

tended converge over time. Antipsychotic dynamics are presented individually and by class, showing that Australia has a pattern of antipsychotic use that has no clear similarity to the US, UK or Asian practices.

Conclusion: Despite differences in prescribing earlier on, the convergence of prescribing patterns may indicate that there has been a diffusion of knowledge, perhaps based on CPGs, that has resulted in a common approach to antipsychotic use in the community.

Antipsychotic prescribing trends in community treatment of schizophrenia: 1998–2003

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Background: Following deinstitutionalization in Australia, there is little published literature on the use of antipsychotics in treating psychotic disorders under the new community-based paradigm of care. The present pharmacoepidemiological study was undertaken to examine the trends in antipsychotic prescribing in a number of service settings in Victoria from 1998 to 2003 to understand how such trends relate to community care.

Methods: Patients in community care teams from Northwestern Mental Health, Barwon Health, Grampians Health and Austin were sampled at various time points from 1998 (T1) to 2003 (T4) ($n = 3966$). Prescribing information and a slew of sociodemographic and adjunct treatment variables such as community treatment order status were ascertained.

Results: Between 1998 and 2003, prescriptions of second-generation ('atypical') antipsychotics grew to account for 78% of patients with schizophrenia being treated with these agents (RR 2.1, $P < 0.01$). First-generation ('typical') antipsychotics decreased to <3% of prescriptions (RR .11, $P < 0.01$) and depots fell and stabilized at about 30% of prescriptions (RR .64, $P < 0.01$).

Conclusions: Oral SGAs have largely replaced oral FGAs; yet, despite the apparent endorsement of the new agents, depot FGAs remain a mainstay of prescribing. This may reflect that up to 67% of patients show partial adherence with oral antipsychotics. The maintenance of depot prescribing meets the needs for prevention relapse as a primary outcome goal.

Gender bias in the measurement of anxiety and depression

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Background: Epidemiological studies have consistently found that women are typically 1.5 to 3 times more likely to experience major depression and about twice as likely to experience an anxiety disorder. One possible contributor is item or gender bias in the diagnostic tools and continuous assessments used to measure these constructs. The present study examines whether symptoms assessed by the Goldberg Anxiety and Depression Scales have a gender bias.

Methods: A survey of 7485 people was carried out in the Canberra and surrounding Queanbeyan region (PATH Through Life Project). Confirmatory factor analysis was carried out to confirm the factor structure of the Goldberg scales and multiple group analysis was used to investigate gender bias in the anxiety and depression items.

Results: The results showed that several items were significantly gender biased. However, as the effects were small, their impact is likely to be minimal.

Conclusions: It is important to investigate whether scales are gender biased when examining gender differences in anxiety and depression. This process helps to differentiate artifactual explanations from true differences.

PsyCheck: responding to mental health issues within alcohol and drug treatment

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Background: Integrated treatment is now the recommended practice for patients with comorbid mental health and alcohol and drug disorders. Up to 80% of patients present to alcohol and drug services with mental health problems, primarily the higher prevalence disorders (anxiety and depression). Alcohol and drug workers do not always have extensive mental health experience, and the focus of research and clinical programs is often on the more acute disorders, such as psychosis, meaning that few programs have been developed for this population. To provide truly integrated treatment, there is an urgent need to up-skill alcohol and drug workers to both screen and intervene with both clinical and subclinical mental health disorders.

Aims/Methods: The PsyCheck Project has proceeded in three phases: 1) the development of screening and