displaying seven treatment attributes: medication, therapy, school involvement, caregiver behavior training, pharmacovigilance, provider communication, and out-of-pocket costs. Every attribute was operationalized into 3 possible levels. Within each task, caregivers selected one best and one worst attribute. A scale-adjusted latent-class (SALC) analysis was conducted to account for variability in the consideration of treatment attributes by each participant.

OBJECTIVES: Our study population of 164 caregivers included parents and guardians of 62 children and adolescents aged 12-17 years on average 42 years old (SD 8.7), predominantly female (95%), white (65%), married (61%), college-educated (73%) and 20% had a child who was diagnosed with ADHD for >5 years. Participants were given a vignette of a family with two children, one for whom a new treatment was recommended and one for whom the most preferred treatment attribute (coefficient=2.41, p<0.001). Three latent classes (i.e., segments) that best described the data were identified, and the scale factor included in the model was significant (p<0.001). The 3 segments comprised 28%, 27%, and 45% of our study population. Segment 1 has the highest preference for ‘medication’ (coefficients=3.6-9.4, all p<0.001) while Segment 2 displayed the least preference for medication (coefficients=−1.49 −3.36, all p<0.001). Segment 3 was most cost-avoidance-oriented (coefficients=-3.13−6.11, all p<0.001) and top-priority goals for ‘school involvement’ (coefficients=−0.63 −2.58, all p<0.05). CONCLUSIONS: This study demonstrated variation in caregivers’ priorities for ADHD treatment attributes. A better understanding of preferences for evidence-based treatment options could improve patient-centered care. By utilizing SALC, our study reduces the likelihood of classification error.

PMH46 QUALITATIVE STUDY OF PATIENTS’ PREFERENCES FOR BIPOLAR DEPRESSION TREATMENT

Me-Mak LE1, Poon J2, Rajagopalan K1, Kleinman L1, Roberts L1, Revicki DA2, Lebel A2
1Pharmaceutical Market Research, Inc, Marlborough, MA, USA, 2Tavira, Bethesda, MD, USA, 3Tavira, Seattle, WA, USA, 4Sunovion Pharmaceuticals, Inc, Fort Lee, NJ, USA

OBJECTIVES: Patient focus groups were conducted to identify the most important clinical and non-clinical attributes influencing treatment decisions for bipolar depression, with the ultimate goal of guiding the development of a quantitative discrete choice experiment to determine patients’ preferences for evidence-based treatment options.

METHODS: Adults clinically diagnosed with bipolar I disorder, recently depressed, previously/currently treated with antidepressants, and not currently suicidal were recruited from two clinical sites. Following an IRB-approved (Ekl Rev Ethical Review Protocol, inclusion criteria, and semi-structured, open-ended discussion guide, focus groups lasting 90-minutes were conducted to discuss patients’ expectations and experiences towards treatment safety and efficacy. Focus groups recordings were transcribed, a data coding dictionary developed, and ATLAS ti used for qualitative data analysis. RESULTS: From the two focus groups conducted (n=8 each, Total N=16; mean age 47.9±6.4 years; 68% female, mean time since diagnosis 15±7.114 years; mean length of atypical antipsychotic use 6±3.4 years), 16 participants were most concerned with treatment effectiveness, expecting a medication to balance the “highs and lows” of bipolar symptoms and providing “clarity” (controlof thoughts and actions). One in 4 expected symptom improvements within 2-3 weeks of treatment initiation, and would tolerate side effects and less desirable features, as long as these did not outweigh treatment benefits. Side effects mentioned spontaneously and rated mostly highly by participants as influencing treatment initiation and persistence decisions were weight gain (n=8, 50%), nausea (n=7, 43.8%) to manage side effects, most (n=7, 43.8%) reported self-treatment by reducing dosage or discontinuing without medical consultation. CONCLUSIONS: Treatment efficacy, faster onset in terms of symptom improvement, less weight gain, and clarity about medication use (not mutually exclusive). Thirteen out of 14 labels demonstrated efficacy by using COAs: CONCLUSIONS: All mental health drug labels approved by the FDA since 2006 utilize label claims specific measures to support drug efficacy and labeling, however, some preferred treatments were not identified.

