3) Brief COPE Scale (higher scores = better coping); 4) Acculturative Stress (ASSIS) (higher scores = higher stresses); 5) demographic information.

RESULTS: The mean age of the 19 participants was 28.9 years ± 4.6. A majority of the respondents were Asian (47.4%), female (73.7%), enrolled in the PhD program (73.7%), single (52.6%), international students (57.9%) and lived with family (47.4%). Mean PIH76 and PIH77 were 4.97 ± 3.3 and 4.90 ± 3.3, respectively. We found that both the physical health and mental health summary scores were comparable to the general population. Overall, participants reported low stress (GSI=8) levels (mean= 56.0 ± 10.3; range 21–147) and engaged in mid-range levels of coping mechanisms to deal with stress (mean= 71.4 ± 7.1; range 28–140). Among international students, acculturative stress levels (mean= 51.10 ± 27.9; range 36–180) were low. CONCLUSIONS: There is a paucity of quantitative data for perceived stress among graduate students. The results from this pilot study will be used to implement a future survey among a larger and more diverse sample of graduate students.

PIH74 A SIMPLE AND EFFECTIVE APPROACH FOR ANALYZING MULTIVARIATE LONGITUDINAL HEALTH OUTCOMES IN OBSERVATIONAL STUDIES
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OBJECTIVES: The purpose of this paper is to propose a simple and efficient approach for analyzing multivariate longitudinal data (MLD), such as longitudinal health-related quality of life (HRQoL) assessments in observational studies. This will be accomplished using the combination of two popular statistical methods for causal inference and multivariate data, namely the inverse probability-weighted (IPW) estimator and principal component analysis (PCA).

METHODS: Multivariate outcomes at each time point will be converted to the first principal component score (FPCS) for each subject. Then all FPCS will be composited into a numerical observation using inverse probability weights (IPW) for each subject. The IPW estimator is used to compare the difference in outcomes between two groups in terms of the first principal component score (FPCS).

RESULTS: The estimated EVPI was $69, $62 and $40 at $WTP$ of $300, $400 and $700 per group, respectively. EVPIV estimates suggested that a potential worthwhile.

CONCLUSIONS: Comparative effectiveness research focusing on the failure rate of injectable contraceptives and the first year discontinuation rate of LNG-IUS 13.5mg is potentially worthwhile. Expected value of sample information will have to be compared to the actual costs of such research.

PIH75 ASSESSMENT OF MEDICAL AND PHARMACY STUDENTS’ KNOWLEDGE AND PERCEPTIONS ABOUT GENERIC MEDICINES AND THEIR QUALITY AND PRICES IN KABUL – AFGHANISTAN
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OBJECTIVES: To assess medical and pharmacy students’ knowledge and perception about generic medicines and its quality and prices in Kabul: Afghanistan. METHODS: A questionnaire based convenience sample of 275 was applied and study was conducted at Kabul Medical University and Pharmacy Faculty of Kabul University. The questionnaire had 19 questions and was designed in two sections (definition of generic and branded medicine and perception towards generic medicine). A total of 96 pharmacy and 125 medical students had voluntarily participated in the survey.

RESULTS: The total target n = 220 (response rate 82.7%) students voluntarily participated in the survey. 72% of medical students were unable to define generic medicines. The majority of pharmacy students were not familiar with generic medicines. With respect to perception, 67.8% of students had knowledge about generic medicines. The interviewees n = 205 (80.39%) expressed that the quality is their major concern, when buying generic medicines. Both groups have shown unanimity n= 216 (84.70%) that prescription of generic medicines promotes cost containment among the patient. CONCLUSIONS: The current study emphasizes that awareness and knowledge about generic medicines by including special topics in the medical and pharmacy curriculum is important and further promoting culture of prescribing generic medicines in daily practice.

INDIVIDUAL’S HEALTH – Health Care Use & Policy Studies

PIH76 MOMS2: IMPROVING BIRTH OUTCOMES THROUGH USE OF CELL PHONES, TEXTING, AND INTENSIVE CASE MANAGEMENT
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OBJECTIVES: To assess medical and pharmacy students’ knowledge and perception about generic medicines and the quality and prices in Kabul: Afghanistan.

