**PMH74**

**THE IMPACT OF ONCE-DAILY EXTENDED-RELEASE QTETIAPINE FUAMARTE (QTETIAPINE XIR) ON LENGTH OF HOSPITALISATION OF PATIENTS WITH ACUTE BIPOLAR MANIA**

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**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 296.8x), 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 and evaluated with a Gamma regression analysis where the pharmaceutical expenditure in Primary Health Care (PMH) was modelled. **RESULTS:** Compared to these numbers, only few control patients without acute bipolar mania used more often in adolescents with externalizing comorbidity (up to 9.7% in male population). 3.1% versus 38.2% of patients with ADHD), but atomoxetine, was prescribed rarely (overall, evaluated with a Gamma regression analysis, where the pharmaceutical expenditure in Primary Health Care (PMH) was modelled. 6.7% by children with ADHD). **CONCLUSIONS:** In particular conduct disorder, were more likely 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.

**PMH75**

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

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**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 physicians' experiences and attitudes toward 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 Dependencies 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 were more likely to have been exposed to substitution therapy (58.0% vs. 53.3%, p = 0.39), and German physicians had a more positive attitude about substitution therapy (58.0% vs. 46.7%, p = 0.06). 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 medica- tion (t = 0.39, p = 0.15). Italian physicians were more satisfied with treatment options (7.81 vs. 6.67, p < 0.0001) and believe their patients feel more satisfied with these options (7.86 vs. 7.53, t = 0.51, p = 0.0001) than their German counterparts. Finally, Italian physicians feel that municipal drug policies facilitate patient entry into substitution therapy (2.48 vs. 2.00, t = 0.86, p = 0.39). Italian physicians are more likely to prescribe methadone (74.7% vs. 62.9%, p = 0.06) and make physicians more willing to treat patients with substitution therapy (2.67 vs. 3.51, t = 0.99, 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**

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**OBJECTIVES:** To describe patterns and determinants of sickness absence 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), were included. Person-days on SA were calculated, and associations with SA were evaluated. **RESULTS:** In total, 3088 persons (26,741 persons) were included, and 10.0% of individuals on SA received cumulative SA payments for sickness absence during the study period. The prevalence of SA increased from 38.0% during the year prior to 46.6% in the year following the SA. The incidence of SA decreased from approximately 6 months prior to the IP and peaked during the week after, 39.0% of the individuals during this period. Almost 70% of persons with SA in the year before the IP were on SA during the first week afterwards compared to <10% of those with no 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 modest predictors of SA after the IP. **CONCLUSIONS:** SA was prevalent in people 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.