nocturnal GERD cases reported less non-prescription medication use than younger adults (9.5% versus 22.5%; p < 0.05) for GERD-related symptoms. CONCLUSIONS: Symptomatic GERD and nocturnal GERD were less prevalent and severe in elderly compared to younger adults. Elderly reported less medication use for GERD-related symptoms than younger adults.

GASTROESOPHAGEAL REFUX IN INFANTS: IMPACT ON THE QOL OF PARENTS
Taïeb C, Marionneau N, Myon E
Pierre Fabre SA, Boulogne Billancourt, France

Very common in infants, gastroesophageal reflux causes regurgitations which generally disappear during the first year of life (or before the infant starts walking). Diagnosis was made in 18% of cases during a statistical study carried out among infants which were theoretically in good health. Although rarely or not at all evaluated, the impact of GER in infants upon the everyday life of the parents is undoubtedly far from negligible. OBJECTIVE: To evaluate the impact of GER in infants upon the quality of life of both parents. METHODS: Within the context of a cohort, 150 infants (under 3 months of age) were monitored over a period of 6 months. On inclusion, a generic scale (SF-12) are completed by both parents. The completed questionnaires were returned in prepaid envelopes. RESULTS: The first results concerned the first 40 patients. Regarding the SF-12, the results were organised in 2 scores: mental (MCS-12) and physical (PCS-12). The norms observed in a standard American population are a score of 50 (e-t:10) for each dimension. The SF-12 scores for the fathers on inclusion were: PCS-12 = 52.6 (4.5) & MCS-12 = 44.7 (8.4). The SF-12 scores for the mothers on inclusion were: PCS-12 = 47.4 (7.7) & MCS-12 = 36.0 (9.8). Paired comparison of these results shows a modification in the quality of life of the mother compared with that of the father. This difference is significant in both dimensions (p < 0.005). CONCLUSIONS: The quality of life, evaluated by the SF12, of the parents whose child suffered from gastrointestinal reflux was modified; this phenomenon was particularly marked with regard to the “mental” component. The quality of life of the mother was, in our study, more modified than that of the father. The impact upon the quality of life of the immediate entourage was, once again, highlighted. This impact should be taken into consideration in the treatment of the infant.

ASSOCIATION BETWEEN SKIN TATTOOS AND HEPATITIS B OF 1/2001 PRIVATES AT ADISORN FORT HOSPITAL, THAILAND
Auamnoy T, Mekaroonreung S, Auamnoy Th
Chulalongkorn University, Bangkok, Thailand

OBJECTIVE: To determine whether there is association between skin tattoos, Hepatitis-B and prisons, to investigate risk behaviors for Hepatitis-B and to describe characteristics of person who have tattoos. METHODS: This retrospective study consisted of a self-administered survey, and an ELISA blood test for viral hepatitis B. The study sample consisted of all 1/2001 privates at Adisorn Fort Hospital Saraburi who had tattoos (n1 = 46) and simple random sampling of another group of 46 volunteers who did not have tattoos. RESULTS: All privates (N = 92) were male, age 22.88 b 1.41 years, 67 (72.8%) had graduated from elementary and high school, 29 were positive for Hepatitis-B antibodies (31.5%), 41 (44.6%) had sex with prostitutes, 3 (3.3%) did not use condom, 4 (4.3%) shared razors, 1 (1.1%) shared needles, 25 (27.2%) had been in jail, 87 (94.6%) drank alcohol, 43 (46.7%) had used amphetamines. Twenty (28.6%) had tattoos on 2 arms. Ten (14.3%) had tattoo on their back, 9 (19.6%) obtained their tattoos while in prison, 15 (32.6%) had a tattoo that was greater than 20% of the body’s surface area. There was an association between skin tattoo and Hepatitis B (Chi Square, p < .01, OR: 15:9, 95%CI: 1.97–128.16), and an association between skin tattoo and having been in prison (Chi Square, p < .01, OR: 6.3, 95%CI: 2.1–18.8). There was no association between having been in jail and Hepatitis-B. Logistic regression was employed to find factors for Hepatitis-B. The variables that were associated with Hepatitis-B (<.05) were entered procedure to identify association with Hepatitis-B. Hit rate was 87.9, Pseudo R Square 0.464, Skin tattoos, a history of a family member with Hepatitis-B, and sharing needles increased the chance of getting Hepatitis-B. CONCLUSIONS: There were associations between jails and tattoos and viral hepatitis-B. Hygiene in tattoo’ shops should be controlled by the government.

TELITHROMYCIN (TEL) RESULTS IN FEWER HOSPITALIZATIONS THAN AMOXICILLIN-CLAVULANATE (AMC) IN THE OUTPATIENT TREATMENT OF ACUTE EXACERBATIONS OF CHRONIC BRONCHITIS (AECB)
Chang JR1, Stewart J2, Cadilhac M3, Huppertz E4, Nieman RB1
1Aventis Pharma, Bridgewater, NJ, USA; 2Aventis Pharma Canada, Montreal, QC, Canada; 3Aventis Pharma France, Paris, France; 4Aventis Pharma Germany, Bad Soden, Germany

