

38 states. Using the data-analysis software SAS Enterprise Guide, the data were analyzed for significant variables by comparing a treatment and control group through frequencies, densities, summary statistics, logistic regression, and linear regression models. **RESULTS:** Initial analyses reveal the majority of infants diagnosed with perinatal infection are male. There is a higher occurrence of the disease in hispanic and black infants and lower occurrence in whites. The disease is life-threatening and is linked to a longer length of stay and higher total charges. Regression models showed that there are inversely and directly proportional relationships between disease presence and a variety of diagnoses and procedures, some of which can significantly increase a patient's length of stay and total charges. **CONCLUSIONS:** Patient descriptors such as race and gender can affect the presence of perinatal infection, and certain common additional diagnoses and procedures associated with the disease can significantly prolong a patient's length of stay and increase total charges. Applying these results to perinatal infection research, there should be more focus on these factors in order to improve the efficiency and quality of perinatal infection treatment and management.

PIH39

#### ASSOCIATION BETWEEN SEXUAL DRIVE CHANGE AND PREMENSTRUAL SYMPTOMS

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**OBJECTIVES:** Premenstrual symptoms can interfere in a woman's life in many areas, including sexual desire. This study objective was to evaluate characteristics of women with premenstrual syndrome (PMS) and their impact on sexual drive. **METHODS:** Data were collected through an online survey study of adult females age 18–45, who were sexually active in the past three months and experienced some premenstrual complaints such as irritability, depression, headache and abdominal bloating. Participants completed the following questionnaires: Sexual Function Questionnaire – desire component (SFQ-D), Premenstrual Symptoms Impact Survey (PMSIS), and SF-12v2 Health Survey. The retrospective criteria of the American College of Obstetricians and Gynecologists were used to determine presence or absence of PMS. Logistic regression was used to assess the association between sexual desire dysfunction and the following factors: presence of PMS, current age, age at first menstruation, race, employment status, current and past use of oral contraception, and presence of any chronic condition. **RESULTS:** A total of 671 women (mean age = 30.8) were included for analyses. Based on the SFQ-D, 35.3% of women were identified as having high probability of sexual desire dysfunction. T-test demonstrated significant score differences between women with and without sexual dysfunction both for the SF-12 mental component summary score and the PMSIS score. Logistic regression showed that age ( $p = 0.037$ ) and presence of PMS ( $p = 0.024$ ) were associated with a higher risk of sexual desire dysfunction while current use of oral contraception reduced the risk ( $p = 0.009$ ). **CONCLUSIONS:** This study shows that a substantial number of women with PMS likely experience sexual drive dysfunction. Probability of experiencing sexual desire dysfunction increases with age and presence of PMS, while current use of oral contraception use appears to mitigate the impact of sexual desire dysfunction.

PIH40

#### ASSESSING WORK PRODUCTIVITY IMPAIRMENT IN PREMENSTRUAL SYNDROME AND PREMENSTRUAL DYSPHORIC DISORDER

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**OBJECTIVES:** Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) can have significant impact on women's work productivity. This study objective was to assess the degree of productivity impairment associated with PMS and PMDD. **METHODS:** Data were collected through an online survey of adult employed females aged 18–45 years ( $N = 634$ ), with some premenstrual complaints such as irritability, depression, headache, and abdominal bloating. Responses from the Work Productivity and Activity Impairment Questionnaire (WPAI) and the Work Limitations Questionnaire (WLQ) and its subscales (Time Management, Physical, Mental/Interpersonal and Output) were analyzed. The retrospective criteria of the American College of Obstetricians and Gynecologists and the DSM-IV-TR were used to identify women with Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) respectively. The study controlled for age using multivariate ANOVA and compared the following groups: 1) women that did not meet criteria for PMS or PMDD (66.4%); 2) women that met the criteria for PMS but not PMDD (18.9%); and 3) women that met the criteria for PMDD (14.7%). **RESULTS:** Multivariate ANOVA showed significant differences across the three groups for the composite Productivity Loss of the WLQ and its subscales as well as for the WPAI (all  $p < 0.001$ ). When compared to women without PMDD or PMS, the model estimated greater work impairment scores for the PMDD group than for the PMS group. Post-hoc analysis revealed significant differences in scores between all groups for all outcomes ( $p < 0.05$ ) except between PMS and PMDD groups for the WLQ-Time Management and PMS and non-PMS/PMDD groups for the WLQ-Physical. **CONCLUSIONS:** Presence of PMS and PMDD substantially impairs women's work productivity.

