INCIDENCE AND COST OF ADVERSE EVENTS (AES) IN PATIENTS WITH RECURRENT CARCINOMA (RCC) TREATED WITH ANGIogeneSIS inhibITORS (AIS)

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OBJECTIVES: The incidence of AES and the costs associated with the management of those AES have not been widely studied in patients with RCC receiving bevacizumab, sorafenib, or sunitinib. This study evaluates these outcomes using a large claims database.

METHODS: Patients with ≥2 RCC claims (ICD-9 189.0, 198.0) were identified in a large US commercial insurance claims database from 1/02 through 12/08. Patients were observed and analyzed during the time of their first AI treatment with bevacizumab, sorafenib, or sunitinib. AES were defined as diagnoses that were treatment-emergent (i.e., diagnoses not present in the 6 months prior to initiation of AI treatment). The incidence rate (IR) and mean cost per visit for each AE were calculated in the outpatient, inpatient, and ER settings. Cost data represented actual payments made by insurers.

RESULTS: The inclusion criteria identified 269 bevacizumab, 375 sorafenib, and 472 sunitinib patients. The three most frequent AES experienced by patients in each treatment group were identified based on the overall IR. The setting-specific IRs and costs per visit for these AES are: bevacizumab: outpatient = 20.35/1,227.2, 12.05/1,212.9; inpatient = 3.98/1,222.8, 1.82/1,222.8; ER = 1.65/1,222.8, 1.20/1,222.8; sunitinib: outpatient = 24.15/1,227.2, 15.29/1,227.2; inpatient = 11.02/1,227.2, 7.48/1,227.2; ER = 5.25/1,227.2, 3.57/1,227.2; sorafenib: outpatient = 21.92/1,227.2, 16.18/1,227.2; inpatient = 7.82/1,227.2, 4.50/1,227.2; ER = 1.76/1,227.2, 1.24/1,227.2.

CONCLUSIONS: The study results indicate that the incidence and costs of AES associated with bevacizumab, sorafenib, and sunitinib treatments vary greatly with the most frequent AES and costs for bevacizumab are higher than for sorafenib and sunitinib.}

EFFECT OF ATYPICAL ANTIPSYCHOTICS ON URINARY INCONTINENCE IN US NURSING HOME RESIDENTS USING PSYCHOTROPIC MEDICATIONS

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OBJECTIVES: Psychotropics have been widely used in nursing homes. Case reports and review articles have implicated that atypical antipsychotics may enhance the risk of urinary incontinence (UI); a condition prevalent in more than half the nursing home residents (NHR). With antipsychotics being the most extensively prescribed psychotropic medication in nursing homes, the objective of this study was to investigate the effect of atypical antipsychotics on UI in NHR using psychotropic medications.

METHODS: The 2004 National Nursing Home Survey (NNHS) was used as the data source. Logistic regression was performed to determine relationship between UI and use of atypical antipsychotics, in presence of other covariates. Sample data was weighted and data analysis was performed using SAS 9.1.

RESULTS: From the original 13,077 NNHS residents, 64.57% (n = 8722) used psychotropic medications of which 27.22% (n = 2366) used atypical antipsychotics and 57.58% (n = 5005) were incontinent. Among those using psychotropics, incontinent residents were older than their counterparts (81.48 ± 12.01 years versus 77.45 ± 13.67 years, p < 0.001). Regression analysis showed that residents on atypical antipsychotics, in presence of other covariates, had a 41.5% increased risk of being incontinent (OR = 1.815, p < 0.0001). Concomitant use of other medications which may increase incontinence risk was not significantly associated with UI (p = 0.1016). Presence of comorbidities enhanced UI risk by 58.9% (OR = 1.589, p < 0.0001), lower prevalence of African-Americans and Mexican-Americans (OR = 1.303–1.406) for Mexican-Americans, African-Americans and Non-Hispanic Whites respectively. Glomerular filtration rates and a sample with an estimated Glomerular Filtration Rate (eGFR) ≤60mL/min/1.73m2 was included in the study. The eGFR was calculated using the 6-variable MDRD equation. Demographics and laboratory records such as Blood Pressure, cholesterol, glucose, albumin, serum creatinine and Vitamin D levels were recorded.

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