description of statin use in refill claims data. DISCLOSURE: Pfizer Inc. provided access to the Protopace database and financial support for drawing the initial sample. Koecher and Williams have received past support from Pfizer Inc. but not for this analysis.

PRO2

SELF-REPORTED HEALTH STATUS PREDICTORS OF MEDICATION ADHERENCE IN OLDER ADULTS WITH CHRONIC DISEASES

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OBJECTIVE: Medication adherence is a recognized problem in older persons and is exacerbated by the factors such as comorbid conditions. The aim of this study was to examine the relationship between self-reported health status and medication adherence in older adults with chronic diseases. METHODS: A longitudinal cohort study was conducted in older adults (aged greater than or equal to 65 years) enrolled in a health maintenance organization. Study sample included patient cohorts with four major chronic diseases: Type 2 Diabetes Mellitus (n = 667), Overactive Bladder (n = 176), Asthma (n = 129), and Psoriasis (n = 63). Self-reported health perception, falls, lifestyle, and depressive symptomatology in the pre-enrollment year were measured using a risk-assessment questionnaire. The SF-12 questionnaire assessed the quality of life and the short-form Center for Epidemiologic Studies Depression Scale assessed depression level (0-100). Medication Possession Ratio (MPR) was used as a measure of medication adherence. Multivariate regression analyses were conducted examining predictors of MPR scores.

RESULTS: A 0.28-point increase in MPR [Range 0-1] was found in patients receiving oral antidiabetics as compared to patients who did not receive oral antidiabetics (p < 0.001). Increased number of comorbidities was associated with decreased adherence (p < 0.05). In OAB patients, previous year hospitalization was associated with 0.05-point decrease in MPR for antimuscarinic medication (p < 0.05). For asthmatic patients, depressive symptomatology was associated with 0.31-point decrease in MPR (p < 0.05). Psoriasis patients with depressive symptoms and those whose physical activity was only moderate were less adherent compared to patients who were active (both p < 0.01).

CONCLUSION: Significant associations were found between predictors of health status such as depressive symptoms and decreased medication adherence in elderly patients with chronic diseases. Health status assessments completed at the time of enrollment may have the potential to identify older adults at risk for poor adherence for better intervention.

PRO3

EVALUATION OF A PROGRAM TO IMPROVE ADHERENCE WITH PEGYLATED INTERFERON THERAPY: A PROPENSITY SCORE MATCHED RETROSPECTIVE COHORT ANALYSIS

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OBJECTIVES: Poor adherence to antiviral therapy in hepatitis C virus (HCV) patients is a well-documented problem. The Be In Charge® program (BIC) is a comprehensive patient support program that encourages adherence by providing 24-hour inbound and proactive outbound telephone nursing support and mailings of HCV educational materials throughout therapy. The purpose was to determine the impact of BIC on patient adherence to peginterferon alfa-2b combination therapy (peg-2b). METHODS: A retrospective cohort analysis compared BIC enrollees to propensity-score matched peg-2b starters not enrolled in BIC (controls). Subjects were included if they were ≥18 years of age; started peg-2b on or after January 1, 2004; and could be observed for at least 12 weeks after treatment initiation. Adherence was measured as the number of injections dispensed and proportion of patients who received an average of ≥1 injection per week during follow-up. Adherence was compared using paired chi-square and t-test. RESULTS: After matching, each cohort consisted of 780 eligible subjects observable for ≥12 weeks; 638 and 333 subjects in each cohort were observable for 24 and 48 weeks, respectively. BIC subjects refilled 1.2 more injections (95% confidence interval [CI] 0.52, 1.83; P < 0.0001) than the control cohort within 12 weeks, 2.7 more (95% CI 1.5, 3.8; P < 0.0001) within 24 weeks, and 6.7 more (95% CI 4.3, 9.1; P < 0.0001) within 48 weeks. Additionally, BIC enrollees were more likely to refill ≥12 injections within 12 weeks of initiation (72% vs. 64%, P = 0.0005), ≥24 injections within 24 weeks (52% vs. 41%, P < 0.0001), and ≥24 injections within 48 weeks (22% vs. 13%, P = 0.0020). CONCLUSION: This quasi-experimental study suggest the BIC program significantly improved adherence to peg-2b. Additional research is needed to ascertain which aspects of the program are most effective and which patients are most likely to benefit from this intervention.

PRO4

PREVALENCE OF MEDICATION COMPLIANCE AND PERSISTENCY WITH SPECIALTY MEDICATIONS IN MANAGED CARE POPULATION

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OBJECTIVES: The primary objective of this project is to assess the prevalence of medication compliance and persistence with specialty medications in patients newly diagnosed with specific disease conditions such as Growth Hormone (GH), Chronic Hepatitis C (CHC), Multiple Sclerosis (MS) and Rheumatoid Arthritis (RA). METHODS: For each disease condition, separate cohorts of patients who were newly diagnosed between May 1, 2004 and August 1, 2004 time periods were identified and selected using PBM pharmacy claims database. Patients were defined as new to therapy if they were not prescribed the same specialty medication six months prior to the study period. Patients who lost prescription drug benefit eligibility during the study period were excluded from analysis. Identified patients were then followed for a period of 12 months from the treatment start date. Compliance was measured by computing the Medication Possession Ratio (MPR), which is defined as the ratio of the total days supply obtained to the total number of days in the study period. Persistence was reported in terms of average length of therapy in days. The compliance and persistence measures were also controlled for differences in gender and age. RESULTS: The mean MPR was 0.66 for patients on GH (N = 60), it was 0.48 for patients on CHC (N = 107), 0.65 on MS (N = 173) and 0.63 on RA (N = 324). The average length of therapy for patients on GH was 274.5 days, on CHC was 196.0, on MS was 270.1 days and on RA was 285.2 days. CONCLUSIONS: Non-compliance and non-persistency is a critical and prevalent problem in the patients taking specialty medications. Disease specific efforts are needed to improve medication compliance and persistence to optimal level in order to achieve effective treatment outcomes.