PIH24

EVALUATION OF THE AMERICAN (U.S.A.) VERSION OF THE ENDOMETRIOSIS HEALTH PROFILE (EHP-30)

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OBJECTIVES: Health status instruments, which measure the subjective functioning and well-being of respondents, are increasingly being used in international, multi-centre trials of new treatments. If the results of such trials in different countries are to be pooled, it is vitally important for researchers to know how comparable the instruments are across cultures. In this study, we evaluated response rate, data quality, score reliability and scaling assumptions of the thirty item Endometriosis Health Profile (EHP-30) in the USA. METHODS: Data were obtained from a multi-centre study which recruited 225 patients from 43 clinic sites in the United States of America. It was a randomized, evaluator-blinded, Phase III study. In the evaluation of the EHP-30 reported here the two groups (Depot Medroxyprogesterone Acetate and Leuprolide Acetate) are combined, and analyses are based on data gained at baseline. Questionnaires were self completed by patients when they visited the clinics. RESULTS: Data completeness was very high with 97.33% of respondents completing all the items on the EHP-30. Furthermore, there were no more than a maximum of two missing responses for any given item. No floor and ceiling effects were found for any of the dimensions of the questionnaire. Internal consistency reliability was high for all dimensions (alpha ranged from 0.84–0.91). The psychometric properties of the instrument, outlined in the development of the UK version, are supported in the American context. CONCLUSIONS: The data presented here suggest that the EHP-30 is a valid and reliable measure that can be appropriately and meaningfully used in studies that include respondents from the USA.

PIH25

PSYCHOMETRIC PROPERTIES OF THE OXFORD WORRIES ABOUT LABOUR SCALE (OWLS)

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OBJECTIVES: Pregnancy represents a significant major life experience and a major rite of passage encompassing physiological and psychological change, as well as social adjustment and adaptation. This study reports the measurement characteristics of a short (9-item) multi-dimensional measure of worry concerning labour and birth, the Oxford Worries about Labour Scale (OWLS-9) and the use of the measure in a large scale study of women's experience of care. METHODS: Data were collected from a UK national survey of women's experiences of maternity care (n = 2960). Exploratory factor analysis, convergent validity analysis, convergent validity analysis and internal consistency approaches were used to evaluate the psychometric properties of the tool. RESULTS: Exploratory factor analysis revealed three sub-scales embedded within the instrument. The three sub-scales assessed specific concerns: labour pain and distress, pre-labour uncertainty and interventions. Good divergent and discriminant validity was revealed for each sub-scale. The labour and distress sub-scale score was found to be significantly associated with both self-reported 'baby blues' and postnatal depression were found to be significantly associated with the labour and distress sub-scale score. CONCLUSIONS: These findings suggest that the three sub-scales can be utilised as independent self–report measures or the OWLS-9 may be used as a full-scale instrument. The OWLS-9 and OWLS sub-scales offer a valuable and clinically useful measure of birth and labour worry within the context of a short and acceptable self-report questionnaire.

PIH26

HEALTH RELATED QUALITY OF LIFE AMONG PARENTS WITH CHILDREN DIAGNOSED WITH A NEURO-DEVELOPMENTAL DISORDER

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OBJECTIVES: To examine and evaluate predictors of health related quality of life (HRQOL) among parents with children diagnosed with a neuro-developmental disorder compared to the typical US population. METHODS: A non-experimental cross-sectional exploratory field study design was employed. Parents of children aged 3–18 years diagnosed with a neuro-developmental disorder and registered at schools for children with developmental disorders were requested to complete out a self administered questionnaire. HRQOL was studied using the short form (SF-12v2) general health status survey which measures physical and mental well being. Parenting stress and child behavioral characteristics were assessed using the parenting stress index and the Columbia impairment scale, respectively. One-sample t-test, stepwise regression was performed to evaluate HRQOL and study the predictors. RESULTS: A total of 150 surveys were collected from 4 schools (response rate 26.54%). The mean (SD) age of the sample was 45.67 (6.39) years and majority were mothers (84%) and married (90%). Reliability of the physical component summary (PCS = 0.85), mental component summary (MCS = 0.84), and total stress (0.81) was high. MCS (41.10 (8.21) p < 0.0001) obtained for the study sample was significantly lower but then, significant high scores for the PCS (54.90 (10.31) p < 0.0001) were reported compared to normative sample. HRQOL domains MCS (r = −0.53 p < 0.0001) and PCS (r = −0.06 p < 0.05) were found to be negatively associated with parenting stress domain. Regression analysis indicated that total stress (β = −0.23 p < 0.0001), functional impairment of child (β = −4.11 p = 0.02) and relationship with the child as a mother

(β = −4.08 p = 0.02) predicted MCS. Parental chronic disease (β = −4.40 p = 0.001) and parental age (β = −1.76 p = 0.04) were found to predict PCS. CONCLUSIONS: Parents with children diagnosed with a neuro-developmental disorder had lower MCS than the general US population. Their HRQOL was associated with the high levels of stress and severity of the functional impairment of the child.

