mated to currently suffer from OAB across the five countries. An estimated 2.5 m also have symptoms of urge incontinence. By 2020, 2.1 m additional males are expected to be affected by OAB. The average health care cost associated with managing these patients ranged from €200 in the UK to €732 in Italy. The total cost of OAB in males aged >40 were estimated to be €1.7 billion in 2005: €412 m in Germany; €607 m in Italy; €350 in Spain; €71 m in Sweden and €231 in the UK. By 2020, the total cost of OAB in males is expected to increase to €2 billion. This compares with a total burden of €4.1 billion in 2005 and projected total burden of €5.2 billion in 2020. **DISCUSSION:** The burden of OAB in males was 40% of the total burden in the overall population aged > 40. The economic burden is likely to increase in line with our prevalence forecasts. Since many males do not seek treatment, the future cost burden may be underestimated.

UH4

CHARACTERISTICS RELATED TO PRODUCTIVITY LOSS IN PATIENTS WITH OVERACTIVE BLADDER: RESULTS FROM THE MATRIX STUDY

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OBJECTIVE: To determine characteristics related to lost productivity in working adults with overactive bladder (OAB) using data from a large US multicenter trial. **METHODS:** Baseline data were obtained from 2770 participants in the Multicenter Assessment of Transdermal Therapy in Overactive Bladder with Oxybutynin (MATRIX). Productivity was assessed using the Work Productivity Questionnaire (WPQ), a modified version of the Work Limitations Questionnaire (WLQ) which captures physical, mental (concentration), time (interruptions and adherence to a schedule), and output (ability to handle workload) domains related to work productivity. Additional questions on demographics, prior OAB treatment, and daily pad use were asked. A WPQ Index was computed to estimate productivity impairment compared to healthy individuals. Characteristics related to productivity loss were determined using group comparisons (t-test). **RESULTS:** Approximately half (52.7%) of participants were of working age (18–64 years), and 44.9% were employed. The majority were female (92.0%) and white (81.2%). Overall, working participants were approximately 7.9% less productive than healthy individuals. Group comparisons revealed that females experienced greater physical limitations than males ($p < 0.05$) but had similar time, mental, and output scores. Age younger than 65 was associated with greater impairments of time, mental, and output domains ($p < 0.05$ for all). Minorities (African Americans, Hispanics, and Asians) experienced significantly less productivity than whites across all categories with the exception that African Americans reported similar time impairments to whites. Productivity scores were inversely related to daily pad use (those using 1- or 2- experiencing higher scores than those using 3 or more), and did not differ between treatment naïve and those previously treated ($p > 0.05$ for all domains). **CONCLUSIONS:** OAB causes job interruptions, difficulties in adhering to a schedule, physical limitations, impaired concentration, and reduced ability to handle workload. Females with OAB experience more physical limitations than males, and minorities generally experience greater productivity impairments than whites.

Podium Session II

Health Care Use and Policy: Focus on Health Professionals

HP1

IDENTIFYING PREDICTORS OF OFF-LABEL UTILIZATION PATTERNS OF TWO BIOTECHNOLOGY DRUGS, RECOMBINANT ERYTHROPOIETIN ALFA AND DARBEPOETIN ALFA: A MULTI-HOSPITAL STUDY

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OBJECTIVES: To identify predictors of off-label utilization of Erythropoietin and Darbepoetin across hospitals in the United States. **METHODS:** A retrospective database (Solucient®) review was performed on 169,288 discharged patients who received erythropoietin and darbepoetin across 187 hospitals. Based upon an evidence-based medicine framework, utilization of the two drugs was categorized as "on-label" (approved by the FDA), "off-label-supported" (not FDA-approved but with strong evidence supporting off-label use), and "off-label-unsupported" (minimal literature support for off-label indications). A multinomial logistic regression model clustered by hospitals was used. Model covariates were patient demographics, clinical outcomes, physician specialty, hospital size, teaching status, region, drug dose, and number of administrations. **RESULTS:** Relative to on-label, physician specialty, patient age group, race, and drug coverage were significant (at the 0.05 level) predictors of off-label use (supported and unsupported). Surgeons were twice as likely to prescribe off-label-unsupported (OFUS) than generalists and four times more likely than specialists. Infants (0–1 years), {RRR-164; 95%CI, 84–319}, children (1–17 years), {RRR-2.30; 95%CI, 1.45–5.0}, and young-adults (18–24 years) {RRR-2.30, 95%CI, 2.07–3.19} were more likely to receive OFUS compared to middle-aged adults (40–59 years), while OFUS prescribing for individuals over 75 years was weakly predictive (RRR-1.28; 95%CI, 1.03–1.6). African-Americans and Native-Americans were twice as likely to receive drugs for off-label-supported (OFS) but half as likely for OFUS use relative to whites. Moreover, Title-V, Worker's compensation, and self-pay patients were more likely to receive OFUS. **CONCLUSIONS:** Variations in off-label prescribing among physician specialties may reflect a lack of consensus on practice guidelines. The common use of OFUS prescribing in pediatrics may be explained by the limited clinical trial data on children. Racial differences in OFUS may indicate differing disease prevalence in populations. Knowing causes of off-label prescribing can help decision makers understand the degree to which it is appropriate.

HP2

PHARMACIST RESPONSE TO COMPUTER-GENERATED DRUG THERAPY ALERTS IN A LONG TERM CARE SETTING

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OBJECTIVES: We implemented a focused drug therapy management intervention aimed at reducing polypharmacy for Medicaid recipients in North Carolina nursing homes. Targeted were patients receiving >18 prescriptions in 90 days. During scheduled monthly home visits, consultant pharmacists providing routine drug regimen reviews also reviewed drug profiles displaying claims-generated drug problem alerts. Pharmacists documented reviews, recommendations and resulting drug therapy changes. Study objectives were to determine: 1) the frequency with which potential drug therapy problems (PDTPs) were found