amining predictors of medication class prescribed. RESULTS: There were 4,916 individuals in the study (1,788 in DA cohort, 646 in MAO-B, and 2,482 in LD). Results of the logistic regression revealed that older patients were significantly less likely to receive DA (OR = 0.977; 95% CI 0.966 – 0.988) or a MAO-B (OR = 0.986; 95% CI 0.954 – 0.983), compared to LD. Compared to LD cohort, patients who received a MAO-B were significantly less likely to be diagnosed with pre-period depression (OR = 0.540; 95% CI 0.359 – 0.804). We reviewed payer decisions for 17 patients who received a MAO-B or DA were significantly less likely to be diagnosed with psychoses (MAO-B – OR = 0.220; 95% CI 0.105 – 0.459; DA – OR = 0.732; 95% CI 0.542 – 0.989). Furthermore, results revealed that patients diagnosed by a neurologist were significantly more likely to receive a DA (OR = 1.651; 95% CI 1.353 – 2.014) or a MAO-B (OR = 1.607; 95% CI 1.193 – 2.165), compared to LD. Region of residence and health plan membership were also found to predict initial medication class. CONCLUSIONS: These analyses indicate that patient characteristics, health status, diagnosing physician and access disparities all impact initial therapeutic class of medication prescribed for patients with PD.

PN72
ACCESS, UPTAKE AND UTILIZATION MANAGEMENT OF MULTIPLE SCLEROSIS PRODUCTS IN THE UNITED STATES
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OBJECTIVES: To map the health care utilization of multiple sclerosis (MS) patients receiving systemic corticosteroids for the therapy of relapse were identified. COMPARISON: Payers express high concern for rapidly growing MS category. Payers’ decision-making procedures were formulated ranging from narrow to broad measures based on the diagnoses of neuropsychiatric related disorders or use of a psychotropic medication. We used a nested case control design and each case was matched to 3 controls on age, gender and geographic region and controls were assigned a index date based on the matched case. Montelukast compared to montelukast was measured as any exposure during the year, recurrence of exposure, cumulative duration of exposure and cumulative dose of exposure during the 30 days and 365 days prior to the outcome. Conditional logistic regression was used to estimate the unadjusted and the adjusted odds ratios after controlling for confounders. RESULTS: The broadest definition for neuropsychiatric disturbances, 1,920 cases and 5,760 matching controls were identified. Cases were more likely to be diagnosed with epilepsy, diabetes, cancer and hypothyroidism, and were more likely to use inhaled corticosteroids, long acting beta2-agonists, systemic corticosteroids and metoclopramide. Subjects exposed to montelukast during the year had an unadjusted OR of 1.085 (CI 0.962 – 1.223) and an adjusted OR of 1.032 (CI 0.909 – 1.172) for experiencing a neuropsychiatric disturbance. None of the other montelukast exposure measures showed a positive association except a cumulative dose of exposure during the last 45 days which was statistically significant (p = 0.007).

CONCLUSIONS: Preliminary results do not suggest a consistent positive association between montelukast and neuropsychiatric disturbances.

PRS2
A RETROSPECTIVE EPIDEMIOLOGIC REVIEW OF COPD IN KOREA
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OBJECTIVES: COPD is an important cause of morbidity and mortality. Statistics Korea presented in 2009 the mortality of COPD was 9.4 per 100 thousand people marking the disease as one of the 10 major death causes in Korea. This study was performed to investigate epidemiologic data especially incidence and risk factors associated with COPD exacerbations in Korea. METHODS: A retrospective observational study was carried out on 1,112 COPD patients from 47 medical centers throughout Korea. The data collection was performed at enrollment and a past year from the enrollment. The COPD patients were defined by GOLD criteria 2010. Also we investigated demographic characteristics, COPD exacerbation, Lung Function Test, Comorbidity, COPD assessment test (CAT), and COPD medication. RESULTS: Among 1,112 patients, more than half of the respondents were more than 70 years old, 91% (n=1,011) were male, mean BMI was 22.2 (SD 3.3) kg/m², mean COPD duration was 5.8 years, and 55.5% (n=616) were classified as chronic bronchitis. The occurrence of exacerbation was 7.4% (n=83) and the occurrence of exacerbation in past year was 0.67 (SD 2.1), and decrease of FEV1/FVC results align with GOLD stage was statistically significant (p<0.0001). The most frequently reported comorbidities were hypertension (36.0%, n=400) and bronchial asthma (16.6%, n=184). The CAT sum score was 16.8 ± 9.3. The most frequently used COPD medication was long-acting muscarinic agonist (47.9%). Multivariate logistic regression results show the effect on exacerbation in the subjects who had only pulmonary emphysema was 0.7 times the subjects who had only chronic bronchitis (95%CI [0.49 – 0.96], p-value = 0.001), and subjects with history of pneumoconiosis were 11.1 times higher than in the subjects without history of pneumoconiosis (95% CI [6.89 – 17.87], p-value =<0.0001). CONCLUSIONS: Our results suggested that the