from 2006-2011 for persons 45 years of age and older were included if COPD was the principal diagnosis. Inpatient and outpatient event rates per 1,000 persons by sex were calculated for each observation year in Iowa. The changes in rates over time were calculated using an ANOVA. RESULTS: A total of 34,113 female patients were studied; 17,866 (52.3%) were for women; 9,943 (29.1%) were for persons under 65 years of age. Of the 33,070 outpatient events studied, 16,200 (48.9%) were for women and 6,964 (20.9%) were for persons under 65 years of age. Annually, the outpatient event rates per 1,000 persons were not significantly different across 6 years (P-value=0.30); outpatient event rates per 1,000 persons significantly increased over time (P-value=0.0061). For inpatient and outpatient events, women had significantly higher outpatient event rates per 1,000 persons in 2011 (P-value<0.0001). The follow up mail was posted after 3 weeks of the initial mail. RESULTS: One hundred and forty-four GPs responded to the survey but only one hundred and thirty-nine GPs gave complete information, giving an approximately rate of 37%. Ninety-nine percent of the respondents were male and were practicing for an average of 21 years. 89.2% of the GPs agreed that antibiotic resistance is problematic and 88.3% of them concurred that prescription of antibiotics in primary care can contribute to the problem. However, 56% GPs agreed that antibiotics may reduce the duration of URTIs. Many of the GPs (90%) believed that patients expect antibiotics from them but 78.4% GPs did not prescribe if they think the antibiotics are unnecessary for the patients. 95.7% GPs denied prescribing antibiotics for their financial benefits. First line treatment for uncomplicated URTI commonly chosen by the GPs was amoxicillin (53.2%). The most influential determinant of the GPs prescribing practice is the microbiology laboratory results (54%) followed by their past prescribing experience (41%).

**CONCLUSIONS:** Overall knowledge of the GPs regarding antibiotic resistance was adequate but GPs may have incorrect knowledge of effect of antibiotics for uncomplicated URTIs. Underestimation of the belief and attitude in prescribing antibiotics is important to establish measures in reducing the escalation of antibiotic resistance.

**PRS65**

**TREATMENT OF ASTHMA USING ICS/LABA DRUGS PRE- AND POST-LABEL CHANGE**

Tempus F1, Schultz W2, Skovira M1

1Catalina Health, Blue Bell, PA, USA, 2Catalina Health, Saddle Brook, NJ, USA

OBJECTIVES: Determine whether treatment of asthma with drug therapy in adults has changed since the FDA label change in 2010. This label change stipulates ICS/LABA drugs are to be used only if a patient is uncontrolled on a plain ICS, and then for the shortest period possible after achieving control.

METHODS: Catalina Health receives data from a nationally representative pharmacy claims chain. We compared differences between the cohorts by the label change.

RESULTS: Both cohorts were followed for a year to determine if fills of ICS/LABA medication as initial therapy had declined and if days of therapy had shortened. Patients with only one fill of an ICS/LABA and no fills of an ICS during the year were excluded (pneumonia patients). Comparing the two cohorts, the key finding was that Average Days of Therapy on the ICS/LABA declined from 78.8 to 60.7 (P-value=0.002). Average Days of Therapy on the ICS/LABA declined from 78.8 to 60.7 (P-value=0.002). Average Days of Therapy on the ICS/LABA declined from 78.8 to 60.7 (P-value=0.002). Average Days of Therapy on the ICS/LABA declined from 78.8 to 60.7 (P-value=0.002).

**CONCLUSIONS:** Average Days of Therapy on the ICS/LABA declined from 78.8 to 60.7 (P-value=0.002). Average Days of Therapy on the ICS/LABA declined from 78.8 to 60.7 (P-value=0.002). Average Days of Therapy on the ICS/LABA declined from 78.8 to 60.7 (P-value=0.002). Average Days of Therapy on the ICS/LABA declined from 78.8 to 60.7 (P-value=0.002).