employment than non-smokers or ex-smokers: 14.26% of subjects acknowledge having had their employment disrupted within the past 6 months. The differences noted between the “smokers”, “ex smoker” and “non smoker” populations are statistically significant (P < 0.001) with prevalence of disrupted employment respectively of 19%, 15.25% and 11.57% (p <0.01). It is also noted that the prevalence of smoking during work hours is significantly more important when the hierarchical superior smokes, 64.44% smoke during work hours if the hierarchical superior smokes, vs 51.17% if the hierarchical superior does not smoke (p < 0.004). CONCLUSIONS: In a population representative of persons at work on French soil, this study confirms the data collected abroad and in certain businesses in France. Therefore, the justification for taking smoking into account at the workplace is reinforced by its health consequences as well as its direct consequences on the work produced.

RESPIRATORY-RELATED DISORDERS – Patient-Reported Outcomes

PrS32

RELATIONSHIP OF COST-SHARING LEVELS TO ADHERENCE WITH DUAL-CONTROLLER THERAPY AMONG ASTHMA PATIENTS

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OBJECTIVES: To analyze the effect of cost-sharing levels and other co-variates on adherence to asthma controller therapy among patients with moderate persistent asthma. METHODS: Data for this study came from a large administrative claims database (MarketScan). The selection criteria for this study included at least one asthma-related outpatient claim (ICD-9-CM 493.XX). Asthma patients on dual controller therapy (ICS and LABA or ICS and LTRA) were identified and the initial date of IABA or LTRA prescription served as the index date. Patients were required to be continuously enrolled during the entire study period. The medication possession ratio (MPR) was used to measure adherence. RESULTS: A total of 1,047 patients met the study criteria. Of these patients, 898 (62.1%) were initiated on ICS/LABA, and 349 (37.9%) were initiated on ICS/LTRA. The average combined adherence to controller regimen was 0.63 (median = 0.63) for the entire study population. The odds of having increased adherence (MPR above the median) decreased significantly with the increase in cost-sharing levels. Compared with patients having $0–15 cost-sharing level, patients having $16–30 (odds ratio [OR] = 0.449, 95% CI = 0.312–0.616), $31–45 (OR = 0.236, 95% CI = 0.168–0.338) and $46 and more (OR = 0.113, 95% CI = 0.084–0.150) had lower odds of having appropriate adherence. Type of insurance plan, geographical region, and type of controller therapy were also significantly associated with adherence. CONCLUSIONS: Even though the need to be adherent is greater among patients on dual-controller therapy, cost-sharing levels played an important role in level of adherence. The study also found the type of controller medication to be associated with the adherence to the therapy.
was 38.2 years (SD = 12.6) and 62.7% were female. 85.9% of our respondents were born outside Canada and 71.8% were ethnically from Asian areas. Effectiveness of the preventive treatment (Risk of developing active TB after treatment, 0.23, p < 0.001) and long period of therapy (devoloping lung damage, 0.16, p = 0.001), Risk of developing skin rash, 0.16, p = 0.001, and developing fatigue, 0.03, p = 0.009) were significant determinants of respondents' choices of preventive treatment. The negative preference estimates revealed that respondents were averse to higher risk of developing active TB, higher risk of developing lung damage, skin rash and low effectiveness, and longer period of treatment.

The results suggest that respondents were consistently in favor of LTBI preventive treatment with higher effectiveness, less side effects and shorter length.

PR315  **COMPARISON OF PATIENT REPORTED OUTCOMES BASED ON THE MINNESOTA NICOTINE WITHDRAWAL SCALE (MNWS) USING ABSTINENCE PROFILES IN TREATMENTS WITH VARENICLINE AND TRANSDERMAL NICOTINE PATCH (NRT)**

**Method:** Conduct a post-hoc analysis of the time-courses of MNWS item or domain scores (MNWS scores) and weekly point prevalence of abstinence (PVR) during the treatment phase of a previously-published (Aubin et al, 2008) randomized open-label clinical trial of varenicline (N = 376) vs. NRT (N = 370). METHODS: Current cigarette smokers, motived to quit smoking, participated in the trial and completed the MNWS instrument. Descriptive statistics (mean ± standard error) of the MNWS scores from weeks 2 to 7 were computed. Time-course comparisons stratified by PVR were performed, with weekly responders defined by PVR = 0 and non-responders otherwise. Multivariate repeated-measures mixed-effects regression was conducted for each MNWS domain score as the outcome variable. Covariates included baseline, treatment, patient characteristics, smoking history and PVR. Statistical significance was reached when p ≤ 0.05.

