

examined, few studies have addressed the impact of Medicaid on children's health and schooling. This paper reports estimates of the effect of Medicaid enrollment on children's school absenteeism. Schooling is a particularly important outcome because it influences children's productivity and earnings as adults. **METHODS:** I use panel data from five years of the Medical Expenditure Panel Survey to estimate the impact of Medicaid enrollment on the number of school absences in reduced form and structural equation models. The structural model includes equations for children's medical care use, health status, and school absences. Econometric methods employed include instrumental variable techniques, fixed effects estimation, and coarsened exact matching. **RESULTS:** I find that children with Medicaid coverage have significantly more doctor visits, doctor visits are significantly associated with better health, and children in better health miss significantly fewer days of school. **CONCLUSIONS:** I conclude that Medicaid enrollment significantly reduces school absences.

PIH32

HEALTH CARE ACCESS AND UTILIZATION AMONG UNITED STATES ADULTS BY CENSUS REGIONS

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OBJECTIVES: This study contributes to our knowledge by examining current estimates of health insurance coverage, doctor visits and usual place of care among adults aged 20 years and older in the 4 US census regions. **METHODS:** Cross-sectional observational study design. Analysis of nationally representative data collected from adults aged 20 years older participating in the Behavioral Risk Factor Surveillance System (BRFSS) 2008 (N = 399,041) and the National Health Interview Survey (NHIS) 2008 (N = 21,281). **RESULTS:** Among adults in the South census region (81 million), 18.4% lack health insurance (age-adjusted), significantly higher than the 11.5%, 12.5%, and 16.6% from the Northeast, Midwest, and West, respectively. Among men aged 20 to 39 years, the uninsured rates are 21.3% in the Northeast, 22.9% in the Midwest, 27.6% in the West, and 29.5% in the South (p < 0.001 for differences with the South). The West has a significantly higher proportion of adults who have no usual place of health care than the South (24.9% vs. 21.5%), respectively. Thirteen percent of women in the Western census region have not seen a doctor in the past year, significantly higher than Southern women (10.7%). Eye doctor visits in the past year are significantly lower in the South (36.1%), than in the Northeast (41.2%) and the Midwest (41.7%). **CONCLUSIONS:** Health care access and utilization rates are generally lower in the South and West census regions. Effective approaches are needed to increase access and reduce health care utilization disparities among the census regions.

PIH33

PREDICTION OF DEPRESSION IN LATE PREGNANCY

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OBJECTIVES: Screening for and identification of maternal psychological distress during the course of pregnancy and in the months following birth continues to be an area of concern for health care professionals. This study explores the predictive potential of early self-report antenatal markers of third trimester depression and retention in the research programme in a cohort of 148 women. **METHODS:** Women were recruited during first trimester booking appointment (14 weeks) and followed prospectively to 31 weeks pregnancy. Measures at baseline included self-report reaction to pregnancy, anxiety (Hospital Anxiety and Depression Scale; HADS), depression (Edinburgh Postnatal Depression Scale; EPDS), self-esteem (Culture-Free Self-Esteem Inventory version 2; CFSEI-2), worry (Cambridge Worry Scale; CWS) and marital status. The EPDS was completed again at 31 weeks gestation. **RESULTS:** Regression analysis revealed first trimester reaction to pregnancy and self-esteem to be major predictors of both level and occurrence of depression in the third trimester. Anxiety and depression in the first trimester did not predict depression in the third trimester. Marital status was observed to be a significant predictor of retention in the study. Those participants who dropped out of the programme had significantly lower self-esteem than those completing both observation points. **CONCLUSIONS:** These results provide evidence for the significant predictive potential of assessing reaction to pregnancy and self-esteem in early pregnancy to anticipate manifestation of depressive symptomatology in late pregnancy. Further evaluation of these domains in clinical screening practice is suggested. Disengagement from clinical research programmes in pregnancy is associated with low self-esteem.

PIH34

DRG 237: SPRAINS, STRAINS, & DISLOCATIONS OF THE HIP, PELVIS, & THIGH

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OBJECTIVES: To examine, analyze, and interpret data that correlate with data concerning hospital admissions for DRG 327. Furthermore, we examine variables and controls that come into play when dealing with sprains, strains and dislocations of the hip, pelvis, and thigh area. **METHODS:** The data that were analyzed for DRG 237 were taken from the KID (KID's Inpatient Database) for 2006. KID stands for Kids' Inpatient Database, and is a hospital administrative database. SAS was used to analyze the data using various statistical techniques to predict various outcomes. The data were compared to various patient demographics and specific icd9 codes that allowed us to analyze and predict the various variables involved with the specific DRG.

