was 38.2 years (SD = 12.6) and 62.7% were female. 85.9% of our respondents were born outside Canada and 71.8% were ethnically from Asian areas. Effectiveness of the preventive treatment (Risk of developing active TB after treatment, \( p = 0.23 \), \( p < 0.001 \), Risk of developing liver damage (\( p = 0.16 \), \( p < 0.001 \), Length of treatment (\( p = 0.0001 \), Risk of developing skin rash (\( p = 0.03 \), \( p = 0.002 \), and Risk of developing fatigue (\( p = 0.03 \), \( p = 0.009 \) were significant determinants of respondents' choices of preventive treatment. The negative preference estimates revealed that respondents were averse to higher risk of developing active TB, higher risk of developing skin rash and fatigue, and longer period of treatment. The effects of LTBI preventive treatment with higher effectiveness, less side effects and shorter length. This is consistent in favor of LTBI preventive treatment with higher socio-demographic characteristics, past experiences of TB, BCG vaccination status, and for the tuberculin skin test. CONCLUSIONS: The results suggest that respondents were consistently in favor of LTBI preventive treatment with higher effectiveness, less side effects and shorter length.

**Compliance**

**MINNESOTA NICOTINE WITHDRAWAL SCALE (MNWS) USING ABSTINENCE PROFILES IN TREATMENTS WITH VARENCLINE AND TRANSDERMAL NICOTINE PATCH (NRT)**

**PR35**

**Abstract:**

**OBJECTIVES:** To conduct a post-hoc analysis of the time-courses of MNWS item or domain scores (MNWS scores) and weekly point prevalence of abstinence (PVR) during the treatment phase of a previously-published (Aubin et al, 2008) randomized open-label clinical trial of varenicline (N = 376) vs. NRT (N = 370). METHODS: Current cigarette smokers, motivated to quit smoking, participated in the trial and completed the MNWS instrument. Descriptive statistics (mean ± standard error) of the MNWS scores from weeks 2 to 7 were computed. Time-course comparisons stratified by PVR were performed, with weekly responders defined by PVR \( = 0 \) and non-responders otherwise. Multivariate repeated-measures mixed-effects regression was conducted for each MNWS domain score as the outcome variable. Covariates included baseline, treatment, patient characteristics, smoking history and PVR. Statistical significance was reached when two-sided \( p \leq 0.05 \). RESULTS: The mean baseline MNWS scores of varenicline vs. NRT were comparable. By PVR, varenicline significantly reduced the mean urge to smoke vs. NRT in weeks 2, 3 and 4 (0.45 ± 0.10; 0.28 ± 0.09, 0.27 ± 0.10; 0.27 ± 0.09, respectively; all \( p < 0.01 \)) among responders, and in weeks 2 to 4 (0.13; 0.44 ± 0.14; 0.46 ± 0.16; 0.52 ± 0.18; 0.38 ± 0.17; all \( p < 0.03 \)) among non-responders. The mean negative affect scores were significantly lower in weeks 2 to 5 and 7 (0.31 ± 0.07; 0.20 ± 0.06; 0.18 ± 0.07; 0.23 ± 0.07; 0.13 ± 0.06; all \( p < 0.03 \)) among responders and in week 2 (0.22 ± 0.11; \( p < 0.04 \)) among non-responders. Additionally, restlessness was significantly reduced in weeks 2 to 5 (0.45 ± 0.10; 0.33 ± 0.09; 0.22 ± 0.09; 0.22 ± 0.08; all \( p < 0.02 \)) among responders and in week 2 (0.42 ± 0.14; \( p < 0.03 \)) among non-responders, and similarly the reduction of increased appetite (0.38 ± 0.18; \( p < 0.03 \)) among nonresponders in week 2 attached significant influence on the MNWS scores from weeks 2 to 7 were computed. Time-course comparisons stratified by PVR were performed, with weekly responders defined by PVR \( = 0 \) and non-responders otherwise. Multivariate repeated-measures mixed-effects regression was conducted for each MNWS domain score as the outcome variable. Covariates included baseline, treatment, patient characteristics, smoking history and PVR. Statistical significance was reached when two-sided \( p \leq 0.05 \). RESULTS: The mean baseline MNWS scores of varenicline vs. NRT were comparable. By PVR, varenicline significantly reduced the mean urge to smoke vs. NRT in weeks 2, 3 and 4 (0.45 ± 0.10; 0.28 ± 0.09, 0.27 ± 0.10; 0.27 ± 0.09, respectively; all \( p < 0.01 \)) among responders, and in weeks 2 to 4 (0.13; 0.44 ± 0.14; 0.46 ± 0.16; 0.52 ± 0.18; 0.38 ± 0.17; all \( p < 0.03 \)) among non-responders. The mean negative affect scores were significantly lower in weeks 2 to 5 and 7 (0.31 ± 0.07; 0.20 ± 0.06; 0.18 ± 0.07; 0.23 ± 0.07; 0.13 ± 0.06; all \( p < 0.03 \)) among responders and in week 2 (0.22 ± 0.11; \( p < 0.04 \)) among non-responders. Additionally, restlessness was significantly reduced in weeks 2 to 5 (0.45 ± 0.10; 0.33 ± 0.09; 0.22 ± 0.09; 0.22 ± 0.08; all \( p < 0.02 \)) among responders and in week 2 (0.42 ± 0.14; \( p < 0.03 \)) among non-responders, and similarly the reduction of increased appetite (0.38 ± 0.18; \( p < 0.03 \)) among nonresponders in week 2 attached significant influence on the MNWS scores from weeks 2 to 7. CONCLUSIONS: Overall, lower mean patient-reported MNWS scores associated with symptoms of tobacco withdrawal were observed for varenicline than for NRT, reaching statistical significance, particularly among abstainers. Differences in the dynamics of treatment effects along with concomitant abstinence status warrant further bivariate analyses.

