enrolled with VHA benefits for ≥24 months (baseline period) prior and had ≥1 schizophrenia diagnosis were included. Baseline characteristics and treatment patterns were described using means and standard deviations (SD) for continuous variables and frequencies and proportions for categorical variables.

Results: A total of 251 veterans who initiated PP3M were identified. The majority were male (90.4%) and from the South (49.0%), with mean (SD) age of 53.3 (12.8) years. Common baseline comorbidities included hypertension (49.8%), depression (45.8%), drug abuse (38.7%), and alcohol abuse (36.7%). During the 24 months prior to index, 57.4% of veterans had ≥80% of days covered by any antipsychotic agent and 76.1% received an oral antipsychotic, though this proportion decreased to 41.4% in the 3 months prior to index. A large proportion of Veterans were treated with antidepressants (67.7%), anxiolytics (55.8%), and mood stabilizers (27.9%) during baseline, and almost all ($n=249$; 99.2%) were treated with PP1M. Among these, the mean (SD) duration of continuous PP1M use (gaps ≤45 days) was 346.2 (271.3) days, and 69.1% followed prescribing information (PI) guidelines, which in this analysis was defined as no gap in PP1M treatment >45 days during the 4 months prior to initiation of PP3M and same dosage for the last two PP1M dispensings. The dose strength of the last PP1M dispensing prior to PP3M was between 117 and 234 mg for 96.8% of Veterans, and 90.0% followed the PI-recommended PP1M to PP3M dose conversion.

Conclusions: The majority of veterans who transitioned to PP3M were previously treated with PP1M and followed PI recommended guidelines. Treatment patterns during the baseline period indicate varied use of antipsychotics and other mental health-related medications.

560. Off-Label Use of Methylphenidate for Cognitive Enhancing Among Academic Students

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Background: The use of psychostimulants for cognitive enhancing (CE), especially methylphenidate, is a recognized practice among academic students. This practice has become a public health problem in many countries, such as Canada, United States and United Kingdom. In Brazil, methylphenidate is a prescription drug used for the treatment of Attention Deficit Hyperactivity Disorder and narcolepsy.

Objectives: To estimate the prevalence of the use of methylphenidate for CE among undergraduate and graduate students.

Methods: Students of the *Universidade Federal de Minas Gerais*, one of the largest Brazilian universities, were invited by e-mail to answer a web-based questionnaire including: (i) demographics details; (ii) data on the use of methylphenidate for CE; and (iii) information on habits and lifestyle. Data were collected from September 2014 to January 2015. Absolute and relative frequesncies were estimated. A multivariate analysis was performed by applying the decision tree method using the classification and regression tree – C&RT algorithm to classify the cases of use of methylphenidate for CE in groups based on the exposure variables.

Results: The study included 378 students, and 5.8% reported the ever use of methylphenidate for CE; 41% reported the use of methylphenidate for CE in the four weeks preceding the survey. The housing situation was the variable which best classified the students. When considering the use of methylphenidate for CE and other purposes, 11 students reported using the drug in the four weeks preceding the survey, and 27% of them had no prescription to purchase it. The use of other drugs was also reported by 34.1% of the students, notably the use of opioids (11%).

Conclusions: Our results demonstrate a high prevalence of the practice of CE with the use of methylphenidate, similar to that observed in other countries (7%). Off-label prescriptions and the acquisition of methylphenidate without a prescription may be a reason of concern, especially due to the increased use and the risk of harms associated with this drug. In addition, it demonstrates important failures in the control of the commercialization of this drug.

561. Exposure to Lamotrigine and Risk of Severe Cutaneous Adverse Drug Reactions (SCARs) Among Patients with Bipolar Disorder, Seizure, and Depression

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