METHODS: A questionnaire based convenience sample of 275 was applied and study was conducted at Kabul Medical University and Pharmacy Faculty of Kabul University. The questionnaire had 19 questions and was designed in two sections (definition of generic and branded medicine and perception towards generic medicine). A total of 96 pharmacy and 125 medical students had voluntarily participated in the survey.

RESULTS: The total target n = 220 (response rate 82.7%) students voluntarily participated in the survey. 72% of medical students were unable to define generic medicines. The majority of pharmacy students were not familiar with generic medicines. With respect to perception, 67.8% of students had knowledge about generic medicines. The interviewees n = 205 (80.39%) expressed that the quality is their major concern, when buying generic medicines. Both groups have shown unanimity n= 216 (84.70%) that prescription of generic medicines promotes cost containment among the patient.

CONCLUSIONS: The current study emphasizes that awareness and knowledge about generic medicines by including special topics in the medical and pharmacy curriculum is important and further promoting culture of prescribing generic medicines in daily practice.

PIH77 NEONATAL INFORMATION ON APPROVED DRUG LABELS: AN ANALYSIS OF AUSDRUGS IN D RUG LABELING
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OBJECTIVES: The paucity of pediatric information available on drug labels has raised concerns for regulatory intervention aimed at providing clinicians with improved information, especially considering the difficulties of accessing and analyzing information to treat pediatric populations, especially neonates. This study examined how to use our proposed method with a simulated dataset. Our simulated data set allowed us to demonstrate how our proposed method may be particularly useful for analyzing longitudinal HRQoL assessments in medical studies.

RESULTS: The estimated EVPI was $69, $62 and $40 at $WTP$ of $300, $400 and $700 per group, respectively. EVPIV estimates suggested that a potential worthwhile.

CONCLUSIONS: Comparative effectiveness research focusing on the failure rate of injectable contraceptives and the first year discontinuation rate of LNG-IUS 13.5mg is potentially worthwhile. Expected value of sample information will have to be compared to the actual costs of such research.

PIH78 HEALTH CARE UTILIZATION AND COSTS AMONG PRIVATELY INSURED CHILDREN IN THE US WITH OROФACIAL CARE
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OBJECTIVES: Orofacial clefts (OF) are among the most common birth defects and often require early hospitalization and direct medical care utilization and costs for children during 2010. METHODS: Data were extracted from the 2006-2010 MarketScan® Commercial claims databases to identify children with ≥2 outpatient claims or ≥1 inpatient claim for OFC during those five years to maximize case ascertainment. Health care utilization and costs during 2010.
were assessed for 3,875,237 children ≤10 years of age with continuous enrollment, including 9,464 children with OFC (cases) and 3,870,773 children without birth defects and select genetic diseases (controls). Costs were categorized into inpatient, emergency department, non-emergency department outpatient, other medical services, and prescription drugs. OFC-related costs were claims with a primary diagnosis, ICD9 code, and total health care costs included all claims for 2010. Results were stratified by cleft type, isolated (no other major birth defect) vs. non-isolated OFC, and child’s age. RESULTS: Of 9,464 children with OFC, 19.9% had cleft palate only. 3.3% had cleft lip only, 86.4% had cleft lip with cleft palate; 86.9% had isolated OFC. Case children had significantly higher mean total costs, $14,962 ($52,380 with non-isolated and $9,314 with isolated OFC), compared to $7,318 for control children. The mean cost of care for children with OFC, mean costs for infants were approximately four and six times greater than with OFC, and 6-10 years old. The most common drugs used for corticosteroid utilization and costs are high for children with OFC, particularly for those with additional birth defects, and are greater during infancy than among older age groups. This analysis only includes direct, medical costs and thus underestimates the total cost of care for children with OFC.

