OBJETIVOS: Identificar el crecimiento de los casos de enfermedad en parteras cesarianas en Brasil y comparar con la cantidad de partos por cesariana. MÉTODO: Se estudió un banco de datos con 16 millones de vidas pertenecientes a hospitales particulares existentes en Brasil (amostra de 35% del mercado) y analizado a la cantidad de niños por partos cesariana y del tipo de parto realizado totalizados identificados pelo CSH (2003). Se realizó una tendencia de partos en Brasil y de las de salud brasileñas quer sea do ambiente particular quanto público, tanto aos pacientes con riesgos de saúde são do ambiente particular quanto público, tanto aos pacientes com comorbidades. El modelo construido permitiría contar mensualmente con un índice de riesgo de cronificación basado en un análisis predictivo para estimar el gasto farmacéutico y de atención a la salud. }

A676 VALUE IN HEALTH 16 (2013) A665-A728

PHPB28 HOUSING FEEDING PRACTICES FOR THE SICK UNDER FIVE CHILDREN: GUCHA SOUTH DISTRICT-KISII COUNTY, KENYA

Mogere DM

Great Lakes University of Kisumu, Kisumu, Kenya

OBJECTIVES: To examine feeding practices among households with under five sick children. METHODS: Household baseline survey was carried out in June 2012 where 10 sub locations randomly selected were surveyed. A structured questionnaire was administered to heads of households. All treatment protocols with under five sick children were tape-recorded and analyzed. RESULTS: Fifty-six percent (550/973) fed the sick child less than usual, 43% fed the sick child diarrhea should be given anything, 64% said child should not be given ORS, only 8% said sick child should be given soup and water and 13% said child should be given breast milk. After taking MUAC tape measurements 6% reported a severe malnutrition. Of the respondents 52.4% had growth monitoring cards and only 45% of the eligible children were currently being breastfed. Level of education of the mother did not seem to influence breast feeding practices, more than three quarters of the widows were not currently breastfeeding, while only 27% of salaried, 58% business and 46% farmers women were currently breast feeding. Catholic women were leading in current breast feeding mothers with 80% followed by Seventh day Adventist -43%, Indigenous Churches - 42% and Anglican -40% respectively. CONCLUSIONS: Majority of the households seem to be more likely to breastfeed their children; however, the practice is still less than that recommended. Catholic families are more likely to breastfeed compared to other religious affiliations.

PHPB29 SOCIAL UNMET NEEDS IN BRAZIL: EXAMINING PREVALENCE, TREATMENT RATES, AND HEALTH OUTCOMES

del Rentería J1, Dilbonaviento M2, Supovic S1, Pomerantz D1

1Kantar Health, Munich, Germany, 2Kantar Health, New York, NY, USA

OBJECTIVES: To determine how unmet needs are related to prevalence rates, treatment rates, and quality of life, compare across the ten most common conditions in Brazil. METHODS: Data were obtained from the Brazil 2011 and 2012 National Health and Wellbeing Survey (N=24,000). The survey included a self-reported health status survey and a representative patient survey of the adult Brazilian population (aged 18+), weighted to represent the national average. Respondents were asked if they had the 10 most common conditions: diabetes, hypertension, asthma, depression, obesity, chronic lung disease, stroke, heart disease, arthritis, and chronic pain. The dependent variables were prevalence rates, treatment rates, and self-reported health status. Data were weighted to the national average using the most recent national health and wellbeing survey. The MEPS provides information obtained from medical providers on total number of medical events and conditions associated with each panel round, as well as the physical component summary (PCS) of the SF-12 rounds (2/3) and 11 (n=13,944, rounds 4/5) of the Medical Expenditures Panel Survey (MEPS), collected in 2006 and 2007. The MEPS provides information obtained from medical providers on total number of medical events and conditions associated with each panel round, as well as the physical component summary (PCS) of the SF-12 rounds (2/3), a self-reported health status survey. Three logistic regression models were used to estimate the probability of higher resource use (6+ medical events vs. < 6) in the subsequent 6-month period. Model 1 included the number of comorbidities (none, 1, 2-3, 4) and current count of medical events as independent variables. Model 2 included just current PCS, and model 3 included all predictors from models 1 and 2. RESULTS: Despite being simpler, model 2 (AUC=0.80, pseudo-R2=0.11) had explanatory power close that of model 1 (AUC=0.88, pseudo-R2=0.20). Model 3 (AUC=0.90, pseudo-R2=0.24) improved slightly on model 1. Under Model 3, a 5-point lower PCS was associated with a 33% increase in the odds of having 6+ medical events in the next 6 months, an association similar to that of having two more medical events (36% increase). CONCLUSIONS: Our results suggest that as compared to comorbidity counts and number of medical events, PCS has a similar ability to predict having 6+ medical events in the subsequent 6-month period.

