number of AB's used. The mean (median) cost for parenteral AB-therapy was 624.2 (275.3) Euro versus 504.4 (169.1) Euro for SDT (p < 0.001 Anova). CONCLUSIONS: MRDS through ICD-9-CM yields valuable information on “real life practice”. The antibiotic-related cost in SDT is significantly lower than full parenteral treatment; LOS corrected for age, gender, reason for admission and departure was unaffected.

INFECTIONS

INFECTIONS—Quality of Life Studies

SUBSTITUTION TO LOPINAVIR/RITONAVIR (LPV/r) IS ASSOCIATED WITH IMPROVED PATIENT-REPORTED FATIGUE IN HIV+ PATIENTS EXPERIENCING SIDE EFFECTS RELATED TO THEIR PROTEASE INHIBITOR (PI)/NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)

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OBJECTIVES: Fatigue is a common, distressing symptom in HIV+ patients. This analysis evaluates whether substitution to LPV/r, a generally well tolerated and efficacious PI, affects fatigue in HIV+ patients experiencing Grade 2 side effects (SE) attributed to their PI/NNRTI. METHODS: In the open-label PLATO trial, patients experiencing Grade 2 PI/NNRTI-associated SE were randomized (4:1) to immediate substitution (IS) of their PI/NNRTI with LPV/r at baseline or deferred substitution (DS) at Week 4 (Wk4). The MOS-HIV and ACTG Symptoms Distress Module, with 2 additional items for nephrolithiasis (ASDM), were administered at baseline, Wk4 and Wk8. Fatigue was measured by MOS-HIV fatigue-domain and ASDM fatigue/botheromeness-item. Sleep-disorder was measured by ASDM sleep-disorder-item. The Center for Epidemiologic Studies-Depression (CES-D) questionnaire was administered at baseline and Wk8. RESULTS: Eight hundred twenty-seven patients previously on nelfinavir (n = 291), indinavir (n = 170), indinavir/ritonavir (n = 182), efavirenz (n = 136) or another PI/NNRTI (n = 48) were analyzed (80% male, mean age 42yrs, 75% with baseline HIV RNA <50 copies/ml). At baseline, mean MOS-HIV fatigue-domain score was 56.7, with 62.3% rating fatigue as bothersome. Baseline fatigue scores were correlated (p < 0.05) with presence of depression (CES-D >16), sleep-disorder, and years since HIV diagnosis. At Wk4, improved fatigue scores were seen in IS vs. DS groups (MOS-HIV fatigue-domain: +8.711 vs. +0.068, p < 0.001; ASDM fatigue/botheromeness-item: -0.486 vs. +0.074, p < 0.001), irrespective of prior PI/NNRTI regimens. At Wk8, fatigue improvement remained for IS group, while DS group began to improve. Improved fatigue scores were associated (p < 0.05) with IS, reduced prevalence of depression, and improved sleep-disorder scores. Improvement in fatigue and IS were significant predictors of improved MOS-HIV physical health summary score at Wk4 (p < 0.05). CONCLUSIONS: Fatigue scores were improved following substitution with LPV/r, and were associated with reduced prevalence of depression and improved sleep-disorder scores. Improvement in fatigue was independent of prior PI/NNRTI and was a predictor of improved physical health.

INFECTIONS

INFECTIONS—Health Policy Studies

PIN32

ACUTE SINUSITIS IN MANAGED CARE: ANTIBIOTIC TREATMENT AND OUTCOMES

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OBJECTIVE: To examine antibiotic prescribing and outcomes associated with acute sinusitis in managed care. METHODS: We used the PharMetrics claims database for 8 managed care organizations. Index claims were based on outpatient visits in 1999–2001 by individuals aged 43–64 with a primary diagnosis of acute sinusitis who received an antibiotic within 7 days and were continuously enrolled for 12 months prior to and 45 days after the index event. Exclusion criteria: antibiotic prescription or sinusitis diagnosis in prior 45 days, hospitalization in prior 30 days, or sinus complications in prior 12 months. Broad spectrum antibiotics (BSA) were defined as: azithromycin, clarithromycin, amoxicillin-clavulanate, second- and third-generation cephalosporins, quinolones. Sinusitis history was categorized: chronic sinusitis (HxChr), acute but not chronic sinusitis (HxAcu), no history (NoHx). Also, subjects with asthma, chronic obstructive pulmonary disease (COPD), lower and upper respiratory tract infection (LRTI, URTI), and rhinitis in prior year were identified. Multivariate models adjusted for age, sex, health plan, use of laboratory/diagnostic testing at initial evaluation (surrogate for severity and practice variation). RESULTS: Out of 64,277 cases, 66.1% female, met criteria. Respiratory history: 5.4% HxChr, 7.9% HxAcu, 4.5% asthma, 4.4% COPD, 24.6% URTI, 16.3% LRTI, 10.4% rhinitis. BSA accounted for 45.5% of 1st-line prescriptions. BSA use increased over 3 years (p < 0.0001): 43.8% (1999), 45.5% (2000), 49.2% (2001). BSA use was highest for HxChr and asthma at 54.3%. Overall, 22.4% received a 2nd prescription, highest among HxChr, 31.7%. Mean charges were $134; highest for HxChr, $158 and asthma, $152. In multivariate models, respiratory histories were positively associated (p < 0.05) with BSA use, 2nd prescriptions and charges. CONCLUSION: In treatment of acute sinusitis in managed care, broad spectrum antibiotics are used almost 50% of the time as initial therapy and use is rising. Respiratory history, especially chronic sinusitis or asthma, is associated with more BSA use, 2nd prescriptions, and charges.

