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Steroids and Thiopurines Use in Ulcerative Colitis Patients, Analysis of a 10-Year Nationwide Database from the Veterans Affairs Healthcare System
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Purpose: There is limited longitudinal information on steroids use in the management of ulcerative colitis (UC). Our aim was to determine the prevalence of steroid use in UC, pattern of steroid use after the initial exposure and the rate of the concomitant use of thiopurines in this group.

Methods: Nationwide data was obtained from the Veterans Affairs (VA) healthcare system. We performed a retrospective cohort study with a starting point of 10/1/2001 and an end of 10/1/2011. UC patients who were followed in the VA system in this time frame were identified using ICD-9 codes. We collected information regarding their pharmacy records related to steroids and thiopurine use. Follow up time was estimated between the date of steroid filling and 10/1/2011 (end of the observation period). Steroid exposure duration was estimated by dividing the cumulative daily supply of all the steroids fillings throughout the observation period by the follow up time. We then classified the patients into 4 groups (1) Those who were exposed to steroids for less than 25% of the follow up time, (2) 25%-50%, (3) 50%-75% and (4) above 75%. We then cross tabulate these groups against thiopurine use during the same period. Groups were compared using Chi Square statistic.

Results: There were 37,191 UC patients that were identified. Among them 10,909 used steroids. Thus the 10 year prevalence of steroid use in this cohort was 30%. Among those 29% had a single steroid filling and 54% had 3 or less fillings. The number of patients who took steroids for more than 25% of the period under observation was 1839 (17%) and those who took it for more than 50% of the follow up period was 876 (8%). Of all steroid users 3368 (30%) used thiopurines. Rate of thiopurine use was highest among those who used steroids between 25%-50% of the follow up time (53%) compared to (32%) for those who used steroids for more than 75% of the follow up time (p < 0.001) Table (1).

Conclusion: In this nationwide cohort of UC patients 30% of patients had exposure to steroids. Thiopurines were prescribed to 30% of steroid users. Among patients who used steroids for greater than 25% of the observational period thiopurine use was associated with a shorter period of steroid exposure.

<table>
<thead>
<tr>
<th>Steroid exposure duration out of the follow up time</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25%</td>
<td>2537 (28%)</td>
</tr>
<tr>
<td>25%-50%</td>
<td>509 (53%)</td>
</tr>
<tr>
<td>50%-75%</td>
<td>169 (43%)</td>
</tr>
<tr>
<td>&gt;75%</td>
<td>153 (32%)</td>
</tr>
<tr>
<td>Total</td>
<td>3368 (30%)</td>
</tr>
</tbody>
</table>

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Health Care Expenditure for Ulcerative Colitis Adult Patients for the Years 2007 to 2009: A Nationwide Estimate using Medical Expenditure Panel Survey
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Purpose: Ulcerative colitis is a chronic disease characterized by periods of increased disease activity that may require outpatient visits, inpatient hospitalizations and expensive medications. To quantify the direct medical expenditure associated with ulcerative colitis (UC) in United States using the Medical Expenditure Panel Survey (MEPS).

Methods: MEPS is a nationally representative longitudinal survey conducted by Agency for Healthcare Research and Quality and National Center for Health Statistics. The Household component of MEPS (MEPS-HC) collects detailed information about the person and household level on health care utilization, expenditures, health insurance and health status for U.S civilian noninstitutionalized population. Patients with ulcerative colitis were identified in MEPS using ICD-9-CM code: 556.X. Nationally representative estimates of health care expenditure for UC patients were obtained from weighted MEPS data. In addition, the expenditure of UC patients for years 2007 to 2009 was combined to improve statistical precision of estimates. All expenditure estimates prior to 2009 were inflation adjusted using the Personal Health Care Expenditure Price Index (PHCE) and results were expressed in 2009 dollars.

Results: The mean age of UC patients was 46.2 years (95% CI 42.87 to 49.59) and 48.3% were male; 88.3% were white and 6.7% were black. Of all UC patients, 8.3% were smokers. For the years 2007 to 2009, the average annual expenditure per UC patient was $8,801.32 (95%CI: $7718.29 to $9884.36). The highest proportion of cost for UC patients (32.5%) was related to pharmacy expenditure: $2,859.27 (95% CI: $2692.28 to $3026.25). The total outpatient expenditure excluding prescription costs comprised 42.3% of total expenditure as compared to only 8.5% of inpatient expenditure.

Conclusion: The MEPS-HC data for the years 2007-2009 indicate that the largest proportion of health-care expenditure for UC patients is related to prescriptions and is 4 times higher than attributed to inpatient expenditure.


FUNCTIONAL BOWEL DISORDERS

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Lubiprostone Compared to Senna in the Treatment of Postoperative Opioid-Induced Constipation Following Orthopedic Procedures
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Purpose: To assess the efficacy of lubiprostone compared to senna on bowel symptoms and bowel-related quality of life in patients undergoing inpatient rehabilitation following orthopedic procedures and who have opioid-induced constipation symptoms.

Methods: In this double blind, randomized, active comparator trial, adults admitted to acute rehabilitation following orthopedic procedures exhibiting constipation symptoms and who required opioids for analgesia underwent baseline assessments which included the Patient Assessment of Constipation Symptoms (PAC-SYM) and the Patient Assessment of Constipation – Quality of Life (PAC-QOL) measured at baseline and study exit (Day 7); Secondary Measures included the Bristol Stool Scale Bowel Consistency, Specific Bowel Symptom Score (Nausea, cramping, straining, completeness, abdominal pain,