PROJECTING THE BURDEN OF ALZHEIMER’S DISEASE AND EVALUATING THE POTENTIAL IMPACTS OF PREVENTING ALZHEIMER’S DISEASE IN THE UNITED STATES
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OBJECTIVES: Alzheimer’s disease is the sixth-leading cause of death in the United States. The health and economic costs associated with the disease are enormous. We forecast and quantify this burden until year 2050 and evaluate the potential impacts of delayed onset of Alzheimer’s disease. METHODS: We use a dynamic microsimulation model to predict health status (Alzheimer’s disease as one of many health measures) and economic situations of Americans 30 years and older, from year 2004 to 2050. To estimate the burden of Alzheimer’s disease, we estimate a scenario in which there is no incidence of Alzheimer’s disease and compare outcomes with projections of the status-quo over the next 45 years. To evaluate the impacts of different intervention scenarios, we compare outcomes with the status quo in which there is no incidence of Alzheimer’s disease and compare outcomes with projections of the status-quo over the next 45 years. To evaluate the impacts of different intervention scenarios, we compare outcomes with the status-quo.

EVALUATING THE POTENTIAL IMPACTS OF PREVENTING ALZHEIMER’S DISEASE IN THE UNITED STATES
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SOCIODEMOGRAPHIC PATTERNS OF INSOMNIA DRUG PRESCRIPTIONS
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OBJECTIVES: Insomnia is the most common sleep complaint worldwide. Our study aims to identify physician and patient characteristics likely to influence insomnia prescription patterns. METHODS: The project utilized data from National Ambulatory Medical Care Survey, conducted by the US. Department of Health and Human Services. The study subjects were selected from 2006 outpatient visits in which at least one frequently used insomnia medication was prescribed. A series of population-based descriptive analyses were used to estimate the national weighted frequencies of selected insomnia drug prescriptions. We further constructed a weighted logistic regression model to estimate the odds ratio and marginal probabilities of covariates toward predicting insomnia drug prescriptions. RESULTS: Among the 901.8 million outpatient visits that took place in the US in 2006, an estimated 21.07 million visits included at least one insomnia drug prescription. The results from a multivariable logistic regression showed that a patient’s race and age, physician’s clinic ownership, type of office setting, and employment status were significantly associated with insomnia medication prescriptions. Black patients were 2.4 times more likely to receive insomnia medication than were white patients (OR = 2.4; 95% Wald CI (1.26–4.69)). Older patients were more likely received insomnia prescription than were younger patients. Patients with 3–5 visits over the course of 12 months received fewer insomnia prescription than did patients with only 1 visit (OR = 0.44; 95% Wald CI (0.21–0.93)). Physicians who worked in the academic health center prescribed fewer insomnia drugs than did physicians who worked in the private practices (OR = 0.29; 95% Wald CI (0.09–0.91)). Employed or contracted physicians prescribed a significantly higher number of insomnia drugs than did owner physicians (OR = 3.6; 95% Wald CI (1.87–4.78)). CONCLUSIONS: Our findings indicate various sociodemographic disparities in the use of insomnia prescriptions. The study also demonstrated a comprehensive analytical framework, which is especially applicable to population-based data mining research.

NEUROLOGICAL DISORDERS – Conceptual Papers & Research on Methods
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OBJECTIVES: To evaluate the agreement between data derived from medical charts of patients with multiple sclerosis (MS) and from a health care claims database. METHODS: This data source comparison was a secondary objective in a study utilizing both claims and linked medical data chart. In this study, patients with MS were identified in a