a Psoriasis Patient Support Group (APLCP). The CES-D, a short self-report scale composed of 20 items, is a questionnaire designed to measure DS in the general population. The CES-D is widely used in epidemiological surveys on large populations. The PDI is a questionnaire specific for psoriasis patients. RESULTS: Two hundred ninety-seven questionnaires were returned (June 2002): response rate 39.6%. The sex ratio Men(M)/Women(W) was 47/53. Mean age: 48.8 years. Mean age of diagnosis: 26.3 years. The average to the total PDI score was 10.3 (sd: 7.7 rank 0 to 39) i.e 22.8 (sd: 17.10) when reported to a scale of 0 to 100. Significant difference was observed between W and M for the global handicap score 24.53 vs 19.87 p < 0.02. Two groups were identified: flare-up of psoriasis (49.5%), psoriasis not in flare-up (48%)—no answers (2.5%)—Psoriasis had a greater affect on patients with episode: PDI score = 24.9 (sd: 17.02) than patient without episode: PDI score = 20.27 (sd: 16.91). This difference was significant (p < 0.05). In the studied population, 44.6% of the patients reported DS (CES-D+) whereas 55.4% did not (CES-D−). In CES-D+ patients the PDI score = 30.98 (sd: 18.28) was higher than the score in CES-D-patients: PDI-score = 16.43 (sd: 13.97). This difference was significant (p < 2.10–11). CONCLUSION: Patients in a current flare-up of psoriasis are more affected and feel more disabled in their daily life (higher disability score and higher frequency of DS) compared to patients without episode. Patients with DS (CES-D+), reported an higher impact of their psoriasis on their quality of life (PDI score 30.98 versus 16.43).

**PMH58**

**COLLEGE STUDENTS AND STRESS: WHAT IS THE CONNECTION? A HUMANISTIC OUTCOMES ASSESSMENT**

**White A1, Xiao H2**

1Florida A & M University, Tallahassee, FL, USA; 2Florida A&M University, Tallahassee, FL, USA

**OBJECTIVES:** Studies show that 43% of all adults suffer adverse health effects from stress. Stress is linked to six of the leading causes of death. Results of the Brief Hassles study showed that younger people deal with hassles (stress) in different ways than older adults. While daily hassles tended to really upset those aged 25 to 39, “boomer” types aged 40 to 59 were more likely to shrug them off. This has prompted increased interest in how specific age groups handle stress. Therefore, the objectives of this study are to determine the top three stressors for college students and to explore how different demographics (race, age, gender, classification, and income) affect those stressors. **METHODS:** Items for the questionnaire were obtained from the Brief College Student Hassles Scale (BCSFS), Erindale College University of Toronto. Students responded to a Likert-type scale that ranged from 1 (never) to 5 (extremely often) and ranked stressors in terms of frequency and the extent to which they were bothered by the stressor. The sample consisted of 122 students in pharmacy school at Florida A & M University. Means, correlation, and regression were conducted using SPSS. **RESULTS:** The top three stressors for college students were parking problems, exams, and schoolwork. Demographics had a significant affect on stressors (p < .05). Results of the regression analysis showed that for males income was a good predictor of the variation in parking problems (p = .042) and that for males age was a good predictor of the variation in exams (p = .006). There was a positive relationship shown between gender and weight/dietary management (p = .007). There was a negative relationship shown between age and appearance of self (p = .021). **CONCLUSIONS:** There is a connection between demographics and stress. Through increased awareness the University’s Counseling and Health Center can identify at risk groups and issues to target.

