RESPIRATORY-RELATED DISORDERS—Health Care Use & Policy Studies

NICOTINE REPLACEMENT THERAPY AND THE MAINE TOBACCO HELPLINE: KNOWLEDGE, UTILIZATION PATTERNS, SHORT-TERM OUTCOMES, AND SATISFACTION AMONG SMOKERS

Towerek C1, Haskins A2, Woods S3

1West Virginia University, Morgantown, WV, USA, 2Center for Outcomes Research, Portland, ME, USA, 3Oregon Health & Science University, Portland, OR, USA

OBJECTIVE: In 2002, Maine’s Tobacco HelpLine began offering free nicotine replacement therapy (NRT), including patch and/or gum, to adult smokers who were uninsured without NRT benefits. A study was conducted in 2005 to assess knowledge, utilization patterns, short-term outcomes, and satisfaction among a sample of Maine Tobacco HelpLine callers who received this free NRT from any Maine pharmacy.

METHODS: Telephone surveys were conducted in June-July 2005 among 541 eligible HelpLine callers authorized for NRT between February-March 2005. There were 393 completed interviews, for a 73% response rate. Descriptive analyses and Chi-Square tests were conducted using SPSS and SAS, including tests for significant differences by demographic variables and NRT utilization patterns.

RESULTS: Half of study respondents were aware of available free NRT prior to calling the HelpLine, and among them 95% indicated that NRT at least somewhat influenced their decision to contact the HelpLine. Most callers were very satisfied (88%) and reported that this process was ‘very helpful’ in their quit attempt (66%). Almost all respondents picked up NRT (99%), had no problems obtaining it (91%), and quit for at least 24 hours since calling the HelpLine (92%). Among those who quit for at least 24 hours, 95% used NRT; but, 28% reported stopping and starting NRT use and almost 40% reported side effects, most commonly skin reactions or abnormal dreams. Chi-square tests reported a significant difference in side effects by age, with more side effects among younger respondents. When surveyed, 50% of respondents reported abstinence from smoking, which significantly differed by NRT duration; smoking during NRT use; and timing of NRT use. CONCLUSION: Providing free NRT through this state-sponsored program encouraged smokers to contact the Maine Tobacco HelpLine and use available NRT, demonstrating a valuable opportunity for quit lines to provide NRT access and increase demand among motivated smokers.

A STATISTICAL LOOK AT COPD

Conrerto PB, Augustus P

University of Louisville, Louisville, KY, USA

OBJECTIVE: The purpose of this paper is to take an analytical view of the diagnosis and procedures that most frequently occur with Chronic Obstructive Pulmonary Disease (COPD) patients when they are admitted to the hospital. METHODs: The data was collected from the National Inpatient Sample (NIS); they were analyzed using the SAS Program Enterprise Guide 4. The data were from over 32,000 patients that were diagnosed with some type of COPD using a 10% sample from 2004. Some of the variables examined were: the age, the length of stay, mortality rates, total charges, and the diagnostic, and procedure codes for the patients. In analyzing the data, codes were compressed to filter the top 20 principle diagnosis codes, the top 20 procedure codes, and the top twenty DRG codes.

RESULTS: The results of the data analysis show that there are many different principal diagnoses, procedures, and DRG’s used when patients come to the hospital with COPD. The highest principal diagnosis is COPD and bronchiectasis, the top procedure is classified as other vascular catheterization, and the top DRG in effect on the discharge date is COPD. The results also show that 5% of the patients died while they were in the hospital. The total charges for the patients show that the majority of the patients’ total charges were less than $10,000. Logistic regression showed that mortality is directly related to these diagnostic and procedure codes. CONCLUSION: More research on COPD is necessary.

COPD is the fourth leading cause of death in the US, but there is virtually no research on the disease. The analysis of this dataset shows that the knowledge of this disease is limited and more research must be conducted.

FACTORs ASSOCIATED WITH ANTIHISTAMINE PRESCRIBING IN ASTHMA IN THE UNITED STATES IN 2005

Parikh K, Li C, Martin BC

University of Arkansas for Medical Sciences, Little Rock, AR, USA

OBJECTIVE: Although antihistamines do not have an on-label indication for asthma, previous study showed increased prescribing in asthma by physicians. This study examined patient and physician predictors of obtaining an antihistamine for asthma in the absence of allergic diseases in 2005.

METHODs: Office-based physician visits or outpatient visits by patients with asthma were selected from the 2005 National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey. Asthma was defined by either a diagnosis code of asthma (ICD-9-CM: 493.xx), a reason-for-visit code of asthma (2625.0), or affirmative answer to a question asking if patients have asthma irrespective of the diagnosis. Visits with concomitant allergic diseases indicated for antihistamines were excluded. The study applied multivariate logistic regression analysis in Stata 9 to take into account of the complex survey design.

RESULTS: In 2005, 11% of the 54.3 millions asthma visits had an antihistamine prescribed. During office-based physician visits, females (OR: 1.25; 95%-CI: 1.07–2.02), patients prescribed leukotriene receptor antagonists (LRTA) (OR: 2.94; 95%-CI: 1.33–6.50), or short-acting beta agonists (SABA) (OR: 2.37; 95%-CI: 1.24–4.53), were more likely to receive an antihistamine prescription. Physicians in Metropolitan Status Area (MSA) (OR: 2.23; 95%-CI: 1.03–4.85) were more likely to prescribe antihistamine in asthma. But those with access to electronic medical records (EMR) (OR: 0.36; CI: 0.15–0.88) were less likely to do so. Only LRTA (OR: 5.27; 95%-CI: 2.49–11.12), MSA (OR: 9.01; 95%-CI: 2.13–38.03) and EMR (OR: 0.27; 95%-CI: 0.08–0.88) were significant predictors for antihistamine prescribing in outpatient department. However, asthma patients treated by their primary care physicians were more likely to receive an antihistamine (OR: 2.9; 95%-CI: 1.45–5.80). CONCLUSION: Significant disparities in patient and physician characteristics were identified for antihistamine prescribing in asthma. Results also indicate that antihistamines were used as a complement for long-term asthma management.

CONCURRENT ASTHMA CONTROLLER MEDICATION POSSESSION PROFILES IN AN ADULT MANAGED CARE POPULATION

Wagner S1, Langley P2

AstraZeneca, Wilmington, DE, USA, 1University of Minnesota, Minneapolis, MN, USA

OBJECTIVE: Medication possession ratios (MPRs) can be misleading as an indicator of adherence, especially where several