INDIVIDUAL'S HEALTH – Health Care Use & Policy Studies

PIH28

THE IMPACT OF MEDICARE PART D ON OUT-OF-POCKET DRUG EXPENDITURE OF THE ELDERLY

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OBJECTIVES: To examine the impact of Medicare Part D on out-of-pocket drug expenditures (OOPDE) in different socio-economic groups. METHODS: Health and Retirement Study data based on a nationally representative sample (2006) were used. Subjects <67 years were excluded so that subjects analyzed had ≥2 years Medicare coverage. Champus or VA beneficiaries were also excluded. Subjects were asked whether their "out-of-pocket costs for prescription drugs went up, went down, or stayed the same" as a result of the Part D program, which is the dependent variable in the analysis. Multinomial logistic regression (MLR) models were applied. Age, gender, race, insurance type, logged household income, logged non-housing financial wealth, number of chronic diseases, and logged total out-of-pocket medical expenditure in the previous 2 years (OOPME) were independent variables. Potential collinearity between OOPME and the other variables, and its implications were investigated. RESULTS: N = 1067. The MLR analysis demonstrated that having a greater number of chronic diseases was associated with increased OOPDE (p = 0.01). Greater OOPME (p < 0.01) and being White (p = 0.03, vs. Hispanic) were associated with decreased OOPDE. According to the collinearity investigation, greater OOPME were related to being female, White (vs. Hispanic, Black or other races), Medicare-only (vs. subjects with additional insurance), and wealthier. Consequently, a MLR was run without OOPME. In addition to number of chronic diseases (associated with increased OOPDE, p = 0.01), we found that being female (p = 0.02), White (vs. Hispanic (p < 0.01), or Black (p = 0.03)), Medicare-only (vs. +Medicaid (p < 0.01)), and wealthier (p = 0.03) were associated with decreased OOPDE. CONCLUSIONS: Having more chronic diseases was associated with increased OOPDE. Those populations (identified above) with higher OOPME before Medicare Part D were more likely to benefit by lowering their OOPDE. This suggests the importance of policy makers considering the financial burden of older adults who have a greater number of chronic diseases.

PIH30

THE DETERMINANTS OF LIFE EXPECTANCY IN EASTERN MEDITERRANEAN COUNTRIES: AN ANALYSIS OF WORLD HEALTH ORGANIZATION (WHO) DATA

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OBJECTIVES: The aim of this study was to assess production functions of health by measuring the various socioeconomic and expenditure factors that determine life expectancy in Eastern Mediterranean nations. METHODS: Data were taken from the World Health Organization Statistical Information System (WHOSIS) and CIA World Factbook from 1995–2006. The region of interest consisted of 21 countries. A total of eleven covariates were included in the analysis with total (population) life expectancy being the primary outcome. Lifestyle factors, expenditures (government and private), demographics, and mortality and burden of disease were assessed for cumulative effects on life expectancy. A random-effects regression model was used for analysis with a 95%CI, while observing between and within-effects among nations. RESULTS: Statistically significant variables at the p < 0.05 level included: GDP, death rate, infant mortality rate, total fertility rate, life expectancy of female, incidence of tuberculosis, and time, which showed to have significant cumulative effects on total life expectancy. Between country-effects were statistically significant at the p < 0.05 level for infant mortality rate and life expectancy of female. All other variables showed no statistical significance, indicating that few between-effects exist among countries from the list of selected covariates. Within-effects yielded slightly different results: death rate, total fertility, life expectancy of a female, incidence of tuberculosis, and time were significant at p < 0.05. Due to the high statistical significance of within-effect covariates, future research may be directed toward looking at different regions and cities within a country as opposed to between countries. CONCLUSIONS: Health expenditure determinants had no significant association with total life expectancy in Eastern Mediterranean countries. Demographic, risk factors, and prevalence of disease variables showed statistical significance and were the largest predictors of life expectancy in the Eastern Mediterranean region.

