PHS31

SELF MEDICATION: ASSESSMENT OF STATUS, PRACTICES AND PERCEPTION

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OBJECTIVES: To determine the status, practices and perception of self-medication among general population of Quetta city, Pakistan.

METHODS: Convenience sample of 840 patients from general practitioners' practices that were part of community pharmacies. A questionnaire about status, knowledge and perception against self-medication was constructed, content validated and used for data collection. Pharmacists were hired for data collection and analyses were done by SPSS 15. RESULTS: A total of 840 patients were approached and 784 responded (93.32%). 621 (79.20%) were males and 163 (20.79%) were females. Most respondents (87.25%) admitted to practice of self medication. Males were found to self medicate more (84.36%) than females (15.63%). Practices of self medication were found more in age group of 35-44 (22.27%). Body weakness/sexual problems (21.80%) were the major conditions for which self medication was performed. Multivitamins/sexual performance enhancer (22.36%). NSAIDS (17.65%) and antibiotics (15.32%) were commonly used drugs. Information related to the medicines was taken from people with past exposure (25.90%), chemist/pharmacist (20.50%) and family member (18.75%). Most patients (81.55%) described high physician expenses as the cause of their self medication. A total of 15.67% of the respondents revealed that they trust chemists and pharmacists more due to their past experiences. A total of 66.65% of population perceived that self medication helps them save money while 61.25% believed that self medication is harmless. CONCLUSIONS: Educational campaigns to educate the population about the rational use of medications are needed. The healthcare professionals must pay special attention on this issue. In addition, sale of medicines without prescriptions should be strictly prohibited and monitored by regulatory authorities.

PHS32

THE ASSOCIATION OF MENOPAUSAL SYMPTOMS, INCLUDING HOT FLUSHES, WITH QUALITY OF LIFE, WORK PRODUCTIVITY AND RESOURCE USE

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OBJECTIVES: The current study characterizes health-related quality of life (HRQoL), work productivity, and resource use among women experiencing menopausal symptoms, including hot flashes. METHODS: The study is based on data from the 2005 US National Health and Wellness Survey (N = 41,184), which is a cross-sectional, internet-based survey representative of the adult US population. Women who were aged 40-64, did not report a history of cancer, and provided information regarding the presence of menopausal symptoms were included for analyses (N=8578). Women who reported currently experiencing menopausal symptoms, including hot flashes (n=3767), were compared with women who did not report currently experiencing menopausal symptoms (n = 4499), controlling for demographic and health characteristics. Outcomes measures included HRQoL (SF-8), work productivity (WPAI) within the past 7-days, and healthcare resource use within the past 6-months. Normally distributed variables were assessed with multiple regression, while non-normally distributed variables were assessed with generalized linear models. RESULTS: There was little difference in the mean age of women experiencing hot flashes (50.5 yrs, SD=5.2), and women not reporting menopausal symptoms (49.1 yrs, SD=6.5). After controlling for demographic and health characteristics, women experiencing hot flashes reported significantly lower mental (46.8 vs. 48.5, p<0.001), and in activities of daily living (37.32% vs. 23.16%, p<0.001), and lower mental (46.8 vs. 48.5, p<0.001), and lower work productivity (WPAI) within the past 7-days (37.32% vs. 23.16%, p<0.001). The association of menopausal symptoms, including hot flashes was found to be significantly higher among women experiencing hot flashes. Furthermore, the annual mean number of ER visits were higher among those with menopause (2.1 vs 1.9, p=0.042).

CONCLUSIONS: The presence of menopausal symptoms, including hot flashes, was independently and significantly associated with lower levels of mental and physical HRQoL, lower productivity, greater impairment in activities of daily living, and greater resource utilization.

Individual’s Health – Health Care Use & Policy Studies

PHS34

IMPLEMENTATION OF A STATE MEDICAID PRESCRIPTION CAP POLICY: IS THERE AN IMPACT ON BENEFICIARIES’ MEDICAL SERVICES UTILIZATION AND COSTS?

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OBJECTIVES: On July 1, 2005, Mississippi (MS) Medicaid implemented a prescription cap policy restricting the number of prescriptions filled by a beneficiary during a month to five. The purpose of this study was to examine the effect of this policy on overall medical services utilization and costs. METHODS: For the purpose of this study, a comparison group of beneficiaries from the 2004–2005 and Medicaid fee-for-service (FFS) administrative claims data was performed. The study included two data periods: 12-month pre- and post-prescription cap date of July 1, 2005. In both study periods (July 1, 2004 to June 30, 2005 [pre-cap] and July 1, 2005 to June 30, 2006 [post-cap]), beneficiaries were selected to be 64 years of age on July 1, 2005, continuously enrolled for 10 months or more were identified. A final set of 89,110 (pre-cap cohort) and 87,518 (post-cap cohort) beneficiaries remained after applying the study inclusion and exclusion criteria. Using segmented regression analysis, trends in medical services utilization and cost per beneficiary per month (PBPM) were examined over the two-year period. RESULTS: In the 12-month period before the implementation of the cap, a decreasing trend in ER visits was observed (coefficient=-0.0024, p=<0.0001). The implementation of the cap resulted in an initial increase in the utilization of ER visits (coefficient=0.0160, p=<0.0001; absolute difference 0.4 visits vs. visits (FFSM). However, an increasing month-to-month trend in ER visit costs (coefficient=2.4651, p=<0.0001) in the 12-month post-cap period (coefficient=3.1322, p=<0.0008). Results for hospitalization and office visit utilization and costs revealed no significant findings. CONCLUSIONS: There was an increase in ER visits utilization among MS Medicaid beneficiaries after the prescription cap implementation.

