model spending. We report adjusted relative risks (adjusted_RR) with 95% confidence intervals (CIs) for multivariable logistic regressions and adjusted coefficients with standard errors and p values for results from OLS models, controlling for covariates. RESULTS: In multivariable models, COPD maintenance medication dis-
continuation increased hospitalization risk (RR = 1.08, 95% CI 1.01, 1.15) and high MPR reduced hospitalization risk (RR = 0.93, 95% CI 0.91, 0.95) compared to low MPR. Medication discontinuation also increased total spending by $2350 (p < 0.001), driven largely by Part A spending ($4039; p < 0.001) and offset by Part D drug spending reductions ($1833; p < 0.001). High adherence significantly reduced total spending by $4273 (p < 0.001), while moderate adherence reduced spending by $596 (p = 0.05) relative to poor adherence. CONCLUSIONS: Findings highlight the importance of adhering to prescribed pharmacologic regimens of COPD maintenance medication in reducing hospitalizations and associated costs. PRS25

FACTORs INFLUENCING SATISFACTION WITH COPD MAINTENANCE MEDICATION: CONCEP Tos ELICITED THROUGH QUALITATIVE INTERVIEWS WITH PATIENTS
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OBJECTIVES: There is currently no validated tool to evaluate nighttime symptoms in patients with COPD. The purpose of this study was to develop a patient-reported outcome (PRO) self-administered questionnaire for evaluating COPD symptoms experienced during the night. METHODS: A review of the literature and interviews with six clinical experts informed the development of a framework for exploring patients’ experience with nighttime symptoms in COPD. Four focus groups were conducted with twenty-seven subjects who experienced COPD symptoms at night or in the early morning. Trained interviewers used a semi-structured interview guide, starting with open ended questions. Grounded theory was applied using a qualitative analysis software to identify key concepts and a conceptual saturation. A conceptual framework was developed to depict patients’ experience with COPD symptoms at night. Items and response options were generated based on the qualitative data. Subsequently, one-on-one cognitive debriefing interviews were conducted with 10 COPD patients to assess item readability, comprehensive-

BACKGROUND: Patients with COPD have demonstrated poor adherence and per sis-
ance with inhaled maintenance medications, suggesting low satisfaction with exist-
ting therapies. An understanding of the factors driving treatment satisfaction from the patient perspective is necessary to develop or modify therapies to address patients’ concerns and improve outcomes. This study explores patient experiences with COPD maintenance medications. METHODS: Fifty-two one-on-one semi-structured telephone interviews were conducted with COPD patients to gather information about attributes that influence satisfaction with COPD maintenance medication and deliv-
ery. Interviews used both open-ended and closed-ended questions. For 16 patients, one of two trials with ticlopidine bromide via the Genuur® inhaled (n = 32) or non-trial patients recruited from clinics who recently received treatment with ticlopidine bromide via the HandiHaler® (n = 20). A coding scheme for categorizing responses was developed. Interview transcripts were analyzed using qualitative software.

RESULTS: Focus group participants had a mean age of 66.5 years; 51.9% female; and had a diagnosis of moderate (GOLD II) to severe (GOLD III) COPD. Four components of patients’ satisfaction were identified: ease of use/convenience, efficacy, onset of action, and side effects. Regarding ease of use/convenience, patients most frequently cited the importance of device portability (31%), device simplicity (27%), and whether the device indicated that a dose had been received (25%). For efficacy, patients most frequently mentioned whether the product made them feel that their airways were open and they could catch their breath (42%), that the medication helped them breathe better (25%), and that the medication helped them breathe better (33%), and that the medication improved ambulatory ability (29%). Nearly half of patients (46%) noted onset of action as important. Finally, thirty-five percent of patients noted that side effects affected their satisfaction with treatment. CONCLUSIONS: Ease of use/convenience, efficacy, onset of action, and side effects drive patients’ satisfaction with inhaled COPD medication maintenance. COPD medica-
tions and delivery devices that address these factors may improve patient adher-
ence and persistence. PRS26

RELIABILITY AND VALIDITY OF THE EXACT-RESPIRATORY SYMPTOMS (E-RS) SCALE: A QUAlITY THEORETICAL FRAMEWORK FOR COPD MAINTENANCE MEDICATION PRS23

IMPACT OF MORBIDITY, PSYCHOLOGICAL DISTRESS AND LUNG FUNCTION ON PHYSICAL FUNCTIONING IN A RETIRED POPULATION
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OBJECTIVES: Physical functioning scales have been used to assess risk for disabil-
ity, propensity for healthcare utilization, and impact on quality of life (QOL) scores. Understanding related factors in a nationally representative older population is important for designing effective physical functioning improvement programs, potentially decreasing utilization and increasing QOL. METHODS: To measure im-
pact of demographics, morbidities, psychological distress and lung function on physical functioning among the retired, a retrospective main effects analysis of data from the Health and Retirement Study (HRS) was conducted. RESULTS: Adherence to INH therapy was 45% (by MAS). Latent TB patients scored higher on the Side Effect (Mean = 1.62) and lowest on the TEST-Medical Double subscale (Mean = 1.47). Non-Whites exhibited higher mean scores on the Medical Double subscale indicating uncertainty toward the need for therapy. Patients with higher scores on the TEST-Medical Double exhibited higher non-adherence behaviors. CONCLUSIONS: Latent TB patients exhibited low adherence with isoniazid therapy. Fear of side effects and doubts about the need for medication were related to discontinuation of therapy. Better understanding of attitudes toward isoniazid therapy may be beneficial for improving adherence, and reducing costs associated with latent TB treatment.

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