81.4), and they were willing to pay $49.6/month (95%CI 44.8-54.3). Multivariate analysis identified race as a predictor of WTP: Whites reported mean WTP $18.2 (CI 8.0-28.3) less than African Americans. **CONCLUSIONS:** After completing a two year trial, the majority of participants in both groups were willing to pay similar rates to other commercially available weight loss products. The surprising racial differences in WTP seen in this high SES group need to be further examined when trial weight outcomes are available. After a free or fully subsidized period, it might be reasonable to implement a direct to consumer or cost sharing mechanism to better translate effective evidence-based weight loss interventions into practice.

Systemic Disorders/Conditions – Health Care Use & Policy Studies

PSY48

A WORKPLACE HEALTH PROGRAM FOR BRITISH COLUMBIA PUBLIC SERVICE AGENCY (CANADA)

Tarride JE[1], Harrington K[2], Balfour R[3], Simpson P[4], Foord L[5], Anderson L[6], Lakey WK[7]
[1]*McMaster University, Hamilton, ON, Canada,* [2]*Abbott Canada, St Laurent, QC, Canada,* [3]*Pacific Blue Cross, Vancouver, BC, Canada,* [4]*GlaxoSmithKline, Mississauga, ON, Canada,* [5]*AstraZeneca, Mississauga, ON, Canada,* [6]*British Columbia Public Service Agency, Victoria, BC, Canada,* [7]*British Columbia Public Service Agency, Vancouver, BC, Canada*

OBJECTIVES: To evaluate the My Health Matters! (MHM) program, a multifaceted workplace intervention relying on education and awareness, early detection and disease management with a focus on risk factors for metabolic syndrome. **METHODS:** The MHM program was offered to 2,000 public servants working in more than 30 worksites in British Columbia, Canada. The MHM program included a health risk assessment combined with an opportunity to attend an on-site screening and face-to-face call back visits and related on-site educational programs. Clinical and economic outcomes were collected over time in this one-year prospective study coupled with administrative and survey data. **RESULTS:** Forty three per cent of employees (N=857) completed the online HRA and 23 per cent (N=447) attended the initial clinical visit with the nurse. Risk factors for metabolic syndrome were identified in more than half of those attending the clinical visit. The number of risk factors significantly decreased by 15 per cent over six months (N=141). The cost per employee completing the HRA was $205 while the cost per employee attending the initial clinical visit was $394. Eighty-two per cent of employees would recommend the program to other employers. **CONCLUSIONS:** This study supports that workplace interventions are feasible, sustainable and valued by employees. As such, this study provides a new framework for implementing and evaluating workplace interventions focussing on metabolic disorders.

