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comes. It is a 60-item questionnaire that contains the SF-36 plus Pain Symptom, Functional Limitations, Perceived Family/Social Disability, Real Family/Social Disability and Formal Work Disability scales. **RESULTS:** Five thousand two hundred thirty-five TOPS instruments were completed in 3,637 PMC patients from 1997 to 2002. 4,511 are <65 years, 392 are 65–74, and 332 are 75+. Psychometric performance, evaluated with Cronbach's alpha index of internal consistency reliability, of the SF-36/TOPS scales in this elderly population was consistent with published validation standards. SF-36 Physical Component Summary (PCS), Mental Component Summary (MCS) and the TOPS Total Pain Experience scales (TPE, a composite of 7 TOPS scales), for chronic pain patients <65, 65–74 and >75 are: PCS (29.6, 27.9, 26.4), MCS (39.7, 42.2, 42.9), and TPE (60, 58.8, 61.1). The PCS and MCS were significantly different ($p < 0.05$) when patients <65 were compared with older patients. Top 5 ICD9 diagnoses in each age group accounted for 52–60% of diagnoses reported, with myalgia and myositis (729.1) and lumbago (724.2) being first and second ranked in each age group. Neuralgia, neuritis and radiculitis incidence was in the top five reported ICD9 diagnoses for both older age groups, while herpes zoster complications was reported only in the 75+ age group. Influence of gender and work disability were also analyzed and will be presented. **CONCLUSIONS:** Older chronic pain patients have a higher PCS, lower MCS, similar TPE, and different diagnoses, as compared with younger patients.

URINARY & KIDNEY DISEASES/DISORDERS—Clinical Outcomes/Healthcare Policy

PRK1

COMPARISON OF DIRECT HEALTH-CARE COST, HOSPITAL UTILIZATION AND MEDICATION PERSISTENCE BETWEEN EXTENDED RELEASE FORMS (ER) OF TOLTERODINE AND OXYBUTYNIN IN OVERACTIVE BLADDER/URINARY INCONTINENCE PATIENTS

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OBJECTIVES: Tolterodine-ER is a newly-released medication for Overactive Bladder/Urinary Incontinence (OAB/UI). This retrospective study investigated the difference in direct health-care cost, hospital utilization, and medication persistence between OAB/UI patients initiated with tolterodine-ER or oxybutynin-ER. **METHODS:** Newly started adult patients (age > = 18) on either tolterodine-ER or oxybutynin-ER from October 2001 to May 2002 with 1-year washout period, were included and followed up until the end of study period or disenrollment. The log-transformed direct healthcare cost (excluding OAB-related pharmacy cost per member per month) was analyzed by ANCOVA. Control variables include demographics, previous hospital utilizations, medication pattern, prior OAB diagnosis and comorbidities. A Cox Proportional Hazard model was applied to examine the effect of different initial treatments on persistence described by time to switch and time to discontinuation. Logistic regression was used to assess the risk of hospitalization associated with the first prescription. **RESULTS:** Of 1811 patients, 1021 patients started with tolterodine-ER, and 790 with oxybutynin-ER. The average follow-up period for both groups was five months. No significant difference was found in the converted adjusted costs PMPM between tolterodine-ER group (US$602) and oxybutynin-ER group (US$648) with $P = 0.324$. Two groups had similar physician encounter frequency (one visit PMPM) and emergency room visit rate (2%), but tolterodine-ER initiated patients were less frequently hospitalized (9.11% vs. 13.16%, $P = 0.006$). A higher proportion of oxybutynin-ER initiated patients discontinued (56.6% vs. 52.5 %, $P = 0.08$) and switched (7.85% vs. 7.54%, $P = 0.808$). The type of initial therapy did not significantly affect time to discontinuation or time to switch, but initiating tolterodine-ER could reduce the probability of hospitalization by 32% (OR: 0.677, $P = 0.037$). **CONCLUSIONS:** Initial drug selection did not significantly change direct healthcare cost, medical utilization, and medication persistence in OAB/UI patients. However, patients initiating with oxybutynin-ER were exposed to a higher risk of hospitalization than those initiating with tolterodine-ER.

PRK2

FACTORS ASSOCIATED WITH DIALYSIS TREATMENT COSTS AMONG MEDICARE ENROLEES

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OBJECTIVES: Kidney failure affects approximately 300,000 people within the United States who require dialysis therapy. Health care for affected patients is mainly provided through the Medicare program. The literature has shown that kidney failure has a significant emotional, psychological and financial impact on affected patients and society. There could be several factors that determine patient utilization costs. Our objective is to identify the demographic, clinical, and treatment facility factors that significantly explain the costs associated with kidney failure treatment. **METHODS:** The study sample consisted of 47,285 Medicare eligible dialysis patients. Data were extracted for a 1-year period (1999). Predictor variables included patient demographics, treatment facility, and several other kidney related laboratory test values (such as creatinine clearance rates, co-morbidities, BUN, and hematocrit at baseline). Outcome variables included the dialysis treatment costs for epoetin and iron injec-