

payer's perspective—the National Health Fund(NHF) databases and from economic reports of PHW.

Results: Day hospital was superior in alleviating negative symptoms, depression and anxiety. No statistical differences in effectiveness 3 months after discharge were found. One year after discharge higher level of psychopathology was reported amongst inpatient group and day-care group had higher number of rehospitalizations.

Costs were higher for NHF in day-care due to longer overall patients' hospitalization. However according to economic reports mean financial deficit of PHW generated by day patients was significantly lower. Comparison of length of hospitalization assessed with CSRI and NHF databases showed significant quantitative differences.

Conclusions: Superiority of treatment effectiveness in inpatient ward over day-care was not confirmed using BPRS, MANSAs and rehospitalization index. Simultaneously significantly lower mean financial deficit generated by day hospital due to lower indirect costs and underestimated NHF's rates for inpatients treatment showed superiority of day treatment in terms of CEA. Costs estimation based on clients' perspective may lead to significant misconception.

P0313

Suicide reporting: A follow-up survey 10 years after the publication of media guidelines

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In a detailed analysis of suicide reporting in 1991 44% of the articles were considered inappropriate and dangerous for an imitation effect. After the launching of media guidelines accompanied by a national press campaign we found in a second analysis in 1994 that the quality of reporting (as defined by the guidelines) had improved significantly. The percentage of articles with a high imitation risk score had dropped to 27.5. In 2004 a new survey over a time period of 12 months was carried out, focusing on print media in the region of Bern. Altogether 513 articles were analysed in detail and the imitation risk score calculated. The percentage of potentially dangerous articles had increased again to 41.5%. There were large differences between the newspapers in the frequency and quality of suicide reporting. In recent years, free daily papers with high circulation figures have appeared, with a high percentage of sensational articles on suicide. We conclude that in order to influence the quality of media reporting on suicide, a new campaign, followed by the ongoing dialogue with editors, is needed.

P0314

ADHD and stimulant use among girls in the USA: A trend analysis by gender

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Background and Aims: To use a single national data source to discern trends in the prevalence of office-based visits resulting in a diagnosis of attention deficit/hyperactivity disorder (ADHD) among girls, and trends in the prescribing of stimulant pharmacotherapy for its treatment in the United States (U.S.).

Methods: Data from the U.S. National Ambulatory Medical Care Survey were utilized for this analysis. The number and rate of office-based physician visits resulting in a diagnosis of ADHD (ICD-9-CM code 314.00 or 314.01) were discerned for the years 1991 through 2004, for children and adolescents aged 5 through 18 years. Gender-specific trend analyses were conducted using seven two-year time intervals.

Results: Overall, the annualized number of office-based visits documenting a diagnosis of ADHD increased from 1,302,632 in 1991-92, to 6,513,479 in 2003-04. The annualized mean number of office-based visits documenting a diagnosis of ADHD among girls increased five-fold between 1991-92, and 2003-04 (from 296,389 to 1,473,854). The U.S. population-adjusted rate of office visits documenting a diagnosis of ADHD among girls increased 4.3-fold (from 12.3 per 1,000 girls to 52.6). Documentation of a diagnosis of ADHD and the prescribing of stimulant pharmacotherapy increased 4.2-fold for girls, from 7.5 per 1,000 girls in 1991-92, to 31.4 in 2003-04.

Conclusion: Although the number and rate of office-based visits among boys documenting a diagnosis of ADHD still far exceeds that of girls (3.4:1), the magnitude of the increase was as great among girls as boys during this time period, and contributed significantly to the overall upward trend.

P0315

Trends in diagnosis and treatment of ADHD among United States adults: 1995-2004

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Background and Aims: To evaluate whether the trend in adults seeking medical care for the treatment of attention deficit/hyperactivity disorder (ADHD) reflects the upward pattern seen among children.

Methods: Data from the United States (U.S.) National Ambulatory Medical Care Survey (NAMCS) were utilized for this analysis. The NAMCS is an ongoing annual survey of a representative sample of U.S. office-based physician practices. The number and rate of office-based physician visits resulting in a diagnosis of ADHD (International Classification of Diseases, 9th Revision, Clinical Modification code 314.00 or 314.01) among patients age 20 years or older, were discerned for the years 1995 through 2004. Trend analysis was conducted using five time intervals: 1995-96; 1997-98; 1999-00; 2001-02; 2003-04.

Results: Over the time-frame, national estimates of the number of annualized office-based physician visits documenting a diagnosis of ADHD among adults increased 4.7-fold; from 582,728 in 1995-96, to 2,738,285 in 2003-04 ($p < 0.05$). Adjusted for population growth, the rate per year of office visits per 1,000 U.S. population ≥ 20 years old resulting in a diagnosis of ADHD more than quadrupled; increasing from 3.1 per 1,000 in 1995-96, to 13.0 in 2003-04. The majority of office visits documented a prescription for stimulant pharmacotherapy or atomoxetine (available since late 2002), increasing from 61.7% in 1995-96, to 77.8% in 2003-04.

Conclusions: As with children, the rate of adults seeking medical care for ADHD has increased significantly. By 2003-04, adults accounted for more than 1 in 4 (28.8%) office visits resulting in a diagnosis of ADHD.