Data were obtained via self-administered questionnaire and telephone using trained interviewers. QOL domains used were those identified by the OAB-q instrument developed by Coyne et al. All profile attributes had two levels: high/present and low/not present. **RESULTS:** The linear fixed-effects model resulted in the following part-worth coefficients for the five attributes of interest: insurance coverage, 34.17; sleep, 23.55; concern, 19.59; social, 19.28; coping, 15.61. Also reported is an analysis of demographic variables with respect to symptom severity and QOL. **CONCLUSIONS:** When deciding to treat OAB symptoms with prescription medications, patients place the most importance on prescription drug insurance coverage. QOL domains follow insurance in this order: sleep disturbances, symptom concern, social disturbances, and coping.

URINARY/KIDNEY DISEASES/DISORDERS

URINARY/KIDNEY DISEASES/DISORDERS—Health Policy Studies

PUK11

PATIENT PERSISTENCY WITH MEDICATIONS FOR OVERACTIVE BLADDER

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OBJECTIVES: To assess patient persistency in maintaining treatment for Overactive Bladder (OAB). **METHODS:** Patients initiating therapy on oxybutynin or tolterodine, immediate or extended release, were tracked for 12-months, using a retail pharmacy database. Five persistency classification categories were created to evaluate persistency as follows: on therapy, discontinued/no switch, discontinued/switched to one of the other previously listed medications, reinitiated initial therapy, and off therapy. Measurements included tracking the percent of patients within each persistency classification category, total therapy days, and prescriptions dispensed for all medications. **RESULTS:** The percentage of patients that discontinued their current therapy and did not switch to another OAB therapy was 46.9% at month three. By month four, more than half of all patients were off therapy (55.4%). The percentage of patients off therapy increased each month and reached 81.6% by the end of twelve months. The percentage of patients that were switched to another OAB medication did not exceed 3% in any month, nor did the percentage of patients who reinitiated their initial therapy surpass 3% in any month. The mean length of therapy was approximately 86 days, with an average days supply of 30. Approximately half of all patients were dispensed only one medication during the 12-month period. **CONCLUSIONS:** Patient persistency with any currently marketed medications for OAB remains poor, with less than 20% of study patients remaining on therapy after 1 year.

URINARY/KIDNEY DISEASES/DISORDERS

URINARY/KIDNEY DISEASES/DISORDERS—Methods

PUK12

PROSPECTIVE URINARY INCONTINENCE RESEARCH (PURE): DESCRIPTION OF STUDY, RATIONAL, DESIGN AND METHODOLOGY

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OBJECTIVES: The objectives of PURE are to understand the direct cost of urinary incontinence (UI); describe the impact of UI on health-related quality of life (HRQOL); and describe the treatment patterns for women with UI in Europe in an outpatient setting. **METHODS:** PURE is an ongoing, prospective, observational study. More than 9000 patients will be recruited in 13 European countries. The participating investigators are primary care physicians and specialists (urologists, gynaecologists, geriatricians). The data will be prospectively collected at baseline and at 2 points over a 6-month period. Assessments include health care resource utilisation and treatments to derive direct medical costs of UI care and describe the treatment patterns, as well as symptoms and severity of UI and impact of UI on patients' lives. Baseline evaluation will additionally include demographics, medical history, the assessment of HRQOL and a retrospective data collection on health care resource utilisation in the previous 12 months. **RESULTS:** By considering all the 10 priority research areas on the economics of UI identified by the 2nd international consultation on incontinence, PURE provides a unique opportunity to assess the direct medical costs for UI care in women across Europe. This will give insights to the economic burden from the perspective of the national health care systems, as well as from the patient, and will allow comparisons of treatment patterns between countries in the light of different health care systems and access to care. To our knowledge this is the first study undertaken in an outpatient setting to investigate the economic and human impact of UI in Europe. **CONCLUSIONS:** PURE will address relevant clinical, economic and policy research questions and will provide large-scale, comparative, real-world information on the treatment and burden of UI across Europe; data currently missing from the European literature but needed to guide effective health policy.

PUK13

VALIDATION OF AUTOMATED DATABASE ALGORITHMS TO IDENTIFY HOSPITAL-ACQUIRED ACUTE RENAL FAILURE

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OBJECTIVES: Acute renal failure (ARF) is a prevalent and often preventable adverse drug event. Automated methods for ARF identification facilitate quality improvement and outcome research, but traditional reliance on ICD9 codes has been shown to underestimate the incidence. This study aimed to develop and validate automated algorithms for the identification of hospital-acquired ARF. **METHODS:** A panel (nephrologist, internist, clinical pharmacy specialist, pharmacoepidemiologist, database analyst) defined 3 algorithms based on existing literature and available automated data: 1) 50% increase of serum creatinine (SCr) within 3 days; 2) 50% SCr decrease between peak and discharge; and 3) ICD9 584.•• and charge code for dialysis. Each algorithm was linked (temporally and proximately) to drug exposure (aminoglycosides, amphotericin, cyclosporine, tacrolimus, NSAIDs, or radiocontrast). Discharges with hospital days <2 or ESRD (dialysis in first 3 days of admission) were excluded. Algorithms were applied to the laboratory and administrative databases of a large teaching hospital including discharges between July 1, 2001 and June 30, 2002 (n = 20,639 or 10,536 with nephrotoxic drugs). Senior nephrology fellows to verify the algorithms reviewed a random sample of positive screened discharges. A random 20% of these were re-reviewed