by assessing patient preferences for non-health outcomes, such as interactions with the health care provider. Consideration of non-health outcomes will be important to include in future evaluations of maternal health services.

PIH22

CARESS: THE CANADIAN REGISTRY OF SYNAGIS®
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OBJECTIVE: To determine current usage of palivizumab prophylaxis, the compliance patterns, hospitalization rates and outcomes in children at high-risk of respiratory syncytial virus (RSV) infection through the development of a Canadian Registry Database (CARESS). METHODS: A prospective, longitudinal, observational, follow-up study of Canadian infants who received palivizumab prophylaxis in the 2006/2007 RSV season. Neonatal and demographic data were collected from the parent/caregiver upon enrollment. Parents/caregivers were contacted monthly (at next injection or by telephone) by site nurses for data on palivizumab utilization and compliance, and outcomes related to any respiratory tract events. RESULTS: Information was collected on 1224 infants who received at least one injection of palivizumab and who ranged in age from 2 days to 34 months (mean = 5.17 months). Participating children were typically male (57.4%) and Caucasian (72.2%). Gestational age was at least 31.5 ± 4.3 weeks. 914 infants (74.7%) received palivizumab primarily for prematurity (5.35 completed weeks gestational age), 119 (9.7%) had bronchopulmonary dysplasia and required supportive oxygen therapy, 119 (9.7%) had congenital heart disease and 72 (5.9%) were prophylaxed for other risk factors. A total of 76.9% of subjects received at least 4 injections of palivizumab, with a total of 5355 doses, overall. The majority of injections were administered within the recommended monthly time intervals (73.5%). There was a 5.1% hospitalization rate for respiratory tract events (e.g., bronchiolitis or pneumonia). The RSV positive hospitalization rate was 1.2% (proven RSV). Hospitalization rates for respiratory tract events were highest in those with bronchopulmonary dysplasia (12.8%, p < 0.001), and in those of Hispanic (15.4%) or Aboriginal descent (13.6%) (p = 0.051). CONCLUSION: Compliance with the course of palivizumab therapy was very good. The RSV hospitalization rate observed in the 2006/2007 CARESS season was lower than that previously documented in

INDIVIDUAL’S HEALTH—Health Care Use & Policy Studies

PIH24

AN ANALYSIS OF POTENTIALLY INAPPROPRIATE MEDICATION USE IN THE DUALLY ELIGIBLE MEDICARE AND MEDICAID POPULATION USING THE NEW 2003 BEERS DRUG UPDATE
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OBJECTIVE: To examine rates of potentially inappropriate prescribing in a population dually eligible for Medicare and Medicaid using the new 2003 Fick update. The 2003 Fick update revises the previous 1997 Beers list—an internationally recognized list of drugs identified as potentially inappropriate to prescribe to seniors due to an elevated risk of adverse effects, developed by Dr. Mark Beers. METHODS: Descriptive analyses (population parameter assessments) were conducted on the 2003 Medicaid files for elderly enrollees dually eligible for Medicare and Medicaid. Inappropriate drugs independent of diagnosis as identified by the 2003 Fick update were analyzed. RESULTS: Our enrollee population was comprised of 5,412,678 enrollees (71% female, 41% age 65–74, 66% Caucasian) with 24% receiving an inappropriate drug per the 1997 Beers list; 34% per the 2003 Fick update. Across all census regions, Hispanic enrollees received the highest percentage of inappropriate drugs per the 2003 Fick update. Of enrollees with drug use (3,879,039 enrollees), 34% received an inappropriate drug per the 1997 Beers list; 47% per the 2003 Fick update. Hispanics had the highest percentage of drug recipients receiving an inappropriate drug in the Northeast region per the 2003 Fick update. Within therapeutic category, the number of inappropriate genitourinary products dispensed to total genitourinary products ranked the highest at 20% (the drug Nitrofurantoin prescribed most) per the 2003 Fick update. CONCLUSION: Based on the 2003 Fick update, 47% of elderly dually eligible Medicare and Medicaid drug recipients received inappropriate drugs. However, such use may be justified in some circumstances when the benefits outweigh the risks for an individual patient. Our findings provide evidence that the potential use of inappropriate drugs in Hispanics should be considered separately from other ethnicity groups. By comparing

PATIENT SATISFACTION WITH ERECTILE DYSFUNCTION TREATMENT: SILDENAFIL VS. FOOD SUPPLEMENTS
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OBJECTIVE: Patient satisfaction (PS) is an important outcome of erectile dysfunction (ED) treatment. One of the questionnaires used for PS assessment is EDITS (Erectile Dysfunction Inventory of Treatment Satisfaction) . Besides PDE-5 inhibitors (sildenafil, tadafafil, vardenafil) various food supplements (FS), with limited efficacy evidence, are widely used in the Czech Republic as they do not require medical prescription and are advertised directly to customers. This study represents a first direct comparison of patient’s satisfaction with Viagra (sildenafil) vs. food supplements in erectile dysfunction and a cost-effectiveness analysis

(CEA) for both treatments. METHODS: A retrospective analysis covering 612 patients who used either sildenafil or FS was performed in 27 urology outpatients clinics using the EDITS questionnaire. Eligible men had to be between 40 and 75 years old, using either sildenafil or FS during the past 4 months in the recommended dosing. Patients who consulted an urologist primarily because of ED or an acute event were excluded to avoid bias. Data about strength, pack size and number of monthly purchased packs were also collected for the CE calculation. RESULTS: Patients using sildenafil showed higher overall satisfaction scores (78.4 vs. 44.5 p < 0.001) and superiority in all questions directly connected to efficacy. Mean monthly acquisition costs for sildenafil were €61, for FS €32. CE was calculated as a fraction of monthly costs and satisfied patients (i.e. patients with a score of ≥50). These costs were €63/satisfied in sildenafil vs. €75/satisfied in FS groups. If incremental ratios of individual sildenafil strengths were compared to FS, the 25 mg was dominant; 50 and 100 mg showed ICER/months of €0.75 and €1.25 respectively. CONCLUSION: Sildenafil showed significant higher satisfaction rates in patients with ED compared to FS. Although monthly acquisition costs for sildenafil are almost double compared to FS, CE calculations are beneficial for the sildenafil group.