

decreasing fasting serum glucose in the IFG group was not significantly associated with the risk of myocardial infarction or stroke. **CONCLUSIONS:** Maintaining fasting serum glucose at normal level may contribute to lowering the risk of cardiovascular disease.

PHS5

EXAMINATION OF OSTEOPOROSIS AND SUBSEQUENT FRACTURE RISK

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OBJECTIVES: The public health significance of osteoporosis is outstanding, the treatment of complications is difficult for patients and social security. The aim of the research is to reveal the rate of osteoporosis risk, in the sample, the knowledge associated, lifestyle factors related to prevention and the existence of fall-proof environments. **METHODS:** Quantitative cross-sectional study was performed among women over 30 years of age (n=129) with simple, non-random sampling. The question groups of the self-compiled questionnaire: socio-demographic factors, knowledge, lifestyle, features of fall-proof environment, diagnosis of osteoporosis and risk factors. Validated questionnaires: Fracture Risk Assessment Tool (FRAX-score) Osteoporosis Assessment Questionnaire (OPAQ), Godin Leisure-Time Exercise Questionnaire. In addition to descriptive statistical analysis, t-test, chi-square test, average confidence interval was used (p<0.05) with the application of SPSS software. **RESULTS:** The risk average of high osteoporotic fracture associated with osteoporosis was 7.6% (median 4.7%), risk of hip fracture was 2% based of the FRAX risk estimation (average age 53.7 years). Those between 66-85 years of age (p<0.001, 64%) and exposed to risk (p<0.001, 53%) knew risk factors significantly more. Patients between 46-65 years (p<0.001, 67%) and exposed to risk (p<0.001, 61%) knew the cases recommended for screening significantly more. However patients diagnosed with osteoporosis do not have adequate knowledge. According to falls secure housing have been achieved in 88%. Based on OPAQ the most critical dimensions were body image [MT: 17-19] and independence [MT: 22-24]. **CONCLUSIONS:** Adequate calcium intake, ensure of vitamin D supply and exercise are the "base treatment" of osteoporosis. The physical environment plays a significant role in the fall of the elderly, it may be a direct cause of 30-50% of fall cases. The risk of fractures related to osteoporosis in the future could be estimated by the online FRAX calculator.

PHS6

RACIAL/ETHNIC DIFFERENCES IN THE TREATMENT OF ADOLESCENT MAJOR DEPRESSIVE DISORDERS (MDD) ACROSS HEALTHCARE PROVIDERS PARTICIPATING IN THE MEDICAID PROGRAM

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OBJECTIVES: The objective of this research study was to examine whether racial/ethnic differences in receipt of MDD treatment could be explained by the specialty of provider diagnosing the adolescent. **METHODS:** In this retrospective cohort study, adolescents (10-20 years-old) with ≥2 MDD diagnoses were identified using 2005-2007 Medicaid data from Texas. Patients were categorized based on the types of provider who gave the initial MDD diagnosis (psychiatrist (PSY-I), social worker/psychologist (SWP-I), and primary care physician (PCP-I)). Within the sub-cohorts identified by each type of provider, patients were further divided by racial/ethnic groups. A general linear multi-level model (MLM) was used to examine whether being first identified by a psychiatrist is associated with higher treatment rate and reduced variation in treatment utilization across racial/ethnic groups. **RESULTS:** Of the 13,234 new pediatric MDD cases diagnosed during the study period, 61% were SWP-I, 33% by PSY-I and 6% by PCP-I. Results of the adjusted analysis showed that being first diagnosed by a psychiatrist is associated with higher chance of receiving MDD related treatment (PCP-I vs. PSY-I (OR: 0.54, 95%CI: 0.4-0.7) and SWP-I vs. PSY-I (OR: 0.17, 95%CI: 0.1-0.2)). Specifically regarding the receipt of pharmacotherapy, a significant interaction effect was detected between types of identifying providers and patients' race/ethnicity. The analysis stratified by race/ethnicity found Whites received comparable treatment regardless receiving initial diagnosis from PCPs or PSYs, while for Hispanics, being first identified by a PCP is associated with lower likelihood of receiving treatment as compared to being first identified by a psychiatrist. Further analysis stratified by provider types showed that a significant racial/ethnic variation in medication utilization was observed in PCP-I, reduced in SWP-I, and disappeared in PSY-I. **CONCLUSIONS:** For adolescents with MDD, being first diagnosed by a psychiatrist is associated with higher treatment rate and reduced racial/ethnic variation in the utilization of pharmacotherapy.

