domed clinical trials (RCTs), with follow-up times from 1 to 36 months. Efficacy at three months of follow-up (estimated as the posterior median) ranged from 87.5% for the levonorgestrel-releasing intrauterine system ( LNG-IUS) to 14.2% for proges-
togens administered for less than two weeks out of four in the menstrual cycle. The
95% credible intervals for most estimates were quite wide, mainly because of the limited evidence for many combinations of treatment class and follow-up time and that remaining overlapping CIs from other outcome data.

CONCLUSIONS: LNG-IUS and endometrial ablation have high efficacy for HM. The
study yielded useful insights on MTP in scarce evidence networks. Diversity of outcome measures and follow-up times in the HMB literature presented consider-
able challenges. The Bayesian credible intervals reflected the various sources of
uncertainty.

PH4
IS SILDENAFIL – APOMORPHINE SUBLINGUAL COMBINATION SIGNIFICANTLY
MORE EFFECTIVE THAN SUBLINGUAL SILDENAFIL IN TREATING ERECTILE
DYSFUNCTION?
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OBJECTIVES: To test the efficacy of a sildenafil (50 mg) and apomorphine (3 mg)
sublingual combination in treating male Erectile Dysfunction (ED) in comparison to
sublingual sildenafil (50 mg) that shows an increasing number of non-responders.

METHODS: In all, 50 eligible ED patients were enrolled into a prospective single-
blinded crossover study with two treatment periods, each of 4 weeks, separated by
a 2-week washout period. A randomization list in blocks in closed packets was used to
randomize the patients to receive sildenafil then the combination or the combi-
nation then sildenafil. The primary efficacy endpoint was the percent of attempts
resulting in erection firm enough for intercourse. Other efficacy endpoints included
the percent of attempts resulting in successful intercourse, change in the score of the
5-item version of the International Index of Erectile Function (IIEF-5) from
baseline, response to Sexual Encounter Profile (SEP) diary questions 2 and 3, and
patient’s preference (Of the two study interventions, which one did you prefer?).

RESULTS: Only 43 patients completed the whole schedule and had results evalua-
able for ED. Sildenafil - apomorphine combination had a significantly higher
estimate than sildenafil in regard to the mean percent of attempts resulting in
erection firm enough for intercourse (77.6% vs. 63.1%, p < 0.001) and resulting in
successful intercourse (51.1% vs. 34%, p < 0.001), as well as erectile function as
evaluated by the change in the median IIEF-5 score from baseline (18 vs. 15 with
baseline of 7, P < 0.001). Also, the proportion of affirmative answers regarding the
SEP diary was significantly higher after the combination (question 2: 79.1% vs.
55.8% P < 0.01 and question 3: 65.1% vs. 44.2%, P = 0.05). At the end of the study,
patient preference was 88.4% for the combination and 4.6% for sildenafil.

CONCLUSIONS: Sildenafil - apomorphine sublingual combination was significantly
more effective than sublingual sildenafil in treating ED.

PH5
SYSTEMATIC REVIEW COMPARING THE EFFICACY OF THE 5-ALPHA
REDUCTASE INHIBITORS (5-ARI) DUTASTERIDE AND FINASTERIDE IN THE
TREATMENT OF BENIGN PROSTATIC HYPERPLASIA (BPH)
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OBJECTIVES: 5-Alpha-reductase inhibitors (5-ARIs), dutasteride and finasteride are effective treatments. If untreated, BPH
may lead to complications such as acute urinary retention (AUR) and the need for surger-
y. This systematic review is to compare the efficacy of dutasteride and finasteride in reducing episodes of AUR and the NfS related to BPH.

METHODS: MEDLINE, Lilacs and the Cochrane Central Register of Controlled Trials were searched (from inception to September 2011) to retrieve randomized clinical trials (RCTs) and observational studies evaluating these drugs. The search included ar-
ticles published in English, Portuguese, and Spanish. Patients with confirmed di-
agnosis of BPH were included. We analyzed data from studies that reported the
number of AUR or NfS following treatment with dutasteride or finasteride.

RESULTS: The literature search identified 24 potential full-text publications; 9 RCTs
(where 9 were duplicates) and 6 observational/ retrospective studies. No RCT head-
to-head comparison was found. Indirect efficacy comparison between the two
5-ARIs, based on RCTs, was deemed inappropriate due to the heterogeneity of the patients included in the studies, differences in outcome measurements, study design and
combination therapies (i.e., alpha blockers) used in the studies. Direct compari-
non of dutasteride and finasteride was available from 3 retrospective cohort
studies, indicating that dutasteride may be more effective in reducing the episodes
of AUR (mean ratio = 0.68-0.93; 95%CI: 0.47-0.77; 95%CI: 0.61-0.98; p < 0.03) relative to finasteride. CONCLUSIONS: The current evi-
dence on the efficacy of dutasteride and finasteride makes an indirect comparison
between the two 5-ARIs difficult; however, data retrieved from observational stud-
ies indicate improved clinical performance of dutasteride compared to finasteride.

