PREVALENCE OF TASTE DISFUNCTION ASSESSMENT IN THE ADULT UNITED STATES MEDICARE POPULATION

AIM: To determine the prevalence of self-reported taste dysfunction as assessed by the Taste and Smell questionnaire, completed by participants ages 40 – 80. After exclusion of persons with negative sample files and missing data, the final sample was 3437. Chi-square and ANOVA were used to make statistical comparisons and all analyses were weighted to account for the sampling design. RESULTS: The prevalence of taste dysfunction was 5.3% (95% CI 4.6, 6.1). Taste dysfunction was higher in older adults compared to younger adults (6.9% and 4.2%, respectively, p < .01), and in those reporting problems with smell compared to those with no problem (21.2% and 3.4%, respectively, p < .0001). Persons with taste dysfunction reported significantly higher levels of poor physical health (mean = 6.4, SE = 1.1) and mental health (mean = 6.2, SE = 1.1) than those without problems with taste mean = 3.9, SE = .24, p = .03, mean = 3.7, SE = 0.24, p = .03, respectively). CONCLUSIONS: Based on self-reported data, taste dysfunction affects 5% of the weighted sample. Discrepancies between reported and reference evidence are likely due to differences in the operationalization of taste dysfunction. The association of problems with taste and the increase in reported days of poor physical and mental health should be investigated further.

PREVALENCE OF TASTE DISFUNCTION IN THE ADULT UNITED STATES MEDICARE POPULATION

AIM: To determine the prevalence of taste dysfunction as assessed by the Taste and Smell questionnaire, completed by participants ages 40 – 80. After exclusion of persons with negative sample files and missing data, the final sample was 3437. Chi-square and ANOVA were used to make statistical comparisons and all analyses were weighted to account for the sampling design. RESULTS: The prevalence of taste dysfunction was 5.3% (95% CI 4.6, 6.1). Taste dysfunction was higher in older adults compared to younger adults (6.9% and 4.2%, respectively, p < .01), and in those reporting problems with smell compared to those with no problem (21.2% and 3.4%, respectively, p < .0001). Persons with taste dysfunction reported significantly higher levels of poor physical health (mean = 6.4, SE = 1.1) and mental health (mean = 6.2, SE = 1.1) than those without problems with taste mean = 3.9, SE = .24, p = .03, mean = 3.7, SE = 0.24, p = .03, respectively). CONCLUSIONS: Based on self-reported data, taste dysfunction affects 5% of the weighted sample. Discrepancies between reported and reference evidence are likely due to differences in the operationalization of taste dysfunction. The association of problems with taste and the increase in reported days of poor physical and mental health should be investigated further.

CAUSALITY ASSESSMENT OF ADVERSE DRUG REACTIONS IN WARDS OF AN INDIAN PUBLIC TEACHING HOSPITAL

AIM: To determine the prevalence of self-reported taste dysfunction as assessed by the Taste and Smell questionnaire, completed by participants ages 40 – 80. After exclusion of persons with negative sample files and missing data, the final sample was 3437. Chi-square and ANOVA were used to make statistical comparisons and all analyses were weighted to account for the sampling design. RESULTS: The prevalence of taste dysfunction was 5.3% (95% CI 4.6, 6.1). Taste dysfunction was higher in older adults compared to younger adults (6.9% and 4.2%, respectively, p < .01), and in those reporting problems with smell compared to those with no problem (21.2% and 3.4%, respectively, p < .0001). Persons with taste dysfunction reported significantly higher levels of poor physical health (mean = 6.4, SE = 1.1) and mental health (mean = 6.2, SE = 1.1) than those without problems with taste mean = 3.9, SE = .24, p = .03, mean = 3.7, SE = 0.24, p = .03, respectively). CONCLUSIONS: Based on self-reported data, taste dysfunction affects 5% of the weighted sample. Discrepancies between reported and reference evidence are likely due to differences in the operationalization of taste dysfunction. The association of problems with taste and the increase in reported days of poor physical and mental health should be investigated further.


