PHS3  
CAMBIO DE DEBILIDAD Y CLASIFICACIÓN DE DISCAPACITADORES EN INFANTIL CON SÍNTOMAS CRONICOS (CC)  
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OBJECTIVES: To characterize the frequency, cost, and hospital-reported outcomes of cachexia and debility in children with complex chronic conditions (CC). METHODS: We analyzed data from the 2003–2012 data releases of the Kids’ Inpatient Database (Healthcare Cost & Utilization Project, Agency for Healthcare Research & Quality), utilizing International Classification of Diseases, 9th Revision (ICD-9) diagnosis codes to identify cases. We compared patient and hospitalization characteristics for children in and without cachexia (ICD-9 979.9) and debility (ICD-9 779.3). We examined factors which predict odds of inpatient mortality in children with CCCC using a logistic regression model and factors which impact length of stay and cost. RESULTS: Data from 2003-2012 Taiwan National Health Insurance research database, we identified patients with newly diagnosed vitiligo between 2003 and 2009 at age 40 years or older. Following the diagnosis, the patients were entered into three cohorts, based on the frequency of phototherapy they received. The patients who received phototherapy between 1 and 12 times yearly, “infrequent phototherapy cohort”, those who received phototherapy at least 12 times yearly, “frequent phototherapy cohort”, and those who received no phototherapy, “phototherapy unreceived cohort”. The patients were followed until the first hip or vertebral fracture, death, or 31 December 2010. Cox regression models were used for analysis. Further analyses stratified by age and sex were carried out. RESULTS: We identified 3,863 patients with newly-onset vitiligo over middle age (mean age 67). Among these patients, 747 (19.3%) received phototherapy equal or more than 12 times yearly, 712 (18.4%) received phototherapy between 1 and 12 times yearly, and 2,404 (62.2%) received no phototherapy. The frequent phototherapy cohort had an increased risk of lower fracture than the phototherapy unreceived cohort (adjusted hazard ratio (aHR) = 0.57, 95%CI = 0.29-1.10, p = 0.095), while the infrequent phototherapy cohort had a similar risk of fracture compared with the phototherapy unreceived cohort (aHR = 0.91, 95%CI = 0.51-1.61, p = 0.738). The stratified analyses showed that the patients aged 40–64 years in the frequent phototherapy cohort had a lower risk of fracture than those in the phototherapy unreceived cohort (aHR = 0.26, 95%CI = 0.10-0.79, p = 0.016). CONCLUSIONS: This study suggested that a frequent use of phototherapy might reduce the fracture risks among vitiligo patients at middle-age.

PHS4  
PATIENT AND HOSPITAL-LEVEL FACTORS ASSOCIATED WITH INPATIENT MORTALITY OF STROKE PATIENTS  
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OBJECTIVES: To identify patient-level and hospital-level factors associated with inpatient mortality in ischemic stroke patients. METHODS: We analyzed data from the 2003-2012 data releases of the Kids’ Inpatient Database (Healthcare Cost & Utilization Project, Agency for Healthcare Research & Quality), utilizing International Classification of Diseases, 9th Revision (ICD-9) diagnosis codes to identify cases. We compared patient and hospitalization characteristics for children in and without cachexia (ICD-9 979.9) and debility (ICD-9 779.3). We examined factors which predict odds of inpatient mortality in children with CCCC using a logistic regression model and factors which impact length of stay and cost. RESULTS: Data from 2003-2012 Taiwan National Health Insurance research database, we identified patients with newly diagnosed vitiligo between 2003 and 2009 at age 40 years or older. Following the diagnosis, the patients were entered into three cohorts, based on the frequency of phototherapy they received. The patients who received phototherapy between 1 and 12 times yearly, “infrequent phototherapy cohort”, those who received phototherapy at least 12 times yearly, “frequent phototherapy cohort”, and those who received no phototherapy, “phototherapy unreceived cohort”. The patients were followed until the first hip or vertebral fracture, death, or 31 December 2010. Cox regression models were used for analysis. Further analyses stratified by age and sex were carried out. RESULTS: We identified 3,863 patients with newly-onset vitiligo over middle age (mean age 67). Among these patients, 747 (19.3%) received phototherapy equal or more than 12 times yearly, 712 (18.4%) received phototherapy between 1 and 12 times yearly, and 2,404 (62.2%) received no phototherapy. The frequent phototherapy cohort had an increased risk of lower fracture than the phototherapy unreceived cohort (adjusted hazard ratio (aHR) = 0.57, 95%CI = 0.29-1.10, p = 0.095), while the infrequent phototherapy cohort had a similar risk of fracture compared with the phototherapy unreceived cohort (aHR = 0.91, 95%CI = 0.51-1.61, p = 0.738). The stratified analyses showed that the patients aged 40–64 years in the frequent phototherapy cohort had a lower risk of fracture than those in the phototherapy unreceived cohort (aHR = 0.26, 95%CI = 0.10-0.79, p = 0.016). CONCLUSIONS: This study suggested that a frequent use of phototherapy might reduce the fracture risks among vitiligo patients at middle-age.

PHS7  
REMOTE MONITORING STRATEGIES FOR PATIENTS WITH STABLE HEART FAILURE: A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS  
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OBJECTIVES: Remote monitoring strategies (RM) have the potential to deliver specialised care and management to patients with stable heart failure (HF). This review sought to determine whether RM improves outcomes for adults with stable HF compared with usual care (UC), with and without medical support provided during office hours or 24/7 and structured telephone support (STS) programmes delivered via human-to-human contact (HC) or human-to-telephone (machine-activated) interface (MI). METHODS: Fourteen RCTs were included in the systematic review. Compared with usual care, remote monitoring showed a significant reduction in HF-related hospitalisations (aHR 0.79, 95% CI 0.62-0.99, p = 0.03). No significant differences were observed for mortality or all-cause mortality (aHR 0.88, 95% CI 0.72-1.08, p = 0.20). No significant differences were observed for incident HF or HF readmissions (aHR 0.88, 95% CI 0.73-1.07, p = 0.20). CONCLUSIONS: RM reduces hospitalisations for adults with stable HF, but current evidence is inconclusive. No significant differences were observed for any other outcomes.

PHS8  
PERFORMANCE OF TWO WORLD HEALTH ORGANIZATION DENGUE CLASSIFICATIONS IN A PEDIATRIC COHORT FROM COLOMBIA  
Cartagena, Colombia. Consecutive patients admitted to the emergency department

A248  