PIH31

A STUDY OF THE EFFECT OF MEDICAID COVERAGE ON CHILDREN'S HEALTH

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OBJECTIVES: Children currently make up nearly half of Medicaid enrollees. While the impact of Medicaid coverage on the use of medical care has been extensively

examined, few studies have addressed the impact of Medicaid on children's health and schooling. This paper reports estimates of the effect of Medicaid enrollment on children's school absenteeism. Schooling is a particularly important outcome because it influences children's productivity and earnings as adults. **METHODS:** I use panel data from five years of the Medical Expenditure Panel Survey to estimate the impact of Medicaid enrollment on the number of school absences in reduced form and structural equation models. The structural model includes equations for children's medical care use, health status, and school absences. Econometric methods employed include instrumental variable techniques, fixed effects estimation, and coarsened exact matching. **RESULTS:** I find that children with Medicaid coverage have significantly more doctor visits, doctor visits are significantly associated with better health, and children in better health miss significantly fewer days of school. **CONCLUSIONS:** I conclude that Medicaid enrollment significantly reduces school absences.

PIH32

HEALTH CARE ACCESS AND UTILIZATION AMONG UNITED STATES ADULTS BY CENSUS REGIONS

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OBJECTIVES: This study contributes to our knowledge by examining current estimates of health insurance coverage, doctor visits and usual place of care among adults aged 20 years and older in the 4 US census regions. **METHODS:** Cross-sectional observational study design. Analysis of nationally representative data collected from adults aged 20 years older participating in the Behavioral Risk Factor Surveillance System (BRFSS) 2008 (N = 399,041) and the National Health Interview Survey (NHIS) 2008 (N = 21,281). **RESULTS:** Among adults in the South census region (81 million), 18.4% lack health insurance (age-adjusted), significantly higher than the 11.5%, 12.5%, and 16.6% from the Northeast, Midwest, and West, respectively. Among men aged 20 to 39 years, the uninsured rates are 21.3% in the Northeast, 22.9% in the Midwest, 27.6% in the West, and 29.5% in the South (p < 0.001 for differences with the South). The West has a significantly higher proportion of adults who have no usual place of health care than the South (24.9% vs. 21.5%), respectively. Thirteen percent of women in the Western census region have not seen a doctor in the past year, significantly higher than Southern women (10.7%). Eye doctor visits in the past year are significantly lower in the South (36.1%), than in the Northeast (41.2%) and the Midwest (41.7%). **CONCLUSIONS:** Health care access and utilization rates are generally lower in the South and West census regions. Effective approaches are needed to increase access and reduce health care utilization disparities among the census regions.

PIH33

PREDICTION OF DEPRESSION IN LATE PREGNANCY

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OBJECTIVES: Screening for and identification of maternal psychological distress during the course of pregnancy and in the months following birth continues to be an area of concern for health care professionals. This study explores the predictive potential of early self-report antenatal markers of third trimester depression and retention in the research programme in a cohort of 148 women. **METHODS:** Women were recruited during first trimester booking appointment (14 weeks) and followed prospectively to 31 weeks pregnancy. Measures at baseline included self-report reaction to pregnancy, anxiety (Hospital Anxiety and Depression Scale; HADS), depression (Edinburgh Postnatal Depression Scale; EPDS), self-esteem (Culture-Free Self-Esteem Inventory version 2; CFSEI-2), worry (Cambridge Worry Scale; CWS) and marital status. The EPDS was completed again at 31 weeks gestation. **RESULTS:** Regression analysis revealed first trimester reaction to pregnancy and self-esteem to be major predictors of both level and occurrence of depression in the third trimester. Anxiety and depression in the first trimester did not predict depression in the third trimester. Marital status was observed to be a significant predictor of retainment in the study. Those participants who dropped out of the programme had significantly lower self-esteem than those completing both observation points. **CONCLUSIONS:** These results provide evidence for the significant predictive potential of assessing reaction to pregnancy and self-esteem in early pregnancy to anticipate manifestation of depressive symptomology in late pregnancy. Further evaluation of these domains in clinical screening practice is suggested. Disengagement from clinical research programmes in pregnancy is associated with low self-esteem.

PIH34

DRG 237: SPRAINS, STRAINS, & DISLOCATIONS OF THE HIP, PELVIS, & THIGH

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OBJECTIVES: To examine, analyze, and interpret data that correlate with data concerning hospital admissions for DRG 327. Furthermore, we examine variables and controls that come into play when dealing with sprains, strains and dislocations of the hip, pelvis, and thigh area. **METHODS:** The data that were analyzed for DRG 237 were taken from the KID (KID's Inpatient Database) for 2006. KID stands for Kids' Inpatient Database, and is a hospital administrative database. SAS was used to analyze the data using various statistical techniques to predict various outcomes. The data were compared to various patient demographics and specific icd9 codes that allowed us to analyze and predict the various variables involved with the specific DRG.

