OBJECTIVES: To examine the economic burden and health care utilization of depression, anxiety, and post-traumatic stress disorder (PTSD) and combined mental health conditions of veterans and active service members. METHODS: Using different forms of regression analysis of cross-sectional data obtained from a survey conducted by Statistics Canada in 2010-11 of former and active army personnel, key risk categories were identified from economic data and included educational attainment, military career characteristics, behavioral characteristics, income and demographic characteristics. Regression analysis conducted included ordinary least squared regression, logistic, and probit analysis. In addition, various diagnostic tests were conducted to ensure the absence of measurement error. RESULTS: The results showed that higher-earning personnel had a significantly lower risk of mental health conditions than lower-earning personnel. Obesity significantly increases the risk of mental health conditions, and younger former personnel had a significantly greater risk of mental health conditions than their older counterparts. Another significant association was gender where female personnel showed a greater risk of mental health disorders. Deployment for extended periods outside Canada was also shown to be significantly associated with increased risk. Rank within the military structure did not show a significant association with increased risk. The results also showed that the higher the educational attainment, the lower the risk of mental health conditions but this result was not significant. Significance was set at the 5% level.

CONCLUSIONS: This study is the first comprehensive analysis of economic risk factors associated with mental health conditions of former army personnel in Canada. We present an established economic theory. Additional analysis to understand the underlying reasons shown in these results and policy implications will be investigated in the presentation.

PMH55 BASELINE HEALTH RESOURCE AND CRIMINAL JUSTICE SYSTEM COSTS FOR CLINICAL TRIAL PATIENTS WITH SCHIZOPHRENIA AND PRIOR INCARCERATION
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OBJECTIVES: To describe estimated health resource (HR) and criminal justice (CJ) system costs for patients with schizophrenia recently released from incarceration that are participating in a clinical trial. METHODS: Interim baseline HR and CJ events collected via a resource use questionnaire from a clinical study of individuals with schizophrenia recently released from incarceration were analyzed. HR and CJ utilization were evaluated for the most recent CJ event prior to study enrollment, the time between this CJ event and enrollment, and the year prior to this CJ event (pre-period). HR and CJ cost estimates were obtained from administrative claims and published literature then applied to the utilization data pro-rated to 365 days. Costs were summarized descriptively using a state government payer perspective and presented in 2013 US dollars. RESULTS: Mean total cost ($4,034 vs. $1,152, p < 0.0001) and emergency room use ($18.64 vs. p < 0.0001), physician office visit (99.59% vs. 54.08%, p < 0.0001), outpatient (99.70% vs. 54.83%, p < 0.0001) and pharmacy visits (90.43% vs. 52.20%, p < 0.0001). Higher alcohol use was associated with a total of 614,093 patients were identified in each group, and baseline characteristics were summarized descriptively using a state government payer perspective and presented in 2013 US dollars.

PMH56 ECONOMIC MODEL FOR ESTIMATING MEDICAL AND CRIMINAL JUSTICE COSTS AMONG PATIENTS WITH SCHIZOPHRENIA AFTER RELEASE FROM JAIL/PRISON
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OBJECTIVES: To develop an economic model that estimates the cost burden of psychiatric relapse and recidivism among patients with schizophrenia after release from jail/prison from a US state government perspective. METHODS: A Markov state-transition model was developed to estimate the numbers of schizophrenia patients newly released from jail/prison who would experience psychiatric relapse and/or arrest and re-incarceration over a period of three years, along with corresponding costs. The model included three health states: 1) in community, on therapy, 2) in community, off therapy, and 3) incarcerated. A patient’s probability of psychiatric hospitalization increases with treatment discontinuation, and the probability of arrest increases with criminal hospitalization. Data from the US Census and Bureau of Justice Statistics were used to estimate the model population. Published literature was used to estimate the rates of psychiatric relapse, arrest, and direct cost inputs associated with hospitalization, arrest, trial, and incarceration. Felony and misdemeanor incarceration rate and sentence length data from the State of Florida were applied as a base case scenario. The rate of antipsychotic treatment follow-up release from jail/prison and annual risk of medication discontinuation were varied in sensitivity analyses. RESULTS: Among 34,500 persons released from Florida state prison annually, 5,307 were estimated to have schizophrenia. The estimated three-year cumulative direct costs to the state government were $21,146,000 and $25,616,000 for criminal justice and psychiatric hospitalization costs, respectively ($3.985 per patient criminal justice costs; $4.4% per patient hospitalization costs). An absolute 20% increase in the proportion of patients receiving antipsychotic treatment follow-up release from jail/prison decreased total cumulative costs by $6,88 per year. CONCLUSIONS: The economic impact of psychiatric relapse and psychiatric relapse among patients with schizophrenia is substantial from a state government perspective. This general model can be made state-specific by utilizing local criminal justice data sources.

PMH57 AUTISM: PATIENT PROFILE, ECONOMIC AND SOCIAL IMPACT IN A DEVELOPING COUNTRY
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OBJECTIVES: It is not known the profile of the children or the economic and social impact of autism in Brazil. The support therapy to children with autism includes psychologist, speech therapist, and occupational therapy. Antipsychotics are being used having no evidence of safety and pharmacodynamics of the drugs. We describe the profile and the social and economic impact of the disease in their families. METHODS: Simple Internet survey conducted among Brazilian autism communities during October 2013. We performed descriptive statistics. All monetary values are in Brazilian reais (BRL). RESULTS: We obtained 48 responses. 70.8% of autism patients were boys. The median age was 8 years and 54% of the patients were between 6 and 10 years. 65% of the diagnoses were made between 2 and 4 years of age. The median number of physicians visited to achieve diagnosis was 5. 56% of the children visited 1-3 doctors and 23% had to visit more than 5 doctors. Risperidone was used by 48% of cases and reported side effects were insomnia (10%), agitation (47%), anxiety (23%), headache (9%), and self-injury (13%) in eating habits (13%). 28% of patients reported some food allergy. To provide support therapy to children with autism 34% of families spend between 500-1500 BRL, 1500 to 2500 (19%), 2500-3500 (17%) and 3500-5000 (11%). In 13% spending was less than 500 and in 15% spent over 4500. In 53% of the families the expenditure with support therapy is higher than the median household income in Brazil ($1,211.33). CONCLUSIONS: Our results were in agreement with literature considering gender, age at diagnosis, frequency of attendance and use of antipsychotics. Support therapy for these children can be higher than the median household income in Brazil.

