

drug use based on therapeutic category, genitourinary products were found to have the highest potential for inappropriate prescribing.

PIH25

VARIATIONS IN ANTIPSYCHOTIC THERAPY AND SHORT-TERM MORTALITY ACROSS LONG-TERM CARE HOMES

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OBJECTIVE: Recent studies have demonstrated increased short-term mortality among older adults with dementia who are prescribed antipsychotic drug therapy. Despite these findings, use of antipsychotics remains common in long-term care (LTC) homes. This study explores the real-world implications of variations in antipsychotic dispensing across LTC homes by assessing whether homes with higher rates of dispensing had higher rates of mortality among their residents. **METHODS:** Retrospective cohort study of 47,308 older adults with no history of psychoses who were newly admitted to 503 Ontario LTC homes between April 1, 2000, and March 31, 2004. Facilities were classified into quintiles according to their mean antipsychotic dispensing rates. All-cause mortality was examined across quintiles at 30 and 120 days after admission. **RESULTS:** The rate of antipsychotic dispensing ranged from 0 to 44.8% across LTC homes. The absolute baseline difference in 30-day (120-day) mortality between facilities dispensing highest versus lowest rates of antipsychotics was 1.4% (4.1%). Mortality was greater in the highest rate homes (adjusted hazard ratio 1.29, confidence interval 1.11 to 1.51 at 30 days; adjusted hazard ratio 1.28, confidence interval 1.17 to 1.39 at 120 days) compared to the lowest rate homes. **CONCLUSION:** Residents newly admitted to LTC homes with higher antipsychotic dispensing rates had increased risk of short-term mortality.

WITHDRAWN

PIH26

GENERIC SUBSTITUTION OF WARFARIN AMONG THE ELDERLY: AN EXAMINATION OF HOSPITAL AND EMERGENCY ROOM USE

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OBJECTIVE: The primary objective of this analysis was to determine whether generic switching of warfarin was related to increased hospitalization and emergency room use among elderly chronic warfarin users. **METHODS:** The "switchability" of narrow therapeutic index (NTI) drugs has been debated in the literature. The issue is not whether generic products can safely be substituted for brand products, but whether problems can result from switches among manufacturers during repeated refills. Medicare Part D and A records for 2006 were pulled for all non-ESRD, chronic warfarin users in California, Florida, and Mississippi age 65+. Chronic warfarin users were defined as patients with 3+ warfarin prescriptions covering 180+ days of therapy. Recipients' records were evaluated for hospital admissions or ER visits during the treatment period. The hospital services also were evaluated to determine if they resulted from bleeding episodes or potential prophylactic use of warfarin based on diagnosis codes. **RESULTS:** Data were available for 160,929 chronic warfarin users. After controlling for age, race, and

gender, the odds ratio for patients with generic switches compared to those without was 1.61 for general hospital admissions and 1.47 for general ER visits. Similar ratios were found for hospital admissions related to bleeding episodes (1.51)/potential prophylactic use (1.53) and ER visits related to bleeding episodes (1.34)/potential prophylactic use (1.44). The average monthly cost for hospital and ER services was 38% higher for the patients with generic switches (\$2121 vs. \$1553). **CONCLUSION:** The results suggest that generic switching of NTI drugs, such as warfarin, can significantly increase the likelihood of hospitalization and ER visits and result in increased costs of care. To provide better therapy management for patients on NTI drugs, pharmacists should avoid generic switching between manufacturers and/or notify the appropriate providers when generic switches do occur.

PIH28

AN EXAMINATION OF LOW AVERAGE DOSE AS A QUALITY MEASURE OF THE NEED FOR ANTICOAGULATION MANAGEMENT AMONG THE ELDERLY

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OBJECTIVE: The objective was to evaluate the relationship between low dose warfarin therapy and hospital utilization. This information will help to evaluate this as a quality of care indicator in elderly patients. **METHODS:** An issue in chronic warfarin therapy is the availability of time and resources necessary to adequately manage patients on anticoagulation therapy. Providers may err on the side of under-dosing due to fears of bleeding episodes. Medicare Part D and A records for 2006 were pulled for all non-ESRD, chronic warfarin users in California, Florida, and Mississippi age 65+. Chronic warfarin users were defined as patients with 3+ warfarin prescriptions covering 180+ days of therapy. Average dose was computed by dividing the total mgs of warfarin dispensed from the first prescription to the next to last prescription and dividing by the number of days between the first and last prescription fills. Low average dose was defined as ≤ 5 mgs/day. Each recipient's records were evaluated for hospital admissions or ER visits during the treatment period. **RESULTS:** Data were available for 160,929 chronic warfarin users. After controlling for age, race, and gender, the odds ratios for patients on low average doses compared to higher average doses were 1.42 for general hospital admissions and 1.21 for general ER visits. The average monthly cost for hospital and ER services was 85% higher for the patients with low average doses (\$2524 vs. \$1364). **CONCLUSION:** The results indicate patients on average warfarin doses of 2.5 mgs/day or less have greater odds of hospital admissions or ER visits; and cost CMS more for these services. This suggests that low average dose warfarin therapy is a potential indicator that these patients are in need of better care; and that CMS should consider payment for anticoagulation management services that will maintain therapeutic INR levels while minimizing bleeding risks.

PIH29

ESTIMATION OF TYPE AND NUMBER OF MEDICATION ERRORS IN LONG-TERM CARE

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OBJECTIVE: Little is known about the quality of drug administration and safety in German nursing homes. In 2002 a group of health authority pharmacists in the federal state of North Rhine-Westphalia inspected the quality of drug supply in 120