reducing admission time and costs, and to guide clinicians toward a better patient management.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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FC12

Trends of hospitalization for major bipolar unspecified in USA: A nationwide analysis

A. Sutaria[1,*], Z. Mansuri[1], M. Rathod[1], S. Shambhu[1], U. Mansuri[2]
[1] *Drexel University, School of Public Health, Philadelphia, USA*
[2] *Icahn School of Medicine at Mount Sinai, School of Public Health, New York, USA*
[*] *Corresponding author.*

Objectives Bipolar unspecified (BP-U) is an important cause of morbidity and mortality in hospitalized patients. While BP-U has been extensively studied in the past, the contemporary data for impact of BP-U on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998–2011 using the ICD-9 codes. Severity of comorbid conditions was defined by Deyo modification of Charlson comorbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, Chi^2 test, *t*-test and Cochran-Armitage test were used to test significance.

Results A total of 711,147 patients were analyzed; 61.33% were female and 38.67% were male ($P<0.0001$); 77.63% were white, 13.17% black and 9.2% of other race ($P<0.0001$). Rate of hospitalization increased from 2,310.28/million to 74,908.88/million from 1998–2011. Overall mortality was 0.81% and mean cost of hospitalization was $25,152.02. The in-hospital mortality reduced from 1.24% to 0.97% ($P<0.0001$) and mean cost of hospitalization increased from 11,308.05$ to 32,211.67$. Total yearly spending on BP-U related admissions have increased from $207 million/year to $19.15 billion/year.

Conclusions While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from $0.21 billion/year $19.15 billion/year, which leads to an estimated $18.94 billion/year additional burden to US health care system. In the era of cost conscious care, preventing BP-U related hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for BP-U related hospitalization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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FC13

Trends of hospitalization for major bipolar I (most recent episode-manic) in USA: A nationwide analysis

A. Sutaria[1,*], Z. Mansuri[1], M. Rathod[1], S. Shambhu[1], U. Mansuri[2]
[1] *Drexel University, School of Public Health, Philadelphia, USA*
[2] *Icahn School of Medicine at Mount Sinai, School of Public Health, New York, USA*
[*] *Corresponding author.*

Objectives Bipolar I most recent episode-manic (BP-I-M) is an important cause of morbidity and mortality in hospitalized patients. While BP-I-M has been extensively studied in the past, the contemporary data for impact of BP-I-M on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998–2011 using the ICD-9 codes. Severity of comorbid conditions was defined by Deyo modification of Charlson comorbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, Chi^2 test, *t*-test and Cochran-Armitage test were used to test significance.

Results A total of 10,875 patients were analyzed; 57.13% were female and 42.87% were male ($P<0.0001$); 74.78% were white, 14.51% black and 10.71% of other race ($P<0.0001$). Rate of hospitalization increased from 528.71/million to 588.76/million from 1998–2011. Overall mortality was 0.42% and mean cost of hospitalization was 22,215.77$. The in-hospital mortality increased from 0.37% to 0.82% ($P<0.0001$) and mean cost of hospitalization increased from 10,580.54$ to 40,737.65$. Total spending on BP-I-M related admissions have increased from $44.24 million/year to $187.00 million/year.

Conclusions While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from $44.24 million/year to $187.00 million/year, which leads to an estimated $ 142.76 million/year additional burden to US health care system from. In the era of cost conscious care, preventing BP-I-M related hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for BP-I-M related hospitalization.

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Child and adolescent psychiatry

FC14

Separating efficacy and sedative effects of guanfacine extended release in children and adolescents with ADHD from four randomized, controlled, phase 3 clinical trials

M. Huss[1,*], K. McBurnett[2], A.J. Cutler[3], A. Hervás[4], J. Gu[5], B. Dirks[6], J.H. Newcorn[7]
[1] *Johannes Gutenberg University Mainz, Child and Adolescent Psychiatry, Mainz, Germany*
[2] *University of California, Department of Psychiatry, San Francisco, USA*
[3] *Florida Clinical Research Center, Child and Adolescent Psychiatry, Bradenton, USA*
[4] *University Hospital Mútua de Terrassa, UEDT, Hospital Sant Joan de Deu, Child and Adolescent Mental Health Unit, Barcelona, Spain*
[5] *Shire, Biostatistics, Wayne, USA*
[6] *Shire, Neuroscience, Wayne, USA*
[7] *Icahn School of Medicine at Mount Sinai, Department of Psychiatry, New York, USA*
[*] *Corresponding author.*

Introduction Guanfacine extended release (GXR) is a non-stimulant treatment for attention-deficit/hyperactivity disorder (ADHD).

Objective To separate efficacy and sedative treatment-emergent adverse events (TEAEs) associated with GXR in four randomized, controlled trials in children (6–12 years) and adolescents (13–17 years) with ADHD.

Methods SPD503-301 ($n=345$) and SPD503-304 ($n=324$) were 8 and 9 week studies of fixed-dose GXR (≤ 4 mg/day). SPD503-312