**RESPIRATORY-RELATED DISORDERS – Health Care Use & Policy Studies**

**PR36**

**NEED FOR IMPROVING ACCESS TO ESSENTIAL MEDICINES AND TREATMENT BEHAVIOUR TO BRONCHIAL ASTHMA A CHRONIC DISEASE**

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**OBJECTIVES:** It is expected that chronic diseases will account for 71% of deaths and 60% of the global diseases by 2020. India is experiencing a fast health transition, in public facility of capital city. Results of the asthma management studies indicate poorly self-knowledge regarding treatment of bronchial asthma and by patients and asthma is not treated according to standard treatment guidelines. More than 80% patients and/or prescribers are treating acute episodes, rather than focusing on long-term asthma control. Ninety-two percent of patients alter the dose of inhaled corticosteroids after the acute attack. CONCLUSIONS: Since the incidence of chronic diseases are increasing rapidly in India, there is urgent need for improving access to essential medicines, treatment guidelines, policy making, patient & provider education, and resource allocation for chronic diseases, like bronchial asthma.

**DRUG UTILIZATION PATTERNS FOR PEDIATRIC ASTHMA IN AMBULATORY CARE SETTINGS**

**Parikh R, Mehta H, Patel J, Aparasu R**

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**OBJECTIVES:** This study examined the asthma medications prescribing patterns among pediatric asthma visits in ambulatory care settings in the United States. METHODS: A retrospective cross-sectional analysis of National Ambulatory Medical Care Survey (NAMCS) and the outpatent data of the National Hospital Ambulatory Medical Care Survey (NHAMCS) of year 2006–2007 was conducted involving children aged less than 18 years and diagnosed with asthma (ICD-9-CM 493.XX). The analysis focused on medications prescribed on first line of therapy for COPD. CONCLUSIONS: Bronchodilators were highly prescribed medication for COPD in outpatient visits. The first line of therapy did not vary significantly across sex, race and region for COPD.

**PR37**

**AMBULATORY CARE SETTINGS**

**PR38**

**PR39**

**ASSESSING DEMOGRAPHIC DISPARITIES IN UTILIZATION OF INHALED CORTICOSTEROIDS AMONG PATIENTS WITH PERSISTENT ASTHMA**

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**OBJECTIVES:** To find out demographic factors predicting inhaled corticosteroid utilization among asthmatic patients. METHODS: The study utilized data from the four-state sample of National Asthma Survey (NAS), sponsored by the National Center for Environmental Health (NCEH), Centers for Disease Control. The study population consisted of patients with persistent asthma as (defined by the symptoms score based on NHLBI guidelines). Frequency distributions were made to characterize the study population. Logistic regression was carried out to determine the odds of disparities in the use of inhaled corticosteroids across various demographic variables (Age, gender, race, income level, insurance coverage, and disease severity). Data was analyzed using SAS v9.8. RESULTS: Underutilization of inhaled corticosteroids (ICSs) was found to exist in the asthmatic patients as over half of our study population (% CI, 55.79-69.81) had evidence of inhaled corticosteroid (ICS) utilization. Except for Rajasthan no inhalers were on state essential medicine list and were not available in any of the public facility; in Rajasthan these inhalers were available only in public facility of capital city. Results of the asthma management studies indicate poor knowledge regarding treatment of bronchial asthma and by patients and asthma is not treated according to standard treatment guidelines. More than 80% patients and/or prescribers are treating acute episodes, rather than focusing on long-term asthma control. Ninety-two percent of patients alter the dose of inhaled corticosteroids after the acute attack. CONCLUSIONS: Since the incidence of chronic diseases are increasing rapidly in India, there is urgent need for improving access to essential medicines, treatment guidelines, policy making, patient & provider education, and resource allocation for chronic diseases, like bronchial asthma.