ested in a specific disease and through NDC codes when interested in the medication. However, this methodology may be different for a population of pain patients, as no ICD code specific for pain exists. The purpose of this study was to understand the differences in data pulled using NDC versus ICD-9 codes to identify a pain population. METHODS: United Healthcare pharmacy and medical claims from continuously enrolled individuals in 1998 were used for examination. In one method patients were selected if they were at least 18 years of age as of January 1, 1998, were continuously enrolled with a drug and medical benefit and had at least one medical claim with a pain-related diagnosis (cancer, fibromyalgia, low back pain, neuropathic pain, and osteoarthritis) in 1998. The other method differed by selecting patients who had at least one pharmacy claim with an NDC for pain medication (long acting opioid, short acting opioid, combination opioid and NSAID). RESULTS: Using the ICD code method, 233,390 patients were selected. Low back pain had the highest amount of people, constituting 40%, while neuropathic pain had the least, 5%. The average age of patients with pain-related diagnosis was 46.6. Using the pharmacy claims method, 274,830 were selected. The most commonly prescribed pain medication was combination opioids (36%), and the least was long acting opioids (0.7%). The mean age for this population was 43.2. The overlap in patient selection was 84.9% with the prescription drug population being a larger cohort. CONCLUSIONS: Using NDC codes to select users of pain medications in a database revealed more users than those selected through ICD codes specific for conditions where pain exists. However, an 85% overlap in patient selection suggests that the diseases selected capture a majority of pain-related conditions.

**THE USE OF DISEASE-ALTERING NEW DRUGS FOR MULTIPLE SCLEROSIS TREATMENT**

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OBJECTIVES: To define factors influencing the uptake and use of newer, disease-altering agents such as Betaseron, Avonex, Rebif and Copaxone in treatment of multiple sclerosis (MS). METHODS: The analytic file for the study was derived from claims and eligibility data for a privately insured population for 1996–2000. Patients were followed for a minimum of one year, starting with their first confirmed diagnosis of MS. Disease Staging software was used to establish disease type (e.g., relapsing/remitting) during the study period. Disease type, comorbidities, demographics, and insurance information were measured to assess their importance on the odds of receiving a disease-altering agent. A Cox proportional hazard analysis was used to estimate the effect of each variable. RESULTS: Forty-one percent of the 1807 MS patients eventually were ever treated with the newer disease-altering drugs. Of note is the elapsed time of average of 305.2 days between the confirmed first-observed MS diagnosis and first prescription for one of the newer agents. The hazard analyses found that older patients, early retirees, and patients with union affiliation received the newer drugs less often. Gender, type of private insurance, and location (urban versus rural) did not influence the odds of getting the drugs. Patients residing in the Southern and Western United States, those that entered the study in later years (1997–1999), and patients with lower medication co-payments received the medications more often. Patients with a history of either depression or heart disease (relative contra-indications to these drugs) received them less often. The variables designed to measure disease severity suggested that stable patients, those neither too sick nor healthy, received the drugs more often. CONCLUSIONS: The use disease modifying drugs for the treatment of MS introduced in the 1990s is observed in a lower percentage of patients, and with a greater delay from the date of confirmed diagnosis than anticipated given clinical literature for these newer agents.

**COMPLIANCE WITH THREE-TIMES DAILY METHYLPHENIDATE IN CHILDREN WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER**

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OBJECTIVES: To describe Three-Times daily (TID) methylphenidate (MPH) therapy in children with attention-deficit/hyperactivity disorder (ADHD) and to measure the extent of compliance with TID MPH therapy. METHODS: Parents of children aged 6–12 years with ADHD receiving either MPH or dextroamphetamine were invited to participate in a survey via newspaper ads placed in 2 major Canadian cities (Toronto and Montreal). Eligibility criteria were: treatment with TID MPH and treatment duration of at least one month. Purposes of the study and eligibility criteria were not known to callers. RESULTS: One hundred seventy seven callers responded to the ads. Of these, 60 (34%) fulfilled eligibility criteria. The mean age of children with ADHD was 8.8 years; 78% were boys. Mean daily dose was 34mg; mean treatment duration was 28.6 months. Twenty percent had taken a drug holiday in the past 2 weeks (mean 1.8 days). Doses were taken at approximately 7:30 AM, noon, and 4PM. A parent was primarily responsible for administering the 1st and 3rd doses. School personnel or teachers tended to administer the 2nd dose. Seventy percent reported their child missed doses from time to time. Fifty percent reported missing doses, excluding drug holidays, in the past 2 weeks (mean