

per-prescription of branded (Cipro) ciprofloxacin was \$149.34. The sharp decrease in the utilization of Trovan can be explained by the withdrawal from the market in 2001 because of risk of liver failure. **CONCLUSIONS:** Increased expenditures for fluoroquinolones paralleled with increased utilization. Generic drug utilization increased dramatically after brand-name patent expiration. Fluoroquinolone drug utilization might be also associated with its safety profile and related disease treatment guidelines.

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ASSOCIATION OF OBESITY WITH 30-DAY READMISSION RATES AMONG PATIENTS HOSPITALIZED WITH ACUTE BACTERIAL SKIN AND SKIN-STRUCTURE INFECTIONS (ABSSSI)

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OBJECTIVES: Obesity is associated with increased risk of soft tissue infection and clinical failure; however, the association between obesity and longer-term clinical outcomes in ABSSSI patients is not well-studied. This study compared hospital readmission rates between obese and non-obese ABSSSI patients. **METHODS:** Adults (>18 years) hospitalized with ≥ 1 primary ABSSSI diagnosis were selected from the Cerner HealthFacts electronic medical records database (2009-2013). The first primary ABSSSI inpatient admission was defined as the index admission. Patients were categorized into obese (BMI ≥ 30) and non-obese cohorts at the index admission. Proportions of patients with all-cause and ABSSSI-related readmission to the same hospital within 30 days were compared between the cohorts descriptively (in subgroups defined by gender, age, and causative pathogen) and using multivariable logistic regression adjusting for hospital size, demographics, insurance type, causative pathogen, and important comorbidities. **RESULTS:** 5,823 obese and 5,882 non-obese patients were identified. Fewer obese patients were male (47.8% vs 55.8%), ≥ 65 years old (28.2% vs 34.3%), and admitted to teaching hospitals (70.7% vs 73.4%). Same-hospital 30-day readmission rates were higher for obese patients for both all-cause (12.9% vs 11.8%, $p=0.085$) and ABSSSI-related (5.3% vs 4.0% $p=0.0019$) readmissions. ABSSSI-related readmission rates remained significantly higher for obese patients among males (5.1% vs 3.8%, $p=0.0086$), younger patients (age <65 years, 5.0% vs 3.6%, $p=0.0026$), and those not infected with methicillin-resistant staphylococcus aureus (5.3% vs 4.2%, $p=0.0049$). In multivariable regressions, obese patients had higher odds of 30-day readmission for all-cause readmissions (obese vs non-obese: OR=1.10, $p=0.0944$) and significantly higher odds of ABSSSI-related readmissions (OR=1.28, $p=0.0073$). **CONCLUSIONS:** Obese ABSSSI patients experienced higher rates of same-hospital ABSSSI-related readmission compared with non-obese patients. The association persisted in male, age <65, and non-MRSA subgroups and remained significant after adjustment for confounding. Further studies are warranted to estimate total readmission rates, which may be underestimated by same-hospital readmission rates.

PSS42

BIBLIOMETRIC ANALYSIS OF THE WORLDWIDE SCIENTIFIC PRODUCTION OF ORAL HEALTH

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OBJECTIVES: Identify and analyze the level of scientific production in the oral health field worldwide, by applying quantitative assessment counting methods and bibliometric analysis. **METHODS:** The review was realized using the Scopus database, given its greater coverage according to The Academic Database Assessment Tool. The results were analyzed through production, dissemination, collaboration and bibliometric indicators, which considered the trends in publication, authors, document type, workspace, magazines, country, number of citations, impact factor, h-index and dissemination network. A descriptive analysis was performed from the public policy context in oral health, in addition to the estimation of trends and state of the art investigation. **RESULTS:** 1.727 scientific articles were found through searching terms associated with "oral health" AND "public health" AND "public policy". The annual growth function provided an increased trend since 2000. The United States, Brazil and the United Kingdom were the countries with the highest impact and development in the oral health field, providing 40.7% of the total references found. The production is allied especially to universities and research groups, mainly the University of Sao Paulo, University of Adelaide and University of North Carolina at Chapel Hill. The areas of knowledge with the greater incidence were: medicine (44.1%), Dentistry (39%) and social sciences (4.8%). The search for oral health had an index h: 46. **CONCLUSIONS:** The scientific production in oral health topics shows increasing development and institutional affluence. It is expected that the oral health problems analyzed would have solutions and support from the government of the region and the allocation of resources for health.

