tisements increased awareness of new treatment (perceived benefit) and improved discussion with health professionals (perceived benefit) were both positively associated with switching request (p = 0.001 and p < 0.0001, respectively). Believing that DTC advertisements led to decreased confidence in doctor’s judgment (perceived barrier) was negatively associated with switching request (p = 0.02). Patients on regular medication (OR, 2.03; 95% CI, 1.48–2.78), black patients (OR, 2.76; 95% CI, 1.48–5.13), patients with higher attentiveness to DTC advertising (p < 0.0001), and patients with allergies (OR, 1.35; 95% CI, 1.01–1.79), asthma (OR, 1.71; 95% CI, 1.09–4.33), or anxiety (OR, 1.60; 95% CI, 1.23–2.57), were more likely to make switching requests. CONCLUSIONS: Patients’ switching requests were associated with health beliefs, race, health status, and attentiveness to DTC advertising.

**OBJECTIVES:**
To investigate the prevalence of potentially inappropriate medication prescribing (PIP) among elderly residents in Regione Emilia Romagna (RER), Italy and to examine factors associated with having PIP. METHODS: We conducted a retrospective cohort study using the 2001 outpatient prescription claims database. We linked individuals in this database with information (age, gender, and other variables) available from a demographic file of approximately 1 million elderly RER residents. The cohort comprised 849,425 subjects 65 years or older, who had at least one drug prescription during the study period. PIP was defined as having a prescription claim for a medication included in the 2003 Beers updated list of drugs to be avoided in the elderly. Of the 48 medications in the list, 19 were reimbursed in 2001 by the Italian National Formulary and included in the analysis. RESULTS: A total of 152,641 elderly in the cohort (18.0%) had 1 or more occurrences of PIP. Of these, 11.5% received prescriptions for 2 medications of concern and 1.7% for 3 or more. Doxazosin (23.0% of the subjects) was the most frequently occurring PIP, followed by ketorolac (20.5%), ticlopidine (18.3%), and amiodarone (12.6%). More than half of the PIP was for drugs with the potential for severe adverse outcomes. Factors associated with greater likelihood of PIP were male, older age, overall number of drugs prescribed, greater number of chronic conditions, and lower income level. CONCLUSIONS: This study provides strong evidence that PIP for elderly ambulatory patients is a substantial problem in Italy. Because we were able to analyze only a fraction of the Beers’ drugs list, our results underestimate the extent of PIP. The awareness of the prevalence of PIP and associated determinants may be useful in designing and implementing effective programs targeting outpatient practitioners to influence their prescribing behavior to reduce PIP.

**OBJECTIVES:** To determine the value-for-money offered by pemetrexed (Alimta) plus cisplatin therapy for patients with malignant pleural mesothelioma (MPM), relative to cisplatin monotherapy, in Australia. MPM is an uncommon, locally invasive and rapidly fatal malignancy. There is currently no other treatment or palliative care for serious and treatment-emergent adverse events. METHODS: A comprehensive literature search revealed one randomised head-to-head trial of pemetrexed plus cisplatin therapy versus cisplatin monotherapy (N = 448), by Vogelzang et al. (2003). Median survival for the intention-to-treat (ITT) population was 12.1 months for the pemetrexed plus cisplatin arm versus 9.3 months for the cisplatin arm (hazard ratio = 0.77, p = 0.020). Although there was greater toxicity with the combination regimen, quality of life was not negatively impacted. Mean survival time for each treatment arm was estimated from Kaplan-Meier survival curves. Resource use was applied as per the trial and costed accordingly. Study drug utilisation, concomitant medications, supplementary medication (dexamethasone, folic acid, and vitamin B12), post-study chemotherapy, and care for serious and treatment-emergent adverse events were costed. RESULTS: A mean of 4.7 treatment cycles in the pemetrexed plus cisplatin arm, and 4.0 cycles in the cisplatin monotherapy arm. The combination therapy required more supportive care for toxicities.