

The perceived health status of individuals with severe psychiatric illness, such as schizophrenia, is an important element of disease burden and quality of life. The effect of antipsychotic therapies on psychiatric symptoms is well-understood. However, more information about the effects of antipsychotics on health status is needed. **OBJECTIVE:** To examine changes in health-related quality of life (HRQL) from inpatient admission to follow-up of adult and geriatric patients with schizophrenia treated with conventional or atypical antipsychotic agents. **METHODS:** Data were obtained from the CQI+SM Outcomes Measurement System, an ORYX (JCAHO) accepted performance improvement system, which tracks patients admitted to adult or geropsychiatric inpatient programs in over 100 general hospitals across 35 states. Health status was measured by the SF-36 at time of admission and at three (geriatric) or six months (adult) post-discharge. Patients with a primary discharge diagnosis of schizophrenia (ICD-9-CM codes 295.10–295.90) who completed the SF-36 and were treated with antipsychotic agents were included. One sample t-tests were used to test the null hypothesis that the mean change is equal to zero. **RESULTS:** Mean scores were higher (i.e., healthier) at follow-up, as compared to admission, on all eight domains of the SF-36 for the adult schizophrenic group (n = 37) and seven of eight domains for the geriatric schizophrenic group (n = 38). Statistically significant improvements were noted on five of the eight scales. Largest improvements were found on Role Physical ($P < 0.001$), Role Emotional ($P < 0.001$), and Social Functioning ($P < 0.001$). **CONCLUSIONS:** Marked improvement in diverse aspects of HRQL among schizophrenic patients treated with conventional or atypical antipsychotic agents supports the humanistic value of antipsychotic medications beyond simple symptom amelioration.

PMH27**THE IMPACT OF DEPRESSION ON HEALTH-RELATED QUALITY OF LIFE (HRQL)**Mody SH¹, Edell WS², Durkin MB¹, Adams BE², Repp EA²¹Janssen Pharmaceutica, Titusville, NJ, USA; ²Mental Health Outcomes, Lewisville, TX, USA

OBJECTIVE: To describe the effect of depression on health-related quality of life (HRQL) utilizing the SF-36 health status survey. The scores of patients with depression were compared to age and gender matched US population norms and contrasted to results of similar research on patients with other psychiatric disorders. **METHODS:** SF-36 scores were collected from patients admitted to adult (n = 600) or geriatric (n = 4439) psychiatric programs within acute care hospitals who had an ICD-9-CM discharge diagnosis of depressive disorder. Adult and geriatric US population norms were simulated using data from the Medical Outcomes Study Manual and Interpretation Guide to match the age and gender distributions of the adult and geriatric depression groups. Admission SF-36

scores for the adult and geriatric depression groups were compared to these age and gender matched US population norms using independent sample t-tests. The findings were then placed in context of SF-36 scores for other psychiatric conditions including schizophrenia, bipolar disorder, and cognitive disorder. **RESULTS:** HRQL for both the adult and geriatric groups of depressed patients was significantly lower than the simulated US population norms for all eight domains of the SF-36, for physical health as well as mental health ($P < 0.001$). The greatest differences were observed in the Role Physical, Social Functioning, and Role Emotional domains. Adult inpatients with depression had similar scores on all domains to adult patients with the other psychiatric diagnoses studied. However, geriatric patients with depression had lower scores on HRQL across all domains versus geriatric patients with other psychiatric illnesses. **CONCLUSIONS:** Depression has a strong negative association with both adult and geriatric patients' perceived HRQL. Depressed patients not only had the expected decreases on mental health domains, but also scored significantly lower on physical health domains. Finally, depression in geriatric patients is associated with greater decrements in HRQL than other psychiatric illnesses examined.

PMH28**QUALITY OF LIFE DIFFERENCES BETWEEN PATIENTS WITH EPISODIC AND TRANSFORMED MIGRAINE**Meletiche DM¹, Lofland JH¹, Young WB², Hopkins MM²¹Office of Health Policy and Clinical Outcomes, Thomas Jefferson University, Philadelphia, PA, USA; ²Jefferson Headache Clinic, Thomas Jefferson University Hospital, Philadelphia, PA, USA

Currently there are no published studies comparing the health-related quality of life (HRQoL) of transformed and episodic migraineurs. **OBJECTIVES:** The study objective was to detect differences in HRQoL between patients with transformed migraine (TM) and episodic migraine (EM). **METHODS:** This retrospective study examined the HRQoL of transformed and episodic migraineurs of the Jefferson Headache Center during their first visit to the center. Data collected included the Short Form 36 (SF-36) and the Migraine Disability Assessment (MIDAS) questionnaires as well as demographic information. A t-test with Bonferroni correction was used to test for significant differences in the SF-36 domains between the groups. **RESULTS:** To date, data has been collected on 62 patients, 31 from each group. There were no significant differences with respect to gender, race, age or the number of comorbid conditions between groups. Over the last 90 days prior to their first visit, patients with TM reported having a headache on an average of 77 days compared to EM patients who averaged 18 days with headache ($P < 0.05$). Compared to EM patients, patients with TM had statistically and clinically significant (>5 point difference) lower mean scores on the mental com-