OXOCODONE-RELATED FATALITIES IN WEST VIRGINIA

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OBJECTIVES: To describe West Virginia drug-related death cases in which oxycodone was a cause or contributor with regard to demographic characteristics, concomitant drugs, pre-existing conditions and cause of death. METHODS: This is a cross-sectional descriptive study that used the Forensic Drug Database, a compilation of case data gathered by the West Virginia Office of the Chief Medical Examiner on drug-induced or drug-related deaths. Data were extracted for all of these death cases between January 1, 2008 and August 18, 2007. RESULTS: There were 190 cases involving oxycodone. The majority of these decedents were male (70.5%) and white (96.8%), with an average age of 39.2 (±10.1) years and an average BMI of 29.7 (±7.3). Approximately 84% of the oxycodone cases had at least one additional drug contributing to death, with diazepam (27.9%), hydrocodone (23.2%), alprazolam (20.0%), and ethanol (14.2%) being identified most commonly. Nearly two-thirds of cases had an existing condition considered non-contributory to death, with a history of substance abuse (38.4%), cardiovascular disease (32.6%), and head and central nervous system disease (22.6%) occurring most frequently. In 92% of the oxycodone cases, oxycodone was considered to play a direct role in the manner of death. In the manner of death of most oxycodone cases was classified as accidental (91.7%), with only 3.9% classified as suicide. CONCLUSIONS: Concomitant drug use was a common finding in oxycodone-related deaths in West Virginia. This study highlights the importance of health care professionals talking to patients about potential dangers associated with combined drug use or misuse and to use caution when prescribing oxycodone with other drugs, especially controlled substances, for individuals with a history of substance abuse.

BUNDS OF OBESITY AND ASSOCIATED TREATMENT PATTERNS IN EUROPE: A COMPARISON OF FIVE COUNTRIES

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OBJECTIVES: To assess burden of obesity and associated treatment patterns among five European nations. METHODS: TNS European Healthcare Panel of individuals in France, Germany, Italy, UK and the Netherlands were surveyed in 2007 to assess disease burden at national level, to build an epidemiological database in these 5 countries. The data is representative of population gender and age strata in respective countries, ensured by sampling and intensive panel management. The survey collected information on select health conditions (incl. obesity, defined as BMI > 30; in the past 12-months), quality of life and health care utilization. RESULTS: To the in the Healthcare Panel, 51,850 and 47,340 individuals completed survey in the Netherlands, Germany, Italy, France and UK respectively. Prevalence of Obesity varied widely between the 5 nations, as follows (All, Male, Female, % individuals): Italy: 16.8%,19.1%,14.5%; France: 19.7%, 18.9%; Netherlands: 22.3%, 18.5%,26.1%; Germany: 25.5%,24.4%,26.6%; UK: 31.0%,29.5%,32.6%; this amounted to over 52.6 million individuals suffering from obesity in these 5 countries. Within each country, burden of obesity varied by age (15–19,20–29,30–39,40–49,50–59,60–69 yr; % individuals) as follows: Italy: 5.1%,8.0%,13.8%,18.6%,23.6%,22.2%; France: 5.9%,9.8%, 17.3%,20.2%,27.1%,28.8%; the Netherlands: 6.5%,8.8%,21.5%,25.6%,29.8%,28.0%; Germany: 8.3%,12.2%,22.8%,28.7%,34.2%,30.9%; UK: 13.5%,18.0%, 28.5%,34.7%,39.4%,37.9%. Anti-obesity medications were used by 7.2%,8.0%, 10.1%,13.7%,16.1% of obese individuals in the Netherlands/Germany/UK/France/Italy respectively. In absolute terms, over 12.7 million individuals in the five countries had taken an obesity reducing product in the last year, with France leading the list (>3.7 million). CONCLUSIONS: Obesity disease burden appear to be substantial and increased with age. Treatment with anti-obesity products varied across the five countries but did not appear to be proportionate to the disease burden in the respective countries. Closer scrutiny is warranted to assess current practices to alleviate disease burden in respective geographies.

THE USEFULNESS OF REGISTRY DATA FOR UNDERSTANDING TREATMENT PRACTICES AND CLINICAL OUTCOMES IN HEMOPHILIA: THE EXPERIENCE OF THE HEMOPHILIA AND THROMBOSIS RESEARCH SOCIETY (HTRS) REGISTRY

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OBJECTIVES: Frequent bleeding episodes within joints (hemarthrosis) in patients with congenital hemophilia with alloantibody inhibitors (ChWb) can result in the development of target joints with eventual functional disability. Clinical trials have assessed the efficacy of rFVIIa in the treatment of hemarthroses. Such studies have not been designed to address whether specific joints are more difficult to treat. The HTRS Registry is a HTR collaborative effort between HTRS and Novo Nordisk to understand the efficacy and safety of rFVIIa and expand knowledge about treatment of hemarthrosis. METHODS: We analyzed data from 2041 rFVIIa-treated bleeds in the HTRS registry (January 2004-November 2008) to identify hemarthroses in patients with ChWb. RESULTS: There were 1163 hemarthroses treated with rFVIIa (first line:1065, second line:101). Median age at time of bleed was 36.4 years. The 798 non-target joints was 99 (ranged:40-60). The median (IQR) for the 344 target (T) joint bleeds included (NTIT): ankle (279/169); elbow (202/90); knee (143/76); shoulder (46/5); wrist (43/1); hand (430) and hip (244). Median (range) total rFVIIa dose per treatment episode for non-target joints was 400 mcg/kg (46-1810 mcg/kg) and for target joints was 630 mcg/kg (50-2132 mcg/kg). Total dosing varied by joint and was higher for target joints (NTIT): ankle (300/650); knee (360/558); elbow (490/556); hip (494/884); shoulder (720/1080). Overall efficacy for all joint bleeds was 90%, and for target joints was 90%. CONCLUSION: For rare disorders, such as congenital hemophilia with inhibitors requiring evidence-based outcomes for data subsets through clinical trials is not always practical. The HTRS Registry provides another large dataset and allows for comparison of clinically effective dosing regimens for treatment of non-target/target joints across different joints. The data shown have implications for the design of future trials and the analysis of trial results to account for variability in different joint bleeds between trial arms.