3 and 4 using Anticholinergic Drug Scale (ADS), an ordinal scale that rates anticholinergic drugs into levels 0 - 3 in increasing order of anticholinergic potency. The outcomes of interest were Physical Component Score (PCS) and Mental Component Score (MCS) based on Short-Form 12 (SF-12) health survey, measured in round 4. Two separate multiple linear regressions analyses were performed to determine the association of anticholinergic drugs with PCS and MCS while adjusting for sociodemographic variables and baseline HRQoL measures. **RESULTS:** The study included 112 patients, of which, 15.18% used anticholinergic drugs. Majority of the study participants were between ages of 65-79 (53%), females (57%), and with poor or low family income (65%). After controlling for sociodemographic and baseline characteristics, anticholinergic drug use was significantly associated with 5.75 units reduction in PCS (p-value: 0.01) whereas no association was found between anticholinergic use and MCS. Baseline HRQoL measures were found significant in both models. **CONCLUSIONS:** Anticholinergic medications were associated with