tions for both patients and providers, yet has received little attention since Part D went into effect. Our objective was to determine the impact of Medicare Part D on MA enrollment. METHODS: State-level data from the Centers for Medicare and Medicaid Services (CMS) were used to calculate overall Medicare enrollment (including dual eligibles), enrollment in managed care plans, and enrollment in MA plans with drug coverage (MA-PDs) and stand-alone prescription drug plans (PDPs) from January 2003–June 2006. States were classified as having low, medium, or high penetration based on tertile of penetration for the first quarter of 2003 (1Q03). The effect of Part D on managed care enrollment penetration in states with low, medium, and high penetration was assessed using linear regression. RESULTS: Nationwide, MA penetration increased from 14.0% in 4Q05 to 15.3% in 2Q06. MA penetration significantly increased following the implementation of Part D, but only in states which had low Medicare managed care penetration prior to Part D (p < 0.05). CONCLUSION: New MA enrollees living in areas that historically had little experience with managed care may face interruptions in health care or difficulties accessing care, at least initially. CMS should carefully monitor the health care patterns of new MA enrollees to ensure that beneficiary health is not compromised.

PATIENT GENDER AND ASSOCIATED MEDICATION ADHERENCE IN AN OLDER POPULATION WITH CHRONIC DISEASES
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OBJECTIVES: Medication nonadherence is an important problem in older populations, and is affected by numerous factors. The aim of this study was to examine the relationship between gender and medication adherence in older adults with chronic diseases. METHODS: A longitudinal cohort study was conducted in older adults (aged >65 years) who completed a health status assessment and were enrolled in a health maintenance organization. The study sample included patient cohorts with four major chronic diseases. Medication Possession Ratio (MPR) was used as a measure of medication adherence in Type 2 Diabetes Mellitus (n = 775 patients), asthma (n = 129 patients), and overactive bladder (OAB) (n = 275 patients). Persistence rate was used as the measure of medication adherence in glaucoma (n = 268 patients). RESULTS: For glaucoma patients, males had a significant 0.111-point (22.2% increase over mean) decrease in medication persistence (p < 0.05). In male asthma patients, there was a similar 0.13-point (38% increase over mean) decrease in medication adherence as measured by the Med-Total score (p < 0.05). A 0.0051-point increase (0.8% increase over mean) in MPR was found in male patients receiving continuous antidepressant pharmacotherapy (p > 0.05). In male OAB patients, there was a 0.023-point increase (6% increase over mean) in MPR for antidepressant medications (p > 0.05). CONCLUSION: This study found significant but unexplained associations between male gender and decreased medication adherence in glaucoma and asthma patients. No significant adherence differences were found between males and females for Type 2 diabetic and OAB patients. This suggests that gender can be a predictor of medication adherence but this effect varies depending on which chronic disease the patient suffers from. Further study of these gender differences is warranted in order to improve medication adherence and aid in disease intervention.