WITH ASTHMA USING ADMINISTRATIVE CLAIMS DATA

OBJECTIVES: Majority of the existing research on medication adherence has focused on secondary non-adherence, with only a few studies on primary medication non-adherence (PMN). PMN is defined as the failure of a patient to fill a new medication prescription by the healthcare provider. The main objective of this study was to formulate a comprehensive approach to capture PMN using commercial claims data and to test it among pediatric populations with asthma. METHODS: This study utilized a retrospective longitudinal cohort study design involving Medicaid claims data. The study population consisted of asthma patients 16 years or younger continuously enrolled for the entire study period. The patients were defined as PMN cases if they were found to have primary non-adherence to asthma controller medication indicating failure to any subsequent refills. A multivariate logistic regression model was built to assess the predicting factors of PMN. RESULTS: There were 6892 patients who met the inclusion criteria for this study. Of the total 8,892 patients, 28.7% of patients stopped filling their prescription after the initial one. African Americans (OR: 0.89; CI: 0.809-0.986), other minorities (OR: 0.842; CI: 0.742-0.954), were less likely to have PMN compared to the Caucasians. Number of co morbidities decreased the odds of having PMN (OR: 0.801; CI: 0.73-0.879) while fees-for-service plans (OR: 1.18; CI: 1.072-1.298) increased. CONCLUSIONS: The study successfully identified patients that could be attributed to PMN using a population-based claims dataset. The rate of PMN identified in this analysis is alarmingly higher than any previous study. This could be explained due to two factors: 1) The unique methodology applied in this study. 2) The study population being drawn from Medicaid beneficiaries who are primarily belonging to low-income groups. Future research is warranted to address the issue of PMN.

ETHNIC DISPARITIES IN THE INHALED CORTICOSTEROID PRESCRIPTION PATTERNS FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE

OBJECTIVES: Inhaled corticosteroids (ICS) are widely used in the management of chronic obstructive pulmonary disease (COPD). Prior research suggests that COPD patients’ access to ICS may vary by ethnicity. The objectives of the study were to determine the prevalence in the prescription of ICS and non-Hispanic White patients taking ICS for COPD and to determine the independent predictors of taking an ICS prescription in COPD patients. METHODS: The US Medical Expenditure Panel Survey (MEPS) 2007 dataset was utilized to compare ICS prescription patterns among patients with COPD. The sample size was restricted to Hispanic and non-Hispanic White patients with ICD-9CM codes for COPD between January 1 and December 31, 2007. Proportion of patients receiving ICS prescriptions within the defined timeframe was compared by ethnicity in chi-square analysis. Multivariate logistic regression was used to determine significant predictors of receiving an ICS prescription. RESULTS: Among 1057 COPD patients included in the analysis, 16% were Hispanics, 58.5% females, and the mean age of the study population was 45.8±24.5. ICS were prescribed for 5.2% of Hispanics and 17.2% of non-Hispanic White patients (p=0.02). Non-Hispanic White patients with COPD had 9.37 (95% CI: 1.39-73.28) higher odds of receiving ICS prescription than Hispanic patients independent of age, marital status, education, smoking status, and health insurance. Among other risk factors, only smoking was predictive of receiving a prescription for ICS (OR: 1.80-95% CI: 1.03; 3.11), independent of other factors. CONCLUSIONS: Hispanic COPD patients had substantially lower odds of receiving an ICS prescription. This disparity in ICS prescription patterns may translate into suboptimal COPD management and increased exacerbations and healthcare costs for this growing minority population. The differences and potential disparities in ICS use between Hispanic and non-Hispanic White COPD patients warrant further investigation.

ETHNIC DISPARITIES IN HEALTH CARE RESOURCES USE AMONG ASTHMA PATIENTS IN BRAZIL

OBJECTIVES: The prevalence, policies and disease control programs for Asthma vary considerably across the country. The aim of this study is the evaluation of inequalities in utilization of healthcare resources in Asthma disease in Brazil. METHODS: We used data from 2008 Health Supplement of the National Household Sample Survey (PNAD) conducted by the Brazilian Institute of Geography and Statistics (IBGE, 1,618,668 subjects). The study population was comprised of 14 years and older. We used administrative claims database of the Brazilian public health system. RESULTS: The outcomes were prevalence of hospital admission and physician visit in the last year, and use of chronic medication. The outcomes were analyzed by socio-demographic variables. Statistical analysis comprised logistic regressions for association measures, and p ≤ 0.05 to test results independence, being significant p<0.05. All analysis considered complex plan sampling. CONCLUSIONS: In one year, among the diagnosed asthma and bronchitis patients, 84.0% had physician visit and 12.6% had hospital admission. Also, 16% reported use of chronic medication. The frequency of hospital admission decreased with the increasing of age (OR: 0.85; p<0.001) and of household head educational level (OR: 0.88; p<0.001). Also, hospital admission varied significantly across the Brazilian regions (16.0% in North and Northeast to 9.8% in South). Number of chronic conditions and New chronic medication were higher in more developed regions as white household head.

EDUCATION PLAYS A VITAL ROLE IN THE ATTITUDE TOWARD THE USE OF PROTECTIVE METHODS AND RESULTING LESSER MORBIDITIES AMONG AGATE WORKERS

OBJECTIVE: To assess the awareness among Agate worker about silicosis, preventive methods and use of protective methods and factors affecting the their usage. METHODS: It is a cross-sectional study among agate workers in Khambar region of Gujarat State in India. The Khambhat region is known for the household educational level of (OR: 0.85; p<0.001) and of household head educational level (OR: 0.88; p<0.001). Also, hospital admission varied significantly across the Brazilian regions (16.0% in North and Northeast to 9.8% in South). Number of chronic conditions and New chronic medication were higher in more developed regions as white household head.

CONCLUSIONS: Patients with greater use of physician visit and medication had lower frequencies of hospital admission. Considering the regional disparities, it is imperative to implement effective national asthma management approaches aimed at the appropriate target populations.

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