RESULTS:
The data analysis showed that there are many different principal diagnoses, procedures, and DRG’s used when patients come to the hospital with COPD. The highest principal diagnosis is COPD and bronchiectasis, the top procedure is classified as other vascular catheterization, and the top DRG in effect on the discharge date is COPD. The results also show that 5% of the patients died while they were in the hospital. The total charges for the patients show that the majority of the patients’ total charges were less than $10,000. Logistic regression showed that mortality is directly related to these diagnostic and procedure codes. CONCLUSION: More research on COPD is necessary. COPD is the fourth leading cause of death in the US, but there is virtually no research on the disease. The analysis of this dataset shows that the knowledge of this disease is limited and more research must be conducted.

FACTORS ASSOCIATED WITH ANTIHISTAMINE PRESCRIBING IN ASTHMA IN THE UNITED STATES IN 2005
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OBJECTIVE: Although antihistamines do not have an on-label indication for asthma, previous study showed increased prescribing in asthma by physicians. This study examined patient and physician predictors of obtaining an antihistamine for asthma. The absence of allergic diseases in 2005. METHODS: Office-based physician visits or outpatient visits by patients with asthma were selected from the 2005 National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey. Asthma was defined by either a diagnosis code of asthma (ICD-9-CM: 493.xx), a reason-for-visit code of asthma (2625.0), or affirmative answer to a question asking if patients have asthma irrespective of the diagnosis. Visits with concomitant allergic diseases indicated for antihistamines were excluded. The study applied multivariate logistic regression analysis in Stata 9 to take into account of the complex survey design. RESULTS: In 2005, 11% of the 54.3 millions asthma visits had an antihistamine prescribed. During office-based physician visits, females (OR: 1.25; 95%-CI: 1.07–2.02), patients prescribed leukotriene receptor antagonists (LRTA) (OR: 2.94; 95%-CI: 1.33–6.50), or short acting beta agonists (SABA) (OR: 2.37; 95%-CI: 1.24–4.53), were more likely to receive an antihistamine prescription. Physicians in Metropolitan Status Area (MSA) (OR: 2.23; 95%-CI: 1.03–4.85) were more likely to prescribe antihistamine in asthma. But those with access to electronic medical records (EMR) (OR: 0.36; CI: 0.15–0.88) were less likely to do so. Only LRTA (OR: 5.27; 95%-CI: 2.49–11.12), MSA (OR: 9.01; 95%-CI: 2.13–38.03) and EMR (OR: 0.27; 95%-CI: 0.08–0.88) were significant predictors for antihistamine prescribing in outpatient department. However, asthma patients treated by their primary care physicians were more likely to receive an antihistamine (OR: 2.9; 95%-CI: 1.45–5.80). CONCLUSION: Significant disparities in patient and physician characteristics were identified for antihistamine prescribing in asthma. Results also indicate that antihistamines were used as a complement for long-term asthma management.