Access to Low-Dose Oral Contraceptive Hormonal Therapy: Association with Improved Adherence and Lower Surgery Rates in a Cohort of Commercially Insured Women

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OBJECTIVES: To describe the impact of add-back therapy on adherence and surgery rates among endometriosis patients starting leuprolide acetate (LA) therapy. Hormonal add-back therapy is used in conjunction with LA treatment of endometriosis patients to reduce potential side effects associated with LA gonadotropin releasing hormone agonist effects. METHODS: Truven Health MarketScan Commercial Encounters database was used to identify women aged 18–49 with endometriosis (ICD-9-CM code 617.xx) who initiated LA (index date) in 2005–2011. Women with 12 months of continuous enrollment pre- and post-index and no evidence of endometriosis-related surgeries pre-index or up to 30 days post-index were included in the analysis. Propensity score weighting was used to match women who used add-back (estradiol, progesterin, or combinations) using logistic and Cox Proportional Hazard regression models controlling for demographics, comorbidities, and smoking status. RESULTS: Final study sample included 3,114 women who filled in an add-back therapy. Smoking, hypertension, high cholesterol, osteoporosis and varicosis were predictors for non being age appropriately immunized. CONCLUSIONS: Immunization coverage for each of the recommended vaccine was found in this study. However, 63.5% (n=304) of the children had overall age appropriate immunization status. Parent’s education, employment status, family size, and place of living were identified as risk factors for not having age appropriate immunization. Born in larger family size and having low educated parent were predictors for not being age appropriately immunized.

PIH2

FACTORS AFFECTING IMMUNIZATION TIMELINESS IN MALAYSIA

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OBJECTIVES: To assess parents’ knowledge and practice about childhood immunization are needed. Educational interventions targeting parents with inadequate knowledge and practice is an important factor in order to improve immunization timeliness. The study also found that not less than the elderly OAB patients involved use of antimuscarinic medications. The study also found variation in immunization use across age and region. Given the anticholinergic effects of antimuscarinic agents, there is a need to further evaluate safety profile of the antimuscarinic agents, especially in the elderly.

PIH3

THE IMPACT OF PARENTS’ KNOWLEDGE AND PRACTICE ON THEIR CHILDREN IMMUNIZATION TIMELINESS: EXPERIENCE FROM MALAYSIA

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OBJECTIVES: To assess parents’ knowledge and practice about childhood immunization status. Results: Overall, 0.0% of the children had overall age appropriate immunization status. Parent’s knowledge and practice was dichotomized into adequate and inadequate using median split method. The prevalence of antimuscarinic prescribing in elderly OAB patients using national ambulatory survey data. METHODS: This cross-sectional study utilized 2009–2010 National Ambulatory Medical Care Survey (NAMCS) and outpatient component of National Hospital Ambulatory Medical Care Survey (NHAMCS). The study sample included patients aged ≥65 years diagnosed with OAB. Antimuscarinic medications were operationally defined using the American Hospital Formulary Service (AHFS) classification and identified using Multum Lexicon codes. Descriptive statistics using sampling weights were used to estimate the prevalence of antimuscarinic medication use. Multivariable logistic regression within the conceptual framework of Andersen Behavioral model was used to assess the association between age appropriate immunization and having low educated parent were predictors for not being age appropriately immunized.

PIH4

SAMPLE STRUCTURE IN A PROSPECTIVE STUDY OF 22,000 WOMEN USING HORMONE REPLACEMENT THERAPY (HRT) RETAINED UNBIASED AFTER A FIVE-YEAR FOLLOW-UP

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OBJECTIVES: Loss-to-follow-up in prospective long-term pharmacoepidemiological studies can severely reduce sample size and potentially induce bias into the final sample, if drop-out is related to study relevant variables. The objective of the present contribution is to estimate the impact of health and behavioral factors on adherence to follow-up in a large, prospective, long term study of women with HRT prescriptions. METHODS: For a prospective observational study of the safety of HRT, women were recruited from 300 general practitioners and community pharmacists in the first follow-up questionnaire. At baseline and within the five follow-up waves, personal variables, medical history, drug utilization, and health behavior information were collected. A cascade of initial real-time and an additional model was used to initiate follow-up. A multiple-regression model was applied to analyze the impact of disease status, drug utilization and health behavior at baseline on dropout and the long-term participation in the study. RESULTS: 22,579 women using HRT were included. In total, 18,189 women in the first follow-up questionnaire; 17,582 the second (6 months post recruitment), 13,565 the third, 12,893 the forth, and after 5 years, 11,174 the fifth (49.5% of all enrolled). Linear Regression showed that in very few influences of age (beta=-0.05; p<0.00), BMI (beta=-0.04; p<0.00), angina pectoris (beta=-0.03; p<0.00), venous thrombosis (beta=-0.02; p<0.02) and diabetes (beta=-0.02; p<0.02) on drop-out. Smoking, hypertension, high cholesterol, hyperlipidemia and anemia had no effects.

PIH5

FACTORS AFFECTING IMMUNIZATION TIMELINESS: EXPERIENCE FROM MALAYSIA

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OBJECTIVES: To determine the factors associated with age appropriate immunization status. Results: Using the data from ten clinic publics in state of Penang, the largest state in peninsular Malaysia. Immunization related information was collected from the child’s immunization record card obtained from the parents. Parents’ socio demographic characteristics and healthcare access by way of access was dichotomized using median split method. Chi-square test was used to evaluate the association of parents’ knowledge and practice were dichotomized into adequate and inadequate using median split method. The prevalence of antimuscarinic prescribing in elderly OAB patients was found in this study. However, 63.5% (n=304) of the children had overall age appropriate immunization status. Parent’s education, employment status, family size and place of living were identified as risk factors for not having age appropriate immunization. Born in larger family size and having low educated parent were predictors for not being age appropriately immunized. Conclusions: Immunization coverage for each of the recommended vaccine was high. However, more attention should be given to immunization timeliness. In particular, the children are fully immunized. Immunization timeliness of children of low educated parents, born in family large size should be closely monitored.

PIH6

ANTIMUSCARINIC MEDICATION USE IN ELDERLY OVERACTIVE BLADDER PATIENTS

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OBJECTIVES: Antimuscarinic agents are the first line of treatment for overactive bladder (OAB). However, little is known regarding the utilization pattern of antimuscarinics in OAB. This study aimed to identify the patterns and predictors of antimuscarinic prescribing in elderly OAB patients using national ambulatory survey data. METHODS: This cross-sectional study utilized 2009–2010 National Ambulatory Medical Care Survey (NAMCS) and outpatient component of National Hospital Ambulatory Medical Care Survey (NHAMCS). The study sample included patients aged ≥65 years diagnosed with OAB. Antimuscarinic medications were operationally defined using the American Hospital Formulary Service (AHFS) classification and identified using Multum Lexicon codes. Descriptive statistics using sampling weights were used to estimate the prevalence of antimuscarinic medication use. Multivariable logistic regression within the conceptual framework of Andersen Behavioral model was used to assess the association between age appropriate immunization and having low educated parent were predictors for not being age appropriately immunized.