more migraine treatment than male (OR: 3.2, 95% CI: 1.37-8.932). CONCLUSIONS: The assessment of gender differences in health care is challenging because of the potential biases that require careful adjustment. This study successfully reduced selection bias by propensity score-matched methodology and concluded significant gender disparity in migraine pharmacotherapy. This study also provides an empirical evident of undertreated migraine conditions in the US.

PMH5

TREATMENT PATTERNS OF WOMEN DIAGNOSED WITH UTERINE FIBROIDS 5 YEARS PRE AND POST DIAGNOSIS: A LONITUDINAL RETROSPECTIVE CLAIMS ANALYSIS OF A COMMERCIALLY INSURED POPULATION IN THE US

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OBJECTIVES: To evaluate treatment patterns among women with uterine fibroid (UF) prescription matched controls for 5 years before and after diagnosis. METHODS: Women with a UF diagnosis (International Classification of Diseases 218.xx) aged 18-45 years were identified in Truven Health MarketScan® 2000-2010 data, and matched 1:1 to women without UF (control) by age, region, and insurance type. The first recorded UF diagnosis and treatment were evaluated. RESULTS: A total of 84,954 matched pairs, with a mean age of 39.3 years at the index date were included in the analysis. During the 5 years prior to the index date, annual medication use (ranging from 18.7-19.5%) vs. controls was significantly higher for combinations and single non-MAOI GnRH agonists and UF-related surgery use (0.8-0.9% vs. 0.1-0.4% for endometrial ablations), respectively, was significantly higher among UF patients than controls (all p values <0.01). However, in the first year post-index date, a greater proportion of UF patients were treated with medications (combined oral contraceptives, 17.1% vs. 15.6%, prostgens, 10.7% vs. 4.9%, and GnRH agonists, 2.8% vs. 0.2%) and surgeries (hysteroscopic ablation, 27.9% vs. 9.3% and laparoscopic surgery, 0.6% vs. 0.2%); mireotide, 5.9% vs. <0.1%), respectively (all p values <0.05). In the next four years of follow-up, the annual utilization difference decreased, but remained higher in UF patients and the differences were significant for GnRH agonist, hysterectomy, and myomectomy. The UF patients used significantly more UF treatments than controls after diagnosis, and also during the period before diagnosis. Treatment usage peaked in the first year post-diagnosis.

MENTAL HEALTH – Clinical Outcomes Studies

PMH1

HEALTHCARE UTILIZATION AND COSTS OF SEROTONIN SYNDROME WITH CONCOMITANT USE OF SEROTONERIC AGENTS

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OBJECTIVES: Serotonin syndrome (SS) is an adverse drug reaction that may occur in patients receiving mono-therapy or combinations of serotonergic agents (SAs). The objective of this study was to characterize healthcare cost and utilization in Medicare beneficiaries with SS. METHODS: A total of 84,954 matched pairs, with a mean age of 65 years Pre and Post Index date for the UF patient and matched control. Continuous eligibility in a health plan for ≥1 year pre- and post-index date was required. UF-related medications and surgical treatments during the five pre- and post-index years were evaluated annually, and compared between UF patients and controls using McNemar’s tests. RESULTS: A total of 84,954 matched pairs, with a mean age of 39.3 years at the index date were included in the analysis. During the 5 years prior to the index date, annual medication use (ranging from 18.7-19.5%) vs. controls was significantly higher for combinations and single non-MAOI GnRH agonists and UF-related surgery use (0.8-0.9% vs. 0.1-0.4% for endometrial ablations), respectively, was significantly higher among UF patients than controls (all p values <0.01). However, in the first year post-index date, a greater proportion of UF patients were treated with medications (combined oral contraceptives, 17.1% vs. 15.6%, prostgens, 10.7% vs. 4.9%, and GnRH agonists, 2.8% vs. 0.2%) and surgeries (hysteroscopic ablation, 27.9% vs. 9.3% and laparoscopic surgery, 0.6% vs. 0.2%); mireotide, 5.9% vs. <0.1%), respectively (all p values <0.05). In the next four years of follow-up, the annual utilization difference decreased, but remained higher in UF patients and the differences were significant for GnRH agonist, hysterectomy, and myomectomy. The UF patients used significantly more UF treatments than controls after diagnosis, and also during the period before diagnosis. Treatment usage peaked in the first year post-diagnosis.

PMH2

ANTICHOLINERGIC MEDICATION USE AND RISK OF INCIDENT FRACTURES IN THE ELDERLY WITH DEPRESSION

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OBJECTIVES: There is limited evidence regarding the role of anticholinergic medications in falls/fractures among the elderly. This study examined the risk of fractures associated with anticholinergic medications use in Medicare beneficiaries. METHODS: A population-based nested case control study was conducted using 2007-2010 Minimum Data Set (MDS)-linked Medicare data from all states. Patients with continuous coverage in Medicare Parts A, B, D and no HMO coverage during the study period or until death were considered as base cohort included