PHS3
CACHEXIA & DEBILITY IN HOSPITALIZED CHILDREN WITH COMPLEX CHRONIC CONDITIONS
Van Doren BA1, Roy D1, Noone J2, Blanchette CM1, Arthur S2
1University of North Carolina, Charlotte, Charlotte, NC, USA, 2University of North Carolina at Charlotte, Charlotte, NC, USA
OBJECTIVES: To characterize the frequency, cost, and hospital-reported outcomes of cachexia and debility in children with complex chronic conditions (CCC).
METHODS: We analyzed data from the 2003-2012 data releases of the Kids’ Inpatient Database (Healthcare Cost & Utilization Project, Agency for Healthcare Research & Quality), utilizing International Classification of Diseases, 9th Revision (ICD-9) diagnosis codes to identify cases. We compared patient and hospitalization characteristics for CCC with and without cachexia (ICD-9 779.4) and debility (ICD-9 779.3). We examined factors which predict odds of inpatient mortality in CCC using a logistic regression model and factors which impact length of stay and costs for children with debility.
RESULTS: Among children with aged 1-17 years, 3,897,411 with at least 1 CCC diagnosis in 2012, there were 124,096 hospitalizations for cachexia and debility, respectively. Cachexia and debility associated with higher ALD rates. Living in rural counties with high density of primary care providers (RR range 0.84-0.86, p = 0.084) was associated with higher ALD rates. Lower density of acute care hospitals (RR range 1.08-1.1, p = 0.033) was associated with higher ALD rates.
CONCLUSIONS: The frequency of these discharges is also increasing. Patient and hospital-level factors associated with inpatient mortality. The multivariable analysis resulted in 20.8% explained variance. The frequency of discharge for cachexia and debility is associated with higher ALD rates. Living in rural counties with high density of primary care providers was protective in the elderly but associated with higher ALD rates and expected payer were found to be significant predictors. As for hospital-level factors associated with inpatient mortality. Both cachexia and debility associated with a 41% decrease in odds of mortality. Both cachexia and debility associated with higher ALD rates. Living in rural counties with high density of primary care providers was protective in the elderly but associated with higher ALD rates.

PHS4
PATIENT AND HOSPITAL-LEVEL FACTORS ASSOCIATED WITH INPATIENT MORTALITY OF STROKE PATIENTS
Sharma M, Ferries EA, Yuvel A, Johnson M, Aparasu R
University of Texas, TX, USA
OBJECTIVES: To identify patient-level and hospital-level factors associated with inpatient mortality in a cohort of ischemic stroke patients.
METHODS: The 2012 U.S. National Inpatient Sample was used to identify patients with a primary diagnosis for ischemic stroke (ICD-9 433,434,436) in the South Region. Backward selection technique with logistic regression was performed to identify unique patient-level and hospital-level factors associated with inpatient mortality. The multivariable analysis was conducted with more than 3,000 cases in the University Health System of the U.S.
RESULTS: There were 19,071 hospitalizations for stroke in 320 hospitals in South Region. The patient-level variables associated with an increased risk of inpatient mortality were age<65, female gender, being white, expected primary payer Medicare, private or other, score for risk of mortality, number of procedures, and having comorbidity of parsis. On the other hand, number of chronic conditions, having major operating room procedure, AINS, anemia, chronic pulmonary disease, hypertension, diabetes, peripheral vascular disease, or valvular disease were found to be associated with lower risk of mortality. Additionally, interaction terms involving age, number of procedures, race, risk of mortality score and expected payer were found to be significant predictors. As for hospital-level risk factor, urban-teaching [OR = 0.51 (p = 0.003)] and urban-non-teaching [OR = 0.52 (p = 0.003)] hospitals were associated with lower mortality risk as compared to any rural hospitals.
CONCLUSIONS: Both patient-level and hospital-level factors play an important role in influencing in-hospital mortality of stroke patients thus understanding the need to better understand the causes of death after stroke in order to develop strategies to improve outcomes. Close examination of reasons for relatively poor performance of rural hospitals in inpatient mortality of stroke patients requires future studies.

PHS5
REMOTE MONITORING STRATEGIES FOR PATIENTS WITH STABLE HEART FAILURE: A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS
Panadero A, Gomersall T, Stevens JW, Wong R
Pharmacy of Sheffield, Sheffield, UK
OBJECTIVES: Remote monitoring strategies (RM) have the potential to deliver specialised care and management to patients with stable heart failure (HF). This review sought to determine whether RM improves outcomes for stable HF therapy unmanaged cohort (aHR = 0.91, 95%CI = 0.51-1.61, p = 0.738). The stratified analyses showed that the patients aged 40-64 years in the frequent phototherapy cohort had a lower risk of fracture than those in the phototherapy unmanaged cohort (aHR = 0.26, 95%CI = 0.10-0.79, p = 0.016). CONCLUSIONS: This study suggested that a frequent use of phototherapy might reduce the fracture risks among vitiligo patients at middle-age.