OBJECTIVES: The study was to determine if long-acting reversible contraception methods and health plan type predict greater likelihood of having an intended pregnancy. METHODS: Women members of the Kaiser Permanente, Northern California (KPNC) integrated health plan aged 15-44 years who became pregnant between 1/1/2010 and 12/31/2012 were identified from KPNC databases. The last contraceptive method used within 2 years preceding pregnancy was determined. Key characteristics were compared among women with IUs vs. those with unintended pregnancies (IUs-unwanted or missed). Logistic regression analyses were conducted to determine if health plan type, age, or parous status predicted IU controlling for age, race/ethnicity, marital status, education/income, parity, and select comorbidities. RESULTS: Among women included in the study, 27,498 (61%) had IUs and 17,853 (39%) had UPS. Higher education (47.9% vs. 17.2%), an income ≥$60,000 (55.0% vs. 21.0%), and already having one child (39.0% vs. 21.3%) were significantly (p < 0.001) more common among women with IUs. In comparison to women with IUs, significantly (p < 0.001) greater proportions of women with UPS were age 24 (30.7% vs. 6.5%), single (39.8% vs. 5.5%), and had evidence of comorbidities (7.72% vs. 7.12%). When controlling for key characteristics, women who used LARC methods prior to pregnancy vs. women using non-LARC methods were 2.3-fold (p<0.001) more likely to have an IU. Women with deductible plans had savings accounts (HSA) vs. those with non-deductible plans had greater odds of having an IU (1.16, p=0.01). Upon further stratified analysis, prior use of LARC methods was associated with significantly greater likelihoods of having an IU across all race/ethnicities and education/income levels. CONCLUSIONS: Women KPNC members who used LARC methods prior to pregnancy and those who had a HSA were more likely to have an IU than an UP.

OBJECTIVES: To determine the prevalence and predictors of inappropriate anticholinergic medication use among the elderly as per 2012 American Geriatrics Society (AGS) Beers’ criteria. METHODS: A retrospective cross-sectional study design was conducted using 2009-2010 data of the Medicare Prescription Drug Plan (Part D) database (MedPAC). The study sample included older adults aged ≥65 years. Inappropriate anticholinergic drugs were identified using the MEPS prescription files. Weighted descriptive statistics were used to estimate prevalence of use, prevalence of inappropriate anticholinergic medications in the study sample, and prevalence of anticholinergic medications in the elderly patients. Multivariable logistic regression within the conceptual framework of Anderson Behavioral Model was used to identify predictors associated with the use of inappropriate anticholinergic medications. RESULTS: Use of the 2009-2010 MEPS data revealed that an estimated 78.6 million members of the US population were elderly (12.78%). It was estimated that 7.51 million (95% CI: 6.64 to 8.38) of elderly individuals used potentially inappropriate anticholinergic medications resulting in an estimated 36.9 million potential inappropriate anticholinergic medications were cyclobenzaprine (2.08%), promethazine (1.75%), anticholinergic (0.41%), hydroxyzine (0.95%), and dicyclomine (0.84%). Multivariable analyses revealed that female gender (OR: 1.37, 95% CI: 1.06-1.77), South region (OR: 1.88, 95% CI: 1.25-2.84) and anxiety disorder (OR: 2.15, 95% CI: 1.57-2.94) increased the likelihood of receiving inappropriate anticholinergic medications; whereas age between 75 to 84 years (OR: 0.64, 95% CI: 0.49-0.85), age >85 years (OR: 0.52, 95% CI: 0.37-0.75) and >15 years of education (OR: 0.54, 95% CI: 0.35-0.82) decreased the likelihood of receiving inappropriate anticholinergic medications. CONCLUSIONS: The study found that approximately one in ten elderly patients used inappropriate anticholinergic medications. College of Several predisposing and need factors were associated with the use of inappropriate anticholinergic medications. Efforts are needed to improve inappropriate prescribing practices to optimize medication use in the elderly.