were received. Approximately 64% of the participants reported that they smoked in the past 24 hours and around 48% reported they smoked in the past 30 days. The average age of the respondents was 33.5 ± 11. Smoking within 30 days was found to be significantly associated with male gender (OR = 9.1; 95% CI = 2.75–30.12), Chinese nationality compared to Indian nationality (OR = 29.104; 95% CI = 3.522–240.531), smoking cessation program and educational programs targeting individuals who are males, married, and have smoker siblings. Also, smoking cessation program need to focus on individuals with friends who smoke. Smoking cessation programs must emphasize the importance of quitting on health benefits. Smoking cessation program was found to have higher likelihood of smoking, thus, there is a greater need for smoking cessation programs in China.

PHS15
Assessment of awareness regarding Hepatitis B among women in Abbottabad, KPK Pakistan

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OBJECTIVES: The primary focus of the study was to assess the awareness regarding Hepatitis B among women in Abbottabad Pakistan. METHODS: A quantitative approach was used to gain the understanding. The study took place in two hospitals from April 2014 to June 2014. 317 patients were participated in the study. Patients aged 15 years and above, and familiar with Urdu, Hindko and Pashto (languages of Pakistan), and pregnant women were included in the study. RESULTS: A total of 330 were interviewed and distributed with 150 patients were identified as Hepatitis B patients and the awareness of Hepatitis B symptoms was 84%. 95.3% of respondents were heard about hepatitis whereas 60% were unaware of its cause by virus. 63.1% knew about transmission of hepatitis via blood and blood product. Majority 80.5% of the respondents were aware of its transmission from mother to baby. 79.9% knew about transmission by un-sterilized syringes, needles and surgical instruments. Whereas 80.2% respondents were aware of its transmission by contaminated blood and blood products. CONCLUSIONS: The findings of this study in different age group indicate that Hepatitis B patients unaware of the disease's symptoms. Large percentage of patients knew about the transmission of the disease. Extensive health education campaigns should be provided to patients as well as in healthy population in both hospital and community settings. Physicians, pharmacists and nurses should play a role in developing a collaborative care model to provide education to the patients. Empowering the patients will be helpful in disease control as well as in the further spread of HBV to the healthy population.

PHS16
Prevalence and Burden of Alpha-1 Antitrypsin Deficiency among Hospitalized COPD Patients in the US

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OBJECTIVES: We studied the time-trends. Race was categorized as White and Black. Utilization rates were calculated for the U.S. general population per 100,000. Hospital length of stay, discharge disposition and mortality after TAA were assessed. We used the Cochran-Armitage trend test to assess time-trends from 1998 to 2011 and chi-square test to compare TAA utilization. We used analysis of variance or chi-square test to compare the characteristics of Whites and Blacks undergoing TAA and logistic regression to compare mortality, length of stay and discharge to home vs medical facility

RESULTS: The mean ages for Whites undergoing TAA were 62 years and for Blacks was 52 years. Significant racial disparities were noted in TAA utilization rates ($100,000) in 1998, 0.14 in Whites vs. 0.07 in Blacks (p < 0.0001; 2-fold) and in 2011, 1.17 in Whites vs. 0.33 in Blacks (p < 0.0001; 4-fold). Racial disparities in TAA utilization increased significantly from 1998 to 2011 (p < 0.0001). There was a trend towards statistical significance in the length of hospital stay in Blacks vs. Whites (52.9% vs. 44.3% with length of hospital stay higher than the median; p = 0.08). Differences in the proportion of patients discharged to an inpatient medical facility after TAA, 16% Blacks vs. 13% Whites, were not significant (p = 0.47)

CONCLUSIONS: This study demonstrated significant racial disparities with lower TAA utilization and suboptimal outcomes in Blacks as compared to Whites. Blacks are more likely to be covered by Medicare (57% vs 72%, p < 0.0001), and as a result, may be more likely to be hospitalized for COPD exacerbations. Racial disparities in TAA utilization may be related to the study of the media- tors of these disparities and to assess whether these mediators can be targeted to reduce racial disparities in TAA.

