to report joint pain, 59% vs. 49%, lower back pain, 42% vs. 33%, and severe headaches, 12% vs. 6% (p < 0.0001 for all pain differences). Knee joint pain is significantly higher in women than men (34% vs. 26%), as is finger joint pain (24% vs. 16%). Obese older adults have a higher prevalence than non-obese elders of knee pain (41% vs. 26%) and shoulder pain (21% vs. 16%). Elders with arthritis are about three times more likely than elders without arthritis to have joint pain of the knee (45% vs.14%), finger (32% vs. 9%), shoulder (26% vs. 8%), and ankle (20% vs. 8%). **CONCLUSION:** Pain symptoms are highly prevalent among older adults, particularly older women. Joint pain disproportionately affects obese and arthritic older adults. These findings call for increased recognition among providers and targeted interventions promoting symptom management and weight reduction.

PSY7

BURDEN OF OBESITY: 10-YEAR REVIEW OF PUBLISHED LITERATURE ON OBESITY PREVALENCE IN NINE COUNTRIES

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OBJECTIVE: To examine data published over the past ten years describing measured and self-reported obesity prevalence among adults in Australia, Canada, France, Germany, Italy, Spain, Sweden, the UK, and the US. **METHODS:** A review of the medical literature published from 1997 to 2007 was conducted, including MEDLINE, EMBASE, Current Contents Connect, and International Pharmaceutical Abstracts databases; ISPOR abstracts; and data published on the Internet by WHO and relevant governmental agencies. **RESULTS:** Prevalence of obesity varies significantly based on the mode of measurement. Studies based on measured weight and height report prevalence 35% to 86% higher than comparable studies based on self-reported weight and height. Obesity prevalence has increased significantly during the past two to three decades for most of the countries reviewed; prevalence in Italy, however, does not appear to have increased dramatically. Rates of increase in prevalence for most countries range from 40% to 60% over the past two decades. The US has the highest prevalence of obesity worldwide (approximately 32%). Australia, Canada, Germany, and the UK also have relatively high obesity prevalence (range: 18% to 23%). France, Italy, Spain, and Sweden have comparatively low obesity prevalence (range: 9% to 15%); however, rates of increase are similar to those of countries with higher obesity prevalence. **CONCLUSION:** Prevalence of obesity varies substantially among these countries. Given the rapid rate of increase in obesity prevalence and the variation between prevalence rates derived from measured and self-reported data, studies based on recently collected measured data are necessary to understand global obesity epidemiology.

PSY8

THE ECONOMIC BURDEN OF SYSTEMIC LUPUS ERYTHEMATOSUS AMONG PATIENTS OF THE CAROLINA LUPUS STUDY EARLY IN THE COURSE OF DISEASE

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OBJECTIVE: Our primary objective was to quantify differences in direct and indirect costs (i.e., costs of health care utilization and costs associated with job loss, respectively), and identify predictors of total cost based upon data provided at the follow-up assessment. **METHODS:** The Carolina Lupus Study is a population-based case-control study of SLE conducted in eastern and central NC and SC. Controls were identified through driver's license records and frequency matched to cases by age, sex, and state. The 2001 follow-up assessed health care utilization in the past 12 months. Health care utilization per-unit annual costs (converted to 2001 US dollars) of 198 SLE patients were compared to those of 299 controls. The natural logarithm was taken of health care services which were used in linear regression to predict factors associated with an increase or decrease in the magnitude of total annual cost for cases and controls. **RESULTS:** Annual mean direct costs for health care was $12,375 (sd $13,723) in cases compared with $3,718 (sd $6,135) in controls (p < .0001). The annual mean salary was $21,540 (sd 11215) among the 47 cases and $24,909 (sd 9399) among the nine controls who had stopped working due to health reasons. When averaged across the full follow-up sample (199 cases and 298 controls), the average annual cost of wages lost due to illness was $5,113 and $749 in cases and controls, respectively (p < 0.0001). Predictors of higher costs among cases were lower education level (less than high school), renal disease, and serositis. **CONCLUSION:** There are no published studies which compare medical expenditure costs of SLE patients to matched-controls. Health utilization costs were significantly different for nine out of the ten health services and indirect costs between cases and controls were considerable implicating a need for financial support amongst minorities and women, populations disproportionately affected by SLE.

PSY9

RISK FACTORS AND RISKS ASSOCIATED WITH HOSPITAL STAYS IN PATIENTS WITH MYALGIA

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OBJECTIVE: The risk factors for myalgia were examined along with other data associated with these risk factors involving the hospital stay of patients with myalgia. **METHODS:** Data were collected from hospitals around the United States through the NIS, and these data were narrowed down to those patients suffering from myalgia. These data were then analyzed using SAS Enterprise Guide 4. Data visualization techniques, logistic regression and linear models were used to achieve the desired results. **RESULTS:** It was determined that females are the most abundant among myalgia sufferers with a peak age around 56. The male subjects with myalgia had a broad peak of 43 to 65 years of age. This condition has occurred in most women by the age of 58. It was also determined that the Asian/Pacific Islanders demonstrated a peak age of around 70 in comparison to the average age of 58.3. Asians have the lowest probability of accumulating less than $20,000 in total charges and Caucasians, African-Americans, and Native Americans have the highest. Asians also have the highest probability among the races of accumulating between $38,000 and $58,000 in charges. Caucasians were determined to have the least probability of staying less than five days in the hospital and Asians have the highest probability of staying between 11 and 16 days. A linear model revealed that the following DX and DRG codes are significant in predicting total charges and also surround heart and blood conditions: Transfusion of packed cells, anemia (unspecified), venous catheterization (not elsewhere classified), of native coronary artery, congestive heart failure (unspecified), and atrial fibrillation. **CONCLUSION:** There is currently limited data on the risk factors of myalgia and these results will hopefully be a start to learning more about the condition.