lations (p < 0.05) were found between the MSLQ measurement and the number of hours college students spent with friends, studying, class missed, as well as the number of extra-curricular activities and alcohol consumed. The SAS-SR measurement, on the other hand, were significantly correlated (p < 0.05) with only the number of hours college students spent with friends and class missed. CONCLUSION: The MSLQ is a better indicator of student productivity in college than the SAS-SR. This is because the SAS-SR, which was originally developed to evaluate employee productivity, measures functional items that may be too sensitive for student-related activities. The MSLQ was designed to measure students’ study strategies.

PHP43
ANALYSIS OF COMMUNITY PHARMACISTS’ INTERVENTIONS ON ELECTRONIC PRESCRIPTION ERRORS
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OBJECTIVES: This analysis was conducted as part of a federally funded national pilot to evaluate electronic prescribing in the community practice setting. The objective was to measure the incidence and nature of prescribing errors on e-prescriptions that required active intervention by dispensing pharmacists to correct. METHODS: A panel of participating pharmacists reported their Medication Therapy Interventions (MTI) using a standardized documentation protocol. RESULTS: Data were reported from 68 participating chain pharmacies in 5 states during 312 work shifts between July and September, 2006. During the study pharmacists reviewed 2,690 e-prescription orders (new = 83.0%, refill = 17.0%) and intervened 102 times for an intervention rate of 3.8%. The rate at which pharmacists identified problems on new e-Rx was found to be nearly twice that of refills (4.1% and 2.2%, respectively). The most common reason for pharmacists’ interventions on e-prescriptions was to supplement omitted information (31.9%), especially missing directions. Dosing errors were also quite common (17.7%). The most common response by pharmacists to e-Rx problems was to contact the prescriber (64.1%), consult the patient’s profile or medication history (12.8%), and/or interview the patient or the patient’s representative (9.4%). In most cases (56%), the e-Rx order was changed and the prescription was ultimately dispensed. In 15% of cases the e-Rx order was dispensed as written following clarification by the prescriber. In 10% of cases the prescription was not dispensed. An additional 12% of prescription issues remained unresolved. Pharmacists required an average of 6.07 minutes to conduct their interventions on problematic e-prescription orders, representing an incremental dispensing cost of $4.74. CONCLUSION: Electronic prescribing has the potential to improve the safety and efficiency of patient care. However, as currently implemented in the community practice setting, it maintains selected threats to both. Best practice recommendations are offered to improve the implementation of this important technology.

PHP44
PHARMACIST WORKLOAD AND PHARMACY CHARACTERISTICS ASSOCIATED WITH THE DISPENSING OF POTENTIALLY CLINICALLY IMPORTANT DRUG-DRUG INTERACTIONS
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OBJECTIVES: Drug-drug interactions (DDIs) are preventable medical errors, yet exposure to DDIs continues despite systems designed to prevent such exposures. The purpose of this study was to examine pharmacy characteristics that may be associated with dispensed potential DDIs. METHODS: This study combined survey data from community pharmacies in 18 metropolitan statistical areas with pharmacy claims submitted to 4 pharmacy benefit managers (PBM) over a 3 month period from January 1 to March 31, 2003. Pharmacy characteristics of interest included prescription volume, the number of full-time equivalent pharmacist and pharmacy staff, computer software programs and the ability to modify those programs with respect to DDI alerts, the use of technologies to assist in receiving, filling and dispensing medication orders, and prescription volume. The dependent variable in this study was the rate of dispensed medications that may interact. RESULTS: A total of 672 pharmacies were included in the analysis. On average (+/-SD), the respondents filled 1375 +/- 691 prescriptions per week, submitted 17,948 +/- 23,889 pharmacy claims to the participating PBMs, had 1.2 +/- 0.3 full-time equivalent (FTE) pharmacists per hour open, and 545 (81%) were affiliated with a chain drug store organization. Factors significantly related to an increased risk of dispensing a potential DDI included pharmacist workload (OR 1.03, 95% CI 1.028 to 1.048), pharmacy staffing (OR 1.10, 95% CI: 1.09 to 1.11), and various technologies (e.g., sophisticated telephone systems, internet receipt of orders and refill requests) that assist with order processing as well as the ability to modify DDI alert screening sensitivity and detailed pharmacological information about DDIs. CONCLUSION: This study found there was an increase in the risk of dispensing a potential DDIs and higher pharmacist and pharmacy workload, and use of dispensing automation systems.

A35

PHP45
DID FDAMA SECTION 114 LEAD TO A DECLINE OF ECONOMIC-CONTENT DRUG ADVERTISING IN MEDICAL JOURNALS?
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OBJECTIVES: To quantify and characterize economic-content in pharmaceutical advertisements in leading medical journals from 1990–2003, and to determine if economic ads declined in journals after enactment of Section 114 of the 1997 Food and Drug Administration Modernization Act (FDAMA). METHODS: Two researchers reviewed all pharmaceutical advertisements in three leading general medical (New England Journal of Medicine, JAMA, and Annals of Internal Medicine) and three specialty journals (Circulation, Gastroenterology, Neurology) in three specified months each year for 2000 through 2003. Using a standardized data collection form, we investigated economic claims from 1990–2003, and to determine if economic ads declined after 1997 FDAMA Section 114, because that law encouraged such promotion in direct-to-managed care communications and signaled the FDA's growing vigilance over the area. RESULTS: Economic ads declined thereafter (test for trend: p = 0.0058). The frequency of economic ads peaked in 1997 at 16.2% and declined thereafter (test for trend: p = 0.0017), reaching a low of 6.3% in 2002. The presence of any supporting evidence for economic claims was similar in the 1990s and early 2000s.