IMPACT OF PHARMACIST INTERVENTION ON THE UTILIZATION OF TERIPARATE IN OSTEOPOROSIS

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OBJECTIVES: To describe disparities in the incidence of diagnosed cases of congenital syphilis by Departments in Colombia between the years 2006-2009. METHODS: Ecological study. National incidence and incidence by Departments of congenital syphilis in Colombia were estimated. A descriptive comparison of these ratios showing the lowest and highest incidence by Departments each year is showed. Information was obtained from the National Administrative Department of Statistics database. RESULTS: National incidence of congenital syphilis in Colombia increased from 1.98 per 1000 live births in 2006 to 2.56 per 1000 live births in 2009. The lowest regional incidence in Colombia was found in Caldas with 0.35 cases per 1000 live births in 2009. Departments with the highest incidence of congenital syphilis in the same year were Chocó and Meta, with incidences of 7.43 and 5.92 per 1000 live births, respectively. CONCLUSIONS: Incidence of congenital syphilis has been increasing in Colombia in the last years, and it is far from the goals of the World Health Organization (0.5 cases per 1000 live births). There are notorious differences among Departments in Colombia suggesting avoidable disparities in the strategies for preventing and controlling this disease during pregnancy among them. A critical review of current programs of public health should be done.

PIH73 DISPARITIES ON MATERNAL MORTALITY AMONG COLOMBIAN REGIONS IN 2000, 2005 AND 2008
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OBJECTIVES: The aim of this ecological study was to describe disparities in maternal mortality ratios among Departments in Colombia between the years 2000-2009. METHODS: Ecological study. Early, late and total mortality rates by Departments were compared. RESULTS: The estimated cumulative rate of neonatal mortality in Colombia from 2000 to 2009 was 10.2 deaths per 1000 live births. The departments that had the lowest rates of neonatal mortality were the Department of the Country showed an increasing gap between Departments during the study period. Some of these disparities found were avoidable and suggest disparities in the quality and access to safe motherhood and early neonatal programs within the country, that should be evaluated.

PH74 CLINICAL, HUMANISTIC, AND ECONOMIC BURDEN OF MENSURAL SYMPTOMS IN JAPANESE WOMEN
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OBJECTIVES: The study aims at gaining a clear picture of the clinical, humanistic, and economic burden on women’s daily living caused by menstrual symptoms, especially pain and bleeding. METHODS: An online survey was conducted in two phases, with sampling structured to approximate the age and geographic distribution of women of the ages of 15 to 49. The first phase (n=21,477) investigated respectively the conditions associated with menarche, and impact on work and productivity within the previous three months. METHODS: 'Menstrual-related conditions' in this research referred to 6 domains from the Menstrual Distress Questionnaire (MDQ©). The second survey analyzed the difference between women seeking medical care (n=279) and those not seeking care (n=500), with details such as costs, reasons for seeking care, medications, and treatment satisfaction. RESULTS: The first survey analyzed 19,254 female with menstrual symptoms. 3.8% reported seeking medical care within the last 12 months, 18.5% reported no visits, 9.8% reporting no medical contact had received prescription drugs. Of the total sample, 36% were taking OTC medication, 17% experienced impact on work (absence or low productivity). About half of those not seeking care selected 'unnecessary' as the reason, whereas, 70% of this group also reported withholding limitations of daily life. About 20% reported 'resistance/dislike' as reason for not seeking care. MDQ© score was strongly correlated to medical visit and impact on work. Extrapolated total annual economic burden amounted to USD 682 billion (direct and indirect costs, 8.88 billion USD). CONCLUSIONS: These findings are similar to a large study conducted ten years ago, suggesting that there has been no change in treatment, medication, and patient behavior in dealing with menstrual-related problems. The burden remains large, and those not seeking care perhaps did not recognize this to be a condition warranting medical help.

PH75 ANNUAL OVERALL AND EPILEPSY-RELATED HEALTH CARE UTILIZATION IN ADULTS WITH EpILEPSY PATIENTS IN THE UNITED STATES
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OBJECTIVES: There are multiple drug options for the management of epilepsy. Some patients may be refractory to treatment and require combination antiepileptic drug (AED) treatment. We compared healthcare utilization of refractory and stable epilepsy patients. METHODS: Using a claims database covering 2007-2009, we identified those with epilepsy (n=170,864) and refractory epilepsy (n=37,770). We compared overall and epilepsy-related utilization. RESULTS: There were 153,695 adult epilepsy patients in the index period. 10.4% were refractory patients. Refractory patients were hospitalized more often than stable patients (age: 41.8 vs. 43years; 50.7% vs. 47.6% female; mean Charlson morbidity index: 0.7 vs. 0.5). Refractory patients were hospitalized more often than stable patients, both for any diagnosis (18.3% vs. 9.8% had ≥1 hospitalization) and for epilepsy-related diagnoses (15.7% vs. 7%). Refractory patients had greater mean hospital length of stay (any admission: 9.9 vs. 7.1 days and epilepsy-related: 8.9 vs. 5.6 days). They also had more physician office visits than stable patients (any diagnosis: 12 vs. 9 and epilepsy-related: 3.6 vs. 2.2). After adjusting for demographics, region, usual-care physician specialty, and risk factors, the odds of hospitalization (OR:2.2; CI:1.9-2.6), emergency department visit (OR:2.2; CI:1.6-2.8), emergen- cy-related hospitalization (OR:2.2; CI:1.9-2.6), and epilepsy-related emergency depart- ment visit (OR:1.9; CI:1.7-2.2) were greater in the refractory group. CONCLUSIONS: Patients with refractory epilepsy use significantly more health care services than those with stable disease. As new and more effective AEDs become available, it may be possible to reduce the number of patients in refractory care.

PH76 EFFECT OF HOSPITAL WASTES ON DRINKING WATER QUALITY OF KPK HOSPITALS PAKISTAN
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OBJECTIVES: Evaluating the effect of hospital wastes on drinking water quality of KPK hospitals and in Pakistan. METHODS: The study was carried out to in Ayub