PMH47 RELATIVE EFFICACY AND TOLERABILITY OF VORTIoxetine versus APPROVED ANTIDEPRESSANTS for MAJOR DEPRESSIVE DISORDER: A META-REGRESSION of CLINICAL TRIALS

Diamond 1, Danenchko N1, Brignone M1, Rive B2, Perez V3, Diamand F1, Merikle E1
1Lundbeck S.A. Paris Fr, EU, Paris, France, 2Analysis Group, Inc., Montreal, QC, Canada, 3Parexel International, Glendale, CA, USA, 4Lundbeck LLC, Deerfield, IL, USA

OBJECTIVES: Vortioxetine, a novel antidepressant exhibiting a multimodal mechanism of action, was approved for the treatment of adults with major depressive disorder (MDD) in 2014. This extension of a recently published meta-analysis (Llorca et al. Curr Med Res Opin 2014,30(12):2589-606) compares the efficacy and tolerability of vortioxetine with seven commonly used antidepressants marketed in the US.

METHODS: Indirect comparisons using meta-regression, an extension of traditional meta-analysis, were performed using data from 54 double-blind placebo-controlled Phase III pivotal trials identified in a systematic review (n=18,312 patients). To ensure study comparability, only experimental drug and placebo were included. An aggregate analysis of primary and secondary level standardized outcomes were regressed on active treatment to compare efficacy and tolerability of vortioxetine with branded (levomilnacipran, viloxazine, desvenlafaxine) and generic (duloxetine Hydrochloride) antidepressants marketed in the US. The results of all antidepressants were defined as change from baseline on the Montgomery-Asberg Depression Scale or Hamilton Depression Rating Scale after 2 months (6-12 weeks) of treatment. Tolerability was defined as the withdrawal rate due to any adverse event. RESULTS: Standardized mean differences for vortioxetine compared with the selected antidepressants (negative estimates favor vortioxetine) were: duloxetine, 0.10 (95% confidence interval [CI] -0.12, 0.32), escitalopram, -0.04 (95% CI - 0.32, 0.24), sertraline, -0.02 (95% CI -0.39, 0.34), venlafaxine, 0.14 (95% CI -0.11, 0.39), levomilnacipran, -0.05 (95% CI -0.28, 0.19), viloxazine, -0.23 (95% CI -0.53, 0.06), and desvenlafaxine, 0.04 (95% CI -0.16, 0.23). Significantly lower withdrawal rates were observed for vortioxetine versus sertraline, venlafaxine, and desvenlafaxine (all p<0.005). No statistically significant difference in withdrawal rates was observed between vortioxetine and duloxetine, escitalopram, levomilnacipran, or viloxazine. CONCLUSIONS: These findings show that vortioxetine offers a comparable combination of efficacy and tolerability in MDD to other antidepressants marketed in the US.

PMH48 A REVIEW OF CLINICAL OUTCOME ASSESSMENTS USED IN FDA APPROVED DRUG LABELS FOR MENTAL HEALTH CONDITIONS

Pomplus FA1, Lindberg-Springs S2, Seoane-Vazquez E3
1Massachusetts College of Pharmacy & Health Sciences, Boston, MA, USA, 2AMCPhS University, Boston, MA, USA

OBJECTIVES: This study reviewed the relevant indicators and level of evidence for MDD and schizoaffective disorder. A total of 20 FDA-approved drugs for use in mental health conditions were identified. Of these, 18 labels included clinical outcome assessments in the results section and the results used the results of COAs to support 19 indications. Efficacy was the most cost-effective drug, followed by viloxazine, escitalopram, -0.23 (95% CI -0.53, 0.06), and desvenlafaxine, 0.04 (95% CI -0.16, 0.23). Significantly lower withdrawal rates were observed for vortioxetine versus sertraline, venlafaxine, and desvenlafaxine (all p<0.005). No statistically significant difference in withdrawal rates was observed between vortioxetine and duloxetine, escitalopram, levomilnacipran, or viloxaze