adverse effects profile of the medication. The most support was registered for the optimal scenario (halt disease progression, no adverse effects).

MIGRAINE: PRESCRIBING PATTERNS IN A SOUTHERN AFRICAN PRIMARY CARE PATIENT POPULATION
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OBJECTIVES: Migraine affects 8% to 14% of the population in Western countries. It affects primarily the young adult population and is responsible for many lost working days each year since it affects primarily the economically active sector of the community. The primary aim of the study was to determine the prescribing patterns and cost of drugs for migraine in a primary care patient population. METHODS: A retrospective drug utilisation consumption study was conducted. Data were obtained from a South African private health care group. The database consisted of all central nervous system medicine for 2008. RESULTS: A total of 22102 patients (71.05% females) received 4134 claims for migraine a cost R3622552 (average cost of R83.96 per item). The average age of patients was 44.90 (SD = 13.83) years, with 70.76% of patients between 30 and 59 years of age. The chi-square test was used to detect prescribing differences between female and male patients in different age groups (≤19, 20–39, 40–59, ≥60 years) controlling for gender and those reporting the AEs. Proportional reporting ratios (PRR) for the propoxyphene-AE combinations were also computed for the elderly and younger patients. RESULTS: In the period 2005–2008, a total of 2479 patients-AE combinations were reported, 241 were CNS-GI-GL-related. In multivariate analysis, controlling for gender and those reporting the AEs, no significant differences were observed in the risk of CNS-related AEs (Odds ratio 0.827; 95% CI: 0.619–1.05; p = 0.199) or GI-related AEs (Odds ratio 1.216; 95% CI: 0.832–1.778; p = 0.313) among elderly versus young patients. Among the elderly, the PRR for propoxyphene-CNS AEs was 0.795 and the PRR for propoxyphene-GI AEs was 0.596. These were similar to the PRRs among younger patients, which were 0.700 and 0.439, respectively. CONCLUSIONS: Using a voluntary post-marketing surveillance database, the study found no differences in the extent of CNS AEs and GI AEs reported with propoxyphene among elderly patients versus younger patients.

DETERMINING THE COST OF OBESITY AND ITS MAJOR COMORBIDITIES FROM A COMMERCIAL CLAIMS DATABASE
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OBJECTIVES: To determine payments made by commercial health care providers for adults diagnosed with obesity, and those who are comorbid with any combination of the following chronic conditions: diabetes mellitus (DM), hypertension, depression, and/or congestive heart failure (CHF). METHODS: We utilized a 10% random sample of enrollees of a large commercial insurance plan from a South African private health care group. The database consisted of all central nervous system medicine for 2008. The chi-square test was used to detect prescribing differences between female and male patients in different age groups (≤19, 20–39, 40–59, ≥60 years) controlling for gender and those reporting the AEs. Proportional reporting ratios (PRR) for the propoxyphene-AE combinations were also computed for the elderly and younger patients. RESULTS: In the period 2005–2008, a total of 2479 patients-AE combinations were reported, 241 were CNS-GI-GL-related. In multivariate analysis, controlling for gender and those reporting the AEs, no significant differences were observed in the risk of CNS-related AEs (Odds ratio 0.827; 95% CI: 0.619–1.05; p = 0.199) or GI-related AEs (Odds ratio 1.216; 95% CI: 0.832–1.778; p = 0.313) among elderly versus young patients. Among the elderly, the PRR for propoxyphene-CNS AEs was 0.795 and the PRR for propoxyphene-GI AEs was 0.596. These were similar to the PRRs among younger patients, which were 0.700 and 0.439, respectively. CONCLUSIONS: Using a voluntary post-marketing surveillance database, the study found no differences in the extent of CNS AEs and GI AEs reported with propoxyphene among elderly patients versus younger patients.

