we sought to determine the prevalence of PIMs for older adults in Emilia-Romagna, Italy, using the updated Maio criteria. We also evaluated patient and general prac-
titioner (GP) characteristics related to inappropriate prescribing.
METHODS: Older adults (≥65) in 2012 were evaluated in a one-year retrospective study using adminis-
trative health care data. The 2011 Maio criteria includes 25 medications reimbursed by the National Institute for Clinical Excellence in the UK. The 2011 criteria in 16 medications that should ‘always be avoided,’ 3 of which are ‘commonly prescribed,’ and 6 that have ‘some indications although they are often misused.’ To evaluate the extent of associations between patient and GP related characteristics, we used generalized estimating equations with an exchangeable covariance design to fit a robust logistic regression model.
RESULTS: A total of 865,354 older adults were in the cohort and 28% had at least one PIM. Of the entire cohort, 8%, 10%, and 14% of individuals were prescribed at least one medication that should ‘always be avoided,’ ‘commonly prescribed,’ and ‘have some indications although they are often misused,’ respectively. Older patients (≥75) and females were more likely to be exposed to PIMs. 2,993 GPs were identified as prescribing at least one PIM (≥6≥-5≥≥6≥≥) of each older (≥65) GP man male GPs, and solo practice GPs were more likely to prescribe PIMs to their older patients.
CONCLUSIONS: The high prevalence of PIM exposure among older adults is a substantial issue in the region. Knowing how patient and GP characteristics relate to PIM exposure may improve the design and targeting of initiatives for improving prescribing safety in this population.

PIH88
TESTING FOR CHILDREN WITH PHARYNGITIS; IMPROVING TRENDS TOWARDS APPROPRIATE ANTIBIOTIC USE
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OBJECTIVES: Oseuse of antibiotics in children is a growing concern in the US. One of the important HEDIS quality measures used to compare performance of health plans is appropriate antibiotic therapy (PAT) by PDC by ICS (difference of 7.2% [95% CI 4.7% - 9.6%], P = 0.001). There were no differences in costs across the three groups. CONCLUSIONS: Initiation of controller medications in the post-discharge period was associated with significant benefits. The higher adherence to controller medication between the ICS-LABA compared with ICS-LA group can translate to better outcomes in the long term.

PSR5
WEB-BASED SURVEY ON SMOKING CESSATION BEHAVIORS OF CURRENT AND FORMER SMOKERS IN JAPAN
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OBJECTIVES: To investigate smoking cessation behaviors in Japanese current smok-
ers (CS) and former smokers (FS). An online survey was conducted for 30 years and women ≥20 years of age who were CS or FS was conducted. CS were those who smoked any number of cigarettes at the time of the survey (24-27 June 2013); FS were those who had smoked any number of cigarettes in the past but did not con-
sider themselves smokers at the time of the survey. Clinical and socio-demographic characteristics (age, gender, level of education, and level of nicotine dependence [Fagerstrom Test for Nicotine Dependence]) as well as smoking and smoking ces-
sation behaviors were assessed through a web-based questionnaire. We set primary outcome measures as the number of past quit attempts and the time to relapse (duration of smoking abstinence). Secondary outcome measures included methods used for achieving smoking cessation and reasons for quitting. METHODS: A total of 1261 eligible Japanese subjects were included in the survey (CS, n = 631; FS, n = 630). Mean age and gender distribution were broadly similar between the groups. Nearly half (45.6%) of CS had never attempted to quit smoking. Of those who had attempted to quit smoking, one single quit attempt was the most common for both CS and FS (19.0 vs. 39.0%). The estimated median time to relapse was 105 days (FS and CS combined). Unaided smoking cessation was the most common method both for CS and FS (78.2 vs. 63.4%). CONCLUSIONS: Our observations highlight the actual smoking cessation behaviors in a Japanese population, and could be combined with other data in economic evaluation models of smoking cessation interventions in Japan to identify appropriate measures to reduce the prevalence of smoking.

