Abstracts

controls based on age, gender, and hospital region. RESULTS: The 2006 NIS contained a total of 15,748 unweighted hospital inpatient stays with pulmonary surgery, 2,412 of which included an air leak and 13,336 were non-air leak stays. Patients with pulmonary surgery stays including an air leak were older than those patients without an air leak (61.6 vs. 60.2 yrs; p < 0.0002), were less likely to be from the Northeast (17.3% vs. 21.52%, p < 0.0001) and more likely to be from the South (44.9% vs. 41.9%, p = 0.0010). Multivariate regressions (N = 15,748) yielded incremental LOS, total charges and odds of in-hospital mortality due to the presence of an air leak of 3.4 days (95% CI 0.15, $34,272 (51,194,2), and 0.5% (95% CI 0.19, 64.2%), respectively. The 1:1 case-control matching approach (N = 2,364 matched pairs) yielded differences in LOS, total charges and odds of in-hospital mortality of 3.6 days (0.14), $14,011 ($120,78) and +17.2% (+10.7%, 66.2%), respectively. CONCLUSION: In evaluating differences in health outcomes in a U.S. hospital inpatient database, adjusting for covariates using a matching scheme yielded only a modest impact vs. multivariate regression analysis.

SYSTEMIC DISORDERS/CONDITIONS – Clinical Outcomes Studies

PSY1

CONCORDANCE IN PATIENT REPORTED MEASURES OF OPIOID-RELATED SIDE EFFECTS COLLECTED FROM CHECKLIST VERSUS OPEN-TEXT FORMAT QUESTIONS
Abouzaid S1, Benson C2, Chow W2, Kim M2
1Ortho-McNeil-Janssen Scientific Affairs, LLC, Titusville, NJ, USA; 2Ortho-McNeil-Janssen Scientific Affairs, LLC, Raritan, NJ, USA
OBJECTIVES: Compare two different formats—checklist and open text—of questions soliciting opioid-related side effects (OSEs) with respect to the proportion of patients reporting experiences and the number of OSEs reported. METHODS: Data from Day 3 assessment of the oxycodone IR users registry (OUR), an ongoing, prospective, multicenter registry of patients age 18-85 with acute episodes of non-malignant pain requiring treatment with oxycodone IR for >3 days were used. Patients who completed both questionnaire forms were included in the analysis. The first assessment is in an open-text format allowing for identification of up to 7 symptoms. The second is in a checklist format listing 14 symptoms along with questions about the frequency and degree of distress associated with each. Correspondences between patient responses solicited through the two different formats were examined using descriptive statistics. Interim data were used for the current analysis. The entire registry patient population will be analyzed in early 2010. RESULTS: Among 182 patients examined for this analysis, mean (±SD) age was 49.3 (±12.7) years, 60.2% were female and 74.3% white. Oxycodone IR was most commonly prescribed for injury/trauma (30.5%), back/neck pain (28.8%), and arthritis (18.1%). The proportion of patients reporting any OSEs in the checklist was nearly two-fold that in the open text (98.9 vs 53.6%; p < 0.001). Patients, on average, reported 4.1 (SD = 6.3) OSEs on the checklist vs 1.3 (SD = 1.6) on the open-text question (p < 0.001). Significantly more events were reported in the checklist vs open text question for each OSE examined (p < 0.001). OSEs reported to be frequent and bothersome on the checklist were significantly more likely to appear in the open text compared to infrequent and mild symptoms. CONCLUSIONS: Frequency and extent of OSE reporting may vary by the format of questions administered. Caution is warranted in collecting, reporting, and comparing symptom data from different studies.

PSY2

PREDICTORS OF OBESITY MEDICATION USE IN AMBULATORY SETTING: NAMCS 2006–07 ANALYSIS
Mehta H1, Parikh R, Patel J, Abougosh S
1University of Houston, Houston, TX, USA
OBJECTIVES: To determine the independent predictors of prescription of anti-obesity medication for adult patients diagnosed with obesity and to determine association of insurance status on anti-obesity medication prescription. METHODS: The data source was 2006 and 2007 National Ambulatory Medical Care Survey, a national survey of U.S. non-institutionalized population. All adult patients > 18 years diagnosed with obesity (ICD-9-CM: 278.00) were included in the study. Analysis was conducted as a sensitivity analysis in controlling for the dispensing of at least one obesity medication prescription during the study period. The entire registry patient population will be analyzed in early 2010. RESULTS: Among 182 patients examined for this analysis, mean (±SD) age was 49.3 (±12.7) years, 60.2% were female and 74.3% white. Oxycodone IR was most commonly prescribed for injury/trauma (30.5%), back/neck pain (28.8%), and arthritis (18.1%). The proportion of patients reporting any OSEs in the checklist was nearly two-fold that in the open text (98.9 vs 53.6%; p < 0.001). Patients, on average, reported 4.1 (SD = 6.3) OSEs on the checklist vs 1.3 (SD = 1.6) on the open-text question (p < 0.001). Significantly more events were reported in the checklist vs open text question for each OSE examined (p < 0.001). OSEs reported to be frequent and bothersome on the checklist were significantly more likely to appear in the open text compared to infrequent and mild symptoms. CONCLUSIONS: Frequency and extent of OSE reporting may vary by the format of questions administered. Caution is warranted in collecting, reporting, and comparing symptom data from different studies.

