OBJECTIVES: As is limited, to determine national estimates and characteris-
tics associated with antidiementia drug mention at AD+SD visits. METHODS: Through a retrospective analysis of the 10-
year (1998-2007) physician-office visit data of National Ambulatory Medical Care Survey, we calculated weighted national estimates and percentages of AD+SD visits made by patients aged 40 years and older with relevant ICD-9-CM codes (290.xx, 294.xx, 331.xx). In multivariate logistic regression analysis we analyzed the charac-
teristics associated with anti-dementia drug mention at AD+SD visits. RESULTS: Of an estimated 6.5 million adult ambulatory care visits (5 visits per 1000 people) for AD+SD, 52%, 25%, 14%, and 11%, mentioned an antidepression (marijuana, cholinesterase inhibitors, quetiapine, memantine, risperidone, rivastigmine, donepezil), antihypertensive, antidepressant, antipsychotic, and antiepileptic drug respectively. Patients with AD+SD visits were predominantly 75-84 year olds (53%), white (89%), female (63%), living in metropolitan statistical area (81%), South (30%) and Northeast (28%), on Medicare (73%), seeing a freestanding private practice physician (61%) or a neuro-
logist (21%), female sex (88%), and less than college educated (82%). In multivari-
ate analyses controlling for gender, type of dementia, comorbidity, and visit-
year, any versus no anti-dementia drug mention was significantly less likely at visits by other versus white-race patients (adjusted odds ratio [OR] = 0.44,95%CI:0.42-0.46), new versus established patients (OR = 0.38,95%CI:0.37-0.39), by those on
self-pay versus private-insurance (OR = 0.63,95%CI:0.56-0.70), and in South (OR = 0.43,95%CI:0.41-0.44) and West (OR = 0.41,95%CI:0.40-0.43) versus those in Northeast (all P < 0.0001). CONCLUSIONS: About 50% and 25% of AD+SD visits mentioned an anti-dementia drug and other drugs, respectively. New patients, those in the South, on self-pay and living in South or West of the US were less
likely to receive an anti-dementia drug. Study findings suggest deficiencies in access and quality of dementia care in the US warranting the attention of providers and payers and need further study.

TREND IN UTILIZATION OF AND SPENDING ON BENZODIAZEPINES IN THE UNITED STATES MEDICAID PROGRAM: 1991-2009

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INTRODUCTION: Although benzodiazepines are primarily considered anxiolytics, some have other indications such as seizures, alcohol withdrawal, insomnia, antispasms, and retardive dyskinesia. They are also commonly abused medications, especially the brand name products, alone and in combination with other drugs (e.g. methadone). They are classified, on the basis of their half lives, into short-, intermediate- and long-acting agents. The side effects of falling and fractures cause benzodiazepines to be ineffective for patients. O R E C T I V E : To describe trends in the utiliza-

CONCLUSIONS: Spending on benzodiazepines represents < 1% of Medicaid’s spending on outpatient drugs. Moreover, due to generic entry for some of the drugs, the percentage rise in spending on benzodiazepines since 1991 (52.6%) was less than the general rate of inflation (57.5%). By its policy of reimbursing for generic, rather than branded, medications, Medicaid reduces the opportunity for abuse.

RISK-BENEFIT ANALYSIS OF DEPRESSION TREATMENT FOR CHILDREN AND YOUNG ADULTS

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OBJECTIVES: The U.S. Food and Drug Administration’s decision to mandate a black-

Risk of suicidal behavior in children and young adults remains controversial. We aimed to quantify the tradeoffs of alternative strategies in treating pediatric major depressive disorder (MDD) with respect to clinical benefit and risk of fatal and non-
fatal suicidal behavior over a five-year time horizon. METHODS: We developed a discrete event simulation model integrating epidemiological and clinical data from the pub-
lished literature in order to simulate the effect of three treatment strategies (i.e., Se-
lective serotonin reuptake inhibitors (SSRIs), cognitive behavioral therapy (CBT), and a combination of SSRIs and CBT) on a U.S. population of children and young adults with new onset depression. We measured the implications of different scenarios, be-

OBJECTIVES: Physicians often make dosage decisions based on experience and may be biased in estimating the risk and effect of the product label. This makes it difficult for econo-
mists to compare the “real world” costs and benefits of alternative therapeutic choices. We compare a published methodology for calculating therapeutic dose equivalence based on approval labeling for various antipsychotics prescribed for schizophrenia with actual prescription data in that population. METHODS: The sample consisted of a proportional selection of patients that derived from a popu-
lation of patients of all ages, across all payers, and in all regions of the United
States. The information included NDC code sets, quantity, and day of supply and was aggregated from pharmaceutical prescriptions files. The frequency distribution measured the top antipsychotic medications in patient accounts and prescriptions with schizophrenia. The therapeutic dose equivalence was determined using the meth-

CONCLUSIONS: Our study enables pharmacoeconomic comparisons among antipsychotics not only according to label-approved dosages, but also real-world dosing patterns.

EFFECT OF PRESCRIPTION MONITORING PROGRAMS (PMPs) ON OPIOID OVERDOSE ADMISSION

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OBJECTIVES: Over the past three decades the concept of prescription monitoring programs (PMPs) has developed immensely, however little evidence regarding their effectiveness has been collected. This study focuses on simple difference-in-
difference evaluations, comparing the implementation effect of a PMP in Tennes-
see with Kentucky, which has a well-established PMP, and Missouri, which has not to date established any PMP. The effect of interest is opioid overdose hospital admission. METHODS: The present study examines a simple differ-
ence-in-difference model of a natural experiment caused by the staggered imple-
mentation of prescription monitoring programs in Kentucky, Missouri, and

CONCLUSIONS: There are multiple possible reasons for the lack of signifi-
cant findings, including several study limitations. Despite the limitations, it can be said that the Controlled Substance Abuse Database Program in Tennessee has no