ance rate was 67% for women receiving a single drug and 22% for multiple drug treatment. The rate of switching was 89% in non-compliant and 68% in the compliant groups. CONCLUSIONS: The rate of compliance was lower for women on multiple drugs compared to those on single drug therapy. Non-compliant women are more likely to switch drug therapies than the compliant women.

POS14
HOME AUTOMATED TELEMANAGEMENT IN POST-HIP FRACTURE REHABILITATION
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OBJECTIVES: The objective of the study is to assess the feasibility and acceptance of computer-mediated home-based rehabilitation of hip fracture patients. METHODS: A structured exercise program was developed by a physical therapist (PT) and incorporated into a website where the PT could prescribe, monitor, and modify an individualized exercise plan. The patients were given a laptop computer that was operated by a limited number of keys. The computer guided the patients through their exercise programs and sent daily exercise logs to a central server which analyzed patient performance and alerted the PT if certain clinical condition were met. Overall, ten patients were enrolled in the study who were monitored for 30 days.
RESULTS: The average age of the subjects was 76 ± 9 years in whom number of days since hip fracture was 159 ± 143. There was a significant improvement from the beginning to the end of the study in exercise self-efficacy (6 ± 3 vs. 9 ± 1; p = 0.01), Lower Extremity Functional Scale (55 ± 16 vs. 63 ± 13; p = 0.03), and quality of life scale (SF-36) including physical functioning (38 ± 27 vs. 71 ± 31; p = 0.009), physical problems limitations (6 ± 10 vs. 17 ± 12; p = 0.05), social functioning (54 ± 31 vs. 85 ± 28; p = 0.01) and health transition (47 ± 40 vs. 22 ± 18; p = 0.05). Using Yale Physical Activity Survey we found improvement in physical intensity measured as total hours/week (24 ± 14 vs. 31 ± 14; p = 0.04). Based on the Client Satisfaction Questionnaire (CSQ-8), patient satisfaction with their medical care also improved (27 ± 4 vs. 31 ± 0.46; p = 0.04). Adherence to the exercises was above 89%. CONCLUSION: Computer-mediated home-based rehabilitation program could be beneficial for postsurgical hip fracture recovery.

OTHER—Cost Studies

INCIDENCE AND ECONOMIC IMPACT ANALYSIS OF HYponatremia IN HOSPITALIZED PATIENTS
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OBJECTIVES: To examine the incidence and potential financial impact of diseases with associated hyponatremia among hospitalized patients in the United States. METHODS: A retrospective analysis of Medicare inpatient coding procedures, length of stay (LOS) and Medicare hospital reimbursement data (2004) to estimate direct costs of 176 private, for-profit hospitals with coding accuracy validated by Medicare review of patient discharge charts. Data from one hospital were used to perform detailed cost/reimbursement analyses. Relevant cases were identified by searching with the ICD-9-CM code for hyponatremia (276.1) drilling down within all DRGs to quantify the incidence of hyponatremia, associated financial impact and costs for hyponatremia may have. RESULTS: In the 176 hospitals, hyponatremia was found as a secondary diagnosis or coexisting condition in 16,791 cases. Most common DRGs that included a diagnosis of hyponatremia were congestive heart failure (CHF, n = 13,778), syndrome of inappropriate secretion of antidiuretic hormone (SIADH, n = 1335), and transurethral resection of the prostate (TURP syndrome, n = 193). Hyponatremia was identified in 73% (7398/10,073) of complicated CHF cases and in 25% (6380/25,038) of uncomplicated CHF cases. In a typical hospital with 190 uncomplicated CHF cases annually, the mean cost of an uncomplicated CHF case was $6247, whereas the mean reimbursement was $3667, suggesting a loss of $2580 per case (annual loss of $490,200). If complicated CHF cases were considered, the typical hospital’s annual loss was estimated at $2,883,096. Endocrine disorders including SIADH cost between $12,305 and $24,745 and are reimbursed at $3,861. New therapies providing predictable correction of serum sodium levels may mitigate the economic impact of hyponatremia associated with underlying conditions by reducing the length of stay (LOS), physician attending time, or frequent laboratory studies. CONCLUSIONS: The incidence and economic impact of hyponatremia is high among patients with complicated CHF, TURP syndrome, and SIADH. Improved treatment of hyponatremia may help relieve this burden.