OBJECTIVE: To compare the clinical efficacy, AECB-related hospitalization rates, and length of stay in hospital (LOS) in outpatients with AECB treated with either TEL or AMC. METHODS: Outpatients with AECB (n = 325) were enrolled in a randomized, double-blind, double-dummy, multicenter clinical study and received either oral TEL 800mg once daily for 5 days or AMC 500/125mg 3 times daily for 10 days. Clinical and economic outcomes were followed for 4 weeks. The primary
statistical hypothesis was equivalence of clinical efficacy at the test of cure visit (Days 17–21) in the per-protocol populations. Study investigators who were blinded to the treatment group at the time of admission assessed AECB-related hospitalization events. **RESULTS:** Clinical cure rates for the per-protocol populations of TEL- and AMC-treated patients were similar and statistically equivalent (TEL, 86.1% [n = 115]; AMC, 82.1% [n = 112]). The number of AECB-related hospitalizations was 4 (2.5%) for TEL vs 7 (4.4%) for AMC patients, with a shorter total LOS for TEL vs AMC (28 vs 67 days, respectively). The rate of hospital days per 100 patients was 17.5 for TEL vs 41.9 for AMC-treated patients. **CONCLUSIONS:** In this randomized, double-blind clinical trial, treatment with TEL and AMC provided similar rates of clinical efficacy. However, fewer hospital admissions and a reduced total LOS were observed for TEL-treated patients. This shorter LOS may equate to cost savings in the outpatient management of AECB.

**PIN 3**

**EFFECTIVENESS OF HAART IN REDUCING VIRAL LOAD (VL) AMONG A LARGE COHORT OF HIV-INFECTED PATIENTS—A SIGNIFICANT UNMET NEED**

Wu Y, Yuan Y, Mukherjee J, L’Italien G

1Bristol-Myers Squibb, Wallingford, CT, USA; 2Bristol-Myers Squibb, Princeton, NJ, USA

**OBJECTIVE:** Highly Active Anti-Retroviral Therapy (HAART) has significantly reduced HIV-related morbidity and mortality. Bartlett J et al. recently reviewed its efficacy in a clinical trial setting. The overall percentage of patients with HIV RNA ≤400 copies/ml was 64% at 24 weeks, those with ≤50 copies/ml, 54%. However, real-world effectiveness data on viral control is lacking. Whether efficacious therapy can be translated into effective viral control in communities needs be evaluated. Our objective was to address this issue by examining viral control prevalence in a large HIV+ cohort. **METHODS:** The study population was derived from Cerner HIV Insight, a large national longitudinal database on US HIV+ subjects. Adult HAART (PI-HAART, NNRTI-HAART, NRTI-only-HAART) recipients during 1996–9/2002 were included. Subjects were followed until week 24 of HAART or switch. Baseline VL was measured ≤30 days prior to HAART initiation. Study outcomes were defined as percentages of patients reaching (a) VL ≤ 400 copies/ml, (b) VL ≤ 50 copies/ml, (c) CD4 ≥ 350/mm3, (d) a and c, and (e) b and c. Multivariate logistic regression models including demographics, regimen and baseline VL and CD4 count were constructed to identify significant predictors of these study outcomes. **RESULTS:** Analyses included 2776 subjects. Baseline characteristics were summarized (mean age 40, 88% male, 62% caucasian, 92% treatment naive, mean baseline VL 131,877, mean CD4 304). At week 24/switch, overall viral control was poor. For PI-HAART, the percentages of patients reaching outcomes (a)–(e) were 34, 30, 37, 18 and 16, respectively. For NNRTI-HAART: 33, 24, 53, 24 and 17, respectively. For NRTI-HAART: 20, 14, 42, 14 and 11, respectively. Multivariate analyses identified age, regimen, and baseline VL and CD4 count as significant predictors. **CONCLUSIONS:** Compared to clinical trial efficacy, real-world viral control rates are sub-optimal. More effective HIV therapy options appear to be needed to manage this unmet need and improve patient outcomes.

**PIN 4**

**THE INFLUENCE OF PRESCRIPTION DRUG COVERAGE ON ANTIBIOTIC UTILIZATION IN ACUTE RESPIRATORY TRACT INFECTIONS: FINDINGS FROM THE MEDICAL EXPENDITURE PANEL SURVEY (MEPS)**

Alsultan MS, Larrat EP

University of Rhode Island College of Pharmacy, Kingston, RI, USA

**OBJECTIVE:** Recognizing the effect of prescription drug coverage on the patient’s ability to obtain prescription drugs is crucial and may play an important role in the health care decision making process due to the associated cost and the potential for misutilization. It is the objective of this study to provide specific information on the influence of prescription drug coverage on antibiotic utilization in acute respiratory tract infections (RTIs). **METHODS:** A retrospective study of (N = 3181) prescription events associated with acute upper and lower RTIs have been identified from the Household Component (HC) of the 1996 Medical Expenditure Panel Survey (MEPS). Cases selected included acute nasopharyngitis (common cold), acute sinusitis, acute pharyngitis, acute tonsillitis, acute laryngitis and tracheitis, acute upper RTIs of multiple or unspecified sites, and acute bronchitis and bronchiolitis. Antibiotic use and associated costs were determined by selecting oral antibiotics and the sum of payment associated with each prescription. Logistic regression was used to evaluate prescription drug coverage effect on prescribing an antibiotic and on the type of antibiotic prescribed. **RESULTS:** Antibiotics accounted for 45.93% of the prescription events for acute RTIs, of which 25.46% were for high cost antibiotics. When compared to patients with prescription drug coverage, patients with no drug coverage were less likely to be prescribed an antibiotic (OR: 0.499; 95% CI: 0.407–0.612), and they were also less likely to receive a high cost antibiotic (OR: 0.096; 95% CI: 0.059–0.157). **CONCLUSIONS:** The results of the study indicate that, in acute RTIs, the likelihood of being prescribed an antibiotic, that may be unnecessary, is greater when the patient has prescription drug coverage. Providers of such coverage should closely monitor prescribing patterns for acute RTIs to avoid unnecessary cost and consequently, resistance from such antibiotics.