OXYCODONE-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, 2005 and August 14, 2007. RESULTS: There were 190 oxycodone 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 etanol (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 death. 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 misuse or abuse and to use caution when prescribing oxycodone with other drugs, especially controlled substances, for individuals with a history of substance abuse.

HOW WELL DOES BODY MASS INDEX PREDICT WAIST CIRCUMFERENCE FOR PATIENTS WITH METABOLIC SYNDROME?
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OBJECTIVES: To examine the association between waist circumference and body mass index in patients with metabolic syndrome. METHODS: Based on a large electronic medical record database, all adult patients were identified for metabolic syndrome using the guidelines by the National Cholesterol Education Program Adult Treatment Panel III and ATP III. The waist circumference (WC) was regressed on a linear function of body mass index (BMI) while controlling for individual age, gender, and identified latent classes of metabolic risk factors. RESULTS: A total of 18,788 patients with metabolic syndrome were identified from the database. The mean (standard deviation) age was 47.2 (13.9), with 51.3% being females. The prevalence of abnormal triglycerides (TG; >150 mg/dl), high-density lipoprotein cholesterol (HDL-C; men: <40 mg/dl; women: <50 mg/dl), blood pressure (BP; systolic ≥130 mmHg, diastolic ≥85 mmHg, or drug treatment for hypertension), fasting plasma glucose (≥100 mg/dl) or drug treatment for diabetes mellitus, and waist circumference (<80 cm in men, <88 cm in women) was 79.6%, 94.4%, 69.2%, and 81.4%, respectively. The Pearson’s correlation between WC and BMI is 0.68. In a linear regression model only controlling for age and gender, it is found that one unit increase in BMI is associated with 0.68 inches more in WC (p <0.001). BMI, age and gender together explain 45.5% of the variation in WC. The positive relationship between WC and BMI still remains highly significant and changes little numerically, after including five latent classes of metabolic risk conditions. CONCLUSIONS: For patients with metabolic syndrome, there is a strong and positive association between waist circumference and body mass index, which remains robust after controlling for unobserved metabolic risk conditions.

BURDEN 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 countries. 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: in the Healthcare Panel, 18,850 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: 9.7%, 9.9%, 19.9%; Netherlands: 12.3%, 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 (15-19,20-29,30-40,41-49,50-59,60-69 yr; % individuals) as follows: Italy: 5.1%,8.0%,13.8%,18.6%,23.6%,22.2%; France: 5.9%,9.8%,17.3%,32.0%,27.1%,28.8%; the Netherlands: 6.5%,8.8%,21.5%,25.6%,29.8%, 28.0%; Germany: 8.3%,32.2%,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. Physicians did not appear to be passionate 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: This study evaluates the HTRS registry, developed as a collaboration to support core science research and provide post-marketing surveillance of recombinant FVIIIa in patients with congenital hemophilia (CH) with alloantibody inhibitors (CHwI). METHODS: The HTRS registry is a web-based second generation database. After IRB approval and informed consents, 85 sites participated in the registry from January 2004 to November 2008. RESULTS: There are 2484 patients registered including 1696 with congenital hemophilia A or B. Median age at CHwI diagnosis was 13 years (range:0–85) for CH and 12 years (range:0–83) for CHwI. Non-Hispanic whites (CH:68%,CHwI:57%) and non-Hispanic blacks (CH:16%,CHwI:23%) were the largest racial/ethnic groups. The majority had little or no functional limitations (CH:98%,CHwI:98%). For CH patients, the median highest inhibitor titre was 0 (285U) (human) and 168U (porcine). There were 6,517 acute bleeds captured (CHwI:6,025, rFVIIa:2,207). Acute bleeds data was available for 429 CHwI patients, including 2,041 FVIIIa-treated bleeding episodes (first line:1851, second line:190). Approximately 77% were spontaneous, 30%, traumatic, 3%, surgical, and 2% dental procedures. Bleeds were most frequent in joints (57%,1,163 bleeds), including ankle (448), knee (219) and elbow (292) bleeds. Others included muscle (20%), mucosal (7%), subcutaneous (6%) and head (3%). 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 (NTJ): ankle (279/169); elbow (202/90); knee (143/76); shoulder (465); wrist (431); 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 (NTJ): ankle (300/650); knee (360/558); elbow (490/561); hip (494/884); shoulder (720/1080). Overall efficacy for all joint bleeds was 90%, and for target joint bleeds was 90%. CONCLUSIONS: For rare disorders, such as congenital hemophilia with alloantibodies, comparing 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 and across different joints. The data shown have implications for the design of future trials and in the analysis of trial results to account for variability in different joint bleeds between trial arms.