were matched from each cohort. The bipolar cohort had higher percentages of inpa-
tient stays (11.8% vs. 5.2%; p < 0.001) and emergency room (ER) (22.5% vs. 7.82%, p < 0.0001), physician office (99.40% vs. 55.89%, p < 0.0001), outpatient (99.55% vs. 56.73%, p < 0.0001) and pharmacy visits (91.83% vs. 54.65%, p < 0.0001). Bipolar disorder patients also incurred higher inpatient ($6,126 vs. $75, p < 0.001), ER visit ($265 vs. $87, p < 0.001) and outpatient ($4,566 vs. $1,538), pharmacy ($952 vs. $414, p < 0.0001) and total costs ($11,645 vs. $2,728, p < 0.0001) compared to patients without the disorder. CONCLUSIONS: In this study, bipolar disorder was associated with higher health care resource utilization and a significant higher economic burden.

PMH40
RESOURCE USE AND ASSOCIATED COSTS OF LONG ACTING INJECTABLE ANTIPSYCHOTICS: A RAMQ DATABASE ANALYSIS
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OBJECTIVE: The purpose of this study was to describe the resource use before, and after, initiation of long-acting injectable antipsychotics (LAI-AP) using the provincial public health insurance program database of the Régie de l’assurance maladie du Québec (RAMQ). METHODS: Patients who were incident users (no use in the previous 12 months) of a LAI-AP prescribed between January 1st 2008 and March 31st 2012, at least 20 years old, with a diagnosis of schizophrenia/schizoaffective disorder and with continuous enrollment during the study period were selected. Resource utilization and associated costs were analyzed both during the year before LAI-AP initiation (pre-initiation period) and the year after (post-initiation period).
RESULTS: A total of 3,992 patients meet the inclusion criteria. The average age was 43.5 years (SD = 14.3). In pre-initiation period, 1,484 patients had at least one hospitalization, compared to 918 in post-initiation period (p < 0.001), and the number of days hospitalized was independent (60.5 days [SD = 39.6] vs. 21.2 days [SD = 29.9], p < 0.0001). The number of patients having at least one emergency room visit decreased from 1,372 to 813 patients (p < 0.001), but the number of patients with at least one outpa-
tient visit increased from 4,160 to 7,286 patients (p < 0.001). The pre-initiation outpatient costs were CDN$21,312 (SD = 27,303), compared to CDN$7,199 (SD = 16,419) in post-initiation period (p < 0.001). The outpatient costs were CDN$1,209 (SD = 1,173) during the pre-initiation period, and CDN$1,296 (SD = 2,184) in the post-initiation period (p < 0.001). Total cost of health care resource, including LAI-AP, were CDN$24,382 (SD = 27,234) in the pre-initiation period, compared to CDN$13,090 (SD = 16,987) in the post-initiation period (p < 0.001).
CONCLUSIONS: The initiation of LAI-AP resulted in significantly lower health care resource cost and reduction, with the primary driver being a reduction in number of hospitalizations, days of hospitalization and visits to the emergency room.

PMH41
RECENT TRENDS IN POST-TRAUMATIC STRESS DISORDER-RELATED HOSPITALIZATIONS IN THE UNITED STATES
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OBJECTIVE: Even with increasing attention given to post-traumatic stress disor-
er (PTSD), limited data exist documenting PTSD-related economic burden. This study documents annual rates of PTSD-related hospitalizations in the US (2000-2010), along with associated costs and length of stay [LOS].
METHODS: Adult (18+ years) PTSD-related hospitalizations in the United States (2000-2010) were identified using an ICD-9-CM diagnosis code (309.81 [primary or secondary]) from the 2000 through 2010 HCUP Nationwide Inpatient Samples (NIS) were analyzed. Annual rates of PTSD hospitalization per 10,000 adults were calculated. Costs were estimated using the Medical Expenditure Panel Survey (MEPS) public use files in which each record is a profile defined by all combinations of age, gender, smoking status, and state of residence.
RESULTS: In 2000, the PTSD-related hospitalization rate was 11.0 per 10,000 population (95% CI: 7.5, 14.4). The annual rate estimate increased to 13.0 per 10,000 population in 2010. Annual LOS estimates were calculated. Rates of hospitalizations with a primary diagnosis of PTSD have increased over time, from 2.5/100,000 adults (5,139 hospi-
talizations) in 2000 to 4.5/100,000 (9,175 hospitalizations) in 2010, a 61.6% increase, and by over 200% for hospitalizations with any diagnosis of PTSD, from 28.6/100,000 to 87.7/100,000. For hospitalizations with PTSD as the primary diagnosis, the mean (standard deviation [SD]) LOS increased slightly, from 5.7 (7.4) days in 2000 to 6.6 (9.6) days in 2010, while mean (SD) costs increased by 23.2%, from $5,138 ($6,440) in 2000 to $6,330 ($7,281) in 2010. Finally, from 2000 to 2010, the estimated total (aggregate) cost of PTSD-related hospitalizations increased by 129% ($26.3 million) for PTSD-related hospitalizations and 471% ($435 million) for PTSD-related hospitalizations (aggregate) cost of PTSD-related hospitalizations increased by 129% ($26.3 million) for PTSD-related hospitalizations and 471% ($435 million) for PTSD-related hospitalizations, in 2010. Of the 11

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