DISPARITIES ON MATERNAL MORTALITY AMONG COLOMBIAN REGIONS IN
PIH74
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OBJECTIVES: To describe disparities in the incidence of diagnosed cases of congenital
syphilis by Departments in Colombia between the years 2006-2009.

METHODS: We estimated Maternal Mortality Ratios (MMR) for all the departments of Colom-
bian regions between 2000 and 2009. We found an excess of risk of maternal mortality for all regions over 90% com-
pared with the world. The MMR ranged from 1.98 to 2.56 per 1000 live births in 2006 to 2009.

RESULTS: There was a big gap in MMR among Colombian regions in-
creasing in Colombia in the last years, and it is far from the goals of the World
Health Organization (0.5 cases per 1000 live births). There are notorious differences
compared with the world. The main causes of maternal mortality in Colombia
were hemorrhages and congenital malformations.

CONCLUSIONS: There is still a big gap in maternal mortality rates within the Country showed an increasing gap between Depart-
ments during the study period. Some of these disparities found were avoidable and
suggest disparities in the quality and access to safe motherhood and early neonatal
programs within the country, that should be evaluated.

PIH75
CLINICAL, HUMANISTIC, AND ECONOMIC BURDEN OF MENSURAL SYMPTOMS IN JAPANESE WOMEN
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OBJECTIVES: The study aims at gaining a clear view of the clinical, humanistic,
and economic burden on women’s daily living caused by menstrual symptoms,
especially pain and bleeding. METHODS: An online survey was conducted in two
phases, with sampling structures to approximate the age and geographic distribu-
tion of women between the ages of 15 to 49. The first phase (n = 21,477) investi-
gated retrospectively the conditions associated with menses, and impact on work
and productivity within the previous three months. ‘Menses-related conditions’ in
this research referred to 6 domains from the Menstrual Distress Questionnaire
(MDQ©). The second survey analyzed the difference between women seeking med-
ical care (n = 279) and those not seeking care (n = 500), with details such as costs,
reasons for seeking care, medications, and treatment satisfaction. RESULTS: The first survey analyzed 19,254 female with menses (90% of total). Of those, 1.9% reported seeking medical care within the last 3 months, 18.5% ± 3% months prior, and another 3% reported no visits. 78% reporting any medical contact had received pre-
scription drugs. Of the total sample, 36% were taking OTC medication, 17% expe-
rrienced impact on work (absence or lost productivity). About half of those not
seeking care selected ‘unnecessary’ as the reason, however, 70% of this group also
reported indication/ limitations of daily life. About 20% reported ‘resistance/dislike’
reason for not seeking care. MDQ© score was strongly correlated to medical visit
and impact on work. Extraduplicated total annual economic burden amounted to 682
billion yen (direct and indirect costs, ~8.88 billion USD). CONCLUSIONS: These
findings are similar to a large study conducted ten years ago, suggesting that there
has been no change in treatment, medication, and patient behavior in dealing with
menstrual-related problems. The burden remains large, and those not seeking care
perhaps did not recognize this to be a condition warranting medical help.

PIH76
ANNUAL OVERALL AND EPILEPSY-RELATED HEALTH CARE UTILIZATION IN ADULT EPILEPSY PATIENTS IN THE UNITED STATES
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OBJECTIVES: There are multiple drug options for the management of epilepsy. Some
patients may be refractory to treatment and require combination antiepileptic drug
(AED) treatment. We compared healthcare utilization of refractory and stable epi-
lepsy patients. METHODS: Using a claims database covering 2007-2009, we identi-
fied and compared all patients who were treated with at least one AED for at least one year, and who had at least one visit with a diagnosis of epilepsy-related problems.
RESULTS: The prevalence of epilepsy-related problems increased with age and severity:
12 vs. 9 and epilepsy-related: 3.6 vs. 2.2). After adjusting for demographics,
use and comorbidities, epilepsy-related: 15.7% vs. 7%). Refractory patients had greater mean
mean Charlson co-morbidity index: 0.7 vs. 0.5). Refractory patients were hospitalized more often than
stable patients, both for any diagnosis (18.3% vs. 9.8% had ≥1 hospitalization) and
for epilepsy-related diagnoses (15.7% vs. 7%). Refractory patients had greater mean hospital
length of stay (any diagnosis: 9.9 vs. 7.1 and epilepsy-related: 8.9 vs. 5.6 days).
They also had more physician office visits than stable patients (any diagno-
sis: 12 vs. 9 and epilepsy-related: 3.6 vs. 2.2). After adjusting for demographics, region,
usual-care physician specialty, and risk factors, the odds of hospitalization
(OR:1.8; 95% CI:1.6-2.1), emergency department visit (OR:1.6; CI:1.5-1.8), epilepsy-
related hospitalization (OR:2.2; CI:1.9-2.6), and epilepsy-related emergency depart-
ment visit (OR:1.9; CI:1.7-2.2) were greater in the refractory group. CONCLUSIONS:
Patients with refractory epilepsy use significantly more health care services than
those with stable disease. As new and more effective AEDs become available, it
seems possible to reduce this burden and improve care.

PIH77
EFFECT OF HOSPITAL WASTES ON DRINKING WATER QUALITY OF KFP HOSPITALS PAKISTAN
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OBJECTIVES: Evaluating the effect of hospital wastes on drinking water quality of KFP
hospitals and in Pakistan. METHODS: The study was carried out in Ayub