PHS35

PHARMACISTS’ ATTITUDE AND PREPAREDNESS REGARDING THE ISSUE OF ESCALATING PHARMACEUTICAL DEMAND DUE TO THE AGING BABY BOOMERS

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OBJECTIVES: To assess and evaluate the association between pharmacists’ attitude, perceived preparedness, and willingness to prepare regarding the issue of escalating pharmaceutical demand due to the aging baby boomers. METHODS: This was a non-experimental, cross-sectional, field study design. The study sample consisted of registered pharmacists, practicing in chain and independent community pharmacy stores in Houston and surrounding areas. A self-administered survey questionnaire based on the proposed model for the study was needed to address the study objectives. Descriptive analysis followed by paired t-tests (dependent sample), wilcoxon signed-rank tests (independent sample) and spearman correlation analysis were performed to assess the study objectives. RESULTS: A total of 117 pharmacists’ responded with an overall response rate of 49.4%. Mean age of the respondents was 41.1 (±11.1) years, with majority being females (51.7%), African Americans (41.0%), having an average experience of 13.6 (SD = 11.6) years, working in chain pharmacy setting (77.8%), having a PharmD degree (55.7%) and working full time (91.4%). Non-respondents matched the sample on the gender (p=0.75) and practice setting (p=0.84). Approximately 83% pharmacists’ agreed to be prepared and willing or very willing to take action, whatever it may be, to better prepare themselves for the aging baby boomer population. CONCLUSIONS: Pharmacists’ attitude and perceived preparedness were found to be significantly associated with their willingness to prepare for the aging baby boomer population. Further studies are required to assess the effect of various covariates on pharmacist’s willingness to prepare for the aging baby boomer population.

PHS36

DRUG PRESCRIBING BEHAVIOR FOR THE TREATMENT OF HEAVY MENSTRUAL BLEEDING

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OBJECTIVES: Heavy menstrual bleeding (HMB) is defined as excessive menstrual bleeding that interferes with a woman’s quality of life. Despite availability of surgical and nonsurgical treatments, HMB remains a public health issue with a prevalence of 4–10%. The objective was to examine why many women do not receive medication to treat their HMB. METHODS: The number of visits to physicians for HMB (ICD-9 code 626.5) in 2009 was collected using SDI’s Physician Drug and Diagnostic Audit (PDDA). Additional visit-level data was collected through PDDA, including: the number of visits resulting in a prescription for HMB, the number of visits where patients requested a prescription and other confounding measures such as 1st or subsequent visit, disease severity and comorbidities. The impact of these factors on the likelihood of a patient receiving a prescription for the treatment of HMB was explored. Surgical treatments were not considered in this analysis. RESULTS: In 2009, there were 2,341,000 patient visits to physicians where the primary focus of the visit was the patient’s HMB. Overall, patients received a prescription for the treatment of their HMB in 59% of visits. Among the visits with a prescription, only 18% of prescriptions were requested by the patient. Yet, those who requested a prescription were more likely to receive one (73% vs. 57%). Differences existed between prescription and non-prescription groups. GPs were more likely to request drugs on their first visit versus subsequent doctor visits (54% vs. 46%). CONCLUSIONS: This preliminary analysis demonstrates that although patients visit HMB for treatment are relatively common, few women are actually requesting treatment. The impact of these factors on the likelyhood of a patient receiving a prescription for the treatment of HMB was explored. Surgical treatments were not considered in this analysis. RESULTS: In 2009, there were 2,341,000 patient visits to physicians where the primary focus of the visit was the patient’s HMB. Overall, patients received a prescription for the treatment of their HMB in 59% of visits. Among the visits with a prescription, only 18% of prescriptions were requested by the patient. Yet, those who requested a prescription were more likely to receive one (73% vs. 57%). Differences existed between prescription and non-prescription groups. GPs were more likely to request drugs on their first visit versus subsequent doctor visits (54% vs. 46%). CONCLUSIONS: This preliminary analysis demonstrates that although patients visit HMB for treatment are relatively common, few women are actually requesting treatment.