examined patient and contextual factors associated with initiation of antipsychotics among nursing home residents with dementia. **METHODS:** This retrospective cohort study used Medicare claims, Minimum Data Set, and the Online Survey, Certification, and Reporting data from 2007-2009. The study sample consisted of short-stay (nursing home stay ≤100 days) elderly nursing home residents with dementia. Patient level antipsychotic initiation was the outcome measure. Multilevel Andersen Behavioral model was used to select patient and contextual level predisposing, enabling and need factors. Contextual level nursing home antipsychotic initiation rate was categorized into tertiles (low, medium, or high) based on proportion of dementia residents newly started on antipsychotics during the baseline period. The association of predisposing, enabling and need factors with initiation of antipsychotics was evaluated using hierarchical logistic regression model. **RESULTS:** A total of 9,611 patients was identified residing in 2,548 nursing homes. Overall antipsychotic initiation rate was 11.2%; nursing home level initiation rate was 0% in 890, <12.6% in 659 (low), 12.6%-16.7% in 465 (medium) and 16.8%-70% in 534 (high) nursing homes. Nursing home level antipsychotic initiation rate was associated with patient's increased likelihood of initiating antipsychotic (Medium: OR 1.36, 95% CI 1.09-1.71, High: OR 1.48, 95% CI 1.20-1.82). Among patient level factors, predisposing (female), enabling (dementia unit, mood indicators, mild and moderate/severe behavior, moderate and severe cognitive performance), and need (drug abuse, psychosis, antianxiety medication use) were associated with higher likelihood of antipsychotic initiation. **CONCLUSIONS:** Both patient and contextual level predisposing, enabling and need factors influenced initiation of antipsychotics among nursing home residents with dementia. The study revealed that antipsychotic prescribing practices play an important role in the use of antipsychotics in nursing home residents with dementia.

PMH72

A COMPARISON OF ANTIPSYCHOTIC DRUGS APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION AND HEALTH CANADA (1950-2015)

Alyami F[1], Eguale T[1], Seoane-Vazquez E[2], Rodriguez-Monguio R[3]
[1]*MCPHS University, Boston, MA, USA,* [2]*Massachusetts College of Pharmacy and Health Sciences, Boston, MA, USA,* [3]*University of Massachusetts Amherst, Amherst, MA, USA*

OBJECTIVES: The use of antipsychotic drugs has been significantly increasing in the US and Canada, both agencies evaluate drug in similar ways. However, differences in approval processes and outcomes such as approved indication, contraindication, and limitation of use exist with other classes of drugs. The objective of this study was to provide a comprehensive and comparative analysis of antipsychotic drugs approved by the U.S. Food and Drug Administration (FDA) and Health Canada (HC). **METHODS:** A list of all antipsychotic drugs approved by both agencies from 1950 to 2015 was gathered. For each drug, the following data were extracted: indications, contraindications, dosage forms, routes of administration, strengths, market statuses and review statuses. Differences were identified and compared qualitatively and quantitatively. **RESULTS:** Out of the 68 antipsychotic drugs on the WHO ATC list, 29 had never been approved by or submitted to the FDA and HC. Of the 39 drugs that were approved by both agencies, 20 are currently on the market in both countries. For these 20 drugs, the average number of approved indications by FDA (2.85±1.96) was higher than HC (2.20±0.81), though not statistically significant. Qualitative analysis revealed differences in approved indication in 80% of the drugs. HC approved more contraindications than the FDA (6.25±4.96 vs. 3.90±3.18; p-value < 0.05). Moreover, differences were identified in limitation of use, restriction of indications, approval dates between the two agencies. **CONCLUSIONS:** There are significant differences in the antipsychotic drugs approved by both agencies. Additionally, differences in indications, contraindications, and other characteristics of drugs were identified. Harmonization of the drug regulatory process may help in decreasing these differences.

PMH73

SUICIDE IN LATIN AMERICAN INDIGENOUS POPULATION:A SYSTEMATIC REVIEW

Azuero AJ[1], Arreaza-Kaufman D[1], Coriat J[1], Tassinari S[1], Faria A[1], Castañeda-Cardona C[2], Rosselli D[1]
[1]*Pontificia Universidad Javeriana, Bogota, Colombia,* [2]*NeuroEconomix, Bogota, Colombia*

OBJECTIVES: High rates of suicide have been reported in different ethnic minorities. Some researchers suggest this sociological, anthropological and medical phenomenon is a major public health issue in Latin America. **METHODS:** We performed a systematic review of the literature in PubMed, Scopus, PsycNET and Scielo (the Latin American database). An additional search for "grey literature" was done in Scholar Google using suicide (and Spanish or Portuguese equivalents) associated with each Latin American country. The reference lists of all included articles were reviewed for any additional studies. Searches were carried out on March 2016. Articles were reviewed in full text. No language or publication date limits were applied. Only articles centered on or considering indigenous population were used for data extraction. Meta-analysis was not attempted due to heterogeneity of study characteristics, including study populations, study designs, and research methodology. Narrative synthesis was therefore used to analyze the extracted data. **RESULTS:** Initial searches identified 1862 potential references, of which 75 were selected for full-text review, 2 of which were not available. Data was extracted from 41 articles published between 1980 and 2015; 21 of them referred to Brazil, 13 to Colombia, 2 to Chile, 1 to Peru, while 4 additional articles included data from several Latin American countries. **CONCLUSIONS:** Suicide rates are high and have been apparently increasing over time, despite high underreporting and scarce scientific interest on the issue. Suicide mostly occurs in middle aged men, using hanging as most frequent method. Alcohol consumption is widely associated. Changes in lifestyles influenced by industrialization, environmental degradation, and cultural and religious invasion have affected indigenous groups, making them experience what has been described as "cultural death". Mental health disorders in Latin American indigenous groups have not been studied in depth. Interventions have to incorporate their own traditions and beliefs.

