questionnaire, completed by participants ages 40–80. After exclusion of persons with negative samples were and missing data, the final sample was 3437.

PHI10
PRIOR USE OF LONG-ACTING REVERSIBLE CONTRACEPTION METHODS AND HEALTH PLAN TYPE PREDICTS GREATER LIKELIHOOD OF HAVING AN INTENDED PREGNANCY
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OBJECTIVES: The purpose of this study was to determine if long-acting reversible contraception (LARC) use prior to pregnancy and health plan type were associated with the likelihood of having an intended pregnancy (IP). METHODS: Women members of the Kaiser Permanente, Northern California (KPNC) integrated health plan aged 15–44 years who became pregnant between 1/1/2010 and 12/31/2012 were identified from KPNC databases. The last contraceptive method used within 2 years preceding pregnancy was determined. Key characteristics were compared among women with IPs vs. those with unintended pregnancies (UPs-unwanted or mistimed). Logistic regression analyses were conducted to determine if health plan type, or IP or UP LARC use were predictive of IP controlling for age, race/ethnicity, marital status, education/income, parity, and select comorbidities.

RESULTS: Among women included in the study, 27,498 (61%) had IPs and 17,853 (39%) had UPs. IPs were more likely to have higher education (47.9% vs. 17.7%), an income ≥$60,000 (55.0% vs. 20.1%) and already having one child (39.0% vs. 21.3%) were significantly (p<0.0001) more common among women with IPs. Compared to women with UPs, significantly (p<0.0001) larger proportions of women with IPs were age 24 years and older (24.8% vs. 6.5%), single (39.8% vs. 5.5%), and had evidence of comorbidities (7.72% vs. 7.12%). When controlling for key characteristics, women who used LARC methods prior to pregnancy vs. women using non-LARC methods were 2.3-fold (p<0.0001) more likely to have an IP. Women with deductible plans with health savings accounts (HSA) vs. those with non-deductible plans had greater odds of having an IP (1.16, p=0.01). Upon further stratified analysis, prior use of LARC methods was associated with significantly greater likelihoods of having an IP across all race/ethnicities and education/income levels. CONCLUSIONS: Women KPNC members who used LARC methods prior to pregnancy and those who had a HSA were more likely to have an IP than an UP.

PHI11
AUTISM PREDISPOSITION IN CHILDREN AMONG THE UNITED STATES MEDICARE POPULATION
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Methods: A retrospective cross-sectional study design was conducted using 2009-2010 Medical Expenditure Panel Survey (MEPS) data for individuals aged 65+ years. The study included adults aged 65 years as well as data collected from 2008-2009, an additional 2 years of data. Key characteristics evaluated included overall disease prevalence and disease prevalence stratified by age, race/ethnicity, education, marital status, and select comorbidities.VALIDATION: The current study examined patient age, gender, race, geographic variation as well as the prevalence of autism in children using US Medicare data. METHODS: A retrospective study was performed among the Medicare fee-for-service population (Medicare Start Date between January 1, 2007 and December 31, 2009) aged 0–20 years, within the United States, who were identified from national databases. The study period was defined as the 5-year period among newly diagnosed ASD people, whatever the age group. Optimal use of these medications in the context of limited access to other types of support modalities is discussed.

CONCLUSIONS: The prevalence of autism was higher in older adults (6.9% and 4.2%, respectively, p<0.01), and in those reporting problems with taste mean compared to those with no problem (21.2% and 3.4%, respectively, p<0.001). Persons with taste dysfunction reported significantly many ways of poor physical health (mean = 6.4, SE = 1.1) and mental health (mean = 6.2, SE = 1.1) than those without problems with taste mean = 3.9, SE = 2.4, p=0.04; mean = 3.7, SE = 0.24, p=0.03, respectively). CONCLUSIONS: Based on self-reported data, taste dysfunction affects 5% of the weighted sample. Discrepancies between reported presence from 1996 and 2009 are likely due to differences in the operationalization of taste dysfunction. The association of problems with taste and the increase in reported days of poor physical and mental health should be investigated further.

PHI15
PROMOTING MEDICATION SAFETY IN THE WARDS OF A PUBLIC TEACHING HOSPITAL
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OBJECTIVES: Health care risk epidemiology identifies medication error as the commonest cause of adverse effects on patients. Errors can occur at any phase of the medication process, so incidence rates should be estimated along with their clinical outcomes at each stage. The aim of this study was to assess and analyze the medication errors for determining their nature, type, incidence and clinical significance in an Indian setting. METHODS: This prospective observational study was conducted in 3 medical wards of a public teaching hospital. All the information was collected in a standard data collection format. Medication errors were identified and analyzed from patients’ records using Current Index of Medical Sciences (CIMS) and Micromedex Drug-Drug database. RESULTS: Of the 450 studied, 87 patients were found to have 113 medication errors. The 3 most common errors were drug interactions followed by inappropriate frequency and overdose (35%, 25% and 8%, respectively). Other errors were underdose, incomplete prescription and duplication of therapy. Nitrofurantoin, domperidone & cefixime were common drugs administered at inappropriate frequency. Drugs involved in overdose were enoxaparin, gentamicin, azithromycin & domperidone. The incidence of medication error was 26%. Antimicrobial agents (34%) had contributed maximum to the error followed by GI agents (20%), anticoagulants (11%) and CNS agents (8%). All the errors were category B error (NGC MERP medication error index) CONCLUSIONS: The availability of such evidence would help in improving patient safety in Indian setting and to promote medication safety.

PHI16
CAUSALITY ASSESSMENT OF ADVERSE DRUG REACTIONS IN WARDS OF AN INDIAN PUBLIC TEACHING HOSPITAL
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OBJECTIVES: Causality assessment is an evaluation of the likelihood that a particular treatment is the cause of an observed adverse event. The aim of this study was to