TRENDS IN MEDICAL SERVICES UTILIZATION AND COST PER BENEFICIARY PER MONTH (PBPM) (PRE-CAP COHORT) AND 87,518 (POST-CAP COHORT) BENEFICIARIES REMAINED AFTER APPLYING 12-MONTH PRE- AND POST-PRESCRIPTION CAP DATE OF JULY 1, 2005. IN BOTH STUDY PERIODS, A RETROSPECTIVE ANALYSIS OF THE 2004–2006 MS MEDICAID FEES-FOR-SERVICE (FFS) PROGRAM.

Women who were aged 40-64, did not report a history of cancer, and provided written consent to participate were invited to participate. A total of 840 patrons were approached and 784 responded (93.33%). 621 (79.20%) were males and 163 (20.79%) were females. Most respondents (74.25%) admitted to practice of self-medication. Males were found to self medicate more (84.36%) than females (15.63%). Practices of self medication were found more in age group of 35-44 (22.27%). Body weakness/sexual problems (21.80%) were the major conditions for which self medication was performed. Multivitamins/sexual performance enhancer (22.36%), NSAIDS (17.65%) and antibiotics (15.32%) were commonly used drugs. Information related to the medicines was taken from people with past exposure (25.90%), chemist/pharmacist (20.50%) and family member (18.75%). Most patients (18.55%) described high physician expenses as the cause of their self-medication. A total of 15.67% of the respondents revealed that they trust chemists and pharmacists more due to their past experiences. A total of 66.65% of population perceived that self medication helps them save money while 61.25% believed that self medication is harmless. CONCLUSIONS: Educational campaigns to educate the population about the rational use of medications are needed. The healthcare professionals must pay special attention on this issue. In addition, sale of medicines without prescriptions should be strictly prohibited and monitored by regulatory authorities.

Heavily menstrual bleeding (HMB) is defined as excessive menstrual bleeding which interferes with a woman's quality of life. Despite availability of surgical and nonsurgical treatments, HMB remains a public health issue with a prevalence of 4-10%. The objective was to examine the association between pharmacists’ attitude, perceived preparedness, and willingness to prepare regarding the issue of escalating pharmaceutical demand due to the aging baby boomers. METHODS: This was a non-experimental, cross-sectional, field study design. The study sample consisted of registered pharmacists, practicing in chain and independent community pharmacy stores in Houston and surrounding areas. A self-administered questionnaire based on the proposed model for the study was needed to address the study objectives. Descriptive analysis followed by paired t-tests (dependent sample), Wilcoxon signed-rank tests (independent sample) and spearman correlation analysis were performed to assess the study objectives. RESULTS: A total of 117 pharmacists’ responded with an overall response rate of 49.8%. Mean age of the respondents was 41.1 (±11.1) years, with majority being females (51.7%), African Americans (41.0%), having an average experience of 13.6 (SD = 11.6) years, working in chain pharmacy setting (77.8%), having a PharmD degree (55.7%) and working full time (91.4%). Non-respondents matched the sample on the gender (p = 0.75) and practice setting (p = 0.84). Approximately 83% pharmacists’ agreed to be prepared and willing or very willing to take action, whatever it may be, to better prepare themselves for the aging baby boomers. CONCLUSIONS: Pharmacists’ attitude and perceived preparedness were found to be significantly associated with their willingness to prepare for the aging baby boomers. Further studies are required to assess the effect of various covariates on pharmacist’s willingness to prepare for the aging baby boomers.

Drug prescribing behavior for the treatment of heavy menstrual bleeding

METHODS: This was a non-experimental, cross-sectional, field study design. The study sample consisted of registered pharmacists, practicing in chain and independent community pharmacy stores in Houston and surrounding areas. A self-administered questionnaire based on the proposed model for the study was needed to address the study objectives. Descriptive analysis followed by paired t-tests (dependent sample), Wilcoxon signed-rank tests (independent sample) and spearman correlation analysis were performed to assess the study objectives. RESULTS: There was little difference in the mean age of women experiencing hot flashes (50.5 yrs, SD = 5.2), and women not reporting menstrual symptoms (49.1 yrs, SD = 6.5). After controlling for demographic and health characteristics, women experiencing hot flashes reported significantly lower mental (46.8 vs. 48.5, p < 0.0001) and in activities of daily living (37.32% vs. 23.16%, p < 0.0001). The implementation of the cap resulted in an initial decrease in the utilization of ER visits (coefficient = -0.0160, p < 0.0001; absolute difference in 1st vs. subsequent visits (BPRM). After examining the ER visit costs, a decreasing month-to-month trend was observed in the 12-month pre-cap period (coefficient = -2.4651, p < 0.0001). The implementation of the cap resulted in a decrease in ER visit costs (coefficient= -20.554, p < 0.0001). However, an increasing month-to-month trend in ER visit costs was observed in the 12-month post-cap period (coefficient= 1.332, p < 0.0008). Results for hospitalization and office visit utilization and costs revealed no significant findings. CONCLUSIONS: There was an increase in ER visits utilization among MS Medicaid beneficiaries after the prescription cap implementation.

PHARMACISTS’ ATTITUDE AND PREPAREDNESS REGARDING THE ISSUE OF ESCALATING PHARMACEUTICAL DEMAND DUE TO THE AGING BABY BOOMERS

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DRUG PRESCRIBING BEHAVIOR FOR THE TREATMENT OF HEAVY MENSTRUAL BLEEDING

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OBJECTIVES: Heavy menstrual bleeding (HMB) is defined as excessive menstrual bleeding which interferes with a woman's quality of life. Despite availability of surgical and non-surgical treatments, HMB remains a public health issue with a prevalence of 4-10%. The objective was to examine the association between pharmacists’ attitude, perceived preparedness, and willingness to prepare regarding the issue of escalating pharmaceutical demand due to the aging baby boomers.

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DUAL VETERAN HEALTH ADMINISTRATION AND MEDICARE USE AND AMBULATORY CARE SENSITIVE HOSPITALIZATIONS

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