PHS17
Racial disparities in total ankle arthroplasty utilization and outcomes

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OBJECTIVES: To study the racial disparities in total ankle arthroplasty (TAA) utilization and outcomes. METHODS: We used the Nationwide Inpatient Sample (NIS) to study the time-trends. Race was categorized as White and Black. Utilization rates were calculated for the U.S. general population per 100,000. Hospital length of stay, discharge disposition and mortality after TAA were assessed. We used the Cochran-Armitage trend test to assess time-trends from 1998 to 2011 and chi-square test to compare TAA utilization. We used analysis of variance or chi-square test to compare the characteristics of Whites and Blacks undergoing TAA and logistic regression to compare mortality, length of stay and discharge to home vs medical facility

RESULTS: The mean ages for Whites undergoing TAA were 62 years and for Blacks was 52 years. Significant racial disparities were noted in TAA utilization rates ($100,000) in 1998, 0.14 in Whites vs. 0.07 in Blacks (p < 0.0001; 2-fold) and in 2011, 1.17 in Whites vs. 0.33 in Blacks (p < 0.0001; 4-fold). Racial disparities in TAA utilization increased significantly from 1998 to 2011 (p < 0.0001). There was a trend towards statistical significance in the length of hospital stay in Blacks vs. Whites (52.9% vs. 44.3% with length of hospital stay higher than the median; p = 0.08). Differences in the proportion of patients discharged to an inpatient medical facility after TAA, 16% Blacks vs. 13% Whites, were not significant (p = 0.47)

CONCLUSIONS: This study demonstrated significant racial disparities with lower TAA utilization and suboptimal outcomes in Blacks as compared to Whites. Blacks are more likely to be covered by Medicare (57% vs 72%, p < 0.0001), and as a result, may be more likely to be hospitalized for COPD exacerbations. Racial disparities in TAA utilization may be related to the study of the mediators of these disparities and to assess whether these mediators can be targeted to reduce racial disparities in TAA.

PHS18
Prevalence and Burden of Ankle Injuries in North Carolina Emergency Departments

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OBJECTIVES: In the US, an estimated 2 million ankle injuries occurred in 2012 costing $4.5 billion, associated with approximately 1.6 million physician office visits and 600,000 emergency room visits. Racial disparities and the prevalence and burden of ankle injuries in North Carolina emergency departments. METHODS: Using a cross-sectional study of the 2010 NC Emergency Department Database, we identified ankle injury patients based on the ICD-9-CM codes associated with lateral and non-lateral ankle injury (medial, high, and unknown). Frequencies and percentages for patient demographics were compared using bivariate statistics. Multivariable analysis was used to associate injuries with factors associated with ankle injury, while adjusting for confounding, including a generalized linear model for charges and logistic regression for use of X-ray. RESULTS: The study contained a sample of 35,729 patients including 32,651 (91%) lateral and 3,078 (9%) non-lateral ankle injury patients. 19% of patients were females below 35 years of age, representing higher proportion of ankle injury emergency room visits than males. Older patients are more likely to receive X-rays but are associated with lower charges because of Medicare coverage. Further research is required to understand cost drivers in both groups.

PHS19

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OBJECTIVES: To examine trends and characteristics of US emergency department psychiatric admissions with a focus on avoidable care. METHODS: A cross-sectional study was conducted using ED discharge level data from the 2006-2011 Nationwide Emergency Department Sample (NEDS), Healthcare Cost and Utilization Project (HCUP). Our study sample included any ED visit associated with an International Classification of Diseases-9th-Clinical Modification (ICD-9-CM) diagnoses codes for major psychiatric disorders: Schizophrenia, Intellectual Disability, Anxiety Disorders, Bipolar Disorder, Depression, Substance Use Disorders, Attention Deficit Hyperactivity Disorder/ Attention Deficit Disorder, and Autism Spectrum Disorders. Bivariate analyses (chi-square tests) and multivariate analyses (logistic and ordinary least square regressions) were used to examine the trends of ED use. All analyses were conducted using SAS v9.4 and adjusted for complex survey design and weights. RESULTS: 10% of the pooled sample (NEDS 2006-2011) had at least 1 psychiatric ED visit. Majority of the pooled sample was visits associated with female gender (58%), age 22-64 years (69%), and with public health insurance (55%). Nearly 40% of psychiatric ED visits led to a hospitalization. The prevalence of psychiatric ED visits significantly increased (p < 0.001) by almost 1.5 times from year 2006 to 2011 (13.6 to 19.9%) as compared to non-psychiatric ED visits (16.1% to 17.1%). Major significant (p < 0.001) increases within psychiatric ED admissions were observed for visits associated with age 22-64 years, outpatient ED visits, major diagnostic/therapeutic procedures, trauma level hospitals, a public health insurance payer, and the South region. The inflation adjusted average total charges for outpatient ED visits ($3,022) as compared to inpatient ED visits ($28,382 to $31,278) also increased significantly (p < 0.001) over the 6 year period. CONCLUSIONS: Our study indicates that psychiatric ED visits are growing substantially. With the increasing prevalence of psychiatric disorders in the US, the burden of such ED visits are also expected to increase.

PHS20
Burden of Disease of Hepatitis C in Colombia

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