PSY49

PREDICTORS OF OBESITY TREATMENT (COUNSELING OR PHARMACOTHERAPY) IN AMBULATORY SETTINGS

Mehta HB, Patel J, Parikh R, Abughosh S
University of Houston, Houston, TX, USA

OBJECTIVES: One third of US adults are obese and it is projected that by 2030 half of US adults will be obese. The study aimed to identify predictors of obesity treatment in ambulatory care settings. **METHODS:** National Ambulatory Care Survey (NAMCS) 2006-07, a cross-sectional nationally representative data, was used for the study. A retrospective cohort study design was employed; obese adults, age>=20 years and BMI ≥ 30 kg/m^2 or having obesity diagnosis (ICD-9-CM code: 278), were include in the cohort. Obesity treatment included either obesity counseling (diet/nutrition, exercise, weight reduction) or pharmacotherapy (anorexiant or lipase inhibitor). Predisposing, enabling and need characteristics as per Anderson's behavioral model were included as predictor variables. Descriptive statistics and multivariate logistic regression were conducted to identify obesity treatment predictors while preserving complex survey design of NAMCS. **RESULTS:** Total of 214 million visits occurred during 2006-07 by obese adults; of which, 32.66% visits resulted in obesity treatment. Factors predicting obesity treatment were reason for visit, preventive visit (OR=2.23; 95% CI=1.50-3.32) and chronic visit (OR=1.93; 95% CI=1.46-2.55) compared to acute visit; time spent with physician, >24 minutes (OR=2.67; 95% CI=1.81-3.94) and 13-24 minutes (OR=1.89; 95% CI=1.26-2.82) compared to 0-12 minutes; high comorbidity (OR=1.46; 95% CI=1.13-1.89); morbidly obese adults i.e. BMI >40 (OR=1.88; 95% CI=1.52-2.34) and visit to primary care physician (OR=2.38; 95% CI=1.69-2.36) compared to specialist. Older adults aged≥ 65 (OR=0.98; 95% CI=0.97-0.99) and smokers (OR=0.52; 0.39-0.69) had less likelihood of receiving obesity treatment. Gender, race, region and insurance status were not significant predictors of obesity treatment. **CONCLUSIONS:** Only one third visits resulted into obesity treatment. Reason for visit, time spent with physician, comorbidity, BMI >40, provider specialty, age and nonsmoking status were significant predictors of obesity treatment. Future research should identify reasons for these observed differences and efforts should be taken to deliver equitable access.

PSY50

PRESCRIPTION MONITORING PROGRAMS' UTILIZATION

Fleming ML, Barner JC, Chandwani H, Okoro T, Weber S
University of Texas at Austin, Austin, TX, USA

OBJECTIVES: Prescription monitoring programs (PMPs) have been purported to be an effective tool to combat prescription drug abuse. However, utilization rates of PMP data by health care practitioners is relatively low. The objectives of this study were to determine 1) the rates of PMP request by professional affiliation per 100,000 population; 2) determine differences in rates of requests based on PMP accessibility (online vs. other); 3) if differences exist in professional affiliation rates of requests per 100,000 population by PMP housing agency (law enforcement agency vs. health profession); 4) collect data on annual operating costs of PMPs per 100,000 population. **METHODS:** This was a cross sectional study employing a web based survey. The survey was emailed to the 33 operational state PMP administrators during December 2010. Descriptive statistics were used to describe PMP structure and utilization rates. T-tests and Manova were used to determine the associations between rates of request and PMP features. **RESULTS:** The preliminary response rate was 27%. Prescribers accessed PMP data most frequently among all authorized users, mean requests = 1,764, SD=3,106. Pharmacist mean requests = 171, SD=220. The T-tests results indicate that there is a statistically significant lower request rate for PMP data when housed by law enforcement administration, (t = 2.5, p = .04). On average PMP annual costs were $8,146 per 100,000 population. **CONCLUSIONS:** Based on preliminary results, the PMP housing entity has an impact on health care professionals' utilization. Online accessibility is also associated with an increase in requested data reports by health care professionals. More research is needed to determine other factors associated with PMP utilization by prescribers and pharmacists.

PSY51

EFFECTIVENESS OF FDA'S NEW OVER-THE-COUNTER ACETAMINOPHEN LABEL WARNING REQUIREMENTS IN IMPROVING CONSUMER RISK PERCEPTION OF LIVER DAMAGE

Goyal RK[1], Rajan SS[2], Essien EJ[2], Sansgiry S[2]
[1]*University of North Carolina, Chapel Hill, NC, USA,* [2]*University of Houston, Houston, TX, USA*

