During a hospital admission but little is known about the characteristics of those not receiving a drug prescription (DP). The aim was to assess independent patient’s factors related to a non-DP during admission. A retrospective observational study including all patients admitted in a teaching hospital during 2010. Exclusion criteria: direct admission at the Intensive Care Unit. Data collected: patients with and without a DP, demographics, programmed or urgent admission, Charlson (0-27), length of hospital stay, type of drug prescription (DRG) (medical or surgical), DRG weight, readmission, mortality. Statistical analysis: Univariate analysis were performed, using Chi-Square test, Fisher exact Test and Mann-Whitney U test. A binary logistic regression was applied to identify independent factors of the model was chosen with the area under the ROC curve (AUC).

RESULTS: Patients: 16,485. Included: 15,750. Without a DP: 1,822 (11.6%). Univariate: Patients with and without a DP: Age: 55.40 (+24.6) vs 23.70 (+29.8)(p<0.001); Male: 6830(49.0%) vs 972(53.3%)(p<0.001). Urgent admission: 5,183(37.2%) vs 1,354(73.2%)(p<0.001); Charlson (0-27): 7,725(51.5%) vs 5,510 (0.001). LOS: 8.26 vs 1.56 (p<0.001). DRG weight: 1.79 (+2.0) vs 0.84 (+1.55)(p<0.001); Readmission: 3.78(6.2%) vs 194(10.6%)(p<0.001); mortality: 383(7%) vs 742(6.7%)(p=0.675). Independent factors related to non-DP: age < 18 years (OR: 4.38, CI95%: 4.172-5.592, p<0.001); Charlson 0 (OR: 1.625, CI95%. 1.372-1.925, p<0.001); LOS < 2 days (OR: 13.711, CI95%: 11.701-16.066, p<0.001), medical DRG: (OR: 2.772, CI95%: 2.354-3.264, p<0.001). AUC: 0.917 (CI95%. 0.910-0.924, p<0.001). CONCLUSIONS: Paediatric population, an urgent admission, a low comorbidity status, a short LOS and patient factors were independent factors related to hospital admission. These patients could be managed in an ambulatory setting, what would help to reduce the economic burden in hospitals.

PHP175 ECONOMIC PERFORMANCE AND EPIDEMIOLOGICAL TRANSITION IN MEXICO Reyes-Lopez A Mexican Children Hospital, Mexico City, Mexico

OBJECTIVES: To analyze the relationship between the economic performance and the epidemiological transition in Mexico for the period from 1985 to 2008. METHODS: Data on Gross State Product (GSP) per capita and Gross Domestic Product (GDP) per capita were drawn from both unofficial and official sources, while mortality data by causes were extracted from vital statistics. Causes of death were classified into communicable and non-communicable diseases, excluding cancer because of the infectious etiology of some types of cancer. The epidemiological profile at state level was measured by dividing the mortality rate by communicable diseases by the mortality rate by non-communicable diseases. So a value greater than one of this ratio reveals a predominance of communicable diseases and hence an epidemiological lag. Scatter plots and correlation coefficients were used to analyze the data. RESULTS: Throughout the study period a negative correlation was observed between the GDP per capita and the mortality rate by communicable diseases, while a positive correlation was observed between the GDP per capita and the mortality rate by communicable diseases, while a positive correlation was observed between the GDP per capita and the mortality rate by communicable diseases while a positive correlation was observed between the GDP per capita and the mortality rate by communicable diseases. In contrast, LTPA had no impact on the rate of change in HRQL. Among women, higher BMI categories had little impact on baseline HRQL, and no significant impact on the rate of change in HRQL as men aged. Among women, higher BMI categories were associated with significantly lower baseline HRQL. However, BMI had no impact on the rate of change in HRQL. In contrast, LTPA had significant impact on the rate of change in HRQL in women who were inactive or sedentary having much steeper declines in HRQL as they aged, as compared to individuals who were active in their leisure time. This was true for both men and women, regardless of BMI category. CONCLUSIONS: The results underscore the importance of LFTA in shaping trajectories of HRQL.

PHP176 SOCIOECONOMIC INEQUALITIES CONCERNING THE SELF-RATED HEALTH STATUS IN GREECE: A COMPARATIVE ANALYSIS OF POST-CRISIS EFFECTS Kyriopoulou H1, Zavras D, Pavli E, Kyriopoulou J National and Kapodistrian University of Athens, Athens, Greece

OBJECTIVES: To examine the socioeconomic inequalities concerning the self-rated health status in 2006 and in 2011. Thus, a comparison between the findings will highlight the changes concerning this topic in times of economic crisis. METHODS: The research is based on cross-sectional surveys conducted in 2006 and in 2011, and the sample size was 4003 and 6569 respectively. Moreover, a randomly stratified sampling was applied in both cases, which took into account the age, the state of residence and the socioeconomic status. Initially, the self-rated health status was measured with a Likert scale (1: very bad, 2: bad, 3: moderate, 4: good, 5: very good). However, it was dichotomized into two major scales (0: very bad, bad and moderate, 1: good and very good), in order to facilitate the methodology. Afterwards, the Concentration Index (Ranking Variable: Income) was estimated at 0.08 in 2006. The same procedure was repeated in 2011, and the new Concentration Index was approximately 0.07. CONCLUSIONS: Despite the fact that the small positive values of this index (which approximate the zero) do not indicate important inequalities, there are some key conclusions concerning these findings. Specifically, it is noteworthy that the high-income people seem to have a lower risk of bad and very bad self-rated health. However, the small positive values of this index (which approximate the zero) do not indicate important inequalities.

PHP177 EVALUATION OF PRESCRIBING PRACTICES OF CLINICIANS IN GOVERNMENT TEACHING HOSPITAL IN PAKISTAN Akhtar M, Ahmad M, Ahmad I The Islamia University of Bahawalpur, Bahawalpur, Punjab, Pakistan

OBJECTIVES: Irational prescribing is a usual practice in developing countries like Pakistan. To analyze the prescribing pattern including both the layout of prescriptions and types of drugs prescribed by the doctors in a government teaching hospital in Pakistan. METHODS: Prescriptions (n = 830) from a government teaching hospital were collected randomly over a period of three months and evaluated retrospectively. The data were analyzed to assess the quality of prescription including both the layout and the types of drug prescribed following the guidelines of WHO. RESULTS: The assessment of prescriptions in terms of layout showed that 17% of the prescriptions was inadequate. 41% of the prescriptions were without the age of the patient which includes 23% of pediatric prescriptions. Thirteen percent (13%) of medicines were prescribed with their uncommon abbreviated names. The average numbers of drugs per prescription were found to be 3.57. Seventy seven percent (77%) of the drugs were prescribed with their generic names. Polypharmacy was the norm, with more than half (53.9%) of the prescriptions containing at least 3 medicines. Eighteen percent (18%) of prescriptions contained medicines belonging to three or more pharmacological classes and 33% of analgesics/antipyretics. Penicillins, Cephalosporins, Quinolones Metronidazole and Tetracyclines were commonly prescribed antimicrobials, respectively. The high-priced antimicrobials were frequently prescribed without culture and sensitivity studies. CONCLUSIONS: This study concludes that quality of prescriptions in terms of layout and content of the drugs prescribed is inadequate requiring continued medical education. To enhance the legibility computer generated prescriptions should be promoted.