be in late winter from Jan. 7 until Apr. 7, suggesting that it may be arbitrary to COPD hospitalization is higher in the winter. However, the busy period tends to COPD in the Midwest. The analytic method and the outcome of this study may mum was on Aug. 12. The peaks were two weeks earlier than patients older than ber of hospital admissions reached its maximum on Feb. 25 and its minimum on Aug. 23. The distribution is symmetric around the year. There < Pollen PRS4 POLLEN MORPHOLOGY AND TOTAL PROTEIN OF TARAXACUM OFFICINALE AND ASTER ALPINUS Ingyent T., 1 Munkhbayarlikh S., Narantsetseg T. Health Sciences University of Mongolia, Ulaanbaatar, Mongolia OBJECTIVES: The airborne allergenic content of the atmosphere varies according to latitude, geography, and vegetation. Furthermore, in the last few years, experimental data on pollen and subpollen-particles structure, the pathogenetic role of pollen and the interaction between pollen and air pollutants, gave new insights to the mechanisms of respiratory allergic diseases. We aim to evaluate Pollen morphology and total protein of Taraxacum officinale and Aster alpinus. To determine the pollen morphology and total protein of Taraxacum officinale and Aster alpinus. METHODS: The Research is been done under the Biochemistry and Laboratory Department of Biomedical Science, HSUUM with the help of Laboratory of School of Health Technology. Pollen morphology of Taraxacum officinale and Aster alpinus was investigated by light and microscopy. And total proteins were detected by Lowry method. RESULTS: In Taraxacum pollen grain size (pole-appen- ditial diameter) ranged from 29.5±0.77 (24.7-34.6 µm) to 25.1±0.76 (21.4-34.3 µm). And total proteins content 0.4mg/ml. Pollen grain of Aster alpinus size ranged from 34.4±2.4 (22.7-38.5 µm) to 22.7±0.88 (19.6-26.09) µm. Total proteins was contents 0.5mg/ml. Both pollen were echinated, exine coated circular yellow oil droplets. CONCLUSIONS: Findings from the pollen grains comparison of morphologic parameters demonstrated that the Aster alpinus pollen was larger than Taraxacum pollen. PRS5 A METHOD TO INVESTIGATE SEASONAL VARIATION IN HOSPITALIZATION FOR COPD IN A MIDWESTERN US STATE Su W1, Zhao R1, Heins-Nevesl F2, Carlson A1 1University of Minnesota, Minneapolis, MN, USA, 2American Lung Association of the Upper Midwest, st paul, MN, USA OBJECTIVES: To investigate the impact of seasonal variation on daily number of COPD hospital admissions using 6 years of hospital discharge data from the Iowa Hospital Association. METHODS: Inpatient admissions from 2006 to 2011 for patients 30 years of age or older were included if there was a principal ICD-9-CM diagnosis of COPD (491.xx; 492.xx; 496.xx). Generalized linear models extending with appropriate disease management.

Respiratory-related disorders – Cost Studies

PRS9 INCIDENCE-BASED COST OF ASTHMA IN VIETNAM Nguyen NNT1, Nguyen TT2 1University of Medicine and Pharmacy in HCMC, HCMC, Vietnam, 2University of Medicine and Pharmacy in HCMC, Ho Chi Minh City, Vietnam OBJECTIVES: Nowadays, health care costs of asthma are under pressure in all countries due to high prevalence, incidence and the chronic nature of disease. Hence, the aim of the study is to evaluate the lifetime cost of asthma for every new case and the incidence-based economic burden of asthma in Vietnam. METHODS: A Markov model with 5 states, including mild, intermittent, moderate and severe, has been built. The model has a cycle length of 1 year with the time horizon of life time. The population of 50 years old cases has been used to build the model. The transition rates between states have been retrieved from relevant epidemiological studies, clinical trials and experts’ opinions. The treatment costs of asthma have been totalled for the life-time horizon for all cases. The costs of each state have been conducted based on the perspective of insurance companies, therefore only direct medical costs have been evaluated. The prices of drugs and medical services have been averaged from the price-lists in 2013 of some major hospitals in Vietnam. RESULTS: The incidence-based cost of every new case of asthma was estimated from $10,689 per year, and the medical services cost for 60.55% and 39.45%, respectively. The cost for diagnosis and management of asthma within life-time per capita is $1,459,674 VND, which is around 2.77 times higher than for the costs of asthma exacerbations treatment (18,560,224 VND). With nearly 231,260 new cases of asthma annually, Vietnam has...