PSY3

CENTRAL VENOUS LINE INFECTIONS IN PATIENTS WITH HEMOPHILIA AND HOME CARE SERVICES
Tankersley MA1, Blankenship CS2, Doeyns A1, Lewis N1, Johnson N1, Tang J1
1Accredo Health Group, Inc, Memphis, TN, USA; 2Accredo’s Hemophilia Health Services, Nashville, TN, USA
OBJECTIVES: Patients with hemophilia require frequent administration of intravenous clotting factor to prophylactically or episodically control bleeding from injury or activity. Severe patients may require the placement of a central venous access device due to the frequency of infusions or administration of peripheral venous access devices. Central venous line infections are potentially life threatening and may require hospitalization which consumes excessive health care resources. Catheter infection events cost up to $29,000 per episode for acutely ill patients and can be much higher when cost of clotting factor is included. This research compares symptom data from different studies.

PSY4

DAILY AVERAGE CONSUMPTION ANALYSIS OF LOW BACK PAIN AND OSTEOARTHRITIS PATIENTS USING OXYMORPHONE EXTENDED RELEASE AND OXYCODONE HYDROCHLORIDE CONTROLLED RELEASE TABLETS IN A COMMERCIALLY INSURED POPULATION
Berner T, Panpatom A, La PC, Thomson H, Harry A
1Pfizer Pharmaceuticals, Chadds Ford, PA, USA
OBJECTIVES: This study assessed the daily average consumption (DACON) patterns for oxymorphone extended release tablets and oxycodone hydrochloride controlled release tablets in the treatment of low back pain (LBP) and osteoarthritis (OA). METHODS: Observational, retrospective study of a US commercially insured health plan cohort, which included pharmacy and medical claims for patients with ≥1 diagnosis of LBP and/or OA. Subjects with OA and or LBP were identified by ICD-9-CM codes following classifications previously employed. The primary outcome measure for the analysis was DACON which was calculated by dividing the total number of tablets dispensed by the total number of days supply for equianalgesic doses of each medication, as defined by an oxymorphone ER:oxycodone HCl CR ratio of 1:2. Patient demographic data were assessed and outcomes were stratified by age, gender, and region comparing users who had claim activity for 2 or more of the two medications for at least 30 days prior to and after the index date. The t-test was used to compare mean differences between the two populations for continuous variables. Multivariate analysis was conducted as a sensitivity analysis in controlling for age, gender, and region heterogonous. RESULTS: Data analyzed encompassed approximately 25 million covered lives for the period January 2006 to March 2009. DACON across all tablet strengths for oxymorphone ER was 2.2 compared to 2.6 for oxycodone CR (p < 0.01). For each formulations maximum strength tablet, oxymorphone ER 40 mg DACON was 2.6, compared to 3.7 for oxycodone CR 80 mg (p < 0.01). All statistically significant results for patients with LBP and/or OA had higher DACONs for oxycodone CR than for oxymorphone ER. CONCLUSIONS: These findings imply that health plan drug policies may need to take into consideration overall usage patterns, patient demographics, and medical diagnoses for long-acting opioids in addition to tablet costs when making formulary decisions.

PSY5

A META-ANALYSIS OF EFFICACY AND SAFETY OF PARECOXIB IN ORTHOPEDICS SURGERY
Villanueva-Keever MA1, Rendon-Macias ME2, Escamilla-Nuñez A1, Moula-Quereda JP1
1Instituto Mexicano del Seguro Social, Mexico City, Mexico, Mexico; 2Plezer S.A. de C.V., Puebla, Mexico
OBJECTIVES: The aim of this study was to conduct a meta-analysis of randomized controlled trials (RCTs) to determine effectiveness and safety of parecoxib as an analgesic option for adult patients in orthopedics surgery. METHODS: All meta-analysis estimations were performed with RCTs based on trials with similar parecoxib doses (20 or 40 mg) and by type of comparator (placebo or other drugs). Effectiveness was assessed with patient global treatment evaluation, consuming rescue drug rate, pain intensity at 24 or 48 h after surgery; safety with the frequency and type of adverse events(AE). RCT were searched in December 2008 and included in the analysis. Descriptive statistics. Interim data were used for the current analysis. The entire registry patient population will be analyzed in early 2010. RESULTS: Among 182 patients examined for this analysis, mean (±SD) age was 49.3 (±12.7) years, 60.2% were female and 74.3% white. Oxycodone IR was most commonly prescribed for injury/trauma (30.5%), back/neck pain (28.8%), and arthritis (18.1%). The proportion of patients reporting any OSEs in the checklist was nearly two-fold that in the open text (98.9 vs 53.6%; p < 0.001). Patients, on average, reported 4.1 (SD = 6.3) OSEs on the checklist vs 1.3 (SD = 1.6) on the open-text question (p < 0.001). Significantly more events were reported in the checklist vs open text question for each OSE examined (p < 0.001). OSEs reported to be frequent and bothersome on the checklist were significantly more likely to appear in the open text compared to infrequent and mild symptoms. CONCLUSIONS: Frequency and extent of OSE reporting may vary by the format of questions administered. Caution is warranted in collecting, reporting, and comparing symptom data from different studies.