five, 402 patients were recognized having at least one inappropriate prescription during a two-year period, with a prevalence of 34.6%. A total of patients (25.2%) had inappropriate medication use in 2000 and 314 patients (27.5%) in 2001. The prevalence was also calculated for five rounds, of which 178 participants (15.8%) out of 1161 received at least one inappropriate medication in round one, 201 participants (17.5%) in round two, 215 (18.5%) in round three, 230 (20.2%) in round four, and 184 (16.8%) in round five. The round-specific results indicated that the prevalence did not shift dramatically during the two-year period. Propoxyphene and amitriptyline were still the most prevalently used inappropriate agents. CONCLUSIONS: Since the updated Beers 2003 criteria changed with a net addition of 24 new agents compared to the 1997 list, the prevalence of inappropriate prescriptions in the nation did not decrease after four-years compared to the statistics reported by Zhan’s study (2001), which analyzed a sample of 1996 MEPS. Necessary interventions or policy making are still imperative in order to effectively prevent the use of potentially inappropriate prescriptions in the elderly.

PIH8
INAPPROPRIATE PRESCRIBING FOR ELDERLY PATIENTS IN TWO OUTPATIENT SETTINGS
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OBJECTIVES: To estimate prevalence of potentially inappropriate medication prescribing (PIP) among elderly patients in two outpatient practices and to determine the factors associated with PIP. METHODS: We conducted a retrospective chart review in a general family medicine practice (FM) and a specialty geriatric practice (SG) for the six month time period of January 1, 2004–June 30, 2004. Inclusion criteria were age ≥65 years old, being an established patient of the practice, and having at least one visit during the study period. A sample of fifty charts was randomly identified from each practice. An occurrence of PIP was defined as having chart documentation of a prescription for a medication on the 2003 revised Beers list of drugs to be avoided in the elderly. RESULTS: In all, 21% of patients had at least one occurrence of PIP. Of these, 24% of subjects had 2 or more occurrences. Differences in PIP prevalences in FM and SG (18% and 24% of subjects, respectively) were not statistically significant. Overall, the most frequent medications of concern were oral estrogens and fluoxetine. Multivariate analysis showed that higher number of medications (≥9 medications vs. <5 medications, OR, 0.11; 95% CI, 0.02–0.69) was significantly associated with lower odds of PIP occurrence. Age, race, gender, number of clinic visits, and number of diagnoses were not significantly associated with PIP. CONCLUSIONS: Our retrospective chart review indicated that PIP in elderly patients was common in both ambulatory settings, supporting results of prior pharmacy database analyses. The fact that no significant differences were found in PIP occurrence in the two practices and that general demographic patient variables were not significantly associated with occurrence of PIP suggest that inappropriate prescribing may be endemic to physician prescribing patterns. More research is needed to study physician prescribing patterns in elderly populations and intervention strategies designed to reduce PIP.

PIH9
MORAL HAZARD AND PRESCRIPTION DRUG USE AMONG NON-INSTITUTIONALIZED ELDERLY MEDICARE BENEFICIARIES
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OBJECTIVE: To examine prescription drug use among elderly Medicare beneficiaries (EMBs) from a moral hazard perspective. METHODS: Data for study came from the 2000 Medicare Current Beneficiary Survey Cost and Use File. The sample included all non-institutionalized EMBs ≥65 years and who received or filled at least one prescription drug (Rx) in the past year (n = 6046). Moral hazard was defined as unit increase in Rx use with unit increase in generosity of Rx coverage (ratio of out of pocket expenditures to total Rx expenditures) or level of cost sharing in presence of Rx insurance. Dependent variable was per capita Rx events. Independent variables were Rx insurance status and generosity of Rx coverage. T-test was conducted to test statistical differences in mean number of Rx events by Rx insurance status. Main effects of Rx insurance and generosity were estimated using regression analysis. RESULTS: Mean number of Rx events among EMBs with Rx insurance (n = 3634) were 26.85 [95% CI = (26.10, 27.61), SE = 0.384]. The mean number of Rx events among those without Rx insurance (n = 2412) were 25.2 [95% CI = (24.34, 25.20), SE = 0.442]. T-test results revealed a statistical difference between the two means (p = 0.005). Regression analyses revealed that EMBs without Rx insurance had about 10.86 percent [95% CI = (6.667, 14.956)], p < 0.0001) fewer Rx events than those with Rx insurance. Rx events increased significantly with unit increase in generosity (p < 0.0001). CONCLUSION: Rx use among EMBs increased in presence of Rx insurance and with increase in generosity suggesting a moral hazard effect in their Rx use. As moral hazard can increase overall Rx expenditures, policy makers and health care providers must make efforts to limit increased Rx use attributable to reduced cost sharing and Rx insurance.

PIH10
AN EXAMINATION OF SELF-REPORTED CHRONIC CONDITIONS AND HEALTH STATUS IN THE 2001 MEDICARE HEALTH OUTCOMES SURVEY
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OBJECTIVES: To determine the prevalence of chronic conditions in managed care-enrolled Medicare seniors (age 65 plus) and to examine the association between self-reported chronic conditions and health status as measured by the SF-36. METHODS: Data were obtained from the 2001 Medicare Health Outcomes Survey (HOS). The HOS is conducted by the Centers for Medicare and Medicaid Services to assess the quality of care provided to Medicare beneficiaries enrolled in managed care. The survey questionnaire, which was administered by phone or mail, includes the SF-36 and items addressing demographic characteristics, depressive symptoms, and chronic conditions. The SF-36 is comprised of eight multi-item scales, four of which are considered “physical” domains and four are considered “mental” domains. For this analysis, number of chronic conditions and the prevalence of each condition were described. An ordinary least squares regression model was conducted for each SF-36 scale to estimate the association between each chronic condition and the scale scores after adjusting for demographic variables. RESULTS: More than 90% of respondents had at least one chronic condition. Among the chronic conditions, hypertension (57.6%), arthritis of the hip or knee (40.5%),...