OBJECTIVE: The prescription of prostate non-selective alpha-1 antagonists (terazosin, doxazosin, prazosin) may require extra health care visits for dose titration and for monitoring treatment safety and effectiveness. From a retrospective cohort study using Medicare claims data, we estimated the impact of alpha-1 antagonist initiation on health care use and costs for men with BPH. METHODS: Claims data from a two year period included medical and prescription drug information for 53,824 men with BPH. We compared men who initiated alpha-1 antagonists with a random sample of nonusers. Inpatient and outpatient costs were calculated as the sum of the Medicare paid amount, the Medigap co-pay amount, and the Medigap deductible amount. Comparisons used generalized estimating equation (GEE) or Poisson regression methods to estimate the change from four months pre- to four months post-initiation and an imputed date for non-users. This period coincided with the recommended time for treatment titration and a period of increased hypotensive event risk in this population. RESULTS: Adjusting for baseline health care use, age, and comorbidity, alpha-1 antagonist initiators had a mean of 4.2 more physician visits post-initiation than men who did not initiate among those who did not use other antihypertensives and 5.8 more visits among men who did use antihypertensives (p < 0.05). The corresponding adjusted difference in cost of physician visits was $176 per man for those who did not use other antihypertensives and $267 for those who did use other antihypertensives (p < 0.05). Initiation was also significantly associated with an increase of 0.15 hospital stays per 1,000 person-days among non-users of other antihypertensives and an increase of 0.24 hospital stays per 1,000 person-days among users of other antihypertensives. CONCLUSION: The increased number of physician visits, hospital stays, and physician visit costs post-initiation should be considered in cost-effectiveness analyses of BPH treatments.

OBJECTIVES: The risk of post-operative nausea and vomiting (PONV) following gynecological surgery remains high despite effective prophylactic medications. Thus, the objectives of this study were to determine if standardized orders for the prophylaxis and treatment of PONV in gynecological surgery patients: 1) reduce PONV occurrence; 2) reduce total costs; and 3) influence the choice of medications used for PONV prophylaxis and treatment. METHODS: A retrospective design was employed in which a random sample of 200 patients was selected from each of the two 6 month phases before (pre) and after (post) the implementation of standardized orders for PONV prophylaxis and treatment. The primary outcome was the occurrence of any PONV episode. Logistic regression was used to adjust for potential confounding factors. RESULTS: Characteristics were similar except for surgical and anesthesia length between phases. The proportion of patients receiving PONV prophylaxis increased from 31% (pre) to 47% (post, p = 0.002).