PMH72

THE IMPACT OF ONCE-DAILY EXTENDED-RELEASE QUETIAPINE FUMARATE (QUETIAPINE XR) ON LENGTH OF HOSPITALISATION OF PATIENTS WITH ACUTE BIPOLAR MANIA

Bonafede M[1], Locklear JC[2], Wahlqvist P[3], Fajutrao L[4], Szamosi J[4], Pan K[5], Eriksson H[4]
[1]Thomson Reuters, Andover, MA, USA, [2]AstraZeneca Pharmaceuticals LP, Wilmington, DE, USA, [3]AstraZeneca, Mölndal, Sweden, [4]AstraZeneca, Södertälje, Sweden, [5]Thomson Reuters, Cambridge, MA, USA

OBJECTIVES: Rapid titration schedule of extended-release quetiapine fumarate (quetiapine XR) for acute bipolar mania means an effective dose can be reached by Day 2 (versus Day 5 with quetiapine immediate release [IR]). This study evaluates the impact of quetiapine XR on length of hospitalisation in patients with acute bipolar mania, compared with quetiapine IR, using Thomson Reuters MarketScan® Hospital Drug Database data. **METHODS:** Inpatient discharges with an ICD-9 diagnosis of acute bipolar mania (296.0x, 296.1x, 296.4x or 296.6x), receiving quetiapine XR or IR, were identified. The impact of the XR formulation on length of hospitalisation was assessed using a generalised linear model, adjusting for patient and hospital characteristics. Length of hospitalisation data were not normally distributed, therefore log-transformed data were included. A post hoc sensitivity analysis evaluated length of hospitalisation (excluding an outlier quetiapine XR patient, with a length of stay 3x higher than the second longest). **RESULTS:** In total, 3088 discharges between July 1, 2007 and August 31, 2010 were analysed. Modelled results showed that treatment with quetiapine XR reduced the length of hospitalisation by 6.7% compared with IR (p=0.11), which corresponds to 0.6 fewer days in hospital (6.7% of 9.6 days), based on least squares mean estimations of length of hospitalisation in patients treated with quetiapine IR. With the outlier excluded, quetiapine XR significantly reduced the length of hospitalisation by 9.6% compared with IR (p=0.02), corresponding to 0.9 days (9.6% of 9.6 days). **CONCLUSIONS:** Inpatient use of quetiapine XR in patients with acute bipolar mania may be associated with reduced length of hospitalisation, possibly due to the faster titration schedule for quetiapine XR versus IR. Given the high costs associated with hospitalisation, a reduction in length of stay of approximately 7 to 10% could represent a non-trivial cost reduction and potential savings.

PMH73

INCREASING USE OF MEDICATION FOR TREATMENT OF ATTENTION-DEFICCIT/HYPERACTIVITY DISORDER (ADHD) IN GERMANY BETWEEN 2003 AND 2009

Schlander M[1], Schwarz O[1], Trott GE[2], Banaschewski T[3], Scheller W[4], Viapiano M[5], Bonauer N[6]
[1]Institute for Innovation & Valuation in Health Care, Wiesbaden, Germany, [2]University of Wuerzburg, Aschaffenburg, Germany, [3]University of Heidelberg, Mannheim, Germany, [4]Verband der Ersatzkassen (vdek), Stuttgart, Germany, [5]KV BaWue, Karlsruhe, Germany, [6]KV Baden-Wuerttemberg, Karlsruhe, Germany

