cost-effective became 0.96. CONCLUSION: The ability to incorporate prior information makes Bayesian regression a useful method in postmarketing surveillance. Our analytical framework can be further expanded to address selection issues.

**PCN27**

**INCONGRUENT DEFINITIONS OF RISK AND UNCERTAINTY AMONG CLINICAL ONCOLOGISTS AND ITS IMPLICATIONS FOR DECISION MAKING**

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**OBJECTIVES:** The purpose of this study was to examine the meaning given to a number of concepts of risk and uncertainty by clinical oncologists and to better understand how physicians use these terms in their day to day practice. **METHODS:** Open ended semi-structural interviews were used to elicit definitions of “Risk,” “Uncertainty,” and “Ambiguity,” as well as the methods used to express the concepts and the barriers that exist in communicating these concepts. Participants included board registered practicing oncologists at two major academic teaching hospitals. Purposive sampling was used to obtain a range of specialties and levels of seniority within the target population, with a total of 14 interviews being conducted. **RESULTS:** A broad range of meanings were associated with these three concepts, with little consistency, if any, in the actual definitions given to the key concepts. Methods for communicating risks also varied, but all respondents found significant barriers to communicating these concepts with patients. A number of other key themes emerged relating to risk and certainty, including the differences between population and individual risk, issues of sample size and power, and the importance of conditioning risk to the individual patient. **CONCLUSION:** This paper demonstrates that there is not a set of clear cut definitions to cover issues of risk and uncertainty and that this leads to difficulties in interpretation and communication, even among physicians and especially to patients. There is a need for a common language to express concepts of risk and uncertainty.

**DIABETES**

**PDB1**

**PREVALENCE OF CO-MORBID CONDITIONS AND CONCOMITANT MEDICATION USE AMONG TYPE-2 DIABETES PATIENTS IN A STATE MEDICAID POPULATION**


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**OBJECTIVE:** Risk factors for Type-2 diabetes have been associated with other conditions, including cardiovascular conditions categorized under the metabolic syndrome. The objective of this study was to describe the prevalence of co-morbid conditions, as well as concomitant medication use, for Type-2 diabetes patients in a state Medicaid population. **METHODS:** Data for Type-2 diabetes patients were extracted from medical claims for the year 2001 using ICD-9 codes 250.0-250.9, where x equals zero or two. Patients under managed care coverage, or over age 65, were excluded. The patients were followed for one-year from the index date to determine the presence of co-morbid conditions and prescription drug utilization. The presence of co-morbid conditions such as cardiovascular, peripheral vascular, cerebrovascular, complications of uncontrolled diabetes (retinopathy, neuropathy, nephropathy), and other conditions (liver disease, HIV, cancer) were identified using appropriate ICD-9 codes. Drug utilization was ascertained from prescription claims data using National Drug Classification (NDC) codes. Prevalence of co-morbid conditions and concomitant medication use was described for the overall population and on the basis of age and gender. **RESULTS:** The most prevalent (70%) co-morbid condition among Type-2 diabetes patients was hypertension. In addition, approximately 55% of patients had medical services claims for co-morbid hyperlipidemia, and 41% had co-morbid cardiovascular conditions. Prevalence of hypertension and cardiovascular conditions among genders was similar; patients in the over 55 age category had the highest prevalence of cardiovascular conditions (52.2%) and hypertension (76.7%). For prescription use, nearly three-fourths of patients filled prescriptions for antihypertensives; 47.1% filled prescriptions for statins, fibrates, and other lipid-lowering drugs. **CONCLUSIONS:** As expected from results of studies in other Medicaid populations, hypertension was the most prevalent co-morbid condition with Type-2 diabetes. Other cardiovascular conditions also prevailed, warranting treatment of these conditions as part of the metabolic syndrome.

**PDB2**

**IMPACT OF DEPRESSION ON INCIDENCE OF TYPE-2 DIABETES IN A STATE MEDICAID POPULATION**

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**OBJECTIVE:** To examine the relationship between pre-existing depression and incidence of type-2 diabetes. **METHODS:** Administrative claims data of a state Medicaid were used to meet the study objective. Medicaid enrollees with depression were identified in the year 1997 using ICD-9 codes for depression. A comparison group without depression was also identified in 1997. Enrollees with a medical/ pharmacy claim for type-2 diabetes in 1997 were excluded from the analysis. Both these groups were then followed till December 31, 2002 to identify incident cases of type-2 diabetes. The analysis was restricted to patients who were continuously Medicaid eligible during the period 1997–2002. In addition to univariate chi-square analysis, logistic regression analysis was conducted to examine the association between depression and incidence of type-2 diabetes controlling for the effect of demographics and presence of co-morbidities. **RESULTS:** A total of 4472 eligible enrollees with depression were identified in the year 1997. The comparison group consisted of 5195 eligible non-depressed enrollees. A significantly higher fraction of depressed enrollees (15.7%) developed type-2 diabetes as compared to non-depressed enrollees (11.7%) (p < 0.01). Results of the logistic regression demonstrated a significant interaction effect between gender and presence of pre-existing depression, suggesting that the odds of developing incident type-2 diabetes in enrollees with depression were significant only in females. Females with pre-existing depression were nearly one and a half times more likely to develop incident type-2 diabetes as compared to non-depressed females, after controlling for age, race, and cardiovascular co-morbidity at baseline (Odds Ratio = 1.479, p < 0.01). **CONCLUSION:** The observed higher risk of type-2 diabetes among females with depression may suggest that physicians need to monitor diabetic metabolic changes in females with depression for early detection and treatment of type-2 diabetes.

**PDB3**

**EARLY DETECTION OF CVD BY MYOCARDIAL PERFUSION IMAGING IN ASYMPTOMATIC PATIENTS WITH DIABETES**

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