adolescents (13–18 years). The effect of combination therapy on risk of weight gain was observed against both SSRI monotherapy and SGA monotherapy in multivariable logistic regression analyses. Likelihood of gaining weight with combination therapy was higher against both SSRI monotherapy (OR = 1.88; 1.69–2.10) and SGA monotherapy (OR = 1.52; 1.37–1.68). Long-term combination therapy (>60 days of treatment overlap) resulted into increased risk of weight gain (OR = 1.64; 1.30–2.07) as compared to short term uses (> = 14 days and <60 day). **CONCLUSIONS:** The effect of combination therapy on increased risk of weight gain was suggested in the study, especially when the combinations were used for long term maintenance. Comprehensive evaluation of other psychotropic combinations on risk of other adverse events is needed to be conducted in future.

PIH4

ASSESSMENT OF MATERNAL MORBIDITY DURING LABOR AND DELIVERY: EVALUATION OF LENGTH OF DELIVERY HOSPITALIZATION STAY OF WOMEN WITH PRE-EXISTING MEDICAL CONDITIONS

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OBJECTIVES: Monitoring maternal morbidity is essential as per Healthy People 2010 objectives. Maternal morbidity due to pre-existing medical conditions (PEC's) is found to be an important determinant of delivery complications. With limited literature for the influence of PEC's on obstetric hospitalization, the objective of this study was to assess the effects of PEC's on length of stay (LOS) during child delivery. **METHODS:** The 2006 National Hospital Discharge Survey (NHDS) was used as the data source. PEC's included diagnosis of chronic hypertension, diabetes mellitus, anemia, asthma, thyroid disorder or cardiac disease before conception. Cox Proportional Hazards Model was performed to ascertain the relationship between PEC's and LOS in the presence of other covariates. The data analysis was conducted using SAS 9.1. **RESULTS:** The 2006 NHDS included records of 39,751 women hospitalized for child birth; of which 15.25% (N = 6,063) had diagnosis of one or more PEC's in contrast to 4.9% in early 2000's. PEC's group had higher proportion of older women (≥35years) (20.32% vs. 16.43%, $p < 0.0001$) and African-Americans (23.50% vs. 15.79%, $p < 0.0001$) compared to the non-PEC's group. Presence of PEC's was found to be associated with prolonged LOS (hazard ratio = 0.840, $p < 0.0001$). Among hospital characteristics, women delivering in large hospitals (≥500beds) (hazard ratio = 0.880, $p < 0.0001$) and northeastern and southern regions (hazard ratio = 0.813, $p < 0.0001$) had extended LOS. In addition, African-American race (hazard ratio = 0.863, $p < 0.0001$) and cesarean delivery (hazard ratio = 0.383, $p < 0.0001$) were also associated with longer LOS. **CONCLUSIONS:** Women with PEC's impose significant health care burden in terms of length of stay during child birth. Access to appropriate pre-conception and prenatal care should be ensured to childbearing women, especially due to the rising prevalence of PEC's. Racial and geographical disparities need to be examined by policy-makers while framing prophylactic strategies. Future research should assess the health care resource utilization due to maternal morbidity from pre-conception to postpartum period.

PIH5

DIAGNOSIS AND TREATMENT OF WOMEN WITH HYPOACTIVE SEXUAL DESIRE DISORDER AND DEPRESSION/ANXIETY

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OBJECTIVES: The goal of this study is to describe the timing of the Hypoactive Sexual Desire Disorder (HSDD) diagnosis with that of depression/anxiety in a subgroup of women suffering from both disorders and determine which diagnosis came first—depression/anxiety or HSDD. In addition it describes the use of both antidepressants and anxiolytics in this subgroup. **METHODS:** Marketscan® Research Databases were used to identify women aged 18–64 with an ICD-9-CM coded diagnosis of HSDD (302.71) from January 1, 1998-December 31, 2007 who also had an ICD-9-CM coded diagnosis of depression or anxiety (293.84, 296.2x, 296.3x, 300.0x, 300.4, 309.1, 311, v79.0). The first physician visit with an HSDD diagnosis was the index date. Antidepressant and anxiolytic use was examined in the 24-month study period (12-months before and following index). **RESULTS:** A total of 957 (24.1%) of 3,975 women identified with HSDD also had a diagnosis of anxiety or depression in the study period. In this group, 34.7% (n = 332) had a depression/anxiety-coded claim appear after their HSDD-coded claim (after cohort), conversely, 65.3% (n = 625) had a depression/anxiety-coded claim appear on or before their HSDD-coded claim (before cohort). The majority of women in both the after and before cohorts were prescribed an antidepressant or anxiolytic in the study period, 78.3% (n = 260) and 86.1% (n = 538) respectively. Sixty percent (n = 156) and sixty-five percent (n = 351) of these women went on to discontinue use of the same. **CONCLUSIONS:** Over 24% of women with HSDD also suffer with depression/anxiety. More than one-third of these women developed their depression/anxiety diagnosis after being diagnosed with HSDD. A larger proportion of women had a diagnosis of depression and/or anxiety on or before that of HSDD. This may be evidence that both depression/anxiety and HSDD often present in tandem and that doctors feel competent to make such diagnoses concurrently. Additionally, intervention with antidepressants or anxiolytics appear inadequate to treat this population.

