**Abstracts**

**PSY46**

**PATTERNS OF CARE IN THE PHARMACOCLOGICAL TREATMENT OF MODERATE-TO-SEVERE PSORIASIS**

Hanita G1, Ledwold M1, Krepal J1, Dunn J2, Lopes M1, Brunstone A1, Wang Z1

1Biologics and Hematologic Oncology, Medstar Health, Washington, DC, USA; 2Mount Sinai School of Medicine, New York, NY, USA; 3Humana, Singer Island, FL, USA; 4Select-Health Plans, Salt Lake City, UT, USA; 5MMD Lopes, LLC, Cresskill, NJ, USA

OBJECTIVES: To characterize patterns of pharmacologic care for the treatment of moderate-to-severe psoriasis. METHODS: Using 10 years (June 1, 1997 to July 31, 2007) of Florida Medicare administrative claims, we identified the first documented psoriasis diagnosis (“index diagnosis”) among adult (aged 21-85 years) enrollees. “Targeted treatments,” those FDA-approved for psoriasis by June 30, 2006, were oral systemic agents (methotrexate, cyclosporine, etanercept and biologics [infliximab, adalimumab, etanercept]). Patients in “active treatment” received <32 of the same targeted treatment within 45 days during the year following index diagnosis. RESULTS: Among 3,137,110 adult enrollees, 7,571 (0.24%) received an index diagnosis of psoriasis. Of these, 1,733 (2.37%) patients received active treatment; they were predominantly female (67.6%) and Caucasian (50.3%). There were 54 (3.21%) patients aged 18-39 years, 81 (46.8%) aged 40-59 years, and 38 (22.0%) aged 60 years. Among those actively treated, 63.6% (1,100 of 1,733) received oral systemic agents (24.3% [427 of 1,733] acitretin, 3.0% [51 of 1,733] cyclosporine, 37.6% [613 of 1,733] methotrexate), and 51.3% (193 of 378) biologics [0% [7 of 1,733] alfaetrapin, 6.6% (117 of 1,733) etanercept, 59.9% (88 of 1,733) etanercept]. Mean (SD) doses were: acitretin 26.6 (11.0) mg/day, cyclosporine 130 (61.0) mg/day (equivalent to 1.5 and 1.7 mg/kg/day for average males and females in the United States, respectively), methotrexate 17.5 (17.4) mg/week, and etanercept 67.2 (26.6) mg/week; although for patients with insufficient data for analysis. Median doses were: acitretin 25 mg/day, cyclosporine 100 mg/day (equivalent to 1.1 and 1.3 mg/kg/day for average U.S. males and females, respectively), methotrexate 14.7 mg/week, and etanercept 49.7 mg/week. Eighty-one percent of patients received acitretin ≥2.5 mg/day, 67.5% cyclosporine ≤0.75 mg/kg/day, 71.8% methotrexate <15.5 mg/week, and 84.5% etanercept ≤50 mg/week. CONCLUSIONS: Although the number of treatments for moderate-to-severe psoriasis is burgeoning, little is known about patient characteristics and patterns of care within a “real world” setting (i.e., absent clinical research protocol requirements).

**PSY47**

**CROHN’S DISEASE TREATMENT PARADIGM**

Waters HC1, Bolge SC2, Freedman D2, Pech CT1

1CentroOrtho Biotech Sciences, LLC, Harford, PA, USA; 2Consumer Health Sciences International, Princeton, NJ, USA

OBJECTIVES: This study aimed to understand patterns of treatment in patients with CD, including the initiation of treatment and changes of regimens over time. METHODS: Cross-sectional data were collected via the Inflammatory Bowel Disease (IBD) Study Project during Q3 2008. Study participants were recruited from an Internet panel, and were reported to have physician-diagnosed IBD. Survey respondents were aged 18-85 years. RESULTS: A total of 500 patients with CD completed the survey. Nearly half (43.5%) reported being diagnosed within a year of experiencing symptoms, and another 20.4% were diagnosed in 1-2 years. Most patients presented with moderate (36.2%) or severe (45.6%) disease at diagnosis. More than half (56.8%) began drug treatment within a month of diagnosis. When evaluating treatment patterns, 79.6% of patients used more than one treatment, and most changed to their second treatment within one year. Steroids (52.0%) and 5-aminosalicylic acids (54.0%) are the most common initial treatment options. Immunomodulators and biologics are used as second-line therapy, but their use increases with the number of treatments. More than half of patients (53.0%) had the dose of their initial treatment increased, but increasing doses become a less common strategy for future treatments. Paradoxically, as the number of treatments increase, the number of patients experiencing surgery and reporting severe disease decreases. CONCLUSIONS: The majority of CD patients are diagnosed and treated within a year of experiencing symptoms. Multiple treatments are common, with self-reported disease severity decreasing with an increase in the number of treatments, especially when immunomodulators and biologics have been utilized. Research identifying the most effective treatments that control disease and decrease surgery, and the optimal time when they should be used during the natural course of the disease, is needed.