OBJECTIVES: Between 2003 and 2009, psychostimulant prescriptions in Germany increased 2.75-fold. During the same period, administrative prevalence of ADHD in Nordbaden/Germany grew from 0.53% (overall; age group 6-12 years, 4.74%; age 13-17 years, 1.73%, in 2003) to 0.95% (overall; 8.02% and 4.21%, respectively, in 2009). In our earlier analyses for year 2003, we did not identify overprescribing. The present analysis revisits the use of medication in children and adolescents with ADHD in light of its recent increase. **METHODS:** The complete claims database of the organization of physicians registered with statutory health insurance [SHI] (Kassenaerztliche Vereinigung, KV) in Nordbaden/Germany was available for analysis, covering the total regional population enrolled in SHI (>2.2 million). Data were available for calendar years 2003 to 2009 and were combined with prescription data from the SHI in order to create a patient-centered database enabling health care utilization research. **RESULTS:** During the observation period, the use of medication among patients diagnosed with ADHD (in Germany, methylphenidate and atomoxetine) increased continuously in children age 6 to 12 years, from 32.5% (2003) over 35.3% (2006) and 40.9% (2009), whereas the increase flattened in adolescents (45.7% in 2003; 53.9% in 2006, and 54.3% in 2009). Male patients and patients with externalizing comorbidities, in particular conduct disorder, were more likely to receive medication (peak among male adolescents with hyperkinetic conduct disorder: 56.9% in 2003; 60.0% in 2006; 59.5% in 2009). The nonstimulant, atomoxetine, was prescribed rarely (overall, 3.1%versus 38.2% of patients with ADHD), but used more often in adolescents with externalizing comorbidity (up to 9.7% in male adolescents, 2009). Compared to these numbers, only few control patients without a diagnosis of ADHD (total number, 29) received psychostimulants in 2009. **CONCLUSIONS:** Although medication use grew faster than the number of cases diagnosed with ADHD, our data provide no evidence of overprescribing.

PMH74

IMPACT OF AGE AND GENDER IN THE PHARMACEUTICAL EXPENDITURE OF ANXIOLYTICS IN PRIMARY HEALTH CARE

Guadalajara-Olmeda N, De la Poza-Plaza E, Barrachina-Martínez I, Vivas-Consuelo D
Universitat Politècnica de València, Valencia, Valencia, Spain

OBJECTIVES: Study the prescription of anxiolytics in Primary Health Care measured by the number of daily doses prescribed (DDD) to each patient (adjusting for age and gender) in order to quantify the pharmaceutical expenditure of anxiolytics. **METHODS:** Descriptive analysis of the anxiolytics prescribed during 2010 at four districts of Primary Health Care, with an assigned population of 747,566. Population was classified in four groups attending to the DDD prescribed: non-consumers (0 DDD), incidental consumers (1-30DDD); regular consumers (31-180DDD); long term users (>180DDD). Then, these groups were arranged by age and gender. Finally regression analysis was applied, where the pharmaceutical expenditure in Primary Health Care was explained through the gender. **RESULTS:** The 14% of the total population were users of anxiolytics. It was observed a higher expenditure of women's than men. Also the expenditure increases significantly with the age and also by groups of DDD prescribed. The group of incidental consumers shows the greater difference at age 15-55 years. In particular, women consumed 1.64 times more than men. In the group of regular consumers, the greater difference is shown at the age 30-66 years (women consumed 1.86 times than men). The long term consumer group shows a greater difference at the age 45-77. (Women consumed 2.5 times more than men). Two models of regression were obtained (male/female). The models confirmed the previous results, and let us quantified the expenditure by age and gender. **CONCLUSIONS:** The study shows the difference of pharmaceutical expenditure of anxiolytics by gender and age in Primary Health Care. It is important to analyze the causes (physical conditions and also psychological and labor conditions or a combination of them) in order to provide public health recommendations to the National Health System.

