OBJECTIVES: To examine incidence, prevalence and mortality rates among opioid-dependent pregnant patients in the U.S. Medicare population. METHODS: A study was performed for the period from January 1, 2008 through December 31, 2012 to determine the prevalence, incidence and mortality rates among opioid-dependent patients (International Classification of Diseases, 9th Revision, Clinical Modification diagnosis codes 304.0x and 304.7x) in the U.S. Medicare population. Patients who had continuous fee-for-service Medicare health plan enrollment for the calendar year and at least 2 years prior were selected for the study. Age- and gender-adjusted opioid dependency prevalence and incidence rates were calculated via direct standardization to the U.S. population age ≥65 years in 2010 using gender-specific age groups. RESULTS: The annual adjusted prevalence of opioid-dependent patients increased from 0.06% in 2008 to 0.35% in 2012. Incidence rates increased from 0.06% in 2008 to 0.10% in 2012. Prevalence rates were higher among women than men every year during the study period. Patients age 65-69 years had the highest prevalence rates during 2008 (0.99%), 2009 (0.16%), 2010 (0.22%) and 2011 (0.32%). However, in 2012, age 65-69 years had the lowest prevalence rate of 0.06%. The 30-day age- and gender mortality rates decreased by 10.5% (3.8 to 3.4 per 1,000 person-years) and 25.4% (17.3 to 12.9 per 1,000 person-years), respectively, from 2008 to 2012. CONCLUSIONS: Opioid dependence incidence and prevalence decreased from 2008 to 2012, however, opioid dependence-related mortality rates increased.

PMH14
PREVALENCE, AWARENESS AND BURDEN OF MAJOR DEPRESSIVE DISORDER IN URBAN CHINA
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OBJECTIVES: Given the lack of research on this in China, treatment guidelines for major depressive disorder (MDD) have been adapted based on Western guidelines. This study reports clinical outcomes of MDD diagnosed and not diagnosed in the population vs. non-depressed respondents in urban China. METHODS: Data were obtained from the 2012 China National Health and Wellness Survey, a mixed-methodology, internet-based, nationwide survey of adults (18+ years) stratified by gender and age to represent the demographic composition of urban China. Respondents self-reporting physician diagnosis of depression and screening positive for MDD based on Patient Health Questionnaire-9 (PHQ-9) scores (n=97), plus those screening positive for MDD but undiagnosed and not experiencing depression (n=1,005) were compared with non-depressed respondents (n=17,022). Undiagnosed respondents were further compared across MDD severity levels (mild, moderate, moderate-severe, severe). Outcomes included: SF-36v2-based mental (MCS) and physical (PCS) component summary scores and SF-6D health utilities, Work Productivity and Activity Impairment questionnaire-based metrics; and resource utilization (past six months). Regression models assessed health outcomes as a function of MDD, controlling for demographics and comorbidities. RESULTS: MDD prevalence was 6.0%, with 8.3% of MDD-screened respondents diagnosed with depression, among whom 51.5% currently used prescription medication for depression. After adjustment, diagnosed and undiagnosed MDD respondents had lower health utilities and PCS and MCS (diagnosed-MDD: 32.8; undiagnosed-MDD: 37.1; non-depressed: 46.9) scores, plus greater absenteeism, presenteeism, overall work impairment (diagnosed-MDD: 47.1%; undiagnosed-MDD: 46.4%; non-depressed: 23.0%), activity impairment (47.1% vs. 17.2%), emergency visits (diagnosed-MDD 0.9%; undiagnosed-MDD 0.7%; non-depressed: 0.3%), hospitalizations, and traditional provider visits, compared with non-depressed respondents, all p<0.01. Severe vs. moderate undiagnosed-MDD respondents had lower MCS and PCS and many provides reported missing work (all p<0.05). CONCLUSIONS: Over 80% of MDD-screened respondents were undiagnosed. MDD sufferers in urban China may be under-diagnosed and undertreated. Awareness and better access to treatments may help alleviate the burden associated with MDD.

