validated by physicians familiar with TD and rehearsed to simulate a total Abnormal Involuntary Movement Scale score between 6 and 10. Statistical comparison was made using Wilcoxon sign-rank or chi-squared tests for continuous and categorical variables, respectively.

RESULTS: A total of 800 respondents completed each survey. In all domains, respondents had more-negative perceptions of actors portraying TD movements than of the same actors without movements. Regarding employment, 34.8% fewer respondents in the test group versus the control group agreed that the actor would be suitable for client-facing jobs (P<0.001). Regarding dating, the proportions of respondents who agreed that they would like to continue talking to the actor and who would be interested in meeting them for coffee/drink were 25.0% and 27.2% lower, respectively, in the test group than in the control group (P<0.001). Regarding friendship, the proportions of respondents who rated the actor as interesting and who would be interested in friendship with them were 18.8% and 16.5% lower, respectively, in the test group than in the control group (P<0.001).

CONCLUSIONS: Actors simulating orofacial TD movements were perceived to be statistically significantly less likely to move forward in a job interview, be considered as a potential romantic partner, or be a new friend. This is the first study to quantify the stigma faced by people with TD in a variety of professional and social situations.
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Impact of Antipsychotic Treatment Switching in Patients with Schizophrenia, Bipolar Disorder, and Major Depressive Disorder

Rajeev Ayyagari, PhD[1]; Darren Thomason, MBA[2]; Fan Mu, PhD[3]; Michael Philbin, MSc, PharmD, MBA[4]; and Benjamin Carroll, PharmD[5]

[1] Vice President, Analysis Group, Inc., Boston, Massachusetts
[2] Manager, Analysis Group, Inc., New York, New York
[3] Manager, Analysis Group, Inc., Boston, Massachusetts
[4] Director, Medical Outcomes Liaison Team, Teva Pharmaceuticals, Frazer, Pennsylvania
[5] Director, Austedo® HEOR Lead, Teva Pharmaceuticals, Frazer, Pennsylvania

ABSTRACT: Study Objective: To evaluate the risk of relapse for patients with schizophrenia (SZ), bipolar disorder (BP), and major depressive disorder (MDD) who switched antipsychotics compared with those who did not switch.

BACKGROUND: Antipsychotics are commonly used for maintenance treatment of SZ, BP, and MDD but can have significant side effects, such as extrapyramidal symptoms (EPS). Adherence to treatment is important for reducing the risk of relapse, but fear of side effects may prompt medication switching.

METHODS: Medicaid claims from 6 US states spanning 6 years were retrospectively analyzed for antipsychotic switching versus non-switching. For all patients with SZ, BD or MDD and for the subset of patients who also had ≥1 EPS diagnosis during the baseline period, times to the following outcomes, during a 2-year study period were analyzed: underlying disease relapse, psychiatric relapse, all-cause emergency room (ER) visit, all-cause inpatient (IP) admission and EPS diagnosis.

RESULTS: Switchers (N=10,548) had a shorter time to disease relapse, other psychiatric relapse, IP admissions, ER visits, and EPS diagnosis (all, log-rank P<0.001) than non-switchers (N=31,644). Switchers reached the median for IP admission (21.50 months) vs non-switchers (not reached) and for ER visits (switchers, 9.07 months; non-switchers, 13.35 months). For disease relapse, other psychiatric relapse, and EPS diagnosis, <50% of patients had an event during the 2-year study period. Comparisons in a subgroup of patients with ≥1 EPS diagnosis revealed similar outcomes.

CONCLUSIONS: These results show that disease and other psychiatric relapse, all-cause ER visits, IP admissions, and EPS diagnosis occurred earlier for switchers than for non-switchers, suggesting that switching is associated with an increased risk of relapse in patients with SZ, BP and MDD.
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Use of Patient Health Questionnaire to Predict Relapses in Patients with Treatment-resistant Depression Treated With Esketamine + Oral Antidepressant

Carol Jamieson, BSc, Biology[1]; Nan Li, PhD[2]; Ella Daly, MB BCh BAO[3]; Adam Janik, MD[4]; Rosanne Lane, Master's Degree[5]; and Jaskaran Singh, MD[6]

[1] Director, Health Economics Strategic Market Access, Janssen Research and Development LLC, New Jersey, USA
[2] Public Health: Associate Director PRO, Strategic Market Access, Janssen Research and Development LLC, New Jersey, USA
[3] Medicine: Therapeutic Area Leader, Mood Disorders, Esketamine, Janssen Research and Development LLC, New Jersey, USA

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