PMH75

PHYSICIAN DIFFERENCES BETWEEN ITALY AND GERMANY: THE TREATMENT OF OPIOID DEPENDENCE WITH SUBSTITUTION THERAPY

Severt J, Tkacz J, Ruetsch C
Health Analytics, LLC, Columbia, MD, USA

OBJECTIVES: Substitution therapy is commonly used across the world for the treatment of opioid dependence (OD), yet little evidence exists examining country-specific differences between acceptance and effectiveness of this treatment. The purpose of this study was to examine differences between physician experiences and attitudes regarding substitution therapy among a sample of OD treatment providers in Germany and Italy. **METHODS:** A telephonic survey, initiated by the Italian Federation of Operators of Dependences Departments and Services, examining opioid substitution therapy among treating physicians was administered across two countries: Germany (n=152) and Italy (n=100). **RESULTS:** German physicians treated more than 3 times as many patients than Italian physicians (808.09 vs. 237.16; $t = 9.79$, $p < 0.05$), but Italian physicians treated twice as many with substitution therapy (10.91 vs. 5.00; $t = -7.53$, $p < 0.0001$). Italian physicians placed more importance on a number of key factors when deciding to treat patients with substitution therapy, including substitution treatment history, patient medication requests, OD severity, and drug-drug interaction profile of the treatment medication (p's < 0.05). Italian physicians are more satisfied with treatment options (7.81 vs. 5.88; $t = -6.70$, $p < 0.0001$) and believe their patients feel more satisfied with these options (7.86 vs. 5.73; $t = -8.01$, $p < 0.0001$) than their German counterparts. Finally, Italian physicians feel that municipal drug policies facilitate patient entry into substitution therapy (2.48 vs. 2.99; $t = 3.83$, $p < 0.001$) and that these policies make physicians more willing to treat patients with substitution therapy (2.67 vs. 3.51; $t = 5.91$, $p < 0.0001$). **CONCLUSIONS:** There are key differences in physician attitudes and experiences regarding substitution therapy across EU countries, suggesting that the diversity in health care policies across countries may explain the greater satisfaction of Italian physicians to use substitution therapy.

PMH76

PATTERNS AND DETERMINANTS OF SICKNESS ABSENCE AMONG USERS OF ANTIDEPRESSANTS IN A DANISH WORKING POPULATION

Gasse C[1], Chollet J[2], Petersen L[1], Saragoussi D[2]
[1]Aarhus University, Aarhus C, Denmark, [2]Lundbeck SAS, Issy Les Moulineaux Cedex, France

OBJECTIVES: To describe the patterns and determinants of sickness absence (SA) among users of antidepressants in the Danish working population. **METHODS:** Persons starting antidepressant use in 2004 or 2005, aged 18-64 years and in the workforce during the week prior to the first antidepressant prescription (index prescription, IP) were identified from a representative 25% sample of the Danish population by linking Danish national registries. Only SA >2 weeks are centrally registered in Denmark and could be assessed. Time-to-event and Cox regression analyses were performed to identify predictors of SA during the year following the IP, based on previous history of SA and clinical and socio-demographic baseline characteristics. **RESULTS:** The cohort comprised 26,741 persons (59.6% women). The prevalence of SA increased from 36.0% during the year prior to 46.6% in the year after the IP. The mean duration of first SA episodes after the IP was 19.7 weeks (SD=17.6); 68.5% of individuals on SA received cumulative SA payments for >8 weeks and 34.7% for >26 weeks. The incidence of SA increased from approximately 6 months prior to the IP, and peaked during the week after, affecting 30% of the individuals during this period. Almost 70% of persons with a SA in the year before the IP were on SA during the first week afterwards compared to <10% of those without previous SA. SA at any time during the year prior to the IP increased the risk of SA by up to 3-fold. Clinical and socio-demographic baseline characteristics were only modest predictors of SA after the IP. **CONCLUSIONS:** SA was prevalent in persons starting a new episode of antidepressant use, with SA often lasting longer than 8 weeks. Previous SA was the strongest predictor of subsequent SA in this study.

PMH77

PRESCRIPTION PATTERN EVALUATION FOR BIPOLAR DISORDER IN A TREATMENT FACILITY IN INDIA

Nagappa AN[1], Kumar M[1], Noorunnisa S[1], Bhandary PV[2], Veerupaksh D[2], Balakrishnan R[3]
[1]Manipal College of Pharmaceutical Sciences, Manipal, Karnataka, India, [2]DR. A. V. Baliga Memorial Hospital, Udupi, Karnataka, India, [3]University of Michigan, Michigan, MI, USA

OBJECTIVES: There is a paucity of literature examining pharmaceutical care in bipolar patients in India. This study examined prescribing patterns and associated pharmaceutical care among bipolar disorder patients in a South Indian Psychiatric Hospital. **METHODS:** A prospective observational study was carried out in patients with bipolar disorder in a mental health specialty hospital in Udupi, india. The patients were identified by medical case record reviews during study period. From