with further analyses):Overall, preliminary analyses showed that 23,678 children met either the criteria for growth restriction (n=5,052) or CNS abnormalities (17,296). Of these children, 1,330 met the criteria for both growth restriction and CNS abnormalities. An algorithm is to conduct text string searches for facial dysmorphic features within physician progress notes among these 1,330 children is under development and results will be presented at the HMORN conference. Results on linking these children to mothers, along with alcohol use during pregnancy will also be presented. **Discussion:** Development of a surveillance system for FAS using EMRs is challenging. Information on two (CNS and growth) of the three main criteria can be extracted to create a pool of potential FAS cases, while information on dysmorphic facial features is more difficult to obtain. Despite these challenges, further development of this algorithm is required and the benefits of applying a well-developed algorithm across the HMORN sites will far outweigh many of the challenges in the long term. NOTE: more detailed methods and results will be available at the time of the conference.
Keywords: Fetal; Alcohol; Mental Health
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PS2-20:
Identifying Treatment Resistant Depression in Administrative Claims Databases

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Background/Aims: Over 50% of depressed patients fail to remit after an adequate antidepressant (AD) treatment course, and 35% remain symptomatic after two adequate treatment courses. Patients with treatment-resistant depression (TRD) have higher risks of morbidity and mortality, and substantially higher healthcare expenditures. This study aims to develop and validate algorithms to identify patients with TRD in claims databases. **Methods:** We first identified Harvard Pilgrim Health Care members aged 18 years or older who had a diagnosis of depression and new use of selective serotonin reuptake inhibitors or serotonin- norepinephrine reuptake inhibitors (after at least 365 days of no AD use) in 2000-2009. Among these patients, we identified those who received adequate treatment, defined as treatment initiated at or greater than the recommended starting dose based on practice guidelines and taken for at least 8 weeks. We will further identify patients with TRD, i.e., patients who are treated adequately but fail to remit. Although multiple definitions for TRD exist in the guidelines and literature, we will use the emerging consensus of failure to remit after two adequate treatment courses as our definition of TRD. We will consider various markers of treatment resistance such as switching ADs (particularly to those reserved for second-line), adding atypical antipsychotics or other non-AD medications commonly used for depression, and invasive nonpharmacologic intervention. We will validate our algorithms via chart review. **Results:** In preliminary results, 114,002 patients meeting inclusion criteria initiated an AD and 63,882 (56.0%) completed an adequate treatment course. Among these patients, 35,547 (55.6%) continued that treatment, 10,255 (16.1%) stopped treatment, and 5,753 (9.0%) switched to another AD. Among switchers, 3,625 (63.0%) achieved adequate treatment with the second AD. After examining treatment patterns and markers of treatment resistance, we will select the most promising algorithm and validate 300 randomly selected potential cases identified by the algorithm beginning in December. **Discussion:** Claims databases have potential to identify TRD, but algorithms to identify such patients must be developed. Once such an algorithm is validated, these databases can be assessed to answer important questions about the safety and effectiveness of treatments for TRD patients.
Primary: Mental Health
Keywords: Antidepressant; Depression; Mental Health
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PS2-21:
Validity and Reliability of the Family Economic Impact Interview: A New Instrument to Measure Costs Related to Child Mental Health Conditions

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Background/Aims: Care of children with mental health and developmental conditions (MHC) is often demanding and expensive, imposing both financial and time costs on families. Because costs to families are relatively difficult to quantify, most studies have focused on studying family costs using health system data which are more readily available. Few studies have collected cost data directly from families. **Methods:** This study presents results of psychometric analyses of a new instrument that directly measures family costs, the Family Economic Impact Interview (FEII). Reliability and validity of the FEII was evaluated as part of a developmental study which recruited a random sample of 70 parents of children with MHC between the ages of 3 and 12 years old from a large integrated health system. Parents were invited to participate in two interviews within a two week time period. Kappa statistics were calculated to evaluate the agreement between categorical variables. **Results:** We used standard cut off values (values over .75 - excellent agreement, values between .40 and .75 - good agreement, and values less than .40 - poor agreement). Reliability of parents' reports of time spent in activities related to MHC were also good. In 20 of 24 time use categories, kappas ranged from .60 to 1.00. Validity of the FEII was assessed by examining the relationship between the degree of emotional burden a parent perceived from MHC and the amount of family costs measured by the FEII. We used regression analyses to examine whether there was a significant relationship between the main FEII outcomes and family emotional burden. **Discussion:** As hypothesized, we found significant positive association between emotional burden of care and family costs ($p<.001$). Preliminary analyses of the FEII indicate that a wide range of parents' can complete the FEII, that parents' can reliably report a variety of family costs including out-of-pocket financial costs and time costs, and that many families with children with MHC experience a wide range of costs – many of which have not been measured in previous studies.
Keywords: Children; Family; Mental Health
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PS2-22:
Exploring the Course of Psychological Distress and Perceived Health Status After Receiving a Positive Fecal Occult Blood Test Result

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Background/Aims: Colorectal cancer (CRC) screening reduces morbidity and mortality. It is important to understand the effect of a positive fecal occult blood (FOB) screening test result on mental health and general well-being. The goal of this study is to evaluate differences in colon cancer worry, general anxiety and perceived health status among individuals receiving FOBT(+) and FOBT (-) results at 7-14 days and 4 months post screening. The study is the first to simultaneously chart mental and physical well-being associated with CRC screening. **Methods:** Of 2,263 eligible Group Health Cooperative members participating in a CRC screening study, 1,513 completed baseline surveys and returned FOBT screening kits. FOBT(+) patients (n=55) were matched on age and gender with FOBT (-) patients (n=110), and both groups were asked to complete follow-up surveys at 7-14 days and 4-months post FOB testing. We assessed general anxiety using the General Health Questionnaire (GHQ)-12; CRC worry frequency and mood disturbance attributed to CRC worry using binary indicators of these outcomes; and perceived health status using a quality of life tool. **Results:** Mean respondent age was 59 years, most were women (63%), with college degrees (42%), and employed full/part-time (65%). After adjusting for age, gender and baseline worry, FOBT (+) group was at a higher risk than FOBT (-) for frequent CRC worry at 7-14 days post test result (RR=1.87, 95% CI: 1.03, 3.38), ($p=0.04$), with the proportion of CRC worry doubling from baseline to 7-14 days post (18.18% to 36.36%), then returning to baseline levels at 4 months post. The FOBT(+) group was more likely to report