EVALUATING ADVERSE EVENT RISK WITH PROPOXYPHENE: ARE THERE DIFFERENCES BETWEEN ELDERLY VERSUS YOUNGER PATIENTS?
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OBJECTIVES: Proproxyphene is among the most commonly prescribed opioid analgesics in the elderly. However, many guidelines, including the American Geriatric Society and Beer’s List of Potentially Inappropriate Medications, recommend restricting its use in that age group. These guidelines are based on expert opinions with limited empirical evidence. The objective of this study was to evaluate whether there were differences in adverse event reporting for propoxyphene by age group using a large post-marketing safety surveillance database. METHODS: Analysis was conducted using the 2003–2008 Adverse Event Reporting System (AERS) data in the US, which was developed to support the FDA’s post-marketing safety surveillance program. A total of 22102 patients (71.05% females) received 4134 claims for migraine a cost R3622552 (average cost of R83.96 per item). The average age of patients was 44.90 (SD = 13.83) years, with 70.76% of patients between 30 and 59 years of age. The chi-square test was used to detect prescribing differences between female and male patients in different age groups (≤19, 20–39, 40–59, ≥60 years) controlling for gender and those reporting the AEs. Proportional reporting ratios (PRR) for the propoxyphene-AE combinations were also computed for the elderly and younger patients. RESULTS: In the period 2005–2008, a total of 2479 patients-AE combinations were reported, 241 were CNS-GI-GL-related. In multivariate analysis, controlling for gender and those reporting the AEs, no significant differences were observed in the risk of CNS-related AEs (Odds ratio 0.827; 95% CI: 0.619–1.05; p = 0.199) or GI-related AEs (Odds ratio 1.216; 95% CI: 0.832–1.778; p = 0.313) among elderly versus young patients. Among the elderly, the PRR for propoxyphene-CNS AEs was 0.795 and the PRR for propoxyphene-GI AEs was 0.596. These were similar to the PRRs among younger patients, which were 0.700 and 0.439, respectively. CONCLUSIONS: Using a voluntary post-marketing surveillance database, the study found no differences in the extent of CNS AEs and GI AEs reported with propoxyphene among elderly patients versus younger patients.

CHALLENGES IN USING THE LITERATURE TO ESTIMATE THE OUTCOMES OF CURRENT RISK STRATIFICATION METHODS IN ADULT PATIENTS WITH PRIMARY ACUTE MYELOID LEUKAEMIA
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OBJECTIVES: Treatment of patients with acute myeloid leukemia (AML) is based upon stratification into risk (prognosis) groups. New diagnostic methods are in development to improve this stratification. Economic evaluations of these methods require knowledge of what happens when the current stratification methods are used. We examined whether the literature can provide valid estimates for the outcomes of complete remission rates for patients with primary AML aged 16–60 years. METHODS: A systematic literature review was performed using PubMed and Embase. Inclusion criteria were: ≥100 AML patients and detailed outcomes per risk group (favorable, intermediate, unfavorable). Excluded were: Phase I/II studies, studies not containing any patients aged 16–60 years or with primary AML. We compared various study characteristics such as patient population, treatment given, risk group definitions and complete remission rates (CR) as outcome. A chi-square test for homogeneity of CR rates was performed. RESULTS: Twelve studies fulfilled the eligibility conditions. Great variation was found between study populations. While treatment varied between the studies, all patients received cytaraabine and an anthracycline. Definitions of risk groups varied greatly except for the favorable risk group. There was no homogeneity among the effect measures (effect estimates or ratios). Conclusions about effect estimates can therefore not be made. CONCLUSIONS: When using the literature to estimate the outcomes of current risk stratification methods in adult patients with primary acute myeloid leukemia, we may see significant decreases in health care expenditures. Public abstracts from Denver at the Health and Science Center, Aurora, CO, USA

OBJECTIVES: To determine payments made by commercial health care providers for adults diagnosed with obesity, and those who are comorbid with any combination of the following chronic conditions: diabetes mellitus (DM), hypertension, depression, and/or congestive heart failure (CHF). METHODS: We utilized a 10% random sample of enrollees of a large commercial insurance plan from a South African private health care group. The database consisted of all central nervous system medicine for 2008. The chi-square test was used to detect prescribing differences between female and male patients in different age groups (≤19, 20–39, 40–59, ≥60 years) controlling for gender and those reporting the AEs. Proportional reporting ratios (PRR) for the propoxyphene-AE combinations were also computed for the elderly and younger patients. RESULTS: In the period 2005–2008, a total of 2479 patients-AE combinations were reported, 241 were CNS-GI-GL-related. In multivariate analysis, controlling for gender and those reporting the AEs, no significant differences were observed in the risk of CNS-related AEs (Odds ratio 0.827; 95% CI: 0.619–1.05; p = 0.199) or GI-related AEs (Odds ratio 1.216; 95% CI: 0.832–1.778; p = 0.313) among elderly versus young patients. Among the elderly, the PRR for propoxyphene-CNS AEs was 0.795 and the PRR for propoxyphene-GI AEs was 0.596. These were similar to the PRRs among younger patients, which were 0.700 and 0.439, respectively. CONCLUSIONS: Using a voluntary post-marketing surveillance database, the study found no differences in the extent of CNS AEs and GI AEs reported with propoxyphene among elderly patients versus younger patients.