PIH41

#### PATIENT SATISFACTION AND PERCEIVED CARE IN OBSTETRICIANS AND GYNECOLOGISTS COMPARED TO OTHER SPECIALTIES: ANALYSIS OF US SELF-REPORTED SURVEY DATA

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**OBJECTIVES:** Very few studies have tried to evaluate comparative physician satisfaction across specialties and non specialties. We examined the differences in physician satisfaction achieved and the total care obtained by patients from different caregivers in the health care system like obstetricians and gynecologists, primary practitioners and other specialty physicians. **METHODS:** We conducted a cross sectional and national web based survey study consisting of anonymous patients who rated their physicians on the basis of treatment satisfaction that they received from their most recent outpatient visits. The survey was user friendly, validated and helped patients identify their physicians as per specialties and rate them on a scale of 0 (“not at all satisfied”) to 10 (“extremely satisfied”). The association between physician satisfaction and patient rating of total care among obstetricians and gynecologists, other specialists and primary practitioners was assessed using ordered logistic regression. **RESULTS:** A total of 35,512 patients who rated physicians belonging to the categories of obstetricians and gynecologists (14%), primary practitioners (50%) and other specialties (36%) were included in the study. After controlling other variables, the log odds of patient rating of total care for non-specialty physicians were 0.26 less in value than those for obstetricians and gynecologists ( $p < 0.001$ ). Other things being equal, the log odds of patient satisfaction for specialty physicians were 0.17 higher in value than those for obstetricians and gynecologists ( $p < 0.001$ ). After controlling for other variables, the log odds of patient satisfaction for non-specialty physicians were 0.15 less in value than those for obstetricians and gynecologists ( $p < 0.001$ ). **CONCLUSIONS:** Patient rating of total care was strongly associated with obstetricians and gynecologists compared to other specialty physicians and primary practitioners. The patient satisfaction ratings in obstetricians and gynecologists were higher compared to primary practitioners and lower compared to other specialists.

PIH42

#### WORK DISABILITY AND RETIREMENT IN DUAL-EARNER FAMILIES

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**OBJECTIVES:** The objective of this study is to determine whether spouses with work disability in dual-earner families are at an increased risk for retirement and how the risk varies among different conditions. **METHODS:** The study uses eight biennial waves (1992–2006) of the Health and Retirement Study (HRS), a nationally representative panel survey of the U.S. population over age 50. The final sample includes 3199 couples in which both a husband and a wife were in the labor force and did not mention being retired at the first interview. Retirement is defined as a departure from the labor force. Work disability (whether health limits amount or kind of work) and retirement are linked to the chronological date (month and year are available in the data). Separate Cox proportional hazards models estimate hazards of wives' and husbands' retirement as a function of own health and other confounding factors. The analysis start date is a wife's (a husband's) 50th birthday or the date of the first interview, whichever comes last. **RESULTS:** Work disability is associated with much higher risk of retirement. Wives with work limitations have a 2.23 times higher hazard of retirement (HR 2.23 [95% CI, 1.98–2.50]) than do wives without a work disability. The onset of own work disability raises the conditional probability of husbands' retirement by 2.7 times (HR 2.70 [95% CI, 2.42–3.02]). Health conditions that caused work disability and associated with the highest risk of retirement for wives are: heart, cancers, and respiratory, in that order. For husbands similar conditions are: emotional and psychological, cancers, and heart. **CONCLUSIONS:** Work disability prevention can decrease loss of productivity related to earlier retirement. Identifying best-practice disease prevention and health promotion programs through evidence-based research will help government, employers, health plans and workers to decrease the risk of developing a disabling condition.

PIH43

#### HOURLY AND ANNUAL OBJECTIVE PRODUCTIVITY (PRESENTTEISM) ACROSS SEVERAL DISEASES: BIPOLAR DISORDER, OTHER MENTAL DISORDERS, CHRONIC CONSTIPATION, FUNCTIONAL DYSPESIA, GERD, GOUT, AND INSOMNIA

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**OBJECTIVES:** To compare the at-work productivity (presenteeism) among employees with bipolar disorder (BPD), other mental disorders (OMD), chronic constipation (CC), functional dyspepsia (FD), gastroesophageal reflux disease (GERD), gout, and insomnia. **BACKGROUND:** Medical conditions impact employee productivity in differing ways. Little is known on the productivity of persons using objectively measured data. Self-assessed productivity impairments are not always validated with objective measures. **METHODS:** A 2001–2007 US employee database was used to identify subjects with BPD, OMD, CC, FD, GERD, gout, and insomnia (based on medical claim ICD9s) using objective electronically collected productivity data for employees in task-oriented positions. All studies used regression models to control for demographic differences between subjects with the condition and control groups of subjects without the condition. For all subjects (by study), the controls used the average index