Abstracts

Framingham 10-year high risk cohort was more likely to be defined among less educated, unmarried, overweight/obese people reporting higher numbers of comorbidities, poorer general health, and higher use of public insurance.

EFFECT OF NICOTINE GUM PRICE ON MEDICATION ACQUISITION AND SMOKING CESSATION IN AN OVER-THE-COUNTER SETTING

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OBJECTIVES: The objective of this study was to evaluate the effects of nicotine gum price changes on medication acquisition and smoking abstinence within an over-the-counter setting. METHOD: Adult smokers (N = 270) were randomized to acquire nicotine gum from a study clinic for $20/box, $10/box, or without charge. They were then followed up at 2, 6, and 12 weeks after their initial gum purchase. At each time point, several outcomes related to smoking status and medication acquisition were used to model the number of acquired boxes of nicotine gum as a function of intervention group, time of follow-up, and the interaction of these two factors. Smoking abstinence was modeled separately at each time point using exact multiple logistic regression. All effectiveness analyses were performed by intent to treat. RESULTS: The mean (SD) number of boxes of gum acquired prior to the 2-week visit was 1.04 (1.21), 1.53 (1.48), and 4.01 (2.26) in the $20/box, $10/box, and $0/box arms, respectively. The mean (SD) number of boxes acquired over the course of the study was 2.11 (3.89), 3.48 (6.69), and 11.42 (12.72) in the $20/box, $10/box, and $0/box arms, respectively. Differences were characterized by progressive, partially reversible, airway obstruction. CONCLUSIONS: This is the first study to demonstrate in an OTC setting that the price of nicotine replacement therapy has an effect not only on medication acquisition but also on medication effectiveness. Price was also observed to have a deleterious effect on subject retention.

TRIPLE THERAPY FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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OBJECTIVES: Chronic obstructive pulmonary disease (COPD) is characterized by chronic inflammation throughout the airways, parenchymal, and pulmonary vasculature. Three classes of inhaled drugs are prescribed for the treatment of moderate-to-severe COPD: anticholinergic bronchodilators, beta agonist bronchodilators and corticosteroids. Each of these three classes can be used alone or in combination. The objective of this study was to determine the clinical effectiveness of triple therapy for the management of moderate-to-severe COPD. METHODS: A systematic literature search was conducted to identify randomized controlled trials of ≥3 months duration, evaluating triple therapy in patients with moderate-to-severe COPD. The criteria for inclusion were: trials comparing triple therapy to placebo, published in English, included ≥200 patients, randomized, double-blind, parallel design, ≥3 months duration, evaluating triple therapy in patients with moderate-to-severe COPD. RESULTS: The search identified 2305 trials, of which 4 were randomized controlled trials of ≥3 months duration, evaluating triple therapy in patients with moderate-to-severe COPD. The mean (SD) number of boxes of gum acquired prior to the 2-week visit was 1.04 (1.21), 1.53 (1.48), and 4.01 (2.26) in the $20/box, $10/box, and $0/box arms, respectively. Differences were characterized by progressive, partially reversible, airway obstruction. CONCLUSIONS: This is the first study to demonstrate in an OTC setting that the price of nicotine replacement therapy has an effect not only on medication acquisition but also on medication effectiveness. Price was also observed to have a deleterious effect on subject retention.

INCIDENCE RATE AND MAJOR CAUSES OF PROLONGED MECHANICAL VENTILATION IN TAIWAN: A POPULATION-BASED STUDY DURING 1997-2007

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OBJECTIVES: This study determined the incidence rate, cumulative incidence rate (CIR) and cluster of diagnosis in the patients under PMV (prolonged mechanical ventilation). METHODS: The reimbursement data of National Health Insurance of Taiwan was transformed into a research database by the National Health Research Institutes, in which there were 8,906,406 people who ever used mechanical ventilation between 1997 and 2007. A random sample of the absolute population with 3:4 ratio ratio provided a database of 2,619,534 subjects under mechanical ventilation for more than 21 days. The incidence rates, cumulative incidence rates and prevalence were calculated and their characteristics were explored by data mining and cluster analysis. RESULTS: A total of 50,481 new PMV patients were found during the study period with a mean age of 72 years. The age specific incidence rates showed an increased trend as the age grew old. The highest annual incidence rate of PMV in people who were older than 85 years increased from 1,182 to 2,584 per 100,000 between 1998 and 2004, and then decreased 2,046 per 100,000 in 2007. The CIR (17-85 years) increased from 0.103 to 0.183 between 1998 and 2004, and then declined to 0.145 in 2007. The respiratory system or urinary tract, or cardiovascular diseases affecting lung. The latent class model yielded 3 clusters in patients older than 85 years: septicemia, symptoms involving cardiovascular and chronic bronchitis, asthma and chronic obstructive bronchitis. The annual incidence rate of PMV in people who were older than 85 years increased from 1,182 to 2,584 per 100,000 between 1998 and 2004, and then decreased to 2,046 per 100,000 in 2007. The CIR (17-85 years) increased from 0.103 to 0.183 between 1998 and 2004, and then declined to 0.145 in 2007.