Procedures
LBTL. a significant difference between two cohorts (P < 0.001). Of these, 3.08 million visits (56.48%) received at least one abortive prescription for migraine/delivery, and prior oral contraceptive use were associated with a greater likelihood of having HS vs. LBTL. Older age, prior pregnancy/delivery (OR: 1.38, p < 0.001), and parity (ranging from 18.7-19.5% vs. 0.8-0.9% for endometrial ablation) were associated with a greater proportion of UF patients vs. LBTL. After matching, there was no longer a difference in health care utilization and costs. RESULTS: The incidence rate of SS was similar between veterans (VHA) and commercially insured patients (IMS) prescribed SSs and decreased over time (IMS: 0.17% in 2010 to 0.09% in 2013; VHA: 0.19% in 2009 to 0.07% in 2012). 0.88% and 4.35% of all SS use events led to hospitalization in the IMS and VHA populations, respectively. Proportion of SS use events with SS-related hospitalization increased as the number of non-MAOI SSs increased (0.24% for one drug vs. 6.93% for ≥5 drugs). Average healthcare cost per SS event was higher in the MAOI combination cohort (IMS: $2,474; VHA: $2,896) and the ≥5 non-MAOI SSs cohort (IMS: $1,167; VHA: $3,837) than the single non-MAOI SS cohort. CONCLUSIONS: The overall incidence of SS and proportion of serious SS leading to hospitalization are similar in the VHA and IMS populations. Use of MAOIs or multiple SSs concomitantly increases the risk of SS and leads to higher health care utilization and costs.

PMH4 ANTIANTICHOLINERGIC MEDICATION USE AND RISK OF INCIDENT FRAC TURES IN THE ELDERLY WITH DEPRESSION
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OBJECTIVES: There is limited evidence regarding the role of anticholinergic medications in falls/fractures among the elderly. This study examined the risk of fractures associated with anticholinergic use in elderly Medicare beneficiaries.
METHODS: A population-based nested case control study was conducted using 2007-2010 Minimum Data Set (MDS)-linked Medicare data from all states. Patients with continuous coverage in Medicare Parts A, B, D and no HMO coverage during the study period or until death were considered as the base cohort included in the analysis. Fracture diagnoses included hip, femur, and other hip fractures. Patients within 90 days of index date were excluded from the analysis. Risk of fractures was estimated using a conditional logistic regression model.RESULTS: There were 48,820 fractures and 86,166 controls. In a crude analysis, anticholinergic use was associated with a 21% increased risk of fractures (OR: 1.21, 95% CI: 1.20-1.23). After adjustment for patient characteristics, the risk remained increased (OR: 1.20, 95% CI: 1.19-1.21). Sensitivity analyses showed similar results. The risk of fractures was higher among the patients taking multiple anticholinergic medications (≥5) compared to the patients taking one anticholinergic medication (OR: 1.24, 95% CI: 1.22-1.26). CONCLUSIONS: Anticholinergic use is associated with an increased risk of fractures among elderly Medicare beneficiaries. Future research should be directed at determining if anticholinergic use is a modifiable risk factor.