PMH74

TREATMENT PATTERNS AND CHARACTERISTICS OF ADULT PATIENTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER RECEIVING ATOMOXETINE IN JAPAN

Nagar SP[1], Sato M[2], Montgomery W[3], Nakamura T[4], Imagawa H[4], Davis KL[1]
[1]*RTI Health Solutions, Research Triangle Park, NC, USA,* [2]*Eli Lilly Japan, Kobe, Japan,* [3]*Eli Lilly Australia Pty Ltd., Sydney, Australia,* [4]*Eli Lilly Japan, Tokyo, Japan*

OBJECTIVES: To describe the characteristics and medication treatment patterns of adult patients with attention-deficit/hyperactivity disorder (ADHD) prescribed atomoxetine in Japan. **METHODS:** A retrospective analysis of insurance claims data was conducted using the Japan Medical Data Center database. Adults (≥18 years) with ADHD who had ≥1 atomoxetine claim from 1 January 2013, to 31 December 2014, and ≥180 days of follow-up were included. First atomoxetine claim defined the index date. Patient characteristics included age, gender, and comorbid conditions. Treatment patterns assessed included rates of atomoxetine discontinuation, switching, persistence, adherence (assessed via the medication possession ratio), and use of concomitant medications. **RESULTS:** A total of 457 adults met all inclusion criteria; mean (SD) age was 32.7 (10.4) years, and 61% of patients were male. Nearly 72% of the patients had at least one comorbid mental health condition in the baseline period; depression (43.8%) and insomnia (40.7%) were the most common mental comorbidities. Most common physical comorbidities were chronic obstructive pulmonary disease (14.4%) and diabetes (12.9%). Psychotropics were received by 59.7% of patients during baseline period and by 66.0% during follow-up period; however, only 6.6% received psychotropics concomitantly with atomoxetine. Overall, 40.0% of adults discontinued atomoxetine and 65.9% were persistent with atomoxetine therapy at 3 months post-index date. Mean (SD) atomoxetine medication possession ratio was 0.57 (0.25), and 25.4% switched to an alternative ADHD therapy; methylphenidate (22.4%) and psychotropics (77.6%) were the most common medications to switch to. Nearly 8% augmented atomoxetine with an alternative ADHD therapy. **CONCLUSIONS:** In this observational study, a majority of adults with ADHD treated with atomoxetine were still persistent with therapy at 3 months post-index date, with one-quarter switching to alternative ADHD therapy. Higher proportions of both mental and physical comorbidities, along with greater use of psychotropic medications in the baseline period, were observed among patients with ADHD prescribed atomoxetine.

PMH75

A SYSTEMATIC LITERATURE REVIEW OF CLINICAL PRACTICE GUIDELINES FOR THE TREATMENT OF BIPOLAR DISORDER TYPE I (BD-I)

Greene M[1], Clark OA[2], Paladini L[2], Hartry A[3]
[1]*Otsuka Pharmaceutical Development & Commercialization Inc., Princeton, NJ, USA,* [2]*Evidencias - Kantar Health, Campinas, Brazil,* [3]*Lundbeck Pharmaceuticals Services, LLC, Deerfield, IL, USA*

OBJECTIVES: To perform a systematic review (SR) of literature and present the most current and up-to-date treatment recommendations issued by clinical practice guidelines (CPG) around the world, as well as those from SR of randomized controlled clinical trials (RCT) regarding BD-I therapy strategies. **METHODS:** A set of questions was formulated on BD-I regarding current treatment options (and their efficacy and safety), non-pharmaceutical options, which guidelines are available and what strategies are recommended. A search string was formulated to retrieve CPGs and another to identify SR of Randomized Controlled Clinical Trials (RCT). We focused on therapies recommended by those CPG for treating manic or mixed episodes or for prevention of manic episodes in BD-I. We searched MEDLINE, EMBASE, CRD Database and National Guidelines Clearinghouse. **RESULTS:** We retrieved ten CPG from several countries and three SR of interest. Guidelines issued recommendations on indications for psychiatric admission, pharmacological interventions for the management of acute mania, acute depression, maintenance and long-term care and psychosocial and non-pharmacological interventions. The SR for treatment of acute mania included sixty-eight trials with 16,073 patients assigned to 14 different treatments. Most trials (79%) comprised two study groups, the mean duration was 3.4 weeks, and the mean sample size was 105.7 patients per group. The second SR was an update of the first, with 57 studies involving 95 comparisons with 14,256 patients. Treatments were found to be superior to placebo with small differences in efficacy. The last SR (33 trials with 6,846 patients) analyzed drugs for long-term/maintenance treatment. Most drugs were better than placebo for any mood episode relapse or recurrence. **CONCLUSIONS:** Good quality evidences about treatment options are available for almost every aspect of bipolar disorder. Detailed publications can help clinicians find the therapy that best suits each patient during mania, depression and for maintenance treatment.

URINARY/KIDNEY DISORDERS – Clinical Outcomes Studies

PUK1

EFFECT OF ALLOPURINOL IN THE ESTIMATED GLOMERULAR FILTRATION RATE IN PATIENTS OVER 50 YEARS

Miranda PA
Universidad Nacional de Colombia, Cartagena, Colombia

OBJECTIVES: To estimate the effect of allopurinol on hyperuricemia and estimated glomerular filtration rate (eGFR). **METHODS:** An observational non-concurrent prospective cohort study. Patients older than 50 years with hyperuricemia were included. All patients received allopurinol 100-300 mg day for 12 months. The levels of uric acid (UA) were determined and the glomerular filtration rate (GFR) was