PIN33

UTILIZATION PATTERNS OF MEDICAL SERVICES AND PRESCRIPTION DRUGS FOR THE TREATMENT OF TINEA CAPITIS

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OBJECTIVES: This study was conducted to examine the utilization patterns of medical services and prescription drugs in patients with tinea capitis (TC). METHODS: This retrospective cohort study identified TC patients using the MarketScan® database during January 1, 1999–December 31, 2002. Patients were selected if they had primary or secondary diagnosis of TC (ICD-9 Code of 110) and had continuous health insurance and prescription drug coverage. The identified patients were defined as newly diagnosed patients if they were not diagnosed with TC or did not use any prescription drugs for TC treatment in the previous year. The frequency of medical services and the usage pat-
tions of prescription drugs were analyzed using SAS statistical software. RESULTS: A total of 3120 and 2791 patients with TC were identified in 2000 and 2001 respectively. The overall trends in 2000 were similar to those of 2001. In 2001, TC patients visited their physician office 1.3 times per year; 79% visited once a year, 15%-twice, 6%-more than twice. Three percentages of the patients continued to visit their physician office in the second year. Seventy-nine percent of the patients used at least 1 prescription for TC treatment, and 73% used an antifungal oral and/or topical agent. TC patients used an oral antifungal for 25 days on average. About 25% of the patients used an oral antifungal as monotherapy, the most common therapy. Among oral antifungals, griseofulvin was the most frequently used medication (41%), followed by terbinafine (9%). Among newly diagnosed patients, 73% used prescription drugs in the first year and 23% in the following year. CONCLUSIONS: TC patients used medical services and prescription drugs substantially in the year of diagnosis and many of these patients continuously used prescription drugs due to relapse of the symptoms in the following year. More effective therapy for TC could reduce the need for subsequent therapy.

**THE USE OF ANTIBIOTICS TO TREAT ACUTE UPPER RESpiratory TRACT INFECTIONS IN A STATE MEDICAID POPULATION**

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There is a growing concern in the United States regarding antibiotic resistance due to inappropriate prescribing of antibiotics. **OBJECTIVES:** Report the patterns of oral antibiotics filled following a medical visit for upper respiratory infection (URI) in a state Medicaid population. **METHODS:** The study sample included Medicaid recipients who had an outpatient or emergency department (ED) visit in 2002 for an acute URI. Outpatient and ED claims with a primary ICD-9-CM diagnosis code for acute nasopharyngitis, acute pharyngitis, acute URI, acute bronchitis, or influenza were extracted. Prescription claims for antibiotics filled within five days following a URI-related medical visit also were extracted. **RESULTS:** A total of 21,163 recipients were included in the study. Over 71% of the recipients were female, and nearly 95% were white. Recipients between 21 to 50 years of age accounted for roughly 10% of the total prescriptions filled within 5 days following an acute URI-related medical visit. These antibiotics were for penicillins (41%), cephalosporins (15%), macrolides (11%), and others including quinolones, tetracyclines, sulfonamides and trimethoprim (33%). **CONCLUSION:** One out of every ten prescriptions filled following an acute URI-related medical visit among recipients of Medicaid was for an oral antibiotic. Many upper respiratory tract infections are viral in nature, in which oral antibiotic treatment may be inappropriate.

**MEN’S HEALTH**

**MEN’S HEALTH—Clinical Outcomes Studies**

**PSD1**

**A SELF-ADMINISTERED SCREENER FOR MALE ERECTILE DISFUNCTION: THE SPANISH VERSION OF THE LIFE-SATISFACTION CHECK LIST “LISAT 8”**

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**OBJECTIVE:** To assess the validity and reliability of the self-administered Spanish version of the LISAT 8 as a screening tool for male ED in primary care settings. **METHODS:** A total of 653 subjects (537 ED and 116 nonED), >18 years, who reported attempting sexual activity and managed at Primary Care level, were included in the study.**RESULTS:** Items 2 and 8 of the check list (satisfaction with sexual life and satisfaction with partner relationship) which forms the affective domain of the instrument, were found to be predictors of ED. Mean (+standard deviation) for affective domain was significantly higher in nonED than in ED subjects; 9.2 ± 2.1 pts versus 6.6 ± 1.8 pts, p < 0.0001. This domain showed moderate, but statistically significant, correlation coefficients with IIEF and with each of its 5 domains (coefficients ranged between 0.44 and 0.69). ROC curves analysis showed an optimal cutoff score for ED of 8 pts; area under the curve = 0.892, p < 0.0001; sensitivity, 0.87; specificity, 0.84; positive predictive value, 0.96; negative predictive value, 0.58; and kappa agreement coefficient = 0.602, p < 0.0001. **CONCLUSION:** The domain satisfaction with affective life (items 2 and 3) of the Spanish version of the LISAT 8 showed adequate clinical properties of validity and reliability as a screening tool for male erectile dysfunction in Primary Care level.

**PSD2**

**ANTIDEPRESSANT-INDUCED SEXUAL DYSFUNCTION (ADSD) IN EUROPE: A PRELIMINARY INVESTIGATION**

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**OBJECTIVE:** Sexual dysfunction is a common side effect of selective serotonin reuptake inhibitor (SSRI) antidepressants. Although widely acknowledged by US patients and physicians, this side effect is not as readily recognized in Europe. The goal of this study was to obtain preliminary estimates regarding the prevalence and impact of ADSD in two European countries. **METHODS:** This cross-sectional survey involved a total of 502 adults in France and the UK. All participants were taking an SSRI that had been newly prescribed within the previous three months. Information was gathered about patients’ current depression treatment, other medications and conditions known to impair sexual functioning, recent changes in sexual functioning, and the impact of any such changes. The Medical Outcomes