pmh71

health care resource utilization (hru) and direct medical expenditures (dme) for adult women with anxiety disorders (ad) in the united states in 2006 using medical expenditures panel survey (meps)

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objectives: estimate hru and dme for adult women with ad. methods: a retrospective cross-sectional case-control design using 2006 meps. females > 17 years who reported ad were selected. a control group was created using propensity score matching. the data was fitted to poisson (p), negative binomial (nb), zero-inflated poisson (zip), and zero-inflated negative binomial (zinb) models. a plot of residuals was examined and the plot closest to zero was selected as the best-fitting model. to calculate the hru attributable to ad, the unadjusted mean number of visits for those without ad was multiplied by the regression coefficient for ad from the multivariate regression minus the unadjusted mean number of visits for those without ad. to estimate dme, a generalized linear model (glm) was estimated with a park’s test to select the appropriate variance function after which the incremental expenditure was calculated by the method of recycled predictions. all analyses incorporated the meps sampling and variance adjustment weights to ensure nationally representative sample. all the component expenditures were summed and multiplied by the number of females who reported ad in 2006 to get the national estimate of direct medical expenditures. results: the annual number of inpatient, emergency room, outpatient, and office based visits attributable to ad were 3.03, 0.30, 0.34, and 4.34 respectively. there were 0.05 home health days and 8.47 prescriptions including refills obtained by adult women with ad. the estimated national annual direct co associated with ad among adult women was $26.52 billion. this was calculated by multiplying the per-person total incremental medical expenditures associated with ad and the number of female adults (2,143,190). the prevalence of ad (12,374,189). results: inpatient, outpatient, and office based expenditures, with no impact on ambulatory care expenditures. introduction. switching was prevalent in 16% of the children and adolescents. analysis of the new extended-release formulation of venlafaxine (effexor xr®) has risen exponentially, and this new formulation was 8 times more prescribed than its predecessor in 2009. after 2008, two new snris (pristiq® and savella®) were marketed, but their market shares were still very small at the end of 2009. in total, Medicaid spent $159 million and $169 million for venlafaxine and duloxetine, respectively, for 1.1 and 1.2 million prescriptions. the price of venlafaxine has increased over time (the price in 2009 was almost 3 times the price in 1998). utilization of the new extended-release formulation of venlafaxine (effexor xr®) has risen exponentially, and this new formulation was 8 times more prescribed than its predecessor in 2009. after 2008, two new snris (pristiq® and savella®) were marketed, but their market shares were still very small at the end of 2009. in total, Medicaid spent $342 million for 2.2 million prescriptions for snris in 2009. the snris as a class represented 20% of total Medicaid reimbursement for antidepressants and antidepressants at the end of 2009. conclusions: increased utilization may be due to multiple approved indications. very little price competition is observed between brands or brand agnostic venlafaxine.

pmh75

psychiatric morbidity and burnout among hospital physicians and nurses: association with perceived job-related factors

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objectives: to evaluate psychiatric morbidity and burnout among physicians and nurses of a general hospital in central italy, examining the association with perceived job-related factors. methods: anonymous postal survey mailed to 155 physicians and 216 nurses of a general hospital in central italy, examining the association with perceived job-related factors. results: the association between job-related factors, psychiatric morbidity and burnout, controlling for demographic factors. results: questionnaires were returned by 155 physicians and 216 nurses (overall response rate 45%). estimated prevalence of psychiatric morbidity was 25% among physicians and 36.9% among nurses. burnout on the emotional exhaustion scale affected 38.7% of physicians and 46.4% of nurses. correlation between emotional exhaustion and psychiatric morbidity was higher in physicians than in nurses (r = 0.75 vs. 0.36). the likelihood of psychiatric morbidity among physicians was significantly higher in nurses who agreed that the unit’s head (or = 4.21, 95%ci 1.2-15.1, p = 0.027), insufficient managerial ability of the unit’s head (or = 3.45, 95%ci 1.2-10.1, p = 0.023), unsatisfactory communication (or = 5.30, 95%ci 1.6-17.6, p = 0.006). among nurses, psychiatric morbidity was associated with insufficient ability of the unit’s head to solve conflicts, insufficient decisional power in relation to responsibilities, insufficient economic rewards, and insufficient career possibilities, working in similar job-related factors were associated also with emotional exhaustion. conclusions: psychiatric morbidity and burnout were relatively high, particularly among nurses. specific job-related factors were associated with psychiatric morbidity and burnout. more research on this topic is important for the well-being of hospital staff and the quality of patient care.

pmh76

pharmacist and pharmacy staff knowledge and attitudes towards suicide and suicide prevention after a national va training program

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objectives: to evaluate us department of veterans affairs (va) training in suicide prevention on pharmacists’ and pharmacy staff’s knowledge of and attitudes...