RESULTS: After analyzing the data, it seems that most cases that deal with sprains and strains around the hip and pelvis area are mainly from youth from the age of 2–20 years old. These types of sprains and dislocation to the hip and pelvis area are also very common in athletes because they are using their hip, pelvis, or thighs on a regular basis. There were 299 cases of either sprains or strains to the hip, pelvis and thigh region and out of those 299 cases, there were 0 deaths. **CONCLUSIONS:** The majority of cases for DRG 237 are a result of athletic or work related activities for these areas that are used on a daily basis for the various everyday activities a person goes through. The death mortality rate for these injuries is very low and reported zero cases for the year 2006. Length of stay was attributed to how severe the patient case was and did not amount to a very long hospitalization stay which in turn lowered the total charges attributed to the patient for DRG 237.

PIH35

IMPACT OF PREVENTIVE TREATMENT WITH TITRATED DRY CRANBERRY EXTRACT IN A PATIENT SUFFERING FROM RECURRENT CYSTITIS

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OBJECTIVES: Cystitis is one of the most common bacterial infections in women. Cystitis is acute or chronic bladder inflammation. It manifests itself by a frequent desire to urinate, accompanied by a burning sensation when passing urine. To evaluate the impact of preventive treatment of patients suffering from recurrent cystitis with titrated dried cranberry extract. **METHODS:** Pragmatic, longitudinal and prospective follow-up carried out by Urologists within the framework of their everyday professional activities. **RESULTS:** A total of 120 patients with a mean age of 53.3 ± 18.9 years were enrolled by 43 urologists throughout France. These patients were monitored for 7 months (median) by the urologist. 5 symptoms were evaluated every three weeks by the patient: frequency, urgency of urination, burning sensation on urination, inability to empty the bladder completely, sensation of heaviness in the lower abdominal area. These symptoms were also graded by the patient according to the intensity experienced multiplied by the frequency. On enrolment, the scores for each symptoms were 6.4; 6.6; 5.3; 3.1; 4.2 respectively. The overall score was 27.6 According to data collected by the patients, the overall symptom score fell significantly (p < 0.001) between enrolment and 6 months of treatment. At 6 months (24 weeks of treatment) the score for each symptom was 2.1; 2.6; 1.8; 0.8 and 1.2 respectively, therefore the overall score was 9.2. The overall score progression is significant (p < 0.0001), and in addition the progression of each symptom is also significant. The prevalence at 6 months is 27.8% (versus 98.3%) at enrolment. **CONCLUSIONS:** Recurrent cystitis generally requires prophylactic antibiotic medication for several months. The initiation of such treatment should take into account the worrying increase in antibiotic resistance. The prevalence of urinary problems in subjects with recurrent cystitis was reduced by 3 after six months of treatment with dried titrated cranberry extract (98.3% versus 27.8%).

PIH36

BILLING PATTERNS FOR THE TREATMENT OF HYPOACTIVE SEXUAL DESIRE DISORDER

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OBJECTIVES: Hypoactive sexual desire disorder (HSDD) is characterized by persistent/recurring deficiency of sexual fantasies or thoughts, and/or the absence of desire for sexual activity. Clinicians may experience challenges in treating HSDD as no therapy, neither pharmacologic nor psychotherapeutic, has proven to be effective. Given these challenges, the current analysis compared billing patterns for diagnoses of HSDD relative to diagnoses for depression and anxiety. **METHODS:** Using ICD-9-CM coding, outpatient claims for HSDD (302.71), depression (296.2x, 296.3x, 300.4, 309.1, 311, v79.0) and anxiety (293.84, 300.0x) were evaluated using the 2008 Marketscan[®] Commercial Claims and Encounters Databases from Thomson Reuters. Claims were included in the analysis if one of the three conditions was the only diagnosis listed; claims were aggregated at the CPT level. **RESULTS:** Evaluation and management, psychotherapy, laboratory/pathology, and drug injection codes comprised 94% of all outpatient claims billed with an HSDD diagnosis, 84.6% of all outpatient claims billed with a depression diagnosis and 88.9% of all outpatient claims billed with an anxiety diagnosis. The majority of visits for HSDD were for laboratory/pathology (56.7%) while only a fraction of these visits were observed for depression or anxiety claims (4.8% and 8.2% respectively). Face-to-face encounters with clinicians were the leading visit type for depression or anxiety diagnoses (79.8% and 80.6% respectively); these occurred less frequently for HSDD diagnoses (33.4%). Average reimbursement for HSDD was significantly lower than for visits for anxiety or depression (\$46.63, \$74.84 and \$74.89 respectively). **CONCLUSIONS:** The differences in the types of visits reported for women with HSDD relative to those for women with depression or anxiety reflect noteworthy differences in the treatment of these patient groups. The lack of approved pharmacological treatments for HSDD and indications that psychotherapy for HSDD has only proven to be minimally effective may be a driver of these differences.