and 0.006 in women. CONCLUSION: There was an association between height and health-related utility. The determinants of this association are not as yet clear and are likely to be complex involving social, environmental and other factors. Treatments are available to increase the height of children with short stature. This analysis suggests that these treatments would be cost effective depending upon effect and price.

HEMATOLOGICAL DISORDERS

EFFECTIVENESS OF EPOETIN ALFA IN REDUCING THE NUMBER OF BLOOD TRANSFUSIONS IN CRITICALLY ILL SICU PATIENTS

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OBJECTIVE: To determine whether the administration of epoetin alfa (rHuEPO) reduced the amount of blood transfusions required by patients during surgical intensive care unit (SICU) admission. METHODS: A retrospective cohort of all adult patients admitted to the SICU of the LAC + USC Medical Center between January 2001 and December 2003, who remained in the SICU for at least five days. Patients who met entry criteria were stratified into two groups based on whether rHuEPO was administered. Series of T-tests were performed using variables such as, demographics, laboratory data, monitoring parameters, medication dosing, intervention histories, and mortality between the groups to determine whether or not any differences existed after stratification. Multivariate stepwise logistic regression analyses were conducted to determine the significant covariates which were associated with HtEPO administration. Selection bias was adjusted by matching subjects using propensity score methods. RESULTS: The primary efficacy end point was the amount of packed red blood cells (PRBC) transfused per patient after day-seven of SICU stay between rHuEPO and non-rHuEPO groups. After matching for likelihood of receiving rHuEPO using propensity scores method, rHuEPO patients received 900.1 ± 1678.2 mL of PRBC after day-seven of SICU stay while non-rHuEPO patients received 15%. Regression analysis demonstrated that patients with CKD (OR = 1.8, p = 0.003), pneumonia (OR = 1.6, p = 0.003), and those receiving anticonvulsants (OR = 1.3, p = 0.02), benzodiazepines (OR = 1.4, p = 0.007), and anticonvulsants (OR = 1.5, p = 0.006) were more likely to experience an in-hospital fall. CONCLUSION: In this case-control study, anemia did not contribute to in-hospital falls.

IMPACT OF ANEMIA ON IN-HOSPITAL FALLS: A MATCHED CASE-CONTROL STUDY

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OBJECTIVES: The objective of this study was to determine whether anemia contributes to the likelihood of experiencing an in-hospital fall. METHODS: A retrospective case-control study of patients experiencing an in-hospital fall between January 1, 1998 and June 30, 2003 was conducted at the University of Pittsburgh Medical Center. To be included, patients had to be ≥18 years of age, admitted into the hospital for ≥24 hours, and have a hemoglobin (Hgb) test during their stay. Drug utilization was similar except that anemic patients were less likely to receive anticonvulsants (27% vs. 21%), benzodiazepines (30% vs. 24%), and anticonvulsants (22% vs. 15%). Regression analysis demonstrated that patients with CKD (OR = 1.8, p = 0.003), pneumonia (OR = 1.6, p = 0.003), and those receiving anticonvulsants (OR = 1.3, p = 0.02), benzodiazepines (OR = 1.4, p = 0.007), and anticonvulsants (OR = 1.5, p = 0.006) were more likely to experience an in-hospital fall. CONCLUSION: In this case-control study, anemia did not contribute to in-hospital falls.