medication therapy for diabetes increased from 11.8 to 17.6 million, but the per-
centage of patients receiving treatment for diabetes dropped from 90.5% to 87.5% (p<0.001). The mean number of physician's office visits for treating
diabetes increased from 45.9 million in 2002 to 55.9 million in 2010, while the
mean number of visits per treated patient declined from 4.7 to 3.9 during the
same period. Among the patients used prescription medication, the propor-
tion of those using both insulin and oral anti-diabetic medications increased from 14.9% in 2002 to 18.4% in 2010. For specific classes of oral anti-diabetic medications, the percentage using biguanides increased from 40.1% to 60.5%, in the contrast, use of
sulfonylureas and thiazolidinediones dropped from 50.1% to 36.1% and 20.7% to
12.8% respectively. The annual expenditures per user for medications for treating
diabetes increased from $889 in 2002 to $1026 in 2010. Increasing use of newer
insulin and thiazoliones was the main driver of recent increases in the medica-
tion expenditures ($10.5 billion in 2002 to $18.1 billion in 2007).

INFECTIOUS DISEASES AND INSULIN THERAPY AMONG PATIENTS WITH Type 2 DIABETES: PATTERNS AMONG PATIENTS WITH NEWLY-DIAGNOSED LYMNE DISEASE

Most of the anaphylaxis cases associated with cephalosporin exposure among anaphylaxis cases (n=68 (25%) hospitalizations, and 52 (19%) life-threatening events. Ceftriaxone was the most commonly reported cephalosporin exposure among anaphylaxis cases (n=189, 67.9%). Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively.

Among 3rd generation cephalosporins, which are commonly used to treat bacte-
ria, treatment slightly dropped. This suggests that much more attention should be
directed in reducing the gap between treatment need and use as well as evaluation
of more costly medication therapy for diabetes.

INFECTION – Clinical Outcomes Studies

PIN1 ANAPHYLAXIS ADVERSE EVENTS WITH 3RD GENERATION CEPHALOSPORINS: DISPROPORTIONALITY ANALYSIS OF THE UNITED STATES FOOD AND DRUG ADMINISTRATION ADVERSE EVENT REPORTING SYSTEM (FAERS) Pfeffer AM, Caffrey AR

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OBJECTIVES: Anaphylaxis is a serious allergic reaction that has been reported as a rare adverse drug reaction (ADR) in cephalosporin antibiotics, predominantly cef-
triaxone, causing several deaths. We aimed to evaluate reports of anaphylaxis with 3rd generation cephalosporins (ATC code: J01C) and describe a disproportionate
incidence of spontaneous adverse event reports. METHODS: Our case-control study identified anaphylaxis (cases) or other adverse events (controls) in FAERS from January 2004 to
September 2012 for 3rd generation cephalosporin antibiotics. Reporting odds ratios (ORs) (95% CI), attributable risk (AR), and reporting rate (RR) were calculated to estimate risk for each 3rd generation cephalosporin. Only primary suspected drugs and initial status of reports were studied. RESULTS: Of 9315 eligible ADR reports for 3rd generation cephalosporins, 278 (3%) anaphylaxis ADRs were reported, with 100 (36%) deaths, 68 (25%) hospitalizations, and 52 (19%) life-threatening events. Ceftriaxone was the most commonly reported cephalosporin exposure among anaphylaxis cases (n=189, 67.9%). Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively. Of the anaphylaxis cases associated with ceftriaxone, death was reported in 41%, 74%, and 48% in the first, second, and third generation cephalosporins, respectively.

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