OBJECTIVES: Safety and effective use of drugs depend on prescribing pattern. Rational prescription of drugs is responsible for delay in relief, more adverse effects, prolonged hospitalization, increased morbidity and mortality, emergence of microbial resistance and financial loss. The aim of this study was to analyze the prescribing pattern in a private paediatric outpatient setting. METHODS: A prospective observational study was carried out at a private paediatric outpatient clinic to analyze the drug utilization using WHO prescribing indicators. A structured data collection format was used to obtain data from prescriptions. Results are based on 607 children's prescriptions; out of which 60 patients were excluded. A total of 593 patients were included in the study. Of these, 356 were boys and 237 were girls. The average number of drugs per prescription was found to be 3 ± 0.5. Drugs prescribed by gender were overall equal. 40.5. Thirty percent of medicines were prescribed from National list of essential medicines. The percentage encounter with an antibiotic and injection prescribed was 22% and 0.5%, respectively. The results are expressed as frequencies and percentages with 95% confidence intervals. RESULTS: The results provide continuing evidence for the safe prescribing of drugs to children.

PHH4

COMPARISON OF TOOLS TO EVALUATE PRESCRIBING IN THE ELDERLY

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OBJECTIVES: To compare the level of inappropriate prescribing (IP) using the differentIP screening tools in a given sample and to match the findings with real time findings of local practice. METHODS: 1 year prospective interventional study, elderly inpatients of age 60 yrs or older of either sex (n=500); outcome measures 5 different IP screening tools (Beers’ criteria (2003, 2012), STOPP, START and STOPP criteria) and changes in therapy based on real time practice. RESULTS: 500 randomly selected prescriptions out of data pool of 1000 patients’ record were subjected to different IP screening tools. The average age of the patients was 66 ± 3.0 and prescribed 8.9 ± 2.0 drugs. The level of IP observed according to different tools were 29% (Beers’ 2003) - 23.8% (Beers’ 2012), 11.8% (STOPP) and 10% (START). CONCLUSIONS: The authors merging the two criteria (Beers’ criteria and STOPP criteria) with list of inappropriate Drug (ID) in real time practice. Like wise, other most contributing drugs were Nitrofurantoin (2 out of 17 accepted ID in real practice) and chlorphen- armine (none out of 12 accepted ID in real practice). PROSPECTIVE: The authors suggesting merging the two criteria (Beers’ criteria and STOPP criteria) with list of drug identified inappropriate from real patient care setting for assessment of IP in Indian setting.

PHH5

COMPARISON OF BEERS CRITERIA 2012 AND BEERS CRITERIA 2003 FOR MISMATCH USE IN THE ELDERLY IN INPATIENTS

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OBJECTIVES: Use of potentially inappropriate medications (PIM) among the elderly is a serious public health problem because it is intrinsically linked to increased morbidity and mortality, causing the high costs to public health systems. The objective of this study was to compare the prevalence of PIM prescribing in elderly inpatients using the modified American Geriatrics Society (AGS) updated Beers criteria 2012 and same comparing with the Beers criteria 2003. METHODS: The prospective observational study was carried out at a public teaching hospital. Prescriptions of elderly inpatients aged 60 years and above were collected and analyzed. PIMs were identified with the help of Beers criteria 2012 and Beers criteria 2003 and comparison was made between two criteria. RESULTS: The results were based on data of 214 patients: 57% patients were male; and, 61% were aged between 60-69 years with the average age of 68 years. The average number of diagnoses and medications were three and eight, respectively. A total of 44 patients were prescribed with at least 1 PIM according to Beers criteria 2012, compared with 37 patients according to Beers criteria 2003. In 2012 Beers criteria, benzodiazepines were found most prevalent PIMs whereas in 2003 Beers criteria they were found to be low. Thiothryline was found to be high prevalent in Beers criteria 2003 than Beers criteria 2012. CONCLUSIONS: Beers criteria 2012 are effective in identifying the PIMs than Beers criteria 2003.

PHH6

USING EXPLICIT CRITERIA TO EVALUATE THE QUALITY OF CARE IN A LARGE COMMUNITY-DWELLING ELDER POPULATION: A COHORT STUDY

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OBJECTIVES: The prescription of potentially inappropriate medications (PIMs) for older adults is a well-known public health concern. Updated country-specific estimates of inappropriate prescribing in older adults using germane explicit criteria are needed to facilitate physician-tailored quality improvement strategies. Therefore,