PHP34 ANÁLISIS DE COSTO-EFECTIVIDAD DE LOS PROFESIONALES DE ENFERMERÍA CON EXPERIENCIA LABORAL EN UCI VERSUS SIN EXPERIENCIA LABORAL EN EL MÉDICO DE LA MEDICACIÓN PARENTERAL EN PACIENTES ADULTOS HOSPITALIZADOS EN UCI

Beiza C1, Orrego N2, Padilla M3, Arriagada M1, Catalan J1, Fau C4, Nasabun V1

1University of Chile, Santiago, Chile, 2Fundacion 2010, Santiago, Chile

OBJECTIVES: Determinar la relación costo-efectividad de los profesionales de enfermería con experiencia versus sin experiencia laboral en el error en la realización de la medicación parenteral en pacientes adultos hospitalizados en UCI. Método: Se utilizó un modelo de análisis de costos baseado en datos de costes de servicios, en los que se realizó un análisis de la relación costo-efectividad de los profesionales de enfermería con experiencia versus sin experiencia laboral en el error en la realización de la medicación parenteral en pacientes adultos hospitalizados en UCI. MÉTODOS: Se utilizó un modelo de análisis de costos baseado en datos de costes de servicios, en el que se realizó un análisis de la relación costo-efectividad de los profesionales de enfermería con experiencia versus sin experiencia laboral en el error en la realización de la medicación parenteral en pacientes adultos hospitalizados en UCI.
effectividad para establecer la comparación entre las alternativas: profesionales de enfermería con experiencia laboral en UCI (PESE) y profesionales de enfermería sin experiencia (PSEE), las probabilidades del modelo se determinaron mediante una revisión sistemática de la literatura biomédica, la efectividad es cada evento adverso evitado (EAE), los costos de los procedimientos fueron calculados en pesos chilenos. El salario de referencia, el punto de vista de una institución de salud, mediante un método de microcosteo. Los datos fueron integrados en el modelo y analizados mediante el programa DATA 4.0 TreeAge, con los cuales se calculó la razón de costo-efectividad de cada una de las alternativas de tratamiento. Se realizó un análisis de sensibilidad y se calculó la razón de Costo-Eficácia Incremental (ICER) generada por una alternativa respecto de la otra. El horizonte de tiempo del análisis fue de un año, debido a esto no se utilizaron tasas de descuento. RESULTADOS: Los PESE son la alternativa dominante del análisis. La efectividad de los PESE fue de 85 EAE, en cambio en los PESE fue de 70 EAE. El ICER fue de $17 647 por cada EAE. El análisis de sensibilidad mostró que los resultados obtenidos son robustos: CONCLUSIONES: Es importante utilizar la UCI para la atención de UCI y UCI a PESE, aun cuando el sueldo de estos profesionales sea un 20% superior al de los PESE, ya que por cada EAE se produce un ahorro de $17 647 al sistema de salud.

