ing task with five trials and an interference list (55 new words – List B) read to the subject after the fifth trial of List A. The original RAVLT also included a recall trial following the interference list to examine the impact of different methodological choices on study results. We proposed that antidepressant class, the translation process (RAVLT into US Spanish), and the selection of translation pairs of recall lists and six recognition lists. METHODS: For the recall words, a direct translation, in collaboration with a speech therapist and a neuropsychologist, was recommended, with frequency of use similar to the original as well as word length, in which subjects are asked to identify List A words from a larger list of words (FAE). If appropriate, assess the impact on study results using meta-regression. METHODS: A Medline search was conducted up to October 2011, restricting to English and human literature. The MeSH term “antidepressive agents,” was combined with MeSH terms for spontaneous abortion, preterm birth(PB), birth weight, small for gestational age, and post-neonatal death. We added relevant articles from refer- ence lists of reviews and included studies. We proposed that antidepressant class, type of data source, adjustment for maternal depression, exposure definition, du- ration and timing, and adjustment for more than three covariates would impact study results. Cochran’s Q statistic was used to test for heterogeneity of results. When heterogeneity existed, meta-regression using a random-effects model was performed to examine the impact of different methodological choices on study results. Meta-regression is a regression analysis in which each study is a unit of observation and the effect estimate is regressed on study characteristics. RESULTS: Of 33 studies included, we found differences in the definition of FAE, data sources, and covariates adjusted. Thirteen studies focused on selective serotonin reuptake inhibitors. Five studies defined exposure as one prescription of antidepressant during pregnancy versus 13 studies required FAE for at least one trimester. Premi- nancy information services, birth registries, and referrals from hospitals/clinics were the most common data sources. Only 10 studies adjusted for maternal de- pression. Cochran’s Q was only significant for PB. Meta-regression showed that adjusting for maternal depression covariates significantly (p<0.02) impacted pooled odds OR (95% CI:1.27-5.64) for studies with 3 or more covariates versus 1.82(95% CI:1.43-2.29) for studies with 2. CONCLUSIONS: Methodological variations can make pooling of observational studies inappropriate. Consistency of study methodology should be assessed be- fore combining studies even if heterogeneity were absent.

SYSTEMIC DISORDERS/CONDITIONS – Clinical Outcomes Studies

PSY1 HOSPITALIZATION COSTS ATTRIBUTABLE TO OBESE PATIENTS WITH ADVERSE DRUG EVENTS IN US HOSPITAL FOR 2001-2009 Lee SW1, Choi I2, Yi NY1, Kim YH1, Suh DC1
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OBJECTIVES: To estimate hospitalization costs attributable to obesity (CAO) in pa- tients with adverse drug events (ADE) in the US hospital. METHODS: The study used the Nationwide Inpatient Sample (NIS) of the Healthcare Cost and Utilization Project (HCUP) from 2001 to 2009. The NIS includes sampling weight and design variable for generating national representative estimates. ADEs were defined as poisoning due to inappropriate uses or medication errors, and an adverse drug reaction. The cost to charge ratios were applied to estimate hospitalization costs using the hospital charge. The recycled prediction method was employed to esti- mate CAO. This method estimated parameters by running a generalized linear model with negative binomial distribution and gamma distribution of hospital costs on all the study variables. CAO was defined as the differences between the predicted mean hospitalization costs for obese patients with ADE and the predicted mean hospitalization costs for obese patients with ADE. RESULTS: A total of 26,345 AE reports in 2009, including 24,166 (67%) for anti-TNF, 6,164 reports for anti-TNF/ MTX and 2,867 for anti-TNF/corticosteroids. There was an increased frequency for a range of anti-TNF-associated AEs among those patients who were receiving a combination of anti-TNF plus corticosteroid and an even greater increase in pa- tients taking the three drug combination (anti-TNF/MTX/corticosteroid). The major reported AEs associated with anti-TNF are infections, complications, cancer, risk, death, and hospitalization outcome, neurological and cardiovascular pathology. CONCLUSIONS: There is a significant risk of AE associated with anti-TNF and the proportion of AEs may be higher if patients received combination therapy with MTX or corticosteroids. It is important to have a drug safety sentinel for unknown AEs associated with anti-TNF agents.

PSY4 PREVALENCE OF AUTOIMMUNE DISEASES AND OTHER COMORBIDITIES IN PATIENTS WITH PSORIASIS IN THE UNITED STATES Zhang F1, Guerin A2, Gauthier C2, Day R2, Khan Z1
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OBJECTIVES: To estimate the comorbidity burden of patients with PsA, with a particular focus on autoimmune diseases. METHODS: In a large US representative administrative claims database (2004-2008), we identified adult patients with ≥2