PH6
ANTIPSYCHOTIC USE AND RISK OF NURSING HOME ADMISSION AMONG
COMMUNITY-DWELLING DUAL ELIGIBLE BENEFICIARIES
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OBJECTIVES: Antipsychotic agents are often used for behavioral symptoms of de-
mentia and psychosis. This study evaluated the risk of nursing home admission
associated with use of antipsychotics among community-dwelling (Medicare and
Medicaid) dual eligible beneficiaries in the United States. METHODS: The study
involved a retrospective cohort design matched on propensity score using Medi-
care-Medicare-Analytics (MAX) database from 1.4 million dual eligible benefi-
ciaries (including perinatal medical case records). From this linked cohort, all pre-
term born infants may be at increased risk of adverse outcomes. This
study compared the risk of all-cause hospitalization among elderly dual eligible beneficiaries (Medicare and Medicaid) using typical and atypical antipsychotic agents. METHODS: A retrospec-
tive cohort study design matched on propensity score was used to examine the risk of all-cause hospitalization among dual eligible beneficiaries 65 years or older using antipsychotic agents. The study involved use of Medicare and Medicaid Analytical eXtract (MAX) data from four US states. New antipsychotics were followed for up to six months without any censoring. The risk of hospitalization was modeled using a Cox proportional model and extended Cox hazard model stratified on matched pairs based on propensity score. RESULTS: Analysis of Medicare-Medi-
care dual eligible data revealed that, there were 1,43,617 new antipsychotic (91,665 atypical and 51,952 typical) users in the unmatched cohort and 84,162 (42,081 atypical and 42,081 typical) users in the matched cohort. The unadjusted rates of hospitalization were 27.17% and 27.96% among atypical and typical users respec-
tively. Cox hazards regression found that, users of typical antipsychotics were
marginally at a higher average risk of hospitalization compared to atypical users
(Hazard Ratio, HR, 1.07, 95% Confidence Interval, (CI), 1.04-1.10) Results of ex-
tended Cox regression suggest that, typical users had a higher risk of hospitaliza-
tion than atypical users within the initial 40 days of therapy [HR, 1.26, 95% CI, 1.21-1.31]. However, the risk of hospitalization decreased with prolonged typical use [HR, 0.90, 95% CI, 0.86-0.94] CONCLUSIONS: Overall, typical antipsychotic us-
ers were more likely to experience all-cause hospitalization than atypical users possibly due to differential safety profiles of antipsychotics. More research is
needed to evaluate specific reasons for the health care risk care impact of antipsychotics in the elderly population.

PH7
PHARMACOEPIDEMIOLOGICAL STUDY OF CYCLOSPORINE USE AND RISK OF
HOSPITALIZATION AMONG PRETERM BORN INFANTS COMPARED TO FULL TERM
BORN INFANTS
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OBJECTIVES: About 5-12% of all pregnancies in western countries result in preterm
birth. Preterm born infants may be at increased risk of adverse outcomes. This
study compared hospitalization and medication use in the first year of life between
preterm and full term born infants. METHODS: Data for this study were obtained
from linking the PHARMO database network (including detailed information on
drug dispensing and hospitalization histories) with The Netherlands Perinatal Reg-
istries (including perinatal medical case records). From this linked cohort, all pre-
term born infants (gestational age <37 weeks) between 2004-2007 were randomly
matched to 4 full term born infants on gender, month and year of birth. All infants
were followed from birth until end of data collection in PHARMO or their first
birthday, whichever occurred first. During follow-up, hospitalization and medica-
tion use was assessed. Cox proportional hazard regression models were used to
estimate the relative risk of hospitalization/medication use among preterms com-
pared to full terms. Population attributable risk percentages (PAR%) were calcu-
lated to estimate the proportion of hospitalization/medication use attributable to
prematurity. RESULTS: A total of 607 singletons born between 2004-2007, 0.427 (6%) were born preterm of which 90% were hospitalized at birth, compared to
55% of the full terms. Premature infants were twice more likely to be re-hospital-
ized (RR 2.0, 95%CI 1.9-2.1), specifically for respiratory related diseases. Prematurity accounted for 6% of respiratory re-admissions. Between the age of 6-12 months, the
most frequently used outpatient drugs were antibiotics and drugs for obstruct-
ive airway diseases. Premature infants were 50% more likely to receive respiratory

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