PHP35
TREATMENT AND OUTCOME ANALYSIS OF RODENTICIDE POISONING IN TERTIARY CARE HOSPITAL IN SOUTH INDIA
Harika S1, Premendra K1, Rohini D1, Thangam G1
Manipal College of Pharmacy, Udupi, India
OBJECTIVES: To analyze the treatment pattern and outcome of rodenticide poisoning in tertiary care hospital. METHODS: A retrospective observational study was carried out in a private teaching hospital during the period of rodenticide poisoning during the period of 2004 to 2012. All the patients who diagnosed with rodenticide poisoning were enrolled in the study. Patient data like demographics, social factors, co- existing medical conditions, pre hospitalization period, type of exposure, type of compound consumed, type of treatment given and outcome were collected in case record form and analyzed. RESULTS: Total of 137 patients were enrolled in the study. Among these patients, 82 patients were male and 55 were female. The median age of the study population was found to be 24 (11) years. Majority of the poisoning were intentional (96%). The median pre-hospitalization period was found to be 3 (5) hours. Among them majority of them consumed zinc phosphide poisoning (29.5%). Treatment pattern analysis showed that majority of them received gastric lavage(48.2%), charcoal(27.7%), vitamin k (74.5%), Fresh frozen plasma (37.2%) and N-acetyl cysteine (40.1%) as a major course of treatment. Outcome analysis showed that gastric lavage and oral administration was found to be beneficial as an initial course of therapy. Among the other treatment modalities N-acetyl cysteine was found to be comparatively beneficial. CONCLUSIONS: Gastric lavage and charcoal administration were found to increase the survival rate in the initial stages of management. N-acetyl cysteine was found to be more effective as a main course of therapy.

PHP36
MONITORING HEALTH CARE POPULATIONS IN THE REAL WORLD: AN ITALIAN POPULATION DATABASE EXPERIENCE
De Rosa M., Rossi E., Brizuela H.J.
CINECA Interuniversity Consortium, Casalecchio di Reno, Italy
METHODS: A private health care payer in Argentina would expect to spend USD 292. Results were robust in the sensitivity and scenario analysis.

PHP37
RELATIONSHIP BETWEEN FALLS AND CNS DRUGS AT A ACUTE CARE TEACHING HOSPITAL IN JAPAN
Fujimi K1, Hirase M1, Tsuda Y1, Honda J1, Shima H1
1*St. Mary’s Hospital, Kurama, Japan, 2Shimane University Hospital, Izumo, Japan
OBJECTIVES: Central nervous system drugs are commonly used at acute care settings. However, the relationship between falls and CNSDs has not been explored. This study aims to try to address the relationship. METHODS: We used data of CNSDs prescribed for over fifteen years old in-patients in 2012. There were CNSDs for 35.5% of in-patients. We analyzed data using a multiple logistic regression analysis, and we maintained statistical significance at P <0.2 for the relationship between falls and CNSDs. Results: Total of 137 patients were enrolled in the study. Among these patients, 82 patients were male and 55 were female. The median age of the study population was found to be 24 (11) years. Majority of the poisoning were intentional (96%). The median pre-hospitalization period was found to be 3 (5) hours. Among them majority of them consumed zinc phosphide poisoning (29.5%). Treatment pattern analysis showed that majority of them received gastric lavage(48.2%), charcoal(27.7%), vitamin k (74.5%), Fresh frozen plasma (37.2%) and N-acetyl cysteine (40.1%) as a major course of treatment. Outcome analysis showed that gastric lavage and oral administration was found to be beneficial as an initial course of therapy. Among the other treatment modalities N-acetyl cysteine was found to be comparatively beneficial. CONCLUSIONS: Gastric lavage and charcoal administration were found to increase the survival rate in the initial stages of management. N-acetyl cysteine was found to be more effective as a main course of therapy.

PHP38
SINGLE USE DEVICES IN ARGENTINA: ECONOMIC EVALUATION OF A “REUSE” VERSUS A “SINGLE USE” POLICY
Garay C1, Garcia Elinson E1, Rodriguez V1, Spina L1, Augustovski F1, Pichon Riviere A1, Garcia N2
1IECS Institute for Clinical Effectiveness and Health Policy, Buenos Aires, Argentina, 2Institute for Clinical Effectiveness and Health Policy (IECS), Buenos Aires, Argentina
OBJECTIVES: Several medical devices are labeled for single-use only. The popularity of several “off-label” processes - re-sterilization, reprocessing and reuse of single use devices (SUDs) is mainly due to the cost saving and environmental benefits, but also from scarcity of evidence of adverse safety data. This study objective was to compare differential costs of a reuse vs. a single use policy of SUDs and estimate its implications considering 4 device types (Trocars, endo-cutters, linical cut and harmonic scalpel) from a perspective of an Argentinean private health care organization. METHODS: A literature review was performed to identify the clinical outcomes after the use of re-sterilized SUDs, which was supplemented with a Delphi-like expert opinion. An economic model was built to estimate the cost difference between a surgical procedure performed with SUDs or with a reused sterilized SUD. Costs were expressed in USD of 2012 and were grouped in three categories: direct costs, indirect costs, and the incremental surgical time associated to reuse of SUD. Deterministic and probabilistic sensitivity analyses were performed. RESULTS: A private health care payer in Argentina would expect to spend USD 292 per surgery if new devices are used and USD 244 if sterilized material are utilized instead. For endo-cutters the equivalent results were USD 1667 and USD 1102, for linear-cutters USD 1228 and USD 1046 and for harmonic scalps USD 1041 and USD 292. Results were robust in the sensitivity and scenario analyses. CONCLUSIONS: The use of SUDs is beneficial and economically viable. A potential adverse events related to reuse. If we consider total surgical costs, these differences represent a saving that range from 2.5% to 14.8%. More research is needed to assess effectiveness and safety of these off-label policies.