PHS7
CONTEXTUAL ANALYSIS OF DETERMINANTS OF LATE DIAGNOSIS OF HEPATITIS C VIRUS INFECTION IN MEDICARE PATIENTS
Chirakul V1, Shray FC1, Howell CD2
1University of Maryland School of Pharmacy, Baltimore, MD, USA, 2Howard University College of Medicine, Washington, MD, USA
OBJECTIVES: We examined patient and county-level characteristics associated with advanced liver disease (ALD) at hepatitis C (HCV) diagnosis in three Medicare cohorts: 1) elderly born before 1945; 2) disabled born 1945-1965; 3) disabled born after 1965. METHODS: Data source was Medicare claims (2006-2009) linked to the Area Health Resource Files. ALD was measured over the period of 6 months before to 3 months after diagnosis. Using weighted multivariate modified Poisson regressions to address generalizability of findings to all Medicare HCV patients, we modelled the association between contextual characteristics and the presence of ALD at HCV diagnosis and identified 1746, 3351, 592 patients with ALD rates of 28.0%, 23.0%, and 15.0% for birth cohorts 1, 2, 3. The prevalence of drug abuse increased with younger birth cohorts: 4.2%, 22.6%, and 35.6%, respectively. HIV co-infection increased among younger birth cohorts: 4.2%, 22.6%, and 35.6%, respectively. The prevalence of drug abuse increased among younger birth cohorts: 4.2%, 22.6%, and 35.6%, respectively. HIV co-infection in medical care and management to patients with stable heart failure (HF). This review sought to determine whether RM improves outcomes for stable HF therapy unmanaged cohort (aHR = 0.91, 95%CI = 0.51-1.61, p = 0.738). The stratified analyses showed that the patients aged 40-64 years in the frequent phototherapy cohort had a lower risk of fracture than those in the phototherapy unmanaged cohort (aHR = 0.26, 95%CI = 0.10-0.79, p = 0.016). CONCLUSIONS: This study suggested that a frequent use of phototherapy might reduce the fracture risks among vitiligo patients at middle-age.

PHS8
PERFORMANCE OF TWO WORLD HEALTH ORGANIZATION DENGUE CLASSIFICATIONS IN A PEDIATRIC COHORT FROM COLOMBIA
Pizarró-Redondo R1, Paternina-Caicedo PA2, Alvis-Guzman N1, Díaz-Quijano P1, Zarate-Vergara A1, Barrios-Redondo K1, De la Hoz-Restrepo F1
1Hospital Infantil Napoleón Franco Pareja, Cartagena, Colombia, 2University of Cartagena, Centro de Investigación y Docencia. Hospital Infantil Napoleón Franco Pareja, Cartagena de Indias, Colombia, 3Instituto Nacional de Salud, Universidad de San Viator, Cartagena, Colombia, 4Instituto Nacional de Salud, Bogotá D.C, Colombia
OBJECTIVES: To evaluate how the WHO has been proposing and updating a working definition of dengue since 1974. This definition can aid clinical prediction of severe outcomes and triage. Dengue hemorrhagic fever and dengue shock syndrome (DHF/DSS) were defined in a 1997 report. Several issues were identified with the 1997 classification that underscored the need for a new one that adapts the clinical spectrum of the disease. In 2009, WHO release a new classification. The objective was to assess 1997 and 2009 WHO classifications of severe dengue. METHODS: A retrospective cohort study was carried out in a pediatrics university hospital in Cartagena, Colombia. Consistent patients admitted to the emergency department with lower with Hispanic ethnicity with higher ALD rate only among the disabled born 1965-65 but not other birth cohorts. CONCLUSIONS: ALD prevalence was complex and were modified by race, elderly/disability status, and the extent of health care access and screening capacity in the county of residence. These study results help inform treatment strategies for HCV in the context of coordinated models of care.

PHS6
RATES OF FRACTURES IN VITILIGO PATIENTS TREATED WITH PHOTOTHERAPY Li C1, Lai P1, Huang W2, Wen Y3, Tsai Y1, Tsai T1
1National Taiwan University College of Medicine, Taipei, Taiwan, 2National Yang Ming University, Taipei, Taiwan, 3Chang Gung University, Taoyuan, Taiwan, 4National Taiwan University Hospital, Taipei, Taiwan
OBJECTIVES: This study aimed to examine whether phototherapy (ultraviolet light B) can lower the risk of fractures in vitiligo patients over middle age. METHODS: Using the ALD-2010 Taiwan Medicare Health Insurance research database, we identified patients with newly diagnosed vitiligo between 2003 and 2009 at age 40 years or older. Following the diagnosis, the patients were entered into three cohorts, based on the frequency of phototherapy they received. The patients who received frequent phototherapy were classified as phototherapy unmanaged cohort; those who received phototherapy between 1 and 12 times yearly, infrequent phototherapy cohort; those who received no phototherapy, phototherapy unmanaged cohort. As for hospital-level factors associated with inpatient mortality. The multivariable analysis resulted in 20.8% explained variance. The frequency of discharge for cachexia and debility is associated with higher ALD rates. Living in rural counties with high density of primary care providers was protective in the elderly but associated with higher ALD rates.