RESULTS: After analyzing the data, it seems that most cases that deal with sprains and strains around the hip and pelvis area are mainly from youth from the age of 2–20 years old. These types of sprains and dislocation to the hip and pelvis area are also very common in athletes because they are using their hip, pelvis, or thighs on a regular basis. There were 299 cases of either sprains or strains to the hip, pelvis and thigh region and out of those 299 cases, there were 0 deaths. **CONCLUSIONS:** The majority of cases for DRG 237 are a result of athletic or work related activities for these areas that are used on a daily basis for the various everyday activities a person goes through. The death mortality rate for these injuries is very low and reported zero cases for the year 2006. Length of stay was attributed to how sever the patient case was and did not amount to a very long hospitalization stay which in turn lowered the total charges attributed to the patient for DRG 237.

PIH35

IMPACT OF PREVENTIVE TREATMENT WITH TITRATED DRY CRANBERRY EXTRACT IN A PATIENT SUFFERING FROM RECURRENT CYSTITIS

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OBJECTIVES: Cystitis is one of the most common bacterial infections in women. Cystitis is acute or chronic bladder inflammation. It manifests itself by a frequent desire to urinate, accompanied by a burning sensation when passing urine. To evaluate the impact of preventive treatment of patients suffering from recurrent cystitis with titrated dried cranberry extract. **METHODS:** Pragmatic, longitudinal and prospective follow-up carried out by Urologists within the framework of their everyday professional activities. **RESULTS:** A total of 120 patients with a mean age of 53.3 ± 18.9 years were enrolled by 43 urologists throughout France. These patients were monitored for 7 months (median) by the urologist. 5 symptoms were evaluated every three weeks by the patient: frequency, urgency of urination, burning sensation on urination, inability to empty the bladder completely, sensation of heaviness in the lower abdominal area. These symptoms were also graded by the patient according to the intensity experienced multiplied by the frequency. On enrolment, the scores for each symptoms were 6.4; 6.6; 5.3; 3.1; 4.2 respectively. The overall score was 27.6 According to data collected by the patients, the overall symptom score fell significantly (p < 0.001) between enrolment and 6 months of treatment. At 6 months (24 weeks of treatment) the score for each symptom was 2.1; 2.6; 1.8; 0.8 and 1.2 respectively, therefore the overall score was 9.2. The overall score progression is significant (p < 0.0001), and in addition the progression of each symptom is also significant. The prevalence at 6 months is 27.8% (versus 98.3%) at enrolment. **CONCLUSIONS:** Recurrent cystitis generally requires prophylactic antibiotic medication for several months. The initiation of such treatment should take into account the worrying increase in antibiotic resistance. The prevalence of urinary problems in subjects with recurrent cystitis was reduced by 3 after six months of treatment with dried titrated cranberry extract (98.3% versus 27.8%).

PIH36

BILLING PATTERNS FOR THE TREATMENT OF HYPOACTIVE SEXUAL DESIRE DISORDER

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OBJECTIVES: Hypoactive sexual desire disorder (HSDD) is characterized by persistent/ recurring deficiency of sexual fantasies or thoughts, and/or the absence of desire for sexual activity. Clinicians may experience challenges in treating HSDD as no therapy, neither pharmacologic nor psychotherapeutic, has proven to be effective. Given these challenges, the current analysis compared billing patterns for diagnoses of HSDD relative to diagnoses for depression and anxiety. **METHODS:** Using ICD-9-CM coding, outpatient claims for HSDD (302.71), depression (296.2x, 296.3x, 300.4, 309.1, 311, v79.0) and anxiety (293.84, 300.0x) were evaluated using the 2008 Marketscan® Commercial Claims and Encounters Databases from Thomson Reuters. Claims were included in the analysis if one of the three conditions was the only diagnosis listed; claims were aggregated at the CPT level. **RESULTS:** Evaluation and management, psychotherapy, laboratory/pathology, and drug injection codes comprised 94% of all outpatient claims billed with an HSDD diagnosis, 84.6% of all outpatient claims billed with a depression diagnosis and 88.9% of all outpatient claims billed with an anxiety diagnosis. The majority of visits for HSDD were for laboratory/ pathology (56.7%) while only a fraction of these visits were observed for depression or anxiety claims (4.8% and 8.2% respectively). Face-to-face encounters with clinicians were the leading visit type for depression or anxiety diagnoses (79.8% and 80.6% respectively); these occurred less frequently for HSDD diagnoses (33.4%). Average reimbursement for HSDD was significantly lower than for visits for anxiety or depression ($46.63, $74.84 and $74.89 respectively). **CONCLUSIONS:** The differences in the types of visits reported for women with HSDD relative to those for women with depression or anxiety reflect noteworthy differences in the treatment of these patient groups. The lack of approved pharmacological treatments for HSDD and indications that psychotherapy for HSDD has only proven to be minimally effective may be a driver of these differences.