PHP39
SERIOUS ADVERSE EVENTS FOR BIOLOGIC RESPONSE MODIFIERS INDICATED FOR THE PROPHYLAXIS AGAINST TRANSPLANT REJECTION. AN INSIGHT FROM SPONTANEOUS ADVERSE EVENT REPORTING SYSTEMS
Elly Lilly and Company, Indianapolis, IN, USA
OBJECTIVES: Immunosuppression by biologic response modifiers is essential for successful organ transplantation. These medications have safety concerns that combine with the risks of organ transplantation. A Trigger is a clue that helps a health care provider identify a potential adverse safety data. This study objective was to identify serious adverse events associated with exposure to BRM among organ transplant patients. METHODS: Empirica Signal (version 7.3) was used to apply pharmacovigilance disproportionality analysis to the FDA Adverse Event Reporting System to identify serious adverse events. Associations between drugs and events were measured by Empirical Bayes Geometric mean (EBGM) and corresponding 95% confidence intervals (EB05-EB95). Associations with EB05 ≠ 1 were considered statistically significant either due to signal strength or occurrence. RESULTS: From Q4 1997 to Q2 2012, a total of 12,151 serious adverse event reports for biologic response modifiers were reported and 15.6% of them met safety signal threshold. About 12% of these signals were significant. Sirolimus and Mycophenolate accounted for the majority of all signals, and Antithymocyte Immunoglobulin and Cyclosporine contributed to the majority of these significant signals. The following significant signals were identified for Antithymocyte Immunoglobulin (reduced therapeutic response, pulmonary edema, hypopotention, serum sickness, infusion related reaction, and anaphylactic reaction); for Azathioprine (alternaire infection, viral skin infection, and lymphophiliferative disorder); for Cyclosporine (neurotoxicity, graft versus host disease, and thyroid cancer); for Cyclophosphamide (dose progression); for Daclizumab (cytomegalovirus infection); and for Tacrolimus (coma and tremor). Approximately 34% of these events contributed to patient death; 7% were life-threatening. 5.5% led to inpatient hospitalization; and 28% contributed to other serious outcomes. CONCLUSIONS: Exposure to biologic response modifiers for the prophylaxis against transplant rejection is associated with serious adverse events that could be fatal or life-threatening. Pharmacovigilance studies are needed to identify the signals to help understand the benefit-risk profile of these medications.

PHP40
ASSESSMENT OF ADVERSE EVENTS BY USING TRIGGER TOOLS IN SURGERY DEPARTMENT OF AN INDIAN TERTIARY CARE TEACHING HOSPITAL
Vadgama A1, Mallayastry S1, Konduru S1, Rodrigues G1, Manchapanali P2, Rao A1
1Manipal University, Manipal, India
OBJECTIVES: An adverse event (AE) is defined as 'unintended physical injury resulting from or contributed to by medical care. A Trigger is a clue that helps a health care provider identify a potential adverse safety data. This study aimed to assess adverse events by using trigger tools in surgery units of the study hospital to identify AEs. METHODS: The study was carried out in a tertiary care teaching hospital. Trigger list was developed and used to review cases (n=333). The severity of harm was categorized as per National Coordinating Council for Medication Error Reporting