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BIOLOGIC ADHERENCE AMONG PSORIASIS PATIENTS IN THE US MEDICARE POPULATION

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OBJECTIVES: Biologics have provided major advances in the treatment of plaque psoriasis. Little is known regarding adherence to biologics and factors associated with adherence in the Medicare population. This study is the first to examine adherence among Medicare patients with psoriasis newly initiating biologics. **METHODS:** The 2009 to 2012 Medicare 100% files were used to identify patients who received infliximab, ustekinumab, adalimumab, or etanercept between 1/1/2010 and 12/31/2011. The date of first biologic prescription defined the index date. Patients were required to have fee-for-service Medicare Parts A,

B, and stand-alone Part D plan coverage in the 12-months pre- and post-index date and have > 1 claim for psoriasis (ICD-9CM code 696.1) in the 12-month pre-index period. Exclusion criteria included presence of other conditions for which these biologics are indicated, or receipt of any biologic in the 12-months pre-index. Adherence to index biologic was defined as patients with proportion of days covered (PDC) > 0.80 during the 12-months post-index. Logistic regression analyses were conducted to determine the factors associated with being adherent. **RESULTS:** Our sample included 2,707 patients newly initiating biologics. Overall, mean PDC for any index biologic was 0.61 and only 38% were adherent to their index biologic in the 12 months following initiation. Mean PDC and adherence rates were similar between physician-administered and self-administered agents, but there were several differences by index biologic. Mean PDCs were 0.66 for infliximab (N=318), 0.70 for ustekinumab (N=280), 0.63 for adalimumab (N=1084), and 0.56 for etanercept (N=1025). Adherence rates were 49%, 43%, 41%, and 29%, respectively. Logistic regression indicated that older age, and female gender were associated with poor adherence. Index biologic was also a significant factor associated with being adherent. **CONCLUSIONS:** Adherence with biologic treatment for psoriasis is poor in the Medicare population with rates <50% across all biologics.

URINARY/KIDNEY DISORDERS – Clinical Outcomes Studies

PUK2

COMPARATIVE EFFICACY OF INTERVENTIONS FOR OVERACTIVE BLADDER SYNDROME: A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS

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OBJECTIVES: There is a plethora of interventions for the treatment of overactive bladder syndrome, including a course of supervised pelvic floor muscle training, behavioral therapy, anticholinergic medication, sacral nerve stimulation, and more recently, botulinum toxin type A (BoNT-A) and beta-3-adrenergic agonists. Though there is a large and diverse range of treatment options, there is little information of which of them is the most clinically effective. This is largely because trials often compare interventions with a placebo or with interventions of the same class; and so there are a limited number of trials that compare interventions of different classes, and thus different approaches on a head-to-head basis. **METHODS:** We searched Medline, EMBASE, Cochrane Incontinence Group Specialized Register, and all relevant references for randomized controlled trials evaluating interventions for OAB through to October 2014. Using Bayesian Markov Chain Monte Carlo (MCMC) methods, we applied a hierarchical network meta-analysis that accounts for the exchangeability of treatment effects between different modes of administration (e.g. extended and immediate release), between treatments within the same class (e.g. anticholinergics) and the residual between-study heterogeneity. We further adjusted for differences in baseline severity of the patient population, as different interventions are used at varying times in the treatment pathway. The primary outcomes of interest were mean change from baseline for voiding, urgency, and incontinence episodes. **RESULTS:** Preliminary results show that for voiding and urgency episodes, BoNT-A 200u was the most effective intervention. BoNT-A 300u was the most effective intervention for reducing incontinence episodes. **CONCLUSIONS:** BoNT-A was found to be the most effective intervention for reducing symptoms of OAB. Accounting for the exchangeability between different modes of administration and treatments within in the same class sufficiently increases the precision in the treatment effect estimates but maintains the inter-pretability of the individual and diverse range of treatment options.

URINARY/KIDNEY DISORDERS – COST STUDIES

PUK4

THE BUDGET IMPACT OF TREATMENT PATHWAY REDESIGN IN MEN WITH LOWER URINARY TRACT SYMPTOMS (LUTS) ASSOCIATED WITH BENIGN PROSTATIC HYPERPLASIA (BPH)

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OBJECTIVES: LUTS associated with BPH (LUTS/BPH) in men may present as a combination of voiding, storage and post-micturition symptoms. UK prescribers have proposed two areas of improvement to current care: first, acknowledging that α -blocker monotherapy may not address bothersome storage symptoms; and second, building confidence in primary care to prescribe drug combinations for mixed symptoms. We built a model to evaluate the potential budget savings from implementing these treatment pathway changes. **METHODS:** A model was built in Microsoft® Excel to depict a simplified LUTS care pathway, aligned with current clinical practice and NICE treatment recommendations in a hypothetical cohort of 10,000 men with LUTS/BPH who have moderate-to-severe storage and voiding symptoms. The budget impact of a proposed pathway redesign was calculated, which could adjust the number of men diagnosed and managed in primary care. Men could receive a range of treatment options, and if symptoms persisted, could ultimately be recommended for surgery. **RESULTS:** The model estimated several annual cost savings: -£2,964,169 by increasing the proportion of men diagnosed in primary rather than secondary care from 30% to 40%; -£1,623,701 by increasing the proportion of men receiving initial LUTS treatment in primary rather than secondary care from 50% to 60%; and -£4,114,738 by increasing the proportion of men receiving combination rather than monotherapy from 6% to 20%. A combination of all proposed changes resulted in a saving of -£8,208,061. Varying drug choice or cost were shown to have minimal financial impact. **CONCLUSIONS:** The pathway redesign indicates substantial savings. Specifically, increasing primary care diagnosis and treatment of LUTS/BPH symptoms would avoid referral costs and potentially delay surgery, while increasing general practitioner confidence