and mental health well-being. The PMSIS can be a significant predictor of HRQoL in women with PMDD.

**PIH19**

**PREDICTING RISK OF WORK LOSS ASSOCIATED WITH PREMENSTRUAL SYNDROME (PMS) AND PREMENSTRUAL DYSPHORIC DISORDER (PMDD) USING PHYSICAL COMPONENT SUMMARY (PCS) SCORE**

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**OBJECTIVE:** Clinically significant PMS and its more severe form, PMDD, can impact women’s physical health and interfere with their ability to work. This study used the Physical Component Summary (PCS) scores to predict work loss risk associated with the two diagnoses. **METHODS:** Two data sources were used. From the Medical Outcome Study (MOS), PCS scores from SF-36 Health Survey was regressed onto three work loss outcomes (inability-to-work-due-to-health-problems at baseline, work loss follow-ups at 6-months and one-year) with age and gender as covariates. In an Internet survey, SF-12 Health Survey and retrospective component of American College of Obstetricians and Gynecologists (ACOG) for identifying “at-risk-for-clinically-significant-PMS” and retrospective criteria in DSM-IV-TR for identifying “at-risk-for-PMDD” were collected from a panel of representative U.S. women 18–45 years (N = 971). Given PCS scores from SF-12 in the Survey, regression coefficients derived from MOS logistic regressions were used to generate odds ratios (OR) of work loss risk for women with and without PMS or PMDD. ANOVA tests compared the probability differences in ORs within each diagnosis. **RESULTS:** A total of 17.7% and 6.0% of women were identified as “at-risk-for-clinically-significant-PMS” and “at-risk-for-PMDD”, respectively. Statistical significant differences were observed in all outcome comparisons in both diagnoses (p < 0.001). Women not at risk for either diagnosis had risks of work loss comparable to the general population. Women “at-risk-for-clinically-significant-PMS” had a 74% increased risk of work loss at the concurrent state; those who worked at baseline had 53% and 48% increased risk of work loss at 6-month and 1-year follow-ups. Women “at-risk-for-PMDD” had a 99% increased risk of work loss at the concurrent state; those working at baseline had a 70% and 63% increased risk at respective follow-ups. **CONCLUSION:** Using MCS scores, women with either clinically significant PMS or PMDD were more likely to experience work loss than the general population, especially women with PMDD.

**PIH20**

**PREDICTING RISK OF WORK LOSS ASSOCIATED WITH PREMENSTRUAL SYNDROME AND PREMENSTRUAL DYSPHORIC DISORDER USING MENTAL COMPONENT SUMMARY (MCS) SCORE**

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**OBJECTIVE:** Clinically significant PMS and its more severe form, PMDD, can affect women mentally and interfere with their ability to work. This study used the Mental Component Summary (MCS) scores to predict work loss risk associated with the two diagnoses. **METHODS:** Two data sources were used. From the Medical Outcome Study (MOS), MCS scores from SF-36 Health Survey was regressed onto three work loss outcomes (inability-to-work-due-to-health-problems at baseline, work loss follow-ups at 6-months and one-year) with age and gender as covariates. In an Internet survey, SF-12 Health Survey and retrospective component of American College of Obstetricians and Gynecologists (ACOG) for identifying “at-risk-for-clinically-significant-PMS” and retrospective criteria in DSM-IV-TR for identifying “at-risk-for-PMDD” were collected from a panel of representative U.S. women 18–45 years (N = 971). Given MCS scores from SF-12 in the Survey, regression coefficients derived from MOS logistic regressions were used to generate odds ratios (OR) of work loss risk for women with and without PMS or PMDD. ANOVA tests compared the probability differences in ORs within each diagnosis. **RESULTS:** A total of 17.7% and 6.0% of women were identified as “at-risk-for-clinically-significant-PMS” and “at-risk-for-PMDD”, respectively. Statistically significant differences were observed in all outcome comparisons in both diagnoses (p < 0.001). Women not at risk for either diagnosis had risks of work loss comparable to the general population. Women “at-risk-for-clinically-significant-PMS” had a 74% increased risk of work loss at the concurrent state; those who worked at baseline had 53% and 48% increased risk of work loss at 6-month and 1-year follow-ups. Women “at-risk-for-PMDD” had a 99% increased risk of work loss at the concurrent state; those working at baseline had a 70% and 63% increased risk at respective follow-ups. **CONCLUSION:** Using MCS scores, women with either clinically significant PMS or PMDD were more likely to experience work loss than the general population, especially women with PMDD.