PIH6

PREVALENCE AND PREDICTORS OF POLYPHARMACY AMONGST ELDERLY PATIENTS: A POPULATION-BASED COHORT STUDY

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OBJECTIVES: We sought to evaluate the prevalence of polypharmacy, and to determine patient characteristics that are predictive of exposure to polypharmacy in the elderly population of Emilia-Romagna, Italy. **METHODS:** We conducted a retrospective cohort study of the 2007 Emilia-Romagna outpatient pharmacy database linked with patient information available from a demographic file of approximately 1 million Emilia-Romagna residents aged ≥65 years. The cohort was comprised of 887,165 elderly patients who had at least one prescription filled during the study year. Using the World Health Organization's Defined Daily Dose (DDD) to determine the duration of treatment for a given drug, we defined a polypharmacy episode as overlapping treatment with 5 or more medications occurring for at least one day. The prevalence of polypharmacy was measured together with patient characteristics found to be predictive of polypharmacy exposure. **RESULTS:** A total of 349,689 elderly in the population (39.4%) were exposed to at least one episode of polypharmacy. The prevalence of polypharmacy substantially increased with age, (32.7% for those ages 65–74, over 45% for those ages 75+). Over 35% of those exposed to polypharmacy were exposed for 101 or more days of the year. The top three classes of medications involved in polypharmacy were antithrombotics, peptic ulcer disease and gastroesophageal reflux disease agents, and angiotensin-converting enzyme inhibitors. Compared to unexposed subjects, elderly exposed to polypharmacy were older, were more likely to be male, and had a greater number of chronic conditions. **CONCLUSIONS:** This study provides evidence that the prevalence of polypharmacy in the elderly in Emilia-Romagna is substantial. Educational programs targeting primary care physicians should be developed to make them aware of the magnitude of polypharmacy phenomenon, as well of patient characteristics associated with polypharmacy to ensuring safe, effective, and appropriate use of medication in the elderly population.

PIH7

PREDICTORS OF NON-MEDICAL USE OF PRESCRIPTION DRUGS AMONG PREGNANT WOMEN IN THE UNITED STATES

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OBJECTIVES: Non-medical use of prescription drugs (NMPUD) is a serious problem in the US. This problem is even more concerning among pregnant women since non-medical use of prescription drugs has the potential to harm both mother and fetus. However, our knowledge about the prevalence of NMPUD among pregnant women and its predictors is limited. This study attempted to fill these gaps. Objectives of this study were: 1) To estimate the prevalence of NMUPD among pregnant women, and 2) To determine various predictors of NMUPD among pregnant women. **METHODS:** This study used data from 2007 National Survey on Drug Use and Health (NSDUH). Sample consisted of non-institutionalized, pregnant women who were 12 years or older. Multiple logistic regression analyses which adjusted for the complex survey design were conducted to estimate the relationship between NMUPD among pregnant women and demographic characteristics. **RESULTS:** The sample consisted of 956 respondents out of which 92 (9.62%) had engaged in NMUPD in the past year. Among different categories of prescription drugs, prevalence of non-medical use was highest for pain relievers (5.27%), followed by tranquilizers (1.65%), stimulants (1.93%), and sedatives (0.51%). Results from the logistic regression showed significant relationships between past year NMUPD and poor health status (O.R. = 5.28, 95% CI: 1.37–20.28), past year use of tobacco (O.R. = 2.28, 95% CI: 1.003–5.226), and African American race (O.R. = 0.19, 95% CI: 0.06–0.52) or other nonwhite races (O.R. = 0.08, 95% CI: 0.02–0.29) at $\alpha = 0.05$. **CONCLUSIONS:** Pain relievers are used most frequently non-medically by pregnant women when compared to the other prescription drugs. Pregnant women, who are white, have poorer health and those who smoke are more likely to engage in NMUPD than the others. This study highlights the group of pregnant women that are more vulnerable to NMUPD. Physician need to be careful while prescribing medication to these high risk groups.

PIH8

DOES TRIAL PARTICIPATION IMPACT ON THE PSYCHOMETRIC PROPERTIES OF SELF-REPORT DEPRESSION IN POSTNATAL WOMEN?

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OBJECTIVES: It is assumed within the context of clinical trials that the measurement characteristics of self-report outcomes are equivalent. However, little work has been conducted to determine if this assumption is supported. The goal of the current study was to determine trial allocation may significantly impact on the psychometric properties of a commonly used self-report postnatal depression screening questionnaire. **METHODS:** Utilising data from a prospective randomised controlled trial (RCT) investigating the impact of antenatal exercise on psychological well-being, postnatal depression was assessed using the Edinburgh Postnatal Depression Scale (EPDS) at the 12–16 weeks following birth. Structural equation modeling approaches were used to investigate the assumption of measurement invariance of the EPDS using a two-