POT2
FATIGUE IN THE U.S. WORKFORCE: PREVALENCE AND COST OF LOST PRODUCTIVE WORK TIME
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OBJECTIVE: To estimate the prevalence of fatigue and accompanying lost labor costs (work absence and reduced performance while at work) among US workers. METHODS: Cross-sectional study using data from the Caremark American Productivity Audit, a national random-digit-dial telephone survey of the US population designed to measure the relation between health and work productivity. The sample comprised 28,902 employed adults participating in the audit between August 1, 2001, and July 30, 2002. A total of 11,719 workers with fatigue were identified. A comparison group consisted of a gender- and age-matched random sample (1:1) of workers without fatigue. Outcome measures included fatigue prevalence, lost productive time (LPT) due to fatigue and LPT for any health-related reason expressed in hours and converted to dollars. RESULTS: The estimated two-week period prevalence of fatigue in the U.S. workforce was 37.9%. Overall, 9.2% of workers with fatigue reported LPT due to fatigue in the previous two weeks. This group lost 4.1 productive hours per week, on average, and cost employers an estimated $330 million per year; 83.9% of the LPT cost was due to reduced performance while at work. Comparing LPT for any health-related reason between workers with and without fatigue, workers with fatigue cost US employers an estimated $136.4 billion per year in health-related LPT, an annual excess of $101.0 billion. Excess health-related LPT is primarily explained by the mean threefold increase in the percent of workers reporting LPT due to other health conditions when fatigue is present. CONCLUSIONS: Fatigue is prevalent in the US workforce and can impair work ability. When present as a secondary symptom to other health conditions, fatigue is associated with significantly more LPT due to those conditions.

POT3
COST OF HOSPITALIZATIONS FOR ACUTE INJURIES RESULTING FROM MOTORCYCLE ACCIDENTS PRE-AND POST-REPEAL OF THE UNIVERSAL HELMET LAW IN FLORIDA
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OBJECTIVES: To estimate the prevalence of fatigue and accompanied lost labor costs (work absence and reduced performance while at work) among US workers. METHODS: Cross-sectional study using data from the Caremark American Productivity Audit, a national random-digit-dial telephone survey of the US population designed to measure the relation between health and work productivity. The sample comprised 28,902 employed adults participating in the audit between August 1, 2001, and July 30, 2002. A total of 11,719 workers with fatigue were identified. A comparison group consisted of a gender- and age-matched random sample (1:1) of workers without fatigue. Outcome measures included fatigue prevalence, lost productive time (LPT) due to fatigue and LPT for any health-related reason expressed in hours and converted to dollars. RESULTS: The estimated two-week period prevalence of fatigue in the U.S. workforce was 37.9%. Overall, 9.2% of workers with fatigue reported LPT due to fatigue in the previous two weeks. This group lost 4.1 productive hours per week, on average, and cost employers an estimated $330 million per year; 83.9% of the LPT cost was due to reduced performance while at work. Comparing LPT for any health-related reason between workers with and without fatigue, workers with fatigue cost US employers an estimated $136.4 billion per year in health-related LPT, an annual excess of $101.0 billion. Excess health-related LPT is primarily explained by the mean threefold increase in the percent of workers reporting LPT due to other health conditions when fatigue is present. CONCLUSIONS: Fatigue is prevalent in the US workforce and can impair work ability. When present as a secondary symptom to other health conditions, fatigue is associated with significantly more LPT due to those conditions.