PMH15
PREVALENCE AND INCIDENCE RATES AMONG ALCOHOL-DEPENDENT PATIENTS IN THE U.S. MEDICARE POPULATION
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OBJECTIVES: To examine incidence and prevalence rates among alcohol-dependent patients in the U.S. Medicare population. METHODS: A prospective study was performed from 01JAN2008 through 31DEC2012 to determine the prevalence and incidence of patients diagnosed with alcohol dependence (International Classification of Diseases, 9th Revision, Clinical Modification diagnosis code 305) in the U.S. Medicare population. Patients were required to have continuous enrollment in a fee-for-service Medicare health plan during the calendar year and at least 2 years prior. The age- and gender-adjusted prevalence and incidence (overall and age- and gender-stratified) of alcohol-dependent patients were calculated via direct standardization to the U.S. population age ≥20 years in 2010 using gender-specific age groups. RESULTS: The annual adjusted overall prevalence rate increased from 3.03% in 2008 to 1.05% in 2012, whereas the annual overall incidence rate decreased from 25.9 to 18 years, respectively. The monthly income among respondents with MDD was ≤$15,000 (14.6% vs. 14.9%), median income and modal monthly income 0.00 USD (0.00 USD). The types of alcoholic beverages ingested included Beer (58%), Pito (16.7%), and Gin (10.8%). Bivariate analysis showed that: patients who belonged to religious group other than Christianity and Muslim (OR=10.9 CI 2.17-43.6), having less than Junior High School education (OR=2.7 CI 1.65-2.87), and having spouse OR=1.00 (OR=1.00). All pairwise comparison (OR=1.68 CI 1.90-3.14) were not significantly associated with alcohol consumption. CONCLUSIONS: Prevental prenatal alcohol ingestion is high and associated with inadequate information. It is imperative to develop health promotion strategy to address it.

PMH16
TRENDS IN THE PREVALENCE OF DEMENTIA AMONG THE MEDICARE BENEFICIARIES: 2001-2010
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OBJECTIVES: To estimate the prevalence of dementia among the Medicare beneficiaries: 2001-2010. RESULTS: The prevalence of dementia increased approximately 20% from 8.3% in 2001 to 10.4% in 2010 (p<.001). This increasing trend was largely explained by the increase in the prevalence of dementia in the community setting. The prevalence remained stable in the long-term care facilities, but increased from 4.8% to 7.3% in the community settings over time. We also observed the increase in the prevalence of dementia across age, sex and race groups. The prevalence of dementia was lower among Medicare beneficiaries: 65 and older years vs. 75 years and older, among non-Hispanics, and in women vs. men. CONCLUSIONS: Our findings suggested the increase in the prevalence of dementia existing among elderly from 2001 to 2010.

PMH17
SOCIOECONOMIC FACTORS ASSOCIATED WITH PRE-NATAL ALCOHOL INGESTION IN GHANA: A CROSS-SECTIONAL STUDY IN 2014
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OBJECTIVES: Prenatal alcohol ingestion predisposes fetus to long term neuro-developmental defects, yet limited studies have been done to assess its prevalence in Ghana. This study determined the prevalence and factors associated with the practice in the Accra township of Accra. METHODS: A cross sectional analytic study was conducted. Two hundred and forty nine pregnant women were randomly sampled in James town Accra. Structured questionnaires administered to participants. Information gathered include prenatal alcohol consumption status, socio-economic status, alcohol dependence, alcohol type and amount of alcohol beverages ingested and reasons for ingestion. Data was managed in EPI INFO 7, using prevalence Odds Ratio to estimate association between variables. RESULTS: Prevalence of prenatal alcohol consumption was 47.4 percent. The age ranged 18 -48 with mean, median and modal ages as 25.7 ± 6.7, 25 and 18 years respectively. Among prenatal alcohol consumers, age ranged 18-48, mean, median and mode were 25.9 ± 6.6, 25 and 18 years respectively. The monthly income among respondents was ≤$150 (20.0% vs. 19.0%), ≤$3,000 (20.0% vs. 21.0%), ≤$10,000 (20.0% vs. 19.0%), ≤$20,000 (20.0% vs. 19.0%) and ≤$30,000 (20.0% vs. 19.0%) median income and modal monthly income 0.00 USD (0.00 USD). The types of alcoholic beverages ingested included Beer (58%), Pito (16.7%), and Gin (10.8%). Bivariate analysis showed that: patients who belonged to religious group other than Christianity and Muslim (OR=10.9 CI 2.17-43.6), having less than Junior High School education (OR=2.7 CI 1.65-2.87), and having spouse OR=1.00 (OR=1.00). All pairwise comparison (OR=1.68 CI 1.90-3.14) were not significantly associated with alcohol consumption. CONCLUSIONS: Prevental prenatal alcohol ingestion includes socialization or peer pressure (31.7 percent), as appetizer (19.2 percent), to relieve stress (12.5 percent) and for happiness (10.8%).