RESULTS: The initial data set included 23,045 patients. 11,465 met the inclusion criteria, and 336 of these had fractures. Most important variables, based on the coefficient size, associated with increasing risk, were unsteady gait, deterioration in ADL function, a hospital stay in the last 90 days, use of full bed rails, and Alzheimer’s disease. The risk was also higher among females and whites. The need for full physical help while standing had a lower risk when compared to need for less support, but this is likely due to a lowered potential for falling, and increased vigilance on the part of staff. “Deteriorated” ADL function had almost twice the risk when compared to “improved” ADL. CONCLUSION: Unsteady gait, deterioration in ADL, use of bed rails, presence of Alzheimer’s disease, and hospital admissions were associated with an increased risk of hip fracture. A larger sample of fractures would be more likely to be successful in studying additional relationships.

VERTEBRAL FRACTURES AMONG GLUCOCORTICOID PATIENTS SIGNIFICANTLY INCREASE MEDICAL CARE COSTS
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BACKGROUND: Previous studies have demonstrated that high levels of glucocorticoid (GC) exposure are associated with increased fracture risk. However, none has reported potential cost impacts. OBJECTIVE: To estimate the marginal costs from vertebral fractures among GC patients. METHODS: Subjects 18–64 years old with different GC exposure levels, with and without fractures, were selected (n = 50,191). GC exposure was categorized into three levels: high (3+ claims of continuous use or >9.5 prednisone-equivalent mg/day), low (other GC use), and no GC use. Fractures, comorbid conditions, and costs were determined 15 months before and up to 3.5 years after index date. Regression models were used to estimate the marginal effects of vertebral fractures on pharmacy costs, medical costs and total costs. The models controlled for age, gender, pre-index date costs, GC exposure/fracture combinations, and pre-index and new post-index date comorbid conditions. RESULTS: Vertebral fractures led to significant per-member per-month (PMPM) cost increases in each GC exposure group. Furthermore, the additional increase in marginal cost from vertebral fracture on total PMPM costs among high GC patients versus low GC patients was 83% ($170; p < 0.001). Differential increases in pharmacy and medical PMPM costs between high and low GC patients were 151% ($56; p < 0.01) and 68% ($115; p = 0.014), respectively. CONCLUSIONS: Vertebral fractures were associated with increased PMPM costs, holding constant patients’ underlying conditions. High GC patients had greater PMPM increases from vertebral fractures compared to low GC patients.

STUDYING PREDICTORS OF FRACTURES AMONG OMNICARE NURSING HOME RESIDENTS
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Upon admission to a skilled nursing home facility, information is recorded on a Minimum Data Set (MDS), a 400 item instrument used as the basis of 1) reimbursement for Medicare eligible nursing home stays and 2) care planning, survey and certification for all nursing home stays. OBJECTIVE: To predict and evaluate variables related to hip fractures in the nursing home setting. METHODS: Electronic MDS data was available from 200 homes for variable evaluation times. The first available Assessment Reference Date (A3A), was the baseline for a regression of time to first fracture. Excluded were 1) patients with a fracture having an A3A date within the first 10 days of baseline visit, and 2) patients with <60 days of follow-up, from first to last A3A visit. Analysis included a Kaplan-Meier curve summarizing time to fracture, and a Cox Proportional Hazards regression model.
ASTHMA & RESPIRATORY DISORDERS

COST OF ASTHMA IN CHILDREN IN VLADIVOSTOK
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THE STANDARDIZED ASTHMA-RELATED QUALITY OF LIFE QUESTIONNAIRE (AQLQ-S): DOES SOCIOECONOMIC STATUS EFFECT MEASUREMENTS?
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OBJECTIVE: The objective of this analysis was to evaluate the impact of social class on correlation between the standardized AQLQ, self-rated asthma severity and con-