**PSY48**

**IMPACT OF DIFFERENT WEIGHT CONTROL MEASURES TAKEN BY STUDENTS ON THEIR WEIGHT**

Jabsiga A

University of Louisville, Louisville, KY, USA

OBJECTIVES: Body Mass Index (BMI) is useful to estimate the overall health in comparison with the person's weight and height. BMI can be influenced by the different weight control behaviors like exercise, drinking more water, eating low fat food etc., which affects the health of the students and their impact on students’ weight. The study attempts to investigate their preferences among the weight control behaviors based on gender. METHODS: The data is taken from a survey that was conducted by Health Behavior in School-Aged Children (HBS) during the years 2001–2002 on 11 to 15 years old school going children. The dataset is prepared and a sample with 2000 observations is selected for the analysis. The variables under study are BMI, COMP, Gender and the group of different weight control measures. The bar plots are graphed for each weight control behavior against Gender and BMI, COMP to understand the association between the different weight control measures that are employed by the students and their recorded BMI. COMParative Kernel Density Estimator is generated using SAS code node for better visualization and to enable the comparison between the different weight control measures. RESULTS: Exercise, drinking more water, eating more fruits and vegetables are very effective and most popular among the students. Girls tend to skip meals more than boys, while more boys undertake exercise to control weight. Surprisingly the least favored measures like vomiting, fasting, using pills are adopted by more number of girls than boys. CONCLUSIONS: Obesity in early adolescence is a serious health issue all over the globe. It is very important for school going children to choose proper methods to control weight. This project gives useful insights on the different perspectives of girls and boys in choosing the right weight control strategy.

**PSY49**

**DETERMINANTS OF MEDICAL SERVICES UTILIZATION IN CHRONIC NONCANCER PAIN PATIENTS**

Papouskan PA, Vector TW

Vita Pharmacy, Chad's Ford, PA, USA

OBJECTIVES: To examine the determinants of demand for health service utilization in a chronic noncancer pain population. METHODS: Data were collected from the Opioid Utilization Study (OPS), an ongoing 1-year, multicenter, prospective, observational cohort study of patients with chronic non-cancer pain receiving opioids. Negative binomial models were used to evaluate determinants of medical service utilization. Dependent variables were: number of medical visits and utilization of alternative/complementary therapy (i.e. acupuncture and massage). Explanatory variables were: physical (PF) and mental function (MF) scores from the Short Form 12 Health Survey questionnaires, net household income, insurance type, sex, race and age. RESULTS: Of 811 patients, 61.4% were female and 90.9% were white, 94.3% had experienced chronic pain for >1 year. The mean number of medical visits was 2.9 (SD = 3.6) per month for females and 2.6 (SD = 3.6) for males. On average, patients visited pain clinics once a month (mean = 0.9, SD = 1.17), and visited primary care physicians once every other month. MF, race, income, and mean cost of medical services was statistically significant (p < 0.05). Patients with lower MF were more likely to have higher rates of medical utilization (P < 0.001). A unit increase in MF score was associated with a 1.1% decrease in the rate of medical visits. However, there was no evidence that PF was associated with the rate of medical visits. The mean cost of medical services was statistically significant (p < 0.001). A $10 increase in cost decreased the rate of medical visits by 2%. Lower income patients were more likely to consume higher medical services compared to the high income group (p < 0.01). CONCLUSIONS: MF measures may be useful in predicting medical care utilization. Health care costs were negatively associated with health utilization as is predicted by demand theory.

**PSY50**

**REVENUES FROM VENDED BEVERAGES IN WEST VIRGINIA PUBLIC SCHOOLS**

Blake KB, Harris CV, Bradyn A5, Moore LC, Abbido L, Coffman J1

1O’Hara Tompkins N, Purkey M, Chapman D, Kennedy K, Blower K1

1West Virginia University, Morgantown, WV, USA; 2West Virginia University, Charleston, WV, USA; 3West Virginia Department of Education, Charleston, WV, USA; 4West Virginia Department of Health and Human Resources, Charleston, WV, USA

OBJECTIVES: Increasingly, childhood obesity has become a major concern across the United States, with West Virginia (WV) having the third highest rate in the nation. Recent legislation in the state has attempted to combat this problem, partly by limiting the availability of unhealthy beverages in school vending machines. The purpose of this study was to assess current availability of vended beverages and importance and allocation of associated revenues. METHODS: Questionnaires were administered to principals (46%) of all public schools in WV, the instrument included questions regarding location and contents of vending machines accessible to students and the use of vending revenues. RESULTS: A total of 586 (84%) principals responded, and 228 (39%) indicated vending machines were available at their schools (15.3% of elementary schools, 77.8% of middle/junior high schools, and 96.6% of high schools). Seventy-three percent of principals in schools with vending machines indicated that revenues were somewhat or very important to the school’s overall budget. This differed significantly by school level (p < 0.001), with more high schools indicating importance than middle or elementary schools. Forty-one percent of principals reported annual vending revenues of less than $1000, 35% reported revenues from $1000 to $4999, and 24% reported revenues of $5000 or more. Revenues also differed significantly by level, with high schools reporting higher annual revenues than middle or elementary schools. (p < 0.001). Although significant concerns were voiced about the impact of the legislation on vending revenues, more than 80% of principals reported that revenues remained stable or showed little impact. CONCLUSIONS: Revenues from vended beverages and other competitive foods are often important to the school’s overall budget. Principals’ concerns about declining revenues can be an impediment to policy change designed to improve the school nutrition environment. Our preliminary data indicate revenues need not be reduced by limiting unhealthy beverages.