SIC: Resource use and cost increase as the severity of PD worsens. The most significant resource use increases occur when patients reach HY4 due to mounting disability resulting in increased hospitalisation and combination drug therapy.

PNL25
COST AND USE OF PARKINSONISM-INDUCING DRUGS AMONG MEDICARE BENEFICIARIES
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OBJECTIVES: Drug-induced parkinsonism (DIP) is an akinetic-rigid syndrome induced by pharmacologic agents that can be difficult to distinguished from idiopathic Parkinson’s disease (PD). The medications potentially inducing parkinsonism include neuroleptic drugs, non-neuroleptic drugs, selective serotonin reuptake inhibitors (SSRI), and catecholamine-depleting agents (CDA). Here we examine the use of parkinsonism-inducing drugs among Medicare beneficiaries and estimate the economic burden of DIP. METHODS: We used the community-dwelling population of 1992–2000 Medicare Current Beneficiary Survey (MCBS) participants (97,999 subject-years). Bivariate comparisons were used to determine differences in the use of PD-inducing drugs between the beneficiaries with and without PD. Using multivariate model, we estimated the effect of PD-inducing drug use on the total medical expenditures. RESULTS: Among all MCBS beneficiaries, 1.63% reported having PD, 8.31% used PD-inducing drugs, and 0.93% used both anti-PD and PD-inducing drugs in a given year. Neuroleptic drugs were the most commonly used drugs inducing PD (53.82%), followed by the SSRI (41.45%), non-neuroleptic drugs (15.27%), and CDA (2.23%). More people with self-reported PD used PD-inducing drugs than people without PD (14.11% vs. 8.21%, p < 0.001). Among beneficiaries using both anti-PD and DIP drugs, 65.63% used neuroleptic medications (83.21% for people not taking anti-PD medications, p < 0.001), 30.00% used non-neuroleptic drugs (13.28%, p < 0.001), and 35.16% used SSRI (18.59%, p < 0.001). After adjusting for personal characteristics and comorbidities, the total annual medical costs were significantly higher in PD patients with psychiatric problems who were using neuroleptic drugs compared to other beneficiaries with psychiatric problems ($12109 vs. $10032, p < 0.001). CONCLUSIONS: More patients with self-reported PD are taking medications known to potentially cause DIP compared to Medicare beneficiaries without PD. The neuroleptic medications are the most common PD-inducing drugs among elderly. Although more research is needed, it is likely that DIP medications are contributing to the economic and health burden of parkinsonism in Medicare beneficiaries.

PNL26
TREATMENT SATISFACTION AND PRINCIPAL CAUSES OF TERMINATION OF DRUG TREATMENT OF PARKINSON’S DISEASE IN RUSSIA
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OBJECTIVES: To establish and analyse treatment satisfaction and principal causes which result in termination of drug treatment of Parkinson’s Disease (PD) in Russia. METHODS: The retrospective analysis was carried out for treatment which patients received. In the analysis, 241 patients with PD (male: 127, female: 114; mean age: 66.1 ± 7.5 years, duration of disease: 5.2 ± 3.2 years) have been included. RESULTS: Majority of patients received two or three drugs; 160 patients accepted levodopa (mean dose: 612.0 ± 327.7mg daily); 105 patients accepted anticholinergics such as trihexyphenidyl (mean dose: 5.0 ± 2.0 mg); 83 patients accepted amantadine (mean dose: 253.9 ± 72.1mg); 141 patients accepted dopamine agonist such as pramipexole (mean dose: 2.4 ± 1.0mg); and 35 patients accepted selegiline (mean dose: 9.1 ± 3.2mg). Adverse events resulted in termination of treatment more often for anticholinergics (n = 32), less often for levodopa (n = 8), amantadine (n = 5) and pramipexole (n = 4). Insufficient efficacy was the most often cause of end in treatment by trihexyphenidyl (n = 21), selegiline (n = 17), amantadine (n = 15), and rare reason of end of treatment by levodopa (n = 3), pramipexole (n = 2). High cost of drugs was the most often reason of pramipexole (n = 27) cancellation and only one case led to cancellation of levodopa. In other cases, patients were satisfied with the treatment. In Russia, mean daily dose of levodopa costs about US$0.9, pramipexole—US$3.96, selegiline—US$0.88, amantadine—US$0.05 and trihexyphenidyl—US$0.02. CONCLUSIONS: Principal causes of the termination of drug treatment of PD were adverse events, insufficient efficiency, and high cost. Reduction of cost of treatment of dopamine agonists such as pramipexole could lead to increase in number of PD patients who would continue to get treated in Russia.

PNL27
PREVALENCE OF INSOMNIA IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN A LARGE DATABASE
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OBJECTIVES: This retrospective study quantifies the prevalence of insomnia among patients with chronic obstructive pulmonary disease (COPD) from a large outpatient database. COPD is an umbrella term for the lung disease category associated with airflow obstruction, which includes emphysema, chronic bronchitis, and chronic asthma, either alone or in combination. METHODS: Data from April, 1996 to September, 2003 on patients with a diagnosis of COPD (ICD-9 codes 491.2, 492.0, 492.8, 493.2, and 496) were extracted from the GE Medical Systems database—a large, outpatient, multipractice electronic database system with input from over 2000 practicing physicians in 26 US states. The insomnia cohort was defined as patients having either a diagnosis consistent with insomnia (ICD-9 codes 307.4x [x = 1–2, 9] and 780.5x [x = 0, 2]) or a prescription for insomnia medication. Demographic characteristics, comorbid conditions, and concomitant medications were evaluated. RESULTS: A total of 5,777 (21.4%) of 27,052 patients in the COPD cohort were identified as having a diagnosis and/or being treated for insomnia, compared with 7.2% of the non-COPD patients. CONCLUSIONS: This exploratory analysis revealed that patients with COPD in this large outpatient database were diagnosed with and/or treated for insomnia almost three times as frequently as those patients not having a diagnosis of COPD. These data suggest that insomnia is a common and clinically important comorbidity associated with COPD. The nature of this association should be further investigated with a well-designed prospective study, and treatments for insomnia related to COPD need to be examined in greater detail.

PNL28
THE PREVALENCE OF INSOMNIA IN PATIENTS WITH DRUG DEPENDENCY OR ABUSE
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Abstracts