flurazepam, zolpidem or zaleplon, trazodone, and diphenhydramine commonly used to treat individuals with a complaint of insomnia. Patient level weights were utilized to derive US national population estimates. Given the complex stratified survey design, Rao Scott and Wald Chi-square tests were used to assess statistically significant differences within groups.

RESULTS: For all patients taking a medication commonly used to treat sleep complaints, psychiatrists were more likely to prescribe trazodone (54%), while family/general practice physicians (29%), general internists (35%) and other specialists (28) were more likely to prescribe zolpidem or zaleplon. Those 65 years and older were more likely to be prescribed zolpidem or zaleplon (30%) and younger patients were most often prescribed trazodone (70%).

CONCLUSION: Newer sleep agents such as zolpidem or zaleplon are the most commonly prescribed medication across the majority of physician-types. This study provides an important descriptive look at those who are taking medications commonly used to treat sleep disorders.

PNL35

USING PATIENT REPORTED OUTCOMES (PROs) TO DETERMINE THE PREVALENCE OF INSOMNIA IN FOUR COUNTRIES
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OBJECTIVE: To utilize international patient reported outcomes (PROs) data and identify the size and impact of patient populations suffering from insomnia/sleep difficulty in four countries: United States, UK, France, and Germany. METHODS: An annual, self-reported study of consumer attitudes and behaviors conducted by Consumer Health Sciences was fielded in June, 2004 and completed by 60,050 adults, 18 years of age or older in the United States (40,736), UK (8393), France (9011), and Germany (9064). We stratified and weighted the sample by key demographics. All respondents were asked if they experienced insomnia or sleep difficulty within the past 12-months and if they had their condition physician diagnosed. Respondents also completed the SF-8 and the WPAI. RESULTS: Of the 374.0 million adults in the four countries examined, 27% (101.8 million) reported to have experienced insomnia/sleep difficulty in the previous 12-months. The number of insomnia/sleep difficulty sufferers in the United States is 53.2 million, 51% of total number of sufferers, while the number of insomnia/sleep difficult sufferers in the UK, France and Germany combined is 48.6 million adults, 49% of total number of sufferers. Diagnosed insomnia/sleep difficulty sufferers in the UK have the lowest SF-8 Mental health score: 39.2 and the lowest SF-8 Physical health score: 37.9 (p < 0.05). The percentage of insomnia/sleep difficulty sufferers who missed work due to their health 26% or more of the time was highest in France: 25.5% and lowest in the United States: 12.7% (p < 0.05).

CONCLUSIONS: Insomnia/sleep difficulty remains a significant health care issue for adults in the United States, UK, France and Germany. The impact that insomnia/sleep difficulty has on the quality of life and productivity of adults warrants further investigation for public policy makers and health care officials.

RESPIRATORY DISORDERS

PRS1

PULMONOLOGISTS’ PERCEPTIONS OF ANEMIA IN COPD: A SURVEY
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OBJECTIVE: To understand the hemoglobin (Hb) thresholds Pulmonologists (PULs) use to assess anemia severity in COPD.

METHODS: A survey was conducted to identify Hb thresholds representing presence and severity of anemia in COPD.

RESULTS: One hundred PULs completed the survey at a specialty society meeting in 2004. All were either board-certified or eligible in Pulmonary Medicine. Forty-seven percent have been in practice for <5 years, with 30% and 23% in practice for 5–15 years and >15 years, respectively. The vast majority (86%) see almost exclusively adult patients, 41% of the responders follow <250 patients, while 41% see 250–1000 and 12% see >1000 patients with lung disease. Responders estimated that COPD accounts for 49% of their lung disease patients, followed by asthma (24%), lung cancer (13%) and obstructive sleep apnea (13%). Only 21% of the PULs considered anemia to be Hb ≤12g/dL. Furthermore, 37% of the responders considered Hb ≤10g/dL to represent only mild anemia. Hb ≤9g/dL was identified by 47% to represent moderate anemia, while Hb ≤8g/dL was deemed to represent severe anemia by 75% of the responders.

CONCLUSIONS: Despite the accepted WHO definition of anemia (men, Hb < 13g/dL; women, Hb < 12g/dL), the majority of PULs surveyed do not consider anemia to be present in COPD patients until the Hb is <11g/dL, and a substantial number consider a Hb <10g/dL as only mild anemia. Results of this survey suggest that PULs may not recognize mild anemia which could lead to severe anemia and other complications.