RESULTS: The estimated cumulative rate of neonatal mortality in Colombia from 2001 to 2009 was 10.2 deaths per 1000 live births. The department with the highest neonatal mortality rate of the best country in the world. Attritor percentages for all departments exceeded 78% in all cases. The neonatal mortality rate decreased by 39% during the study period. Chocó had the lowest decrease during the period (9%), and the highest decrease was observed in Caquetá (61%). The main causes of early neonatal mortality were congenital anomalies, perinatal disorders, complications and congenital malformations.

CONCLUSIONS: Even though neonatal mortality rates decreased during the study period, the risk excess observed was very high when an external point of reference was used. Differences in neonatal mortality among Colombian regions showed an increasing gap between Departments during the study period. Some of these disparities found were avoidable and suggest disparities in the quality and access to safe motherhood and early infant programs within the country, that should be evaluated.

PIH75

CLINICAL, HUMANISTIC, AND ECONOMIC BURDEN OF MENSTRUAL SYMPTOMS IN JAPANESE WOMEN

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OBJECTIVES: The study aims at gaining a clear reference of the clinical, humanistic, and economic burden on women’s daily living caused by menstrual symptoms, especially pain and bleeding. METHODS: An online survey was conducted in two phases, with sampling structured to approximate the age and geographic distribution of women between the ages of 15 to 49. The first survey (n = 21,477) investigated respectively the conditions associated with menses, and impact on work and productivity within the previous three months. ‘Menses-related conditions’ in this research referred to 6 domains from the Menstrual Distress Questionnaire (MDQ6). The second survey analyzed the difference between women seeking medical care (n = 2794) and those not seeking care (n = 500), with details such as costs, reasons for seeking care, medications, and treatment satisfaction. RESULTS: The first survey analyzed 19,254 female with menses (90% of total). Of those, 1.9% reported seeking medical care within the last 3 months, 18.5% - 5 months prior, and 5.5% reported no visits. 78% reporting any medical contact had received prescription drugs. Of the total sample, 36% were taking OTC medication, 17% experienced impact on work (absence or lost productivity). About half of those not seeking care selected ‘unnecessary’ as the reason, however, 70% of this group also reported ‘recommended to see healthcare professionals’. About one-fifth (20%) reported ‘resistance/dislike’ as reason for not seeking care. MDQ6 score was strongly correlated to medical visit and impact on work. Extrapolated total annual economic burden amounted to 682 billion yen (direct and indirect costs, ~8.8 billion USD). CONCLUSIONS: These findings are similar to a large study conducted ten years ago, suggesting that there has been no change in treatment, medication, and patient behavior in dealing with menstrual-related problems. The burden remains large, and those not seeking care perhaps did not recognize this to be a condition warranting medical help.

PIH76

ANNUAL OVERALL AND EPILEPSY-RELATED HEALTH CARE UTILIZATION IN ADULT EPILEPSY PATIENTS IN THE UNITED STATES


OBJECTIVES: There are multiple drug options for the treatment of epilepsy. Some patients may be refractory to treatment and require combination antiepileptic drug (AED) treatment. We compared healthcare utilization of refractory and stable epilepsy patients. METHODS: Using a claims database covering 2007–2009, we identified patients with epilepsy who were either stable on therapy (no change in AED over 12 months) or were refractory (defined as adding AED therapy to an existing regimen). An index date in 2008 was selected: the date on which an additional AED was started for refractory patients; and a convenience date for stable patients. All pharmacy and medical claims in the post-index year were used to estimate overall utilization. Claims with epilepsy in any diagnosis field were used to estimate epilepsy-related utilization. Logistic regression models were used to adjust for baseline differences. RESULTS: There were 1536 refractory and 8571 stable patients (age: 41.8 ± 14.3 years; 50.7% ± 47.6% female; mean Charlson comorbidity index: 0.7 ± 0.5). Refractory patients were hospitalized more often than stable patients, both for any diagnosis (18.3% vs. 8.9% had ≥1 hospitalization) and for epilepsy-related diagnoses (15.7% vs. 7%). Refractory patients had greater mean hospital length of stay (any diagnosis: 9.9 ± 7.1 days vs. epilepsy-related: 8.9 ± 5.6 days). They also had more physician office visits than stable patients (any diagnosis: 12 ± 9 vs. epilepsy-related: 3.6 ± 2.2). After adjusting for demographics, region, usual-care physician specialty, and risk factors, the odds of hospitalization (OR: 1.8; 95% CI: 1.6-2.1), emergency department visit (OR: 1.6; 95% CI: 1.4-1.7), epilepsy-related hospitalization (OR: 2.2; CI: 1.9-2.6), and epilepsy-related emergency department visit (OR: 1.9; CI:1.7-2.2) were greater in the refractory group. CONCLUSIONS: Patients with refractory epilepsy use significantly more health care services than those with stable disease. As new and more effective AEDs become available, it may be possible to reduce the burden of epilepsy.

PIH77

EFFECT OF HOSPITAL WASTES ON DRINKING WATER QUALITY OF KPK HOSPITALS PAKISTAN

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OBJECTIVES: Evaluating the effect of hospital wastes on drinking water quality of KPK hospitals and in Pakistan. METHODS: The study was carried out to in Ayub