OBJECTIVES:
To profile patients diagnosed with bipolar disorder, schizophrenia, epilepsy, or pain according to the specific medication prescribed. 2- To identify the prevalence and type of polytherapy among patients with bipolar disorder or schizophrenia. 3- To compare the average daily dose of medications between polytherapeutic regimens. 4- To compare the time to switch (persistence) for each regimen. 5- To identify switching patterns among patients with bipolar disorder, or schizophrenia. 6- To study the dosing regimen in relation to switching from Depakote in patients with bipolar disorder. 7- To study the Depakote dosing regimen in acute mania and maintenance in patients with bipolar disorder.

Research Plan
We will identify patients with an ICD-9 CM diagnosis of bipolar disorder, epilepsy, schizophrenia and pain, in FY2002 (October 2001 - September 2002; 12 months) and FY 2003 (October 2002 - March 2003; 6 months) from both the inpatient and outpatient files. Our time frame is Oct 1, 2001 - March 31, 2003. We will link the above groups of patients with the PBM database and pull all the target medications for our study. We will calculate the prevalence of each target medication in each disease group in terms of total number of individuals on the medication and total number of scripts. We will conduct a sub analysis for patients on Depakote and Valproic acid and categorize the original prescription diagnosis and examine refill patterns. We will categorize the Depakote population into continuous users, concomitant users, switchers and interrupters. For concomitant users and switchers we will identify the medications they have been switched from or to. We will conduct similar sub analysis for atypical antipsychotics. We will then measure the persistence of therapy among each medication group and the switching pattern among each group, with particular focus on the dependent variable "time to switching to or from depakote and valproic acid."

Methods
By using an intention to treat approach we will assign each patient to a medication according to the target medication that appears first in the database in FY2002. Multivariate analysis as follows will focus on bipolar disease and separately for schizophrenia. We will conduct multivariate models using hierarchical regression analysis to examine the predictors of patients switched from or to depakote and valproic acid. These models will include logistic models where the dependent variable is the binary variable switched from or to depakote and valproic acid. Independent variables will include main effects for the major condition and adjustments for comorbidities (both medical and mental health conditions) and other socio-demographics (age, race, priority group -service connected disability and means test). We plan to conduct Cox Proportional Hazard Models.

Clinical relevance
Identifying the optimal management of bipolar disorder in the VA.