Acupuncture use was nearly six times more common among chiropractic users than in the overall population (2.2% vs. 0.37%); similarly, nearly half (42.5%) of acupuncture users also had a claim for chiropractic use in the prior 12 months, or 21.5% of all chiropractic use, of which 2.65% also used acupuncture. **CONCLUSIONS:** Despite trends suggesting increased use of chiropractic and acupuncture, their use remain very low in commercial health insurance plans, including patients with inflammation and pain-related conditions. While still very low, acupuncture use was more common among chiropractic users than in the overall population.

**PSY21**

**GEOGRAPHIC VARIATION TRENDS IN SYSTEMIC LUPUS ERYTHMATOSUS PREVALENCE IN THE UNITED STATES VETERAN POPULATION**

Wang Y1,2, Huang A1, Burer O1

1StatinMED Research, Dallas, TX, USA, 2StatinMED Research/The University of Michigan, Ann Arbor, MI, USA

**OBJECTIVES:** To examine the geographic, age, and racial variation in the prevalence of systemic lupus erythematosus (SLE) in the U.S. veteran population.

**METHODS:** Patients diagnosed with SLE (International Classification of Disease 9th Revision Clinical Modification [ICD-9-CM] diagnosis code 710.0) were included in a retrospective study (October 1, 2005 - May 31, 2012) conducted using the Veterans Health Administration (VHA) Medical SAS Datasets. Disease prevalence was stratified by state, age, and race for all the patients, and each category was then carefully studied. Descriptive statistics were calculated as means ± standard deviation (SD) and percentages to measure the prevalence in the sample.

**RESULTS:** A total of 13,257 veterans were diagnosed with SLE in 2012. For SLE patients between ages 35 and 54, prevalence was the highest at 0.11%, followed by age 15 to 24 years (0.08%) and age 18-25 and 65+ years (0.05%). The prevalence of 0.03%, and the median prevalence (0.06%) was observed in patients aged 26-34. Prevalence by race was also examined: Non-Hispanic Black (0.16%), Hispanic (0.06%), and other races (0.04%). Geographic variation was examined and the highest SLE prevalence was observed in Georgia and Alabama (both 0.1%), followed by Arizona, New Hampshire, Tennessee, Vermont and Virginia (all 0.08%).

**CONCLUSIONS:** There is no statistical evidence that middle-aged patients have a higher probability to be diagnosed with SLE, and younger and elderly patients have a relatively smaller probability. Stratified by race, black, Hispanic and white patients were more likely to be diagnosed with SLE compared to other races. Statistical results also show that patients living in the Southeastern are of the United States had a higher risk of SLE diagnosis.

**PSY22**

**THE IMPACT OF RACE ON QUALITY OF ANTICOAGULATION AFTER MAJOR ORTHOPEDIC SURGERY IN AN INNER-CITY UNDERSERVED POPULATION**

Cheng WH1, Galanter WL2, Schumock GT, Lambert BL1, Cavallari LH1, Nutescu EA1

1University of Illinois at Chicago, Chicago, IL, USA, 2University of Illinois Health and Hospital Sciences System, Chicago, IL, USA

**OBJECTIVES:** The aim of this study was to evaluate the impact of race on quality of anticoagulation control in patients undergoing major orthopedic surgery.

**METHODS:** We conducted a retrospective, observational cohort study in an inner-city underserved population treated with warfarin thromboprophylaxis after THR or TKR (referred to as THR or TKR, replacement (TKR), replacement). This was a specialized antithrombosis clinic from 1998 to 2009. Significant variables from simple linear regression (p < 0.1) were entered in stepwise multivariate logistic regression (SPLIDA) to evaluate the effect of race on quality of anticoagulation control, defined as within-patient proportion of international normalized ratio (INR) levels spent in therapeutic range (INR of 2-3 ± 0.2).

**RESULTS:** A total of 400 consecutive patients were evaluated. The average age was 54.8 ± 14.5 years. 56% were African-American, 46% were Hispanic, and 67% were white. The average length of warfarin therapy was 50±21 days, and the average within-patient proportion of INR levels spent in therapeutic range was 39.2±20.5%. African-Americans (β = -5.17, p = 0.0069), higher warfarin dose (β = 0.03 mg/kg/day, p = 0.001) and THR and TKR, African-Americans tended to have lower proportion of INR levels spent in therapeutic range than non-African-Americans. Studies are needed to further investigate these phenomena.

**CONCLUSIONS:** Our results are consistent with previous reports and support the hypothesis that African-Americans have a lower quality of anticoagulation control, defined as within-patient proportion of international normalized ratio (INR) levels spent in therapeutic range (INR of 2-3 ± 0.2). African-Americans had a lower proportion of INR levels spent in therapeutic range than non-African-Americans. Further research is needed to confirm these findings and to understand the underlying mechanisms.