MENTAL HEALTH – Patient-Reported Outcomes & Patient Preference Studies

PMH58 FACTORS ASSOCIATED WITH PERFORMANCE ON THE MEDICAID HEDIS MEASURE: CONTINUITY OF ANTIPSYCHOTIC (AP) MEDICATIONS FOR TREATMENT OF SCHIZOPHRENIA
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OBJECTIVES: To assess the impact of baseline characteristics, including prior year adherence and use of paliperidone palmitate (PP), on AP continuity metric performance. METHODS: Medicaid health care claims data from five states (2008-2011) were compared between two groups of AP users diagnosed with schizophrenia and ≥1 AP Rx in baseline year 2010 (BY) and in measurement year 2011 (MY). Adherence to AP was defined as the percentage with dispensed AP medication covering ≥80% of days for the AP continuous year. Baseline year was defined as the 90th days of care following a new AP claim. AP treatment and adherence status were evaluated as potential predictive factors of MY continuity using multivariate logistic analyses. Two mutually exclusive cohorts (patients with any PP claim vs. all other AP patients in BY) were compared on continuous and continuous percentage (CP) metric performance, with propensity representing the likelihood of PP treatment based on BY characteristics. RESULTS: In the study population of 12,990 AP users, 48.6% successfully achieved the AP continuity criteria in MY. After controlling for other covariates, the likelihood of continuity measure success was improved by adherence in BY (odds
ratio (OR: 9.42, 95% confidence interval (CI): 8.55-10.39), female sex (OR: 1.11, 95% CI: 1.01-1.22), age 55-64 (OR: 1.26, 95% CI: 1.09-1.46) relative to age 35-44, and Hispanic (OR: 1.37, 95% CI: 1.05-1.81) relative to white. An incremental $10K in BY inpatient admission cost was also associated with greater likelihood of success (OR: 1.11; 95% CI: 0.98-1.25). Accounting for baseline differences between treatment cohorts using propensity score weighting was used to make the cohorts similar. A 6-week study duration.

CONCLUSIONS: Baseline factors associated with better performance on the HEDIS Continuity of AP medications measure were prior year adherence, use of PP therapy, higher inpatient costs, older age, female gender, and Hispanic ethnicity.

PMH65 IMPACT OF ATYPICAL ANTIpsychotics USE ON LONG ACTING STIMULANTS PERSISTENCE AMONG CHILDREN AND ADOLESCENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER Ball V1, Kambie P2, Ayers P3, 4, 5, 6

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OBJECTIVES: Pediatric Attention Deficit/Hyperactivity Disorder (ADHD) patients are usually prescribed combination of psychotropic agents. This study looked at the impact of atypical antipsychotic (AAP) use on long acting stimulant (LAS) persistence in children and adolescents with ADHD. METHODS: This study used 4 years (January 2004 to December 2007) of IMS LifeLink claims data involving 6-16 years old youths with ADHD and at least 1 LAS prescription between July 2004 to December 2006 and continuous eligibility 6 months before and 1 year after the index LAS prescription. Persistence was measured by summing the total number of days a patient remained on the index LAS from the index prescription date with allowable gap of no more than 30 days. Multivariate Cox proportional hazards regression was used to analyze the effect of concomitant antipsychotic use on the index LAS persistence (by 71 days) than the stimulant alone users. Cox proportional hazards regression revealed that concomitant atypical antipsychotic use improved LAS persistence (by 71 days) than the stimulant alone users. Cox proportional hazards regression revealed that concomitant atypical antipsychotic use improved LAS persistence (by 71 days) than the stimulant alone users. Cox proportional hazards regression revealed that concomitant atypical antipsychotic use improved LAS persistence (by 71 days) than the stimulant alone users. Cox proportional hazards regression revealed that concomitant atypical antipsychotic use improved LAS persistence (by 71 days) than the stimulant alone users. Cox proportional hazards regression revealed that concomitant atypical antipsychotic use improved LAS persistence (by 71 days) than the stimulant alone users. Cox proportional hazards regression revealed that concomitant atypical antipsychotic use improved LAS persistence (by 71 days) than the stimulant alone users.

CONCLUSIONS: The study showed that the determination of concomitant antipsychotic use on LAS persistence was largely mediated through reduction in depression symptoms. These analyses show that improvement in patient functioning among patients on lurasidone was largely mediated through reduction in depression symptoms. These analyses show that improvement in patient functioning among patients on lurasidone was largely mediated through reduction in depression symptoms. These analyses show that improvement in patient functioning among patients on lurasidone was largely mediated through reduction in depression symptoms. These analyses show that improvement in patient functioning among patients on lurasidone was largely mediated through reduction in depression symptoms. These analyses show that improvement in patient functioning among patients on lurasidone was largely mediated through reduction in depression symptoms. These analyses show that improvement in patient functioning among patients on lurasidone was largely mediated through reduction in depression symptoms.