comprehend the underlying factors relating QOL, utility, and WTP.

**CLINICAL IMPROVEMENT AND RESPONSIVENESS OF PHYSICAL FUNCTION MEASURES: TREATMENT WITH CTLA4 Ig (BMS-188667) IN PATIENTS WITH ACTIVE RHEUMATOID ARTHRITIS**

**OBJECTIVES:** To examine the treatment effect of CTLA4 Ig on physical function and to evaluate the responsiveness of different domains of physical function compared to tender joint count, a highly sensitive efficacy measure for rheumatoid arthritis (RA).

**METHODS:** In a randomized, double blind, placebo-controlled trial, 339 subjects with active RA receiving methotrexate (MTX) were randomized to 3 treatment arms (CTLA4 Ig 2 or 10 mg/kg and placebo) given intravenously once monthly. The Modified Health Assessment Questionnaire (mHAQ) was used to assess physical function and was administered monthly. It consisted of questions assessing eight domains of physical function: dressing, arising, eating, walking, hygiene, reach, grip, and common activities. Mean change from baseline in the mHAQ scores were compared between the CTLA4 Ig and the placebo groups. Relative efficiency of mHAQ domains were calculated as (SES_{mHAQ} / SES_{tender joint count})^2, with SES denotes standardized effect size. A relative efficiency >1 suggested that the domain was more efficient than the tender joint count in detecting the observed treatment effect. **RESULTS:** At 6 months, the mHAQ summary score improved 42% for the CTLA4 Ig 10mg/kg group compared to 14% for the placebo group. This improvement was considered to be clinically meaningful based on the commonly accepted threshold. Patients in the 10mg/kg group also experienced statistically significant improvements compared to the placebo group in the following domains: eating (32% more improvement), hygiene (32% more), grip (24% more), dressing (20% more), and walking (16% more). Moreover, these physical domains were shown to be as responsive as the tender joint count to detect a treatment effect, with relative efficiencies close to one. **CONCLUSIONS:** treatment with CTLA4 Ig significantly improved physical function in patients with active RA, especially in areas related to eating, hygiene, grip, and walking ability. Measures in physical function are efficient in detecting clinical improvements important to patients.

**SMOKING STATUS AND HEALTH-RELATED QUALITY OF LIFE (HRQOL): FINDINGS FROM THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) DATA**

**OBJECTIVES:** Smoking is one of the leading causes of preventable mortality in the United States. The benefits of smoking cessation have been well documented, and understanding the relationship between smoking and...
health-related quality of life (HRQOL) may be an important factor in encouraging smokers to reduce or quit smoking. This study examines the relationship between smoking status and HRQOL using self-reported data from the 2001 Behavioral Risk Factor Surveillance System (BRFSS) for West Virginia. METHODS: Respondents (N = 3093) were classified as current smokers, ex-smokers or non-smokers based on whether they had smoked at least 100 cigarettes in their entire lifetime and whether they currently smoke. HRQOL data were obtained from the health status section (4 items) of the BRFSS survey. Logistic regression models adjusted for demographics, obesity, and presence of comorbidities (arthritis, asthma, cardiovascular disease and diabetes) were conducted for the four HRQOL items. RESULTS: Compared with current smokers, non-smokers had higher odds of reporting good, very good or excellent general health (OR = 1.80, 95% CI = 1.34 – 2.34) and lower odds of reporting 14 or more days of poor physical health during the previous 30 days (OR = 0.57, 95% CI = 0.43 – 0.76). The odds of reporting 14 or more days of poor mental health during the previous 30 days were lower for non-smokers (OR = 0.48, 95% CI = 0.36 – 0.63) and ex-smokers (OR = 0.68, 95% CI = 0.50 – 0.92) compared to current smokers. Similarly, the odds of reporting 14 or more days of activity limitations during the previous 30 days were lower for non-smokers (OR = 0.39, 95% CI = 0.27 – 0.55) and for ex-smokers (OR = 0.62, 95% CI = 0.43 – 0.89) compared to current smokers. In addition, age, income and presence of comorbidities significantly explained variation in HRQOL. CONCLUSIONS: The study results show a significant relationship between smoking status and self-reported HRQOL. Particularly, findings that ex-smokers have reported fewer days of poor mental health and activity limitations compared to current smokers, may find important implications in designing smoking cessation programs.

**SUICIDE ATTEMPTS BY ADOLESCENTS: HOSPITAL RESOURCE USE AND COSTS**

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**OBJECTIVE:** Suicide by teenagers is an alarming problem that is on the rise. This study examines admissions resulting from a suicide attempt by an adolescent and estimates the resulting cost of hospital care. **METHODS:** Cases of adolescent, defined as age 10 through 19 years, suicide attempts were identified using ICD-9 diagnosis, and the corresponding E codes. Inpatient hospital costs were developed based on 1999 discharge data from four US states. Cost estimates include all accommodation, ancillary and physician services. National physician fee schedules were also used. Cost estimates are reported in 2002 US$. Charges were adjusted by means of a cost-to-charge ratio. **RESULTS:** Of the 4067 suicide attempts identified, 70% were female. The mean age for adolescents in this group was 16.5 years. A drug overdose was listed as the principal diagnosis in 66% of cases. Almost three-quarters of cases were admitted via the emergency room and 37% had a stay in a special care unit. The mean length of stay was 3.4 days (range: 1–143) and the mean cost per stay was $5,680 (range: $407–$385,132). The inpatient case fatality rate was less than 1%. Of those discharged alive, 26% were transferred to either a mental health or residential care facility, and 5.6% were readmitted within 12 months due to another attempt. The majority (80%) of those readmitted had one additional stay for another attempt (range: 1–3) and all survived these subsequent attempts. Managed care organizations were the largest single payer group, responsible for half of the cases. **CONCLUSIONS:** The overwhelming majority of cases treated in this setting survive the attempt. Suicide attempts by adolescents generate substantial costs. Costs related to acute hospital treatment of clinical conditions resulting from a suicide attempt are but one economic aspect of managing these patients, as many require post-discharge health care services.

**A RANDOMIZED CONTROLLED TRIAL OF A DRUG USE REVIEW INTERVENTION FOR ANTIBIOTICS MEDICATIONS FOR OTITIS MEDIA**

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**OBJECTIVES:** The objective of this study was to evaluate the effect of a 1-time, mailed intervention on subsequent prescribing of antibiotics for initial episodes of Acute Otitis Media (AOM). The intent was to alter prescribing behavior in the direction of optimal treatment guidelines. Past interventions mailed to prescribers have had mixed results, and have rarely been assessed using strong research designs. **METHODS:** A randomized controlled trial was used. Physicians in the North Carolina Medicaid Program with a lower prescribing rate of first line antibiotics for initial episodes of AOM than peers during a prior 1-year period were randomized into intervention (n = 413) and control (n = 375) groups. Clustering of prescribers by clinic and geographic area was done to avoid contamination bias and statistical problems associated with a lack of independence of observations. The mailed intervention package contained a prescriber-specific profile detailing each physician’s prescribing rate compared to peers for initial episodes of AOM and prescription cost data, guidelines for the use of antibiotics for AOM, a self assessment form with an opportunity to earn CME credits, and a prescriber response form. Prescribing was monitored for 21 months of baseline and 9 months of follow-up. **RESULTS:** On average across all physicians in intervention group, prescribing of first line...