was 38.2 years (SD = 12.6) and 62.7% were female. 85.9% of our respondents were born outside Canada and 71.8% were ethnically from Asian areas. Effectiveness of the preventive treatment (Risk of developing active TB after treatment, \( < 0.23 \), \( p < 0.001 \), Risk of developing liver damage (\( < 0.16 \), \( p < 0.001 \)), Length of treatment (\( < 0.46 \), \( p < 0.001 \), Risk of developing skin rash (\( < 0.03 \), \( p < 0.001 \)), and Risk of developing fatigue (\( < 0.03 \), \( p < 0.009 \)) were significant determinants of respondents’ choices of preventive treatment. The negative preference estimates revealed that respondents were averse to higher risk of developing active TB, higher risk of developing liver damage, skin rash and fatigue, and longer period of treatment. The results suggest that respondents were consistently in favor of LTB
corticosteroids after the acute attack. CONCLUSIONS: Since the incidence of chronic diseases are increasing rapidly in India, there is urgent need for improving access to essential medicines, treatment guidelines, policy making, patient & provider education, and resource allocation for chronic diseases, like bronchial asthma.

**DRUG UTILIZATION PATTERNS FOR PEDIATRIC ASTHMA IN AMBULATORY CARE SETTINGS**

**PRS37**

**OBJECTIVES:** This study examined the asthma medications prescribing patterns among pediatric asthma visits in ambulatory care settings in the United States. **METHODS:** A retrospective cross-sectional analysis of National Ambulatory Medical Care Survey (NAMCS) and the outpatient data of the National Hospital Ambulatory Medical Care Survey (NHAMCS) of year 2006-2007 was conducted involving children aged less than 18 years and diagnosed with asthma (ICD-9-CM 493.XX). The analysis focused on medications used in the first line of therapy for COPD and Chronic Obstructive Pulmonary Disease (COPD) in ambulatory care visits. The study population consisted of patients with persistent asthma (as defined by the symptoms score based on NHLBI guidelines). Frequency distributions were made to characterize the study population. Logistic regression was carried out to determine the odds of disposing corticosteroids (ICSs) across various demographic variables (Age, gender, race, regional), insurance, and resource utilization among asthma patients. **RESULTS:** In 2006-2007, COPD accounted for 70.25 million (95% CI: 60.69–79.81) ambulatory care visits by adult patients, representing 3.3% of the total ambulatory visits. Of these visits, majority were made by females (59.14%), whites (87.31%) and living in the southern region (44.78%). COPD medications were only prescribed in 62.13% of the visits. Highly prescribed medications were bronchodilators (34.3%), followed by combination therapy (9.66%) and inhaled corticosteroids (2.71%). First line of therapy was prescribed at 25.17% (95% CI: 21.62–28.72) visits: 19.16% visits received beta-agonist and 11.84% visits received anticholinergics. No variation was found across sex, race, and region for the prescription of first line of therapy for COPD. **CONCLUSIONS:** Bronchodilators were highly prescribed medication for COPD in outpatient visits. The first line of therapy did not vary significantly across sex, race and region for COPD.