indirect comparison techniques. METHODS: All twelve-week randomised controlled trials of olanzapine, quetiapine and aripiprazole were conducted in monotherapy or in combination therapy. They were identified through a literature review. Five meta-analytic studies were found, allowing the comparison of atypical versus typical antipsychotics. Little difference was found between atypical versus typical antipsychotics. Relative risks for response and remission were close to one. CONCLUSIONS: The differences of mean YMRS change from baseline, YMRS response and remission rates. RESULTS: In monotherapy, the differences of mean YMRS change from baseline to week 12 between atypical and typical antipsychotics were 0.10 (p=0.342), respectively. Relative risks for response and remission were close to one. CONCLUSIONS: The differences of mean YMRS change from baseline to week 6 between atypical versus typical antipsychotics, quetiapine and aripiprazole were 0.65 (p=0.056), 0.10 (p=0.967) and 0.10 (p=0.946), respectively. Relative risks for response and remission were numerically in favour of atypical antipsychotics, but not statistically significant. CONCLUSIONS: The results of these indirect comparisons consistently showed comparable efficacy of atypical versus the investigated typical antipsychotics.

PMH8

US GOVERNMENT INITIATIVES FOR SUPPORTING COMPARATIVE EFFECTIVENESS RESEARCH, AN EXAMPLE FROM PROJECT LIBRA

Young J1, Pepper GA2, Oderda L3, Asche CV3

OBJECTIVES: To determine the variables associated with the risk of long term antipsychotic exposure.

METHODS:Hospital readmission rates have emerged as an important strategy for increasing the quality of health care, while reducing the cost of care. An analysis was conducted using an US government-funded tool to investigate the impact of post-hospitalization follow-up on readmissions for depression.

RESULTS: Reducing hospital readmission rates has emerged as an important strategy for increasing the quality of health care, while reducing the cost of care. An analysis was conducted using an US government-funded tool to investigate the impact of post-hospitalization follow-up on readmissions for depression.

CONCLUSIONS: The results of these indirect comparisons consistently showed comparable efficacy of atypical versus the investigated typical antipsychotics.

PMH10

EXPOSURE TO ANTIPSYCHOTIC MEDICATIONS DURING FOUR YEAR PERIODS FOLLOWING TREATMENT INITIATION AMONG CHILDREN UNDER SIX YEARS OLD

Constantine RJ, Jentz S, McPherson M

OBJECTIVES: In short term clinical trials antipsychotic medications are well tolerated by children under six years old. While concerns have been raised about the impact of long term exposure on metabolic and cardiovascular health and on the developing brain, little is known about the extent of long term antipsychotic exposure in this age group. This study used antipsychotic exposure over a 4 year period of children who began antipsychotic treatment before their sixth birthday and identifies the variables associated with the risk of long term exposure.

METHODS: Children were identified who initiated an index episode of antipsychotic treatment before the age of six years in Florida’s fee for service Medicaid program. Using claims data the medication utilization of these children was tracked during the year before and the four years following the start of their index episodes (pre-index and four post-index periods). Generalized estimating equations were used to identify variables associated with the risk of additional days of antipsychotic exposure. RESULTS: Five hundred twenty-eight children were included in the cohort. The mean total days of exposure was 821.9 (431.9) representing 56.3% of all days during the four post-index periods. The mean days of exposure to combinations of antipsychotics and other classes of psychotropic medications were 623.8-447.6 days. Children with primary diagnoses of pervasive developmental disorders and affective disorders were at greater risk of additional days of exposure than children with ADHD. Exposure tended to be greater among children with indicators of clinical complexity including the presence of secondary diagnoses and the use of other classes of psychotropic medications in addition to antipsychotics. CONCLUSIONS: Exposure to antipsychotic medications was objective. Although these children may have had complex and severe problems, additional research is urgently needed to better understand the benefits and risks of long term antipsychotic exposure among very young children.

PMH11

PSYCHOTROPIC-RELATED HIP FRACATURES AROUND THE WORLD: A META-ANALYSIS

Young J1, Pepper GA2, Oderda L3, Asche CV3

OBJECTIVES: Up to one-third of older adults fall each year with medications representing a well-known risk factor for falling. Ultimately, falls that result in injury are the true target of fall prevention and are of interest to healthcare practitioners. Therefore, this meta-analysis focused on evaluating the association of antipsychotic and antidepressant drugs with hip fracture, a common and debilitating fall-related injury. METHODS: A search of Pubmed/Medline was conducted from 1966-2010 to identify studies that reported hip fracture risks associated with antipsychotic and antidepressant drugs. A total of 5503 citations were screened, of which 293 were selected for further analysis. Combining, these studies represent over 70,000 hip fracture cases and approximately 272,000 total subjects from eight different nations and four continents. Summary odds ratios include (95% confidence interval): conventional antipsychotics (1.43, 1.98), atypical antipsychotics (1.14, 1.49), tricyclic antidepressants (1.13, 1.43, 2.04), and selective serotonin reuptake inhibitors 1.94 (1.37, 2.76). Although some studies reported drug-specific risk measures, the availability of drug-specific data was limited. CONCLUSIONS: All classes considered in this analysis are associated with an increased risk of hip fracture in older adults. There is a trend towards reduced risk associated with atypical antipsychotics compared to conventional antipsychotics, although this does not reach statistical significance. To minimize the risk of hip fracture in older adults requiring psychotropic medications, future research examining the association of hip fractures to specific drugs within these classes is essential.