Therapeutic Chemical Classification group. Subjects with a hospital admission for asthma (ICD-9 code 493) and/or a prescription of drugs with indication for an allergic disease (R03DC, R03BC) were excluded. RESULTS: A cohort of 12,212 COPD affected patients (51.5% males) was selected, 11,726 received drug prescription and 1,405 were hospitalized. Only the 7% of the cohort was recognized from both electronic databases. Strikingly, the 39% of subjects selected with a hospital admission for COPD did not receive drugs chronic prescription. The estimated prevalence in adult population (>= 45 years old) was 6.3% and was higher in males (7.1%) than in females (5.7%). Stratifying by age the prevalence was highest in subjects with more than 75 years and is twice in males. CONCLUSIONS: From the administrative database it was possible to provide an estimation of the prevalence of COPD in a particular area of Campania. Further research will validate our results, in particular, in future we will be able to describe therapeutic profiles of patients and we will try to understand why a high percentage of subjects with an hospital admission for Chronic Bronchitis receive no medication.

SUB-ACUTE LACK OF ASTHMA CONTROL AS A PREDICTOR OF ASTHMA EXACERBATION IN A MANAGED CARE POPULATION
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OBJECTIVES: To assess whether sub-acute lack of asthma control (SALAC) and its components, high SABA use and outpatient asthma visits, predict subsequent asthma exacerbations in a managed care population. METHODS: The HealthCore Integrated Research Database was used to identify asthmatics, aged 6–64, with 3 years continuous enrollment from January 1, 2003–December 31, 2005. Study inclusion criteria: 1) 2 outpatient visits or 1 hospitalization/emergency department (ED) visit with asthma diagnosis (ICD-9-CM 493.xx) in a year. SALAC definition: >4 outpatient asthma visits or >5 SABA prescriptions per year. Annual acute asthma exacerbation (AAE) definition: 1 hospitalization/ED visit with primary asthma diagnosis or oral corticosteroid burst. Separate generalized estimating equations (GEEs) modeled risk of subsequent year AAEs, as a function of: a) age, gender, geographic region, prior year AAEs and SALAC and b) age, gender, geographic region, prior year AAEs and high SABA use/outpatient asthma visits, to determine the independent impact of prior year SALAC and its components on subsequent year AAEs. RESULTS: Of 35,806 asthmatics, 47% were male with mean age 31.6 ± 17.9 years. During 2003–2005, 12.1% of patients exhibited SALAC, 5.7% had high SABA use, 7.1% high outpatient asthma visits and the SABA use/outpatient asthma visit overlap averaged 0.7%. GEE results indicate that, controlling for all other variables, prior year SALAC is associated with increased risk of subsequent year AAE (OR 1.60, 95% CI 1.51–1.69; p < 0.0001). High outpatient asthma visits and SABA use are each associated with increased risk of subsequent year AAE (OR 1.34, 95% CI 1.25–1.44, p < 0.0001 and OR 1.85, 95% CI 1.72–2.00, p < 0.0001, respectively). CONCLUSIONS: This study demonstrates that SALAC and its components, high SABA use and outpatient asthma visits, exhibit significant effects in predicting subsequent AAEs. Use of SALAC may help health plans identify opportunities to simultaneously improve members’ asthma control and reduce health care utilization associated with asthma exacerbations.