To characterize patterns of pharmacologic care for the treatment of moderate-to-severe psoriasis. METHODS: Using 10 years (June 1, 1997 to July 31, 2007) of Florida Medicaid administrative claims, we identified the first documented psoriasis diagnosis (“index diagnosis”) among adult (aged ≥18 years) enrollees. “Targeted treatments,” those FDA-approved for psoriasis by June 30, 2006, were oral systemic biologics, cyclosporine, methotrexate and biologics (infliximab, etanercept). Patients in “active treatment” received ≥2 of the same targeted treatment within 45 days during the year following index diagnosis. RESULTS: Among 3,137,110 adult enrollees, 7,751 (0.24%) received an index diagnosis of psoriasis. Of these, 173 (2.3%) patients received active treatment; they were predominantly female (67.6%) and Caucasian (50.3%). There were 54 (3.2%) patients aged 18–39 years, 81 (46.7%) aged 40–59 years, and 38 (22.0%) aged 60 years. Among those actively treated, 63.6% (1,107/1,730) received oral systemic treatments (4.3% [227/1,730] acitretin, 3.0% [51/1,730] cyclosporine, 3.7% [63/1,730] methotrexate), and 54.1% (91/173) biologics [0% (0/173) alfaetep, 0.6% (1/173) efalizumab, 59.9% (88/173) etanercept]. Mean (SD) doses were: acitretin 26.6 (11.0) mg/day, cyclosporine 130 (61.0) mg/day (equiva- lent to 1.5 and 1.7 mg/kg/day for average males and females in the United States, respectively), methotrexate 17.5 (14.7) mg/week, and etanercept 67.2 (26.6) mg/week; alfaetep and efalizumab had insufficient data for analysis. Median doses were: acitretin 25 mg/day, cyclosporine 100 mg/day (equivalent to 1.1 and 1.3 mg/kg/day for average U.S. males and females, respectively), methotrexate 14.7 mg/week, and etan- ercept 49.7 mg/week. Eighty-one percent of patients received acitretin ≥5.2 mg/day, 67.2% methotrexate ≤100 mg/week, 72% etanercept ≤17.5 mg/week, and 54.5% etanercept ≤50 mg/week. CONCLUSIONS: Although the number of treat- ments for moderate-to-severe psoriasis is burgeoning, little is known about patient characteristics and patterns of care within a “real world” setting (i.e., absent clinical research protocol requirements).

CROHN’S DISEASE TREATMENT PARADIGM
Waters HC1, Bolge SC2, Freedman D3, Pech CT4
1Centroir Ortho Biotech Services, LLC, Horsham, PA, USA; 2Consumer Health Sciences International, Princeton, NJ, USA
OBJECTIVES: This study aimed to understand patterns of treatment in patients with CD, including the initiation of treatment and changes of regimens over time.
METHODOLOGY: Cross-sectional data were collected via the Inflammatory Bowel Disease (IBD) Study Project during Q3 2008. Study participants were recruited from an Internet panel, and were reported to have physician-diagnosed IBD. Survey responses included deidentified data from 500 patients with CD. RESULTS: A total of 500 patients with CD completed the survey. Nearly half (43.5%) reported being diagnosed within a year of experiencing symptoms, and another 20.4% were diagnosed within 1–2 years. Most patients presented with moderate (36.2%) or severe (45.6%) disease at diagnosis. More than half (56.8%) began drug treatment within a month of diagnosis. When evaluating treat- ment patterns, 79.6% of patients used more than one treatment, and most changed to their second treatment within one year. Steroids (52.0%) and 5-amino salicylic acids (34.0%) are the most common initial treatment options. Immunomodulators and biologic agents are often initiated as first line therapy, but their use increases with the number of treatments. More than half of patients (50.3%) had the dose of their initial treat- ment increased, but increasing dose becomes a less common strategy for future treatment. Paradoxically, as the number of treatments increase, the number of patients experiencing surgery and reporting severe disease decreases. CONCLUSIONS: The majority of CD patients are diagnosed and treated within a year of experiencing symptoms. Multiple treatments are common, with self-reported disease severity decreasing with an increase in the number of treatments, especially when immuno- modulators and biologics have been utilized. Research identifying the most effective treatments that control disease and decrease surgery, and the optimal time when they should be used during the natural course of the disease, is needed.

