number of AB's used. The mean (median) cost for parenteral AB-therapy was 624.2 (275.3) Euro versus 504.4 (169.1) Euro for SDT (p < 0.001 Anova). CONCLUSIONS: MRDS through ICD-9-CM yields valuable information on “real life practice”. The antibiotic-related cost in SDT is significantly lower than full parenteral treatment; LOS corrected for age, gender, reason for admission and departure was unaffected.

INFECTIONS

INFECTIONS—Quality of Life Studies

SUBSTITUTION TO LOPINAVIR/RTONAVIR (LPV/r) IS ASSOCIATED WITH IMPROVED PATIENT-REPORTED FATIGUE IN HIV+ PATIENTS EXPERIENCING SIDE EFFECTS RELATED TO THEIR PROTEASE INHIBITOR (PI)/NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)

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OBJECTIVES: Fatigue is a common, distressing symptom in HIV+ patients. This analysis evaluates whether substitution to LPV/r, a generally well tolerated and efficacious PI, affects fatigue in HIV+ patients experiencing Grade 2 side effects (SE) attributed to their PI/NNRTI. METHODS: In the open-label PLATO trial, patients experiencing Grade 2 PI/NNRTI-associated SE were randomized (4:1) to immediate substitution (IS) of their PI/NNRTI with LPV/r at baseline or deferred substitution (DS) at Week 4 (Wk4). The MOS-HIV and ACTG Symptoms Distress Module, with 2 additional items for nephrolithiasis (ASDM), were administered at baseline, Wk4 and Wk8. Fatigue was measured by MOS-HIV fatigue-domain and ASDM fatigue/bothersomeness-item. Sleep-disorder was measured by ASDM sleep-disorder-item. The Center for Epidemiologic Studies-Depression (CES-D) questionnaire was administered at baseline and Wk8. RESULTS: Eight hundred twenty-seven patients previously on nelfinavir (n = 291), indinavir (n = 170), indinavir/ritonavir (n = 182), efavirenz (n = 136) or another PI/NNRTI (n = 48) were analyzed (80% male, mean age 42 yrs, 75% with baseline HIV RNA <50 copies/ml). At baseline, mean MOS-HIV fatigue-domain score was 56.7, with 62.3% rating fatigue as bothersome. Baseline fatigue scores were correlated (p < 0.05) with presence of depression (CES-D >= 16), sleep-disorder, and years since HIV diagnosis. At Wk4, improved fatigue scores were seen in IS vs. DS groups (MOS-HIV fatigue-domain: +8.711 vs. +0.068, p < 0.001; ASDM fatigue/bothersomeness-item: -0.486 vs. +0.074, p < 0.001), irrespective of prior PI/NNRTI regimens. At Wk8, fatigue improvement remained for IS group, while DS group began to improve. Improved fatigue scores were associated (p < 0.05) with IS, reduced prevalence of depression, and improved sleep-disorder scores. Improvement in fatigue and IS were significant predictors of improved MOS-HIV physical health summary score at Wk4 (p < 0.005). CONCLUSIONS: Fatigue scores were improved following substitution with LPV/r, and were associated with reduced prevalence of depression and improved sleep-disorder scores. Improvement in fatigue was independent of prior PI/NNRTI and was a predictor of improved physical health.

INFECTIONS

INFECTIONS—Health Policy Studies

ACUTE SINUSITIS IN MANAGED CARE: ANTIBIOTIC TREATMENT AND OUTCOMES

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OBJECTIVE: To examine antibiotic prescribing and outcomes associated with acute sinusitis in managed care. METHODS: We used the PharMetrics claims database for 8 managed care organizations. Index claims were based on outpatient visits in 1999–2001 by individuals aged 45–64 with a primary diagnosis of acute sinusitis who received an antibiotic within 7 days and were continuously enrolled for 12 months prior to and 45 days after the index event. Exclusion criteria: antibiotic prescription or sinusitis diagnosis in prior 45 days, hospitalization in prior 30 days, or sinus complications in prior 12 months. Broad spectrum antibiotics (BSA) were defined as: azithromycin, clarithromycin, amoxicillin-clavulanate, second- and third-generation cephalosporins, quinolones. Sinusitis history was categorized: chronic sinusitis (HxChr), acute but not chronic sinusitis (HxAcu), no history (NoHx). Also, subjects with asthma, chronic obstructive pulmonary disease (COPD), lower and upper respiratory tract infection (LRTI, URTI), and rhinitis in prior year were identified. Multivariate models adjusted for age, sex, health plan, use of laboratory/diagnostic testing at initial evaluation (surrogate for severity and practice variation).

RESULTS: Out of 64,277 cases, 66.1% female, met criteria. Respiratory history: 5.4% HxChr, 7.9% HxAcu, 4.5% asthma, 4.4% COPD, 24.6% URTI, 16.3% LRTI, 10.4% rhinitis. BSA accounted for 45.5% of 1st-line prescriptions. BSA use increased over 3 years (p < 0.0001): 43.8% (1999), 45.5% (2000), 49.2% (2001). BSA use was highest for HxChr and asthma at 54.3%. Overall, 22.4% received a 2nd prescription, highest among HxChr, 31.7%. Mean charges were $134; highest for HxChr, $158 and asthma, $152. In multivariate models, respiratory histories were positively associated (p < 0.05) with BSA use, 2nd prescriptions and charges. CONCLUSION: In treatment of acute sinusitis in managed care, broad spectrum antibiotics are used almost 50% of the time as initial therapy and use is rising. Respiratory history, especially chronic sinusitis or asthma, is associated with more BSA use, 2nd prescriptions, and charges.

UTILIZATION PATTERNS OF MEDICAL SERVICES AND PRESCRIPTION DRUGS FOR THE TREATMENT OF TINEA CAPITIS

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OBJECTIVES: This study was conducted to examine the utilization patterns of medical services and prescription drugs in patients with tinea capitis (TC). METHODS: This retrospective cohort study identified TC patients using the MarketScan® database during January 1, 1999–December 31, 2002. Patients were selected if they had primary or secondary diagnosis of TC (ICD-9 Code of 110) and had continuous health insurance and prescription drug coverage. The identified patients were defined as newly diagnosed patients if they were not diagnosed with TC or did not use any prescription drugs for TC treatment in the previous year. The frequency of medical services and the usage pat-