PHS7

HOSPITALISATION RATE AS A PROXY OUTCOME FOR CLINICAL VALUE IN A PROTOCOLISED CANCER TREATMENT ENVIRONMENT

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OBJECTIVES: A previous study by the Independent Clinical Oncology Network (ICON), in South Africa, demonstrated that treatment plans submitted using ICON's evidence-based protocols result in cost savings. Protocolised treatments are often criticised for possible cost shifting and/or compromising clinical care. The aim of this study was to measure oncologist managed hospitalisation events, as a proxy outcome for: clinical need, an indicator of patient well-being, and potential cost shifting because of protocolised treatment. Access to hospitalisation was unrestricted and similar (not protocolised) across the cohort to be

studied. **METHODS:** A retrospective analysis was conducted of claims data, acquired from third party funders that contract the ICON Network, for the year 2016. The data (n₁=9444) was governed by a requirement to adhere to treatment protocols. The control group (n₂=2008) was under no protocol restriction and seen by a different group of oncologists. The hospital admission rate and total stay duration were measured per patient where the treating doctor for the hospital event was an oncologist. Case mix was adjusted by diagnosis (using admission ICD10 code). The smaller cohort dataset (n₂) was extrapolated proportionally by diagnosis (random sampling with replacement). The same methodology was applied to 2015 data to validate the methodology. **RESULTS:** The hospitalisation rate for patients under protocolised treatment, 16.07%, was significantly less (99% CI, p<0.0022, Chi-squared test) than the control group, 17.64%. The average hospital stay duration, 1.62 days, for patients under protocolised treatment was also significantly less (99% CI, p<0.0022, student's t test) than the control group, 1.95 days. The results were validated against data from 2015 (n₁=8559, n₂=1870): that showed significantly lower hospitalisation rate and hospital stay duration in comparison to the control group. **CONCLUSIONS:** Using hospitalisation metrics as a proxy outcome of patient well-being and cost shifting, the ICON solution demonstrates significant value without compromising care.

PHS8

EFFECT OF PATIENT INVOLVEMENT AND MESSAGE FORMAT ON PERCEIVED SUSCEPTIBILITY AND SEVERITY TO BREAST CANCER

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OBJECTIVES: The purpose of this study was to test the perceived susceptibility and severity to breast cancer based on the level of patient involvement and message format. **METHODS:** The study was a repeated measures, cross sectional survey. The two constructs of the health belief model (HBM), perceived susceptibility and perceived severity were measured using a 5 point likert scale. Involvement levels were manipulated as high and low. The high and low involvement scenarios were built on situational factors, and the Gail risk score. Message format was manipulated on two levels as graphic and written decision aids. The concepts of chunking, congruency and picture superiority were used to design the decision aids. Women across the Houston metropolitan area evaluated two chemoprevention decision aids after reading scenarios simulating high and low involvement. A pre-validated, self-administered survey instrument was used to measure their susceptibility and severity to breast cancer. **RESULTS:** The 320 women included in the study (81.4% response rate) were in majority married 144 (46.45%), white 160 (51.61%) and had a mean age of 40.25 (± 11.27) years. A multivariate and post hoc analyses indicated women with high involvement level had significantly higher mean (3.70 ± 0.89) perceived susceptibility and higher mean (3.16 ± 0.92) perceived severity compared to breast cancer when compared to susceptibility (2.18 ± 1.1) and severity (2.79 ± 1.03) among women in a low involvement scenario. Message format had a direct effect on perceived susceptibility to breast cancer. There was an indirect effect of message format on perceived severity to breast cancer. **CONCLUSIONS:** Patient involvement level plays an important role in perception of susceptibility and severity of breast cancer. The format in which the message is presented affects perception of disease severity through disease susceptibility.

PHS10

PREVALENCE OF LATENT TUBERCULOSIS INFECTION IN PATIENTS WITH RHEUMATOID ARTHRITIS IN COLOMBIA: A SINGLE SETTING STUDY

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OBJECTIVES: Tuberculosis has an important burden of disease in developing countries. The aim of this study was to estimate the prevalence of latent tuberculosis infection (LTBI) in a cohort of patients with rheumatoid arthritis (RA) in a specialized center of excellence. **METHODS:** We conducted a retrospective study to explore the prevalence of LTBI in patients with RA in a single setting located in Bogota, Colombia. Under a Treat to Target model we followed patients diagnosed with RA who received biological and conventional therapy treated in 2017. Patients were tested using tuberculin skin test (TST). Thresholds of this test were defined according to CDC recommendations. We stratified the analysis by sex, type of treatment (conventional and biological therapy) and negative and positive LTBI. Means and standard deviations were reported for continuous variables and categorical variables were presented as percentages. **RESULTS:** We included 329 patients diagnosed with RA who were tested for LTBI, 60.2% were women. Mean age was 67.1 years (standard deviation 10.4). According to the therapy, 77.2% were treated with biological and 22.8% with conventional therapy. As far as diseases were concerned including RA, some comorbidities were assessed at the beginning of the follow-up, showing that 26.4% (87/329) had hypertension, 6.1% (20/329) diabetes mellitus and 6.4% (21/329) Sjogren syndrome. As main result, the prevalence of LTBI in patients was 8.2% (27/329) (295 patients had a negative TST, 12 had a TST from 10mm to 15, and 15 patients had a TST >15mm). **CONCLUSIONS:** This study is one of the first approach in Colombia to estimate the prevalence of latent tuberculosis infection. Our estimation of LTBI prevalence was similar to the findings in other studies. Further attention should be paid to elderly patients who have relatively higher rates of LTBI in developing countries.