cations; reliance on pharmacotherapy in obesity treatment; the odds of prescription for other commonly abused medications. Drug abuse prevalence was calculated for thresholds of ≥3 to ≥6 prescriptions and for ≥7 to ≥11 prescriptions. For each combination, the odds ratios of shoppers to non-shoppers for prevalence of opioid abuse diagnosis, non-opioid drug abuse diagnosis, and prescription for other commonly abused medications (e.g., stimulants, benzodiazepines) were calculated. RESULTS: In the final study cohort (n=359,656), prevalence of overutilization ranged from 5.48% at the ≥5 prescription threshold to 0.17% at ≥7 prescriptions and ≥6 pharmacies. The odds of shopping to non-shopping increased in a linear fashion, respectively, for those two definitions. For the ≥4 prescriber and ≥4 pharmacy case, shoppers (1.48% prevalence) were 4.43 times more likely than non-shoppers to have a diagnosis of opioid abuse (95%CI: 1.73-7.72, p<0.001). Foster will include results for shoppers and non-shoppers across opioid combination. CONCLUSIONS: These results can aid in the development and interpretation of opioid overutilization quality measures and support better informed intervention strategies to address the public health crisis of prescription drug abuse.

PSYB3
TREATMENT OF OBESITY: PHARMACOTHERAPY TRENDS IN THE UNITED STATES FROM 1999 TO 2010
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OBJECTIVES: To determine the antibiotic-drug prescribing patterns of U.S. physicians over the last decade (1999-2010) by quantifying trends in antibiotic medi-