controls based on age, gender, and hospital region. RESULTS: The 2006 NIS contained a total of 15,748 unweighted hospital inpatient stays with pulmonary surgery, 2,412 of which included an air leak and 13,336 were non-air leak stays. Patients with pulmonary surgery stays including an air leak were older than those patients without an air leak (61.5 yrs vs. 60.2 yrs; p = 0.0002), were less likely to be from the Northeast (17.3% vs. 21.52%, p < 0.0001) and more likely to be from the South (44.9% vs. 41.9%, p = 0.0010). Multivariate regressions (N = 15,748) yielded incremental LOS, total charges and odds of in-hospital mortality due to the presence of an air leak of 3.5 days (SE = 0.15), $14,272 ($1,198.2), and +26.0% (95% CI:-0.34%, 64.2%), respectively. The 1:1 case-control matching approach (N = 2,364 matched pairs) yielded differences in LOS, total charges and odds of in-hospital mortality of 3.6 days (0.14), $14,011 ($1,207.8) and +17.2% (−0.17%, 66.2%), respectively. CONCLUSIONS: In evaluating differences in health outcomes in a U.S. hospital inpatient database, adjusting for covariates using a matching scheme yielded only a modest impact vs. multivariate regression analysis.

SYSTEMIC DISORDERS/CONDITIONS – Clinical Outcomes Studies

PSY1

CONCORDANCE IN PATIENT REPORTED MEASURES OF OPIOID-RELATED SIDE EFFECTS COLLECTED FROM CHECKLIST VERSUS OPEN-TEXT FORMAT QUESTIONS

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OBJECTIVES: Compare two different formats—checklist and open text— of questions soliciting opioid-related side effects (OSEs) with respect to the proportion of patients reporting OSEs and the number of OSEs reported. METHODS: Data from Day 3 assessment of the oxycodone IR users registry (OUR), an ongoing, prospective, multicenter registry of patients age 18–85 with acute episodes of non-malignant pain requiring treatment with oxycodone IR for >5 days were used. Patients who completed two types of OSEs assessments on Day3 were included in the analysis. The first assessment is in an open-text format allowing for identification of up to 7 symptoms. The second is in a checklist format listing 14 symptoms along with questions about the frequency and degree of distress associated with each. Correspondences between patient responses solicited through the two different formats were examined using descriptive statistics. Interim data were used for the current analysis. The entire registry patient population will be analyzed in early 2010. RESULTS: Among 182 patients examined for this analysis, mean (±SD) age was 49.3 (±12.7) years, 60.2% were female and 74.3% white. Oxycodone IR was most commonly prescribed for injury/trauma (30.5%), back/neck pain (28.8%), and arthritis (18.1%). The proportion of patients reporting any OSEs in the checklist was nearly two-fold that in the open text (98.9 vs 53.6%; p < 0.001). Patients, on average, reported 4.1 (SD = 6.3) OSEs on the checklist vs 1.3 (SD = 1.6) on the open-text question (p < 0.001). Significantly more events were reported in the checklist vs open text question for each OSE examined (p < 0.001). OSEs reported to be frequent and bothersome on the checklist were significantly more likely to appear in the open text compared to infrequent and mild symptoms. CONCLUSIONS: Frequency and extent of OSE reporting may vary by the format of questions administered. Caution is warranted in collecting, reporting, and comparing symptom data from different studies.

PSY2

PREDICTORS OF OBESITY MEDICATION USE IN AMBULATORY SETTING: NAMCS 2006–07 ANALYSIS

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OBJECTIVES: To determine the independent predictors of prescription of anti-obesity medication for adult patients diagnosed with obesity and to determine association of insurance status on anti-obesity medication prescription. METHODS: The data source was 2006 and 2007 National Ambulatory Medical Care Survey, a national survey of U.S. non-institutionalized population. All adult patients >= 18 years diagnosed with obesity (ICD-9-CM: 278.00) were included in the study for analysis. Weighted descriptive analysis and multivariate logistic regression were carried out to identify patterns of drug use and independent predictors of at least one prescription of anti-obesity medication, adjusting for age, race, sex, region, insurance status, co-morbidity, counseling and MSA. RESULTS: An estimated 113 million adult visits had diagnosis of obesity in the 2 years. Of these, 5.79% visits resulted in anti-obesity medication prescription. In multivariate model, males (OR—0.244 CI: 0.128–0.463), were less likely to receive anti-obesity medication prescription as compared to females. Patient visits covered by private or public insurance were less likely to receive prescription (OR—0.056 CI: 0.021–0.146 and OR—0.080 CI: 0.034–0.189 respectively). Increase in age was associated with decreased (OR—0.976 CI: 0.962–0.990) likelihood of receiving anti-obesity medication prescription. Adults who received obesity counseling were almost four times more likely to receive anti-obesity medication prescription (OR—3.730 CI: 1.878–7.407). Physician type, MSA, co-morbidity status, race and region were not significantly associated in the final multivariate model. CONCLUSIONS: Study finding suggests that adequate coverage for anti-obesity medications might not be available for obese adults. Obesity is a harbinger for other chronic diseases like CHF, diabetes, hypertension, arthritis and some cancers; thus reducing access to obesity medications might lead to an overall increase in the health care

expenditure in United States. Obesity counseling seems to promote medication use which might be due to an increased awareness among obese patients.

