to the treatment of FM ("FM-related") were defined to include antiepileptics, benzodiazepines, nonsteroidal anti-inflammatory drugs, muscle relaxants, sedatives/hypnotics, opioids, serotonin-norepinephrine reuptake inhibitors, selective serotonin reuptake inhibitors, L-dopa, and carbidopa. We examined receipt of FM-related Rx medications from alternative perspectives (point prevalence (receipt among targeted patients) over one calendar year); and (2) point prevalence (evidence of use on July 1 of each calendar year). Substantial differences between period prevalence and point prevalence rates may be suggestive of high rates of medication discontinuation. RESULTS: A total of 51,885 patients met all study entry criteria. In each of the three years, approximately two-thirds of study subjects had evidence of receipt of FM-related Rx medications (65.2% in 2005, 66.5% in 2006, 66.7% in 2007). Corresponding point prevalence estimates, however, were substantially lower (July 1, 2005: 38.1%; July 1, 2006: 30.9%; July 1, 2007: 43.3%). CONCLUSIONS: While roughly two-thirds of FM patients received FM-related Rx medications in any given year, point prevalence estimates were substantially lower, potentially suggestive of high rates of medication discontinuation. Further research is needed to better understand the extent to which these treatment patterns are indicative of unmet medical need with currently available Rx medications in patients with FM.

USE OF POLYPHARMACY IN PATIENTS WITH FIBROMYALGIA

Policy Analysis Inc. (PAI), Brookline, MA, USA, 2Forest Research Institute, Jersey City, NJ, USA. OBJECTIVES: Fibromyalgia (FM), a chronic disorder characterized by multiple symptoms (e.g., pain, fatigue, cognitive dysfunction, sleep disturbance). The efficacy of most medications currently used to treat FM is limited, however, and problems of tolerability are often encountered, possibly causing many patients to discontinue therapy. This study examines patterns of use of prescription (Rx) medications with an eye toward assessing possible unmet clinical need. METHODS: Using a large US health insurance database spanning the period 2003–2007, we identified all patients with ≥1 medical encounters for FM (defined as ICD-9-CM diagnosis code 729.1) in each of these three calendar years ("FM patients"). Rx medications possibly related to the treatment of FM ("FM-related") were defined to include antiepileptics, benzodiazepines, nonsteroidal anti-inflammatory drugs, muscle relaxants, sedatives/hypnotics, opioids, serotonin-norepinephrine reuptake inhibitors, selective serotonin reuptake inhibitors, L-dopa, and carbidopa. We examined receipt of FM-related Rx medications from alternative perspectives over one calendar year; and (2) point prevalence (evidence of use on July 1 of each calendar year). Substantial differences between period prevalence and point prevalence rates may be suggestive of high rates of medication discontinuation. RESULTS: A total of 51,885 patients met all study entry criteria. In each of the three years, approximately two-thirds of study subjects had evidence of receipt of FM-related Rx medications (65.2% in 2005, 66.5% in 2006, 66.7% in 2007). Corresponding point prevalence estimates, however, were substantially lower (July 1, 2005: 38.1%; July 1, 2006: 30.9%; July 1, 2007: 43.3%). CONCLUSIONS: While roughly two-thirds of FM patients received FM-related Rx medications in any given year, point prevalence estimates were substantially lower, potentially suggestive of high rates of medication discontinuation. Further research is needed to better understand the extent to which these treatment patterns are indicative of unmet medical need with currently available Rx medications in patients with FM.

CURTAILING LAB-TEST ORDERING IN A MANAGED CARE SETTING THROUGH REDESIGN OF A COMPUTERIZED ORDER-FORM

OBJECTIVES: Although laboratory testing is essential for the diagnosis, pharmacotherapy, and monitoring of anemia, evidence suggests that a significant portion of laboratory testing is wasted. Many patients experience an increase in the cost-of-treatment of anemia without improving clinical outcomes. Of particular concern is the ordering of redundant tests incapable of providing important information for treatment when clinically significant changes in biochemical outcomes do not occur over short periods of time. Bundling of tests into diagnostic categories on order forms may cause such overutilization. The objective of this study was to determine whether unbundling of order-sets on a computerized order-form can reduce the number of suspected unnecessary blood tests for follic acid and vitamin B-12 ordered by primary care physicians in a managed care organization in Israel. METHODS: This study was conducted in the Leumit Health Fund of Israel that provides medical coverage to ~700,000 members nationally. A new version of a computerized order-form was launched. Utilization patterns were calculated for tests for vitamin B-12, folic acid and ferritin which were previously bundled together under a collective diagnostic classification category labeled "Anemia" and now appearing separately. Concomitant utilization patterns for tests for hemoglobin and iron were evaluated as controls. RESULTS: Tests ordered for the three target tests decreased by 31%-41% relative to the preintervention month, with a further decrease to 36%-53% the following month. Negotiable changes in utilization patterns were observed for the controls (2%-5%) during the post-intervention period. CONCLUSIONS: Restructuring of a computerized order-form significantly reduced the number of lab tests suspected of being unnecessary or redundant. We cannot rule out that some patients with folate deficiency may have been identified by the algorithm by detecting the tests due to the additional inconvenience caused to physicians who now had to order tests separately. When over-utilization of laboratory resources is suspected, restructuring of ordering procedures should be considered prior to implementing resource-intensive interventions.