matched samples of employees with osteoarthritis (OA) and non-FM controls. METHODS: Samples were selected from a U.S. claims database of privately insured beneficiaries. Employees in the FM sample had ≥2 fibromyalgia diagnoses in 1999–2005 (with ≥1 in 2002–2005) and were continuously enrolled in 2005. Controls and employees with OA had no FM claims and were matched to the study sample on age, gender, and region. Costs are reported for 2005 experience. Nonparametric Wilcoxon tests were used to determine statistically significant differences in skewed variables including costs. Chi-square tests were used to test for differences in for categorical variables. RESULTS: Mean age in the FM sample was 50.1 years and 51.6% were female. Compared to control and OA samples, employees with FM had higher rates of depression, anxiety, chronic fatigue syndrome, and many pain diagnoses. The FM sample used more medical care overall, especially emergency department visits, specialty physician visits, and prescriptions. Direct (medical and prescription drug) costs in the FM sample were significantly higher than control sample costs ($7286 vs. $3915, p < 0.0001), and approached OA sample costs ($7286 vs. $8325, p = 0.3758). Prescription costs comprised a relatively large proportion of total FM costs; prescription cost levels were comparable to employees with OA ($1630 vs. $1341, p < 0.3541) and significantly higher than controls ($1630 vs. $755, p < 0.0001). Work loss costs in the FM sample ($2913) were significantly higher than those of control ($1359, p < 0.0001) and OA ($2537, p < 0.0001) samples. CONCLUSIONS: Fibromyalgia imposes significant economic burden. Average total costs among employees with fibromyalgia were almost twice those of matched controls and approximated costs of employees with osteoarthritis. Indirect costs were more than double those of controls and even exceeded costs of osteoarthritis patients with similar demographic profiles.

IMPACT OF PATIENT COMORBIDITIES ON PHARMACOLOGICAL TREATMENT OF INSOMNIA: AN ANALYSIS OF THE NATIONAL AMBULATORY MEDICAL CARE SURVEY DATA: 1995–2004
Pawaskar MD, Balkrishnan R
The Ohio State University College of Pharmacy, Columbus, OH, USA
OBJECTIVES: Patients with insomnia are likely to have comorbidities that could affect treatment options. Hence the objective of this study was to examine the prevalence of comorbidities and their impact on the pharmacological treatment of insomnia in US primary care settings. METHODS: A retrospective data analysis of the National Ambulatory Medical Care Survey from 1995 to 2004 was performed. Patients aged ≥18 years, who had a physician visit with a diagnosis of insomnia in US outpatient settings were included in this study. Office visits of patients with primary or secondary insomnia/sleep complaints and resultant diagnoses were included in the analysis. Data were stratified according to patient characteristics, physician specialty, resulting diagnosis and medications prescribed. Multivariate logistic regression models were used to examine impact on prescribing pharmacotherapy for insomnia. RESULTS: A total of 5487 unweighted patient visits for insomnia were identified from the year 1995–2004, representing 107.4 million patients in the overall U.S. population. Official visits for insomnia were more common in females (60.4%), with an increasing prevalence in older patients. Approximately 41% of the patients with insomnia had a concomitant diagnosis of a mental comorbidity with higher prevalence of anxiety (15.6%) followed by episodic mood disorders (14.9%) and depression (7%). Patients with mental comorbidities were 35% less likely to receive pharmacological treatment for insomnia than those without mental comorbidities (OR: 0.65, 95% CI: 0.51–0.84). Subgroup analysis of type of mental comorbidity revealed that patients with comorbid anxiety were 42% less likely to receive pharmacological treatment for insomnia than those without anxiety (OR: 0.58, 95% CI: 0.45–0.73). CONCLUSION: Mental comorbidities such as episodic mood disorder, anxiety, and depression are prevalent in patients with insomnia and affect receipt of pharmacological therapy for insomnia. Health care professionals should consider the impact of mental comorbidities while treating patients with sleep difficulties.