PSY3

CENTRAL VENOUS LINE INFECTIONS IN PATIENTS WITH HEMOPHILIA AND HOME CARE SERVICES

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OBJECTIVES: Patients with hemophilia require frequent administration of intravenous clotting factor to prophylactically or episodically control bleeding from injury or activity. Severe patients may require the placement of a central venous access device due to the frequency of infusions or poor peripheral venous access. Subsequent central venous line infections are potentially life threatening and may require hospitalization which consumes excessive health care resources. Catheter infection events cost up to $29,000 per episode for acutely ill patients and can be much higher when cost of clotting factor is included. Costs of these events include intravenous antibiotics and device replacement. The study purpose was to evaluate incidence of central venous access device infections in people receiving clotting factor in the home setting. METHODS: A retrospective, longitudinal analysis of patients receiving intravenous clotting factor using data from the Accredo electronic medical record was conducted. Inclusion criteria were the presence or placement of a central venous access device and the dispensing of at least one clotting factor prescription during the study period. Patients were followed from October 1, 2008 through September 30, 2009. The patient reported infection rate was defined as the number of bloodstream infections per 1000 patient catheter days. RESULTS: The sample size of 475 patients reviewed encompassed 131,916 patient catheter days during the study period with average catheter dwell time of 278 days. The central line infection rate was 0.53 per 1000 patient catheter days with minimal month to month variation. CONCLUSIONS: Intravenous administration of clotting factor via a central venous access device is an important alternative infusion option for select patients with bleeding disorders. Patients can be well managed in the home on intravenously administered factor via central venous access devices. This is an important contribution to limited literature on central line infections in the home setting.

PSY4

DAILY AVERAGE CONSUMPTION ANALYSIS OF LOW BACK PAIN AND OSTEOARTHRITIS PATIENTS USING OXYMORPHONE EXTENDED RELEASE AND OXYCODONE HYDORCHLORIDE CONTROLLED RELEASE TABLETS IN A COMMERCIALLY INSURED POPULATION

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OBJECTIVES: This study assessed the daily average consumption (DACON) patterns for oxymorphone extended release tablets and oxycodone hydrochloride controlled release tablets in the treatment of low back pain (LBP) and osteoarthritis (OA). METHODS: Observational, retrospective study of a US commercially insured health plan cohort, which included pharmacy and medical claims for patients with ≥1 diagnosis of LBP and/or OA. Subjects with OA and or LBP were identified by ICD-9-CM codes following classifications[1,2,3] previously employed. The primary outcome measure for the analysis was DACON which was calculated by dividing the total number of tablets dispensed by the total number of days supply for equianalgesic[4] doses of each medication, as defined by an oxymorphone ER:oxycodone HCl CR ratio of 1:2. Patient demographic data were assessed and outcomes were stratified by age, gender, and region comparing users who had claim activity for 2 or more of the two medications for at least 30 days prior to and 90 days after the index date. The t-test was used to compare mean differences between the two populations for continuous variables. Multivariate analysis was conducted as a sensitivity analysis in controlling for age, gender, and region heterogeneity. RESULTS: Data analyzed encompassed approximately 25 million covered lives for the period January 2006 to March 2009. DACON across all tablet strengths for oxymorphone ER was 2.2 compared to 2.6 for oxycodone CR (p < 0.01). For each formulations maximum strength tablet, oxymorphone ER 40 mg DACON was 2.6, compared to 3.7 for oxycodone CR 80 mg (p < 0.01). All statistically significant results for patients with LBP and/or OA had higher DACONs for oxycodone CR than for oxymorphone ER. CONCLUSIONS: These findings imply that health plan drug policies may need to take into consideration overall usage patterns, patient demographics, and medical diagnoses for long-acting opioids in addition to tablet costs when making formulary decisions.

PSY5

A META-ANALYSIS OF EFFICACY AND SAFETY OF PARECOXIB IN ORTHOPEDICS SURGERY

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OBJECTIVES: The aim of this study was to conduct a meta-analysis of randomized clinical trials (RCTs) to determine effectiveness and safety of parecoxib as an analgesic option for adult patients in orthopedics surgery. METHODS: All meta-analysis estimations were performed with RCTs based on trials with similar parecoxib doses (20 or 40 mg) and by type of comparator (placebo or other drugs). Effectiveness was assessed with patient global treatment evaluation, consuming rescue drug rate, pain intensity at 24 or 48 h after surgery and morphine consume after surgery; safety with the frequency and type of adverse events(AE). RCT were searched in December 2008