IMPACT OF DIFFERENT WEIGHT CONTROL MEASURES TAKEN BY STUDENTS ON THEIR WEIGHT
Ingalls A
University of Kentucky, Lexington, KY, USA
OBJECTIVES: Body Mass Index (BMI) is useful to estimate the overall health in comparison with the person’s weight and height. BMI can be influenced by the different weight control behaviors like exercise, drinking more water, eating low fat food etc. The purpose of this project is to analyze various weight control measures tried by the students and their impact on students’ weight. The study attempts to investigate their preferences among the weight control behaviors based on gender. METHODS: The data is taken from a survey that was conducted by Health Behavior in School-Age Children (HBSC) during the years 2001-2002 on 11 to 15 years old school going children. The dataset is prepared and a sample with 2000 observations is selected for the analysis. The variables under study are BMI, COMP/Gender and the group of differ- ent weight control measures. The bar graphs are plotted for each weight control behavior against Gender and BMI, COMP to understand the association between the different weight control measures that are employed by the students and their recorded BMI. COMP: Kernel Density Estimator is generated using SAS code node for better visualization and to enable the comparison between the different weight control mea- sures. RESULTS: Exercise, drinking more water, eating more fruits and vegetables are very effective and most popular among the students. Girls tend to skip meals more than boys, while more boys undertake exercise to control weight. Surprisingly the least favored measures like vomiting, fastening, using pills are adopted by more number of girls than boys. CONCLUSIONS: Obesity in early adolescence is a serious health issue all over the globe. It is very important to teach children to choose proper methods to control weight. This project gives useful insights on the different perspectives of girls and boys in choosing the right weight control strategy.

REVENUES FROM VENDED BEVERAGES IN WEST VIRGINIA PUBLIC SCHOOLS
Blake KB1, Harris CV2, Bradlyn AS2, Moore LC3, Abdissa L4, Coffman J1
1O'Hara Tompkins N, Purkey M, Chapman D, Kennedy K, Blower K
2West Virginia University, Morgantown, WV, USA; 3West Virginia University, Charleston, WV, USA; 4West Virginia Department of Education, Charleston, WV, USA
OBJECTIVES: Increasingly, childhood obesity has become a major concern across the United States, with West Virginia (WV) having the third highest rate in the nation. Recent legislation in the state has attempted to combat this problem, partly by limiting the availability of unhealthy beverages in school vending machines. The purpose of this study was to assess current availability of vended beverages and importance and allocation of associated revenues. METHODS: Questionnaires were administered to principals (96%) of all public schools in WV, the instrument included questions regarding location and contents of vending machines accessible to students and the use of vending revenues. RESULTS: A total of 586 (84%) principals responded, and 228 (39%) indicated vending machines were available at their schools (15.3% of elemen- tary schools, 77.8% of middle/junior high schools, and 96.6% of high schools). Seventy-three percent of principals in schools with vending machines indicated that revenues were somewhat or very important to the school’s overall budget. This differed significantly by school level (p < 0.001), with more high schools indicating importance than middle or elementary schools. Forty-one percent of principals reported annual vending revenues of less than $1000, 35% reported revenues from $1000 to $4999, and 24% reported revenues of $5000 or more. Revenues also differed significantly by level, with high schools reporting higher annual revenues than middle or elementary schools. (p < 0.001). Although significant concerns were voiced about the impact of the legislation on vending revenues, more than 80% of principals reported that reve- nues remained stable or showed little impact. CONCLUSIONS: Revenues from vended beverages and other competitive foods are often important to the school’s overall budget. Principals’ concerns about declining revenues can be an impediment to policy change designed to improve the school nutrition environment. Our prelimi- nary data indicate revenues need not be reduced by limiting unhealthy beverages.