RESPIRATORY-RELATED DISORDERS – Clinical Outcome Studies

PSR1
THE ASSOCIATION BETWEEN TIOCTOPUM USE AND CARDIAC ARRHYTHMIA HOSPITALIZATION IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE USING A SELF-CONTROLLED CASE SERIES DESIGN
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OBJECTIVES: Tiotropium is widely used in patients with chronic obstructive pul-
monary disease (COPD), and is effective in reducing the risk of COPD exacer-
itations. However, controversies exist around its safety, especially with regard to cardiac arrhythmia. This study aimed to evaluate the risk of tiotropium for cardiac ar-
rythmia hospitalization. METHODS: A self-controlled case series was under-
taken using the IMS LifeLink Health Plan Claims Databases. COPD patients aged 45 or older hospitalized with cardiac arhythmia during the observation period, from 2006 to 2011, were included. The exposure periods were defined for each patient as the dispensing periods of tiotropium plus an additional following
30 days as the wash-out period. The remaining time within the observation period for which patients were not using tiotropium were the unexposed periods. The incid-
ence rate ratio (IRR) of cardiac arrhythmia hospitalization was calculated by com-
paring exposed and unexposed periods using multivariable conditional Poisson regression. RESULTS: Our study included 108 COPD patients with cardiac arrhythmia hos-
pitalizations were included. Among those, 14,398 patients (16.7%) received tiotro-
pium. The average age of the cohort at the beginning of the observation period was 73.2 years (range 45-99). In 18.6% of patients, the last recorded dose of tiotropium was associated with an increased risk of cardiac arrhythmia hos-
pitalization. This risk is highest in the first 14 days of initiation of tiotropium and decreased over time. Patients initiating tiotropium should be closely monitored for cardiac arrhythmia.

PSR3
COMPARATIVE COSTS AND EFFECTIVENESS OF ASTHMA CONTROLER THERAPIES AFTER DISCHARGE FROM AN ASTHMA-RELATED HOSPITALIZATION
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OBJECTIVES: Patients with asthma exacerbations requiring inpatient care com-
prise a sub-group at high risk of adverse asthma-related outcomes. The quality of care in these individuals can thus have substantial impact on the burden of asthma. The purpose of this study was to provide a broad picture on the out-
comes associated with different treatment strategies after discharge from an asthma-related hospitalization. METHODS: Using administrative health data of British Columbia, Canada (1997-2012), we created a cohort of individuals discharged from an episode of asthma-related hospitalization. Exposure was assessed in the 60 days following discharge, which was controlled for medication, controller treatment, monotherapy with inhaled corticosteroids (ICS), or combination ther-
apy with ICS plus long-acting beta agonists (LABA). Safety (re-admission), adhe-
rence (proportion of days covered [PDC] with controller medications, and health resource use (asthma-related costs) outcomes were ascertained in the next 365
days. Generalized propensity scores were calculated to achieve balance in the
characteristics (age, gender, level of education, and level of nicotine dependence [Fagerstrom Test for Nicotine Dependence]) as well as smoking and smoking ces-
sation behaviors were assessed through a web-based questionnaire. We set primary outcome measures as the number of past quit attempts and the time to relapse (duration of smoking abstinence). Secondary outcome measures included methods used for achieving smoking cessation and reasons for quitting. METHODS: A total of 1261 eligible Japanese subjects were included in the survey (CS, n = 631; FS, n = 630). Mean age and gender distribution were broadly similar between the groups. Nearly half (45.6%) of CS had never attempted to quit smoking. Of those who had attempted to quit smoking, one single quit attempt was the most common for both CS and FS (19.0 vs. 39.0%). The estimated median time to relapse was 105 days (FS and CS combined). Unaided smoking cessation was the most common method both for CS and FS (78.2 vs. 63.4%). CONCLUSIONS: Our observations highlight the actual smoking cessation behaviors in a Japanese population, and could be combined with other data in economic evaluation models of smoking cessation interventions in Japan to identify appropriate measures to reduce the prevalence of smoking.

PSR4
PREVALENCE OF INFLAMMATION-RELATED MULTIMORBIDITY AMONG MEDICARE BENEFICIARIES WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE
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OBJECTIVES: Chronic Obstructive Pulmonary Disease (COPD) is associated with elevated levels of pulmonary and systemic inflammatory markers which may lead to high prevalence of inflammation-related conditions. This study examines the prevalence and demographic predictors of inflammation-related multimorbidity among Medicare beneficiaries with COPD. METHODS: Observational retrospective cohort study using multiple (2005-2006) of data from Medicare Analytic Extract Files of Califf and Willi (1L), New England (1E), and California (1C), the combined data. All individuals with COPD (n = 37,151) were identified using ICD-9-CM codes for chronic bronchitis (491.xx), emphysema (492.xx), or unspecified chronic airway disease (496.xx). Of these, 19.0% of patients reported two or more conditions (≥2) in 14 days. Infl 