**RESPIRATORY DISEASES/DISORDERS—Clinical Outcomes/Healthcare Policy**

**PRP1**

**THE IMPLEMENTATION OF NEW TREATMENT GUIDELINES IN ASTHMA BY HEALTH CARE PROVIDERS**

**Mehta R, Cady P**

Idaho State University, Pocatello, ID, USA

**OBJECTIVE:** The purpose of this study was to evaluate the implementation stage of the innovation-decision process by observing the adoption of new asthma treatment guidelines (1997) in a social system, i.e. recipients of the Idaho Medicaid program. **METHODS:** Paid claims for inpatient, outpatient and pharmacy services during the period of 1994 through 2000 were collected. To be included in the study, the patient must have received at least one prescription for an inhaled b2-agonists. Since the therapy guidelines for patients under the age of five years are slightly different they were excluded from the study. Patients classified under Chronic Obstructive Pulmonary Disorder (COPD) were excluded from this study. Chi-Square test was used to observe statistical difference for categorical variables. Level of significance was adjusted with the Bonferroni method to avoid the possibility of rejecting the null by chance alone. **RESULTS:** A total of 14,458 unique patients met the inclusion criteria. Percent of patients on appropriate therapy (using more than 4 short acting inhaler in 3 months or any long acting inhaler_AND using anti-inflammatory medications) increased from 52.8% in 1994 to 69.2% in the year 2000. Chi-square analysis revealed a significant relationship between year and whether or not a patient was on appropriate therapy (c2 value = 227.582, p < 0.001). The percentage of male patients on appropriate therapy increased from 57% in 1994 to approximately 75% in the year 2000, for female patients on appropriate therapy increased from almost 50% in 1994 to 66% in the year 2000 (Bonferroni adjusted p-values for each year <0.007).
CONCLUSIONS: The new treatment guidelines were implemented on more patients by year 2000. More males were found to be on appropriate therapy than females.

DEVELOPMENT OF A PROSPECTIVE, NON-RANDOMIZED PATIENT REGISTRY TO MEASURE REAL-WORLD CLINICAL, ECONOMIC, AND HUMANISTIC OUTCOMES

Perry BM1, Legorreta AP2, Darin RM1, Pendergraft TB2, Chernicoff HO1, O’Connor RD4
1Health Benchmarks, Inc, Woodland Hills, CA, USA; 2UCLA, Los Angeles, CA, USA; 3GlaxoSmithKline, Research Triangle Park, NC, USA; 4UCSD, San Diego, CA, USA

OBJECTIVES: Randomized clinical trials (RCTs) are the gold standard for determining efficacy of pharmaceutical treatments, but findings from RCTs are often difficult to translate into real-world (non-randomized) environments. This observational registry was designed to identify real-world outcomes among asthma patients receiving various treatments for asthma. The registry protocol mirrored a previous RCT and was designed to provide confirmatory evidence for generalizability of prior research findings. METHODS: Four hundred eighty-four physicians from 13 states, including the west, central, northeastern, southeastern and midwestern areas of the U.S., were recruited and trained in registry procedures. Patients were eligible if they were 15 years or older and required a change in asthma control therapy as determined by their physician during a regularly scheduled office visit. No recruitment was allowed to protect the observational status of the registry. Asthma Control Questionnaire (ACQ), Asthma Quality of Life Questionnaire (AQLQ), medication satisfaction, and productivity end point data have been obtained from baseline and will be obtained from 1-month, 3-month, 6-month and 1-year surveys. Utilization and cost data for inpatient, outpatient, emergency room, and prescriptions will be obtained from the individual’s health insurance claims data. RESULTS: Eighty-one percent of physicians were general internists, and 19% were allergists or pulmonologists. Sixty-seven percent of all physicians had no previous research experience. Over 1400 patients entered the registry during the enrollment period (01/2002–12/2002). Baseline characteristics were well balanced across the four cohorts despite lack of randomization. Analysis of baseline self-reported ACQ and AQLQ individual questions identified no statistically significant differences between cohorts. Follow-up survey results will be reported in future analyses. CONCLUSIONS: Non randomized registry studies can complement RCTs by providing an ample well-balanced sample size that is representative of real-world practice and makes available rapid feedback on clinical and economic outcomes.