OBJECTIVES: The purpose of this study was to evaluate the effectiveness of the new FDA mandated over-the-counter (OTC) acetaminophen organ-specific label warnings, on: 1) consumer risk perception of liver damage associated with acetaminophen use and 2) behavioral intention to perform protective behavior. **METHODS:** In this within-subject experimental study, English-speaking adults visiting OTC segments of selected pharmacy stores in Houston were conveniently recruited. Participants were randomly exposed to both old and new label warnings and their respective risk perception (measured on a visual analog scale, 0%, no risk, – 100%, extreme risk) and behavioral intention (measured on a 7-point Likert scale) were recorded using a validated, self-administered questionnaire. Descriptive statistics and non-parametric Wilcoxon signed-rank tests were performed using SAS statistical software (v9.2) at a priori significance level of 0.05. **RESULTS:** A total of 200 responses were collected with a response rate of 56.81%. Mean age of the sample was 42.68 (SD 15.30) years; 48.5% of respondents were male and 52.7% were whites. A majority of respondents (74.4%) were not aware of the new warnings; however, a majority (67.8%) had prior knowledge of the risk. The mean risk perception score for the new label warnings was found to be significantly higher (72.2% vs. 65.9%, p<.0001) as compared to that of the old label warnings. Similarly, the average intention score for the new label warnings was found to be significantly higher (5.06 vs. 4.86, p<.0001) than that of the old label warnings. **CONCLUSIONS:** The results of this study indicate that the new label warnings mandated by FDA may be effective in improving consumer risk perception of potential liver damage and may encourage protective behavior. Future studies are essential to identify the impact as actual changes in consumer behavior and subsequent reduction in acetaminophen-related morbidity and mortality.

PSY52

POTENTIAL DRUG-DRUG INTERACTIONS (DDIS) WITH PAIN MEDICATIONS AMONG PATIENTS WITH BACK AND NECK PAIN DIAGNOSES CATEGORIZED INTO NOCICEPTIVE, NEUROPATHIC OR MIXED PAIN COHORTS

Kozma C[1], Benson C[2], Patel A[2], Provenzano D[3], Slaton T[4], Biondi D[2], Kim M[2]
[1]*Independent Research Consultant/Adjunct Professor, University of South Carolina, St. Helena Island, SC, USA,* [2]*Ortho-McNeil Janssen Scientific Affairs, LLC, Raritan, NJ, USA,* [3]*Ohio Valley General Hospital, Pittsburgh, PA, USA,* [4]*TLS Stats, West Columbia, SC, USA*

OBJECTIVES: To describe the potential for drug-drug interactions (DDIs) among patients with neck and back pain diagnoses categorized into neuropathic (NEURO), neuropathic and nociceptive(MIXED), nociceptive only (NOCI)or osteoarthritis (OA) cohorts. **METHODS:** The PharMetrics US National managed care database was used to identify commercially insured patients 18 to 63 years of age with at least one claim for an opioid analgesic and a pre-existing study-related diagnosis, who were continuously eligible for services from 9/1/2006-8/31/2008. Patients who had nursing home care claims, drug/alcohol abuse, malignancy, and spine procedures, or pregnancy-related diagnoses were excluded. Over the 2-year study period, the frequency of patients with at least 10 days of simultaneous availability of pain or pain-related prescriptions and medications that are known inhibitors or inducers of the cytochrome P450 (CYP) metabolic pathway was examined. **RESULTS:** The analysis identified 2,375 NEURO, 37,019 MIXED, 39,496 NOCI, and 6,124 OA patients. A high prevalence of coexisting medical conditions was found in all cohorts with 40%-74% of patients having diagnoses in at least 8 different disease categories. Based on the 10-day simultaneous drug availability criterion, the potential for DDIs were identified in 26% of all patients during the 2-year observation period. This percentage was highest in the MIXED cohort (31%) and lowest in the NOCI cohort (20%). Overall, potential inhibitor interactions were found in 20% of patients and potential inducer interactions were found in 11%. The CYP-2D6 substrates tramadol and oxycodone were the most frequent potential inhibitor interactions (5.6% and 5.9% of patients, respectively). Potential inducer DDIs were most commonly found in the CYP-1A2 pathway (8% of patients). **CONCLUSIONS:** Potential DDIs are common among patients taking pain medication. Coexisting medical conditions and their treatment, and variations in the metabolism of different pain medications contribute to the complexity of selecting analgesics that would be expected to effectively treat pain.