RESULTS: The mean baseline MNWS scores of varenicline vs. NRT were comparable. By PVR, varenicline significantly reduced the mean urge to smoke vs. NRT in weeks 2, 3 and 5 (0.45 ± 0.10; 0.28 ± 0.09, 0.27 ± 0.10, 0.27 ± 0.09, respectively; all p < 0.01) among responders, and in week 2, 4, 6, 7 (0.44 ± 0.14; 0.44 ± 0.14; 0.46 ± 0.16; 0.52 ± 0.18; 0.38 ± 0.17; all p < 0.03) among non-responders. The mean negative affect scores were significantly lower in weeks 2 to 5 and 7 (0.31 ± 0.07; 0.20 ± 0.06; 0.18 ± 0.07; 0.23 ± 0.07; 0.13 ± 0.06; all p < 0.03) among responders and in week 2 (0.22 ± 0.11; p < 0.04) among non-responders. Additionally, restlessness was significantly reduced in weeks 2 to 5 (0.45 ± 0.10; 0.33 ± 0.09; 0.22 ± 0.09; 0.22 ± 0.08; all p < 0.02) among responders and in week 2 (0.42 ± 0.14; p < 0.03) among non-responders, and similarly the reduction of increased appetite (0.38 ± 0.18; p < 0.03) among non-responders in week 7.

CONCLUSIONS: Overall, lower mean patient-reported MNWS scores associated with symptoms of tobacco withdrawal were observed for varenicline than for NRT, reaching statistical significance, particularly among abstainers. Differences in the dynamics of treatment effects along with concomitant abstinence status warrant further bivariate analyses.

PR316  **NEED FOR IMPROVING ACCESS TO ESSENTIAL MEDICINES AND TREATMENT BEHAVIOUR TO BRONCHIAL ASTHMA A CHRONIC DISEASE**

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**OBJECTIVES:** It is expected that chronic diseases will account for 71% of deaths and 60% of the global diseases by 2020. India is experiencing a fast health transition, in demand of chronic disease management. 2006–2007 report of National Family Health Survey-III revealed that only 25% of the chronic diseases were diagnosed in the country. India is also experiencing a fast health transition, in 2006–2007 chronic disease contributed to an estimated 53% of deaths and 44% of disability-adjusted life years lost. Chronic diseases are a serious public health issue, particularly because they require long-term therapy. Asthma, a major chronic disease, has become a cause of global concern in terms of its increasing prevalence, morbidity, and economic impact. Improving access to essential medicines and adherence to standard treatment guidelines can decrease the morbidity and mortality. The present scenario of access to essential medicines and treatment behaviour to asthma in India is investigated. METHODS: Recent studies conducted (2007–2009) on asthma management, and adherence to therapy were analysed. Data on availability and price of two essential medicines for asthma, beclomethasone and salbutamol inhalers were collated from five medicine price studies conducted (2003–04) in five states of India, Haryana, Karnataka, Tamil Nadu, Maharashtra and Rajasthan. Except for Rajasthan no inhalers were on state essential medicine list and were not available in any of the public facility; in Rajasthan these inhalers were available only in public facility of capital city. Results of the asthma management studies indicate poor knowledge regarding treatment of bronchial asthma and by patients and asthma is not treated according to standard treatment guidelines.

More than 80% patients and/or prescribers are treating acute episodes, rather than focusing on long-term asthma control. Ninety-two percent of patients after the dose of inhaled corticosteroids after the acute attack. CONCLUSIONS: Since the incidence of chronic diseases are increasing rapidly in India, there is urgent need for improving access to essential medicines, treatment guidelines, policy making, patient & provider education, and resource allocation for chronic diseases, like bronchial asthma.

PR357  **DRUG UTILIZATION PATTERNS FOR PEDIATRIC ASTHMA IN AMBULATORY CARE SETTINGS**

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**OBJECTIVES:** This study examined the asthma medications prescribing patterns among pediatric asthma visits in ambulatory care settings in the United States.

METHODS: A retrospective cross-sectional analysis of National Ambulatory Medical Care Survey (NAMCS) and the outpatient data of the National Hospital Ambulatory Medical Care Survey (NHAMCS) of year 2006–2007 was conducted involving children aged less than 18 years and diagnosed with asthma (ICD-9-CM 493.XX). The study was focused on medications on first line of therapy for COPD: Education and Prevention Program (NAEP). Descriptive statistics was used to examine the prescribing pattern. RESULTS: According to NAMCS and NHAMCS, there were 18 million (0.87%) physician office visits by children with asthma. Long Acting B2 Agonist was highly prescribed among (57.50%) office visits, followed by Leukotriene Modifiers (29.91%) and Inhaled Corticosteroids (27.88%). Oral Corticosteroids and Short Acting B2 Agonist were prescribed among 15.99%, and 14.18% of office visits, respectively. In terms of individual medicines, Albuterol, was mostly prescribed among 10.43 million visits, followed by Montelukast, 5.42 million visits. Predicted million visits vs. NRT was prescribed in 2.71 million visits and Levonlukast was prescribed in 1.36 million visits. CONCLUSIONS: Long Acting B2 Agonist and Leukotrine Modifiers was the most highly prescribed medication class and Albuterol and Montelukast were highly prescribed individual medications in pediatric asthma ambulatory care visits in the United States.