the differences were not statistically significant. CONCLUSION: Study results largely correspond to previous published estimates (i.e., Trussell, 2004). Contraception failure rates for user-dependent methods were substantially greater in a Medicaid population than those in a non-Medicaid plan. The efficacy rates of non-daily methods were not statistically different across the two populations and thus may be the more appropriate option for a Medicaid patient or other patient subpopulations shown to have compliance issues.

PHI3
HOSPITALIZATIONS AND MORTALITY ASSOCIATED WITH INCIDENT POTENTIALLY INAPPROPRIATE MEDICATIONS USE AMONG ELDERLY INDIANA MEDICAID BENEFICIARIES RESIDING IN NURSING HOMES
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OBJECTIVE: Most studies of potentially inappropriate medications (PIMs) among older adults have focused on prevalence rather than incidence. This study determined one-year incidence of PIMs use among Indiana Medicaid beneficiaries 65 years old or older who resided in nursing homes and examined associations between incident PIM use and hospitalizations and mortality.

METHODS: A retrospective analysis was conducted using Indiana Medicaid claims and enrollment files. Individuals were included in the sample if they were 65 years old or older, received Medicaid covered nursing home services from October 2002 through 12 months after starting a PIM in 2003 or until death in 2003, and were prescribed at least one new medication in 2003. Individuals who received any PIM in the three months prior to January 2003 were excluded. The 2003 Beers criteria were used to identify PIMs. Associations between incident PIM use, hospitalization and mortality were assessed using logistic regression models that controlled for age, gender, race, marital status, Charlson comorbidity scores, number of medications prescribed in 2003, and nursing home location. Selection bias was examined using seemingly unrelated bivariate probit models. STATA Intercooled for Windows was used for all statistical analyses.

RESULTS: The study sample consisted of 7594 individuals. One-year incidence PIM use was 42.1%. Rhos, correlations of error terms from equations predicting hospitalizations and mortality, were not significant indicating no selection bias. Incident PIM users were more likely to be hospitalized (odds ratio (OR) = 1.27, 95% CI: 1.01–1.57) and more likely to die (OR = 1.45, 95% CI: 1.31–1.61) in 12 months after controlling for demographic and clinical characteristics. CONCLUSION: Incidence of PIM prescribing was high among elderly Indiana Medicaid beneficiaries residing in nursing homes. Individuals who began use of a PIM in 2003 were at a higher risk of hospitalization and at higher risk of dying.

PHI4
COMPARISON OF MEN AGE 21 YEARS AND OLDER WITH AND WITHOUT ERECTILE DYSFUNCTION ON CONCOMITANT PRESCRIPTION DRUG, COMORBID CONDITIONS, SMOKING STATUS AND BMI
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OBJECTIVE: Comparison of data collected in an electronic medical record (EMR) database on men age 21 years and older with and without erectile dysfunction (ED) on concomitant drug prescription, co-morbid conditions, smoking status and BMI.

METHODS: A retrospective review of the General Electric Centricity MQIC research database containing the ambulatory health records of US patients was conducted. ED patients age 21 and older were identified by diagnosis, PEDE5 and/or both ≥18 month of activity and smoking status was required. Two non-ED age-matched (within ±2 years) controls were randomly selected for and linked to each case. A matched case-control analysis was conducted using conditional logistic regression, with goodness of fit and residual analyses used to test validity and assumptions.

RESULTS: Non-smokers compared to current smokers were less likely to develop ED. There was an increase odds of ED with each unit increase in BMI. Men with BMI 30–39.9 had the highest risk of ED (2.14 OR, 1.73–2.64 95% CI) compared to those with BMI ≤18.5. Antihypertensive, lipid lowering agents and diuretics had the highest relative odds for ED respectively (2.43 OR, 2.34–2.5 95% CI; 1.57 OR, 1.52–1.62 95% CI; 1.44 OR, 1.3–1.5 95% CI) None of the other risk factors or co-morbid conditions (cerebrovascular disease, kidney disease, arrhythmics, and anti-neoplastics) was found to increase the risk of ED. CONCLUSION: EMR data provides a means for assessing risk factors for and associated conditions consistent with ED in a real-world setting, including the links between this condition and commonly used prescription drugs. The likelihood of developing ED was less for non-smokers and increased with increasing BMI and the use of antihypertensives, lipid lowering agents and diuretics.