**PIH21**

**LITERATURE REVIEW OF DISCRETE CHOICE EXPERIMENTS TO ASSESS WOMEN’S PREFERENCES AND WILLINGNESS TO PAY FOR MATERNAL HEALTH SERVICES**

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**OBJECTIVE:** Little is known about women’s preferences and willingness to pay (WTP) for drug information services in pregnancy. Teratology information services (TIS) provide drug information to pregnant women via telephone. To inform planning of an economic evaluation of TIS, a literature review of previous program evaluations of maternal health services using discrete choice experiment (DCE) methodology was conducted. **METHODS:** A search of the literature in the databases PubMed, MedLine, and PsychLit, was performed. The search keywords used were “discrete choice experiment” and “pregnancy”. The studies were critically reviewed. **RESULTS:** Five previous studies that have applied DCE methods in the context of pregnancy and maternal health were found. These studies have examined preferences for service attributes in relation to miscarriage management, in-vitro fertilization, prenatal screening for Down’s syndrome, provision of emergency contraception, and provision of counseling services after rape. These studies found that preferred service attributes included good staff attitudes, continuity of care, sympathetic and non-judgmental treatment, privacy, and sensitive health care providers. Women were willing to pay to avoid pain and complications, and for good staff attitudes. **CONCLUSION:** Women’s preferences and WTP for health care services that provide drug information during pregnancy remain unknown. A DCE approach to evaluating services avoids the methodological challenges associated with tracking and aggregating health outcomes in both the mother and her child over their lifetimes. DCEs are able to demonstrate the value of non-health attributes.
by assessing patient preferences for non-health outcomes, such as interactions with the health care provider. Consideration of non-health outcomes will be important to include in future evaluations of maternal health services.

PIH22

CARESS: THE CANADIAN REGISTRY OF SYNAGIS®

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OBJECTIVE: To determine current usage of palivizumab prophylaxis, the compliance patterns, hospitalization rates and outcomes in children at high-risk of respiratory syncytial virus (RSV) infection through the development of a Canadian Registry Database (CARESS). METHODS: A prospective, longitudinal, observational, follow-up study of Canadian infants who received palivizumab prophylaxis in the 2006/2007 RSV season. Neonatal and demographic data were collected from the parent/caregiver upon enrollment. Parents/caregivers were contacted monthly (at next injection or by telephone) by site nurses for data on palivizumab utilization and compliance, and outcomes related to any respiratory tract events. RESULTS: Information was collected on 1224 infants who received at least one injection of palivizumab and who ranged in age from 2 days to 34 months (mean = 5.17 months). Participating children were typically male (57.4%) and Caucasian (72.2%). Gestational age was 31.5 ± 4.3 weeks. 914 infants (74.7%) received palivizumab primarily for prematurity (≥53 completed weeks gestational age), 119 (9.7%) had bronchopulmonary dysplasia and required supportive oxygen therapy, 119 (9.7%) had congenital heart disease and 72 (5.9%) were prophylaxed for other risk factors. A total of 76.9% of subjects received at least 4 injections of palivizumab, with a total of 5355 doses, overall. The majority of injections were administered within the recommended monthly time intervals (73.5%). There was a 5.1% hospitalization rate for respiratory tract events (e.g., bronchiolitis or pneumonia). The RSV positive hospitalization rate was 1.2% (proven RSV). Hospitalization rates for respiratory tract events were highest in those with bronchopulmonary dysplasia (12.8%, p < 0.001), and in those of Hispanic (15.4%) or Aboriginal descent (13.6%) (p = 0.051). CONCLUSION: Compliance with the course of palivizumab therapy was very good. The RSV hospitalization rate observed in the 2006/2007 CARESS season was lower than that previously documented in the scientific literature.

INDIVIDUAL’S HEALTH—Health Care Use & Policy Studies

PIH24

AN ANALYSIS OF POTENTIALLY INAPPROPRIATE MEDICATION USE IN THE DUALY ELIGIBLE MEDICARE AND MEDICAID POPULATION USING THE NEW 2003 BEERS DRUG UPDATE

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OBJECTIVE: To examine rates of potentially inappropriate prescribing in a population dually eligible for Medicare and Medicaid using the new 2003 Beers update. The 2003 Beers update revises the previous 1997 Beers list—an internationally recognized list of drugs identified as potentially inappropriate to prescribe to seniors due to an elevated risk of adverse effects, developed by Dr. Mark Beers. METHODS: Descriptive analyses (population parameter assessments) were conducted on the 2003 Medicaid files for elderly enrollees dually eligible for Medicare and Medicaid. Inappropriate drugs independent of diagnosis as identified by the 2003 Beers drug utilizations were analyzed. RESULTS: Of enrollees with drug use (3,879,039 enrollees), 34% received an inappropriate drug per the 1997 Beers list; 47% per the 2003 Fick update. Hispanics had the highest percentage of drug recipients receiving an inappropriate drug in the Northeast region per the 2003 Fick update. Within therapeutic category, the number of inappropriate genitourinary products dispensed to total genitourinary products ranked the highest at 20% (the drug Nitrofurantoin prescribed most) per the 2003 Fick update. CONCLUSION: Based on the 2003 Beers update, 47% of elderly dually eligible Medicare and Medicaid drug recipients received inappropriate drugs. However, such use may be justified in some circumstances when the benefits outweigh the risks for an individual patient. Our findings provide evidence that the potential use of inappropriate drugs in Hispanics should be considered separately from other ethnicity groups. By comparing