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

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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, Chi² 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

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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, Chi² 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-IM 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

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Introduction Guanfacine extended release (GXR) is a nonstimulant 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 ($\leq 4 \text{ mg/day}$). SPD503-312