validation of final SPACE scores included clinical validity (against Harvey-Bradshaw score), concurrent validity (against Treatment Satisfaction Questionnaire for Medication (TSQM-12)), and internal consistency reliability (Cronbach's alphas). A total of 10,989 patients initiated treatment with anastrozole in the dataset. The ANCOVA model was used combining the HCV epidemiology data, and differences in the boceprevir efficacy in naive and treatment-experienced patients. The matched case-control study found that patients using cholinesterase inhibitors, for treatment of dementia, were more likely to receive anticholinergic spasmylotics.

**RESULTS:** A total of 703 patients (Italy: 224 [32%], Romania: 196 [28%], Greece: 125 [18%], UK: 72 [10%], Slovenia: 42 [6%], Sweden: 21 [3%], The Netherlands: 17 [2%], Denmark: 6 [1%]) were analyzed (98 out of 801 failed to meet entry criteria). Patient characteristics: mean (SD) age 30.7 (2.7) years, 55% Caucasian, 18% male, 76% combined ADHD subtype. Most prominent baseline comorbidities: oppositional defiant disorder (28%), anxiety (15%), dyslexia (20%), and other learning disorders (33%). Baseline medication: Stimulants (90%), methylphenidate, 49% long-acting methylphenidate), atomoxetine (9%), dextroamphetamine (19%), and other stimulants (6%). Baseline ADHD severity: 52% mild, 50% moderate, 1% severe. **RESULTS:** While a variety of treatment options are commonly used to treat UC flares, treatment patterns differ by physician specialty, even when adjusting for disease status. Further research is needed to understand how physician treatment patterns lead to different outcomes in order to improve UC management in the UK.