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# PSY61 INCREMENTAL SAVINGS ASSOCIATED WITH A DECREASE IN ANTIDEPRESSANT MEDICATIONS...

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treatment regimen. Here, BDD-rFVIII patients consumed a median of 6204 IU/kg per year while matched FL-rFVIII patients utilized a median of 4118 IU/kg ( $p = 0.03$ ). This difference could not be attributed to a higher prescribed prophylaxis dose. **CONCLUSIONS:** This analysis shows that BDD-rFVIII-treated patients were associated with utilizing more IU/kg/year of FVIII while on a prophylactic regimen than matched FL-rFVIII-treated patients. Further research is required to determine whether greater utilization of BDD-rFVIII during prophylaxis is associated with increased risk of breakthrough bleeds.

## PSY59

**A POPULATION STUDY ON THE AGE-SPECIFIC RELATIONSHIP BETWEEN BODY MASS INDEX, METABOLIC DISORDERS, AND UTILIZATION OF AMBULATORY SERVICES**

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**OBJECTIVES:** The objective of this study was to examine the age-specific relationship between body mass index (BMI), prevalence of metabolic disorders, and utilization of outpatient services. **METHODS:** Data for this study came from the National Health Interview Survey in Taiwan, which was conducted in 2001. With the consent of the respondents, the interview data were linked to their claims in the National Health Insurance database. The self-reported weight and height were used to calculate BMI. Diseases and utilization of outpatient services were identified from the claims data. **RESULTS:** A linear trend of prevalence was observed with increments of BMI. The same trend was observed for the number of visits to outpatient clinics. The BMI-related medical expenditures did not reach statistical significance. Nevertheless, age was an important factor. After controlling for the number of chronic diseases, the relationship between BMI and utilization of outpatient services disappeared. **CONCLUSIONS:** The BMI-related medical expenditures pertained to metabolic disorders, such as hypertension, diabetes, and ischemic heart diseases. A health promotion program should prevent the diseases, thus reducing medical expenditures.

## PSY60

**PREDICTING FACTORS FOR METABOLIC SYNDROME AMONG US ADOLESCENTS 12–17 YEARS OF AGE**

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**OBJECTIVES:** To contrast the factors that are associated with metabolic syndrome risk for US adolescents overall and US Hispanic adolescents. **METHODS:** At risk is defined as having three or more of the following: elevated fasting glucose, elevated SBP, elevated DBP, elevated triglycerides, elevated BMI, elevated waist circumference, or low HDL. Logistic regression and NHANES 2003–2006 data were used to examine the impact on metabolic syndrome risks; gender, race, ethnicity, immigrant status, income, insurance, parental education, activity levels, number of school lunches and breakfasts per week, milk consumption, language preference, and number of meals outside the home per week. US adolescents overall are compared with US Hispanic adolescents. A significance level of 0.05 was used. Weighted sample sizes for Hispanic adolescents and US born adolescents are 8,178,714 and 50,837,204 respectively. **RESULTS:** The results of the regressions were vastly different between US adolescents and US Hispanic (First Generation and Native) adolescents. All variables in the models are significant. Major differences include the decreased risk (42%) for US adolescent females overall, and the increased

risk (17%) for US Hispanic females. Notably, for those Hispanics that are first generation, their risk is increased by 65%. For US adolescents overall, low or middle income levels increase risk three times, while low and middle income level US Hispanic adolescents have a risk decrease of 77% and 69% respectively. For every meal eaten outside the home per week (excluding school meals) the risk increases for US adolescents by 4% and by 13% for Hispanic US adolescents. **CONCLUSIONS:** These adolescents are at risk for acute cardiovascular endpoints, higher medical utilization and expenditure, and lower quality of life. Interventions should focus on education regarding healthy eating outside the home with limited resources. A surprising result of this analysis is the high price of acculturation for Hispanic first generation adolescents.

## PSY61

**INCREMENTAL SAVINGS ASSOCIATED WITH A DECREASE IN ANTIDEPRESSANT MEDICATIONS FOLLOWING BARIATRIC SURGERY IN WESTERN NEW YORK**

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**OBJECTIVES:** To estimate the incremental costs following bariatric surgery, with regard to antidepressant use. **METHODS:** Data was collected for body weight, mental health status such as depression, medication use and counselling for one hundred subjects pre and post bariatric surgery from 2006–2007. Measures of mental health were compared before and after surgery. Cost estimates for the management of depression were based on data published in 2000. **RESULTS:** Patients lost a mean value of 52% of their excess body weight. Following surgery, the proportion of depressed patients decreased by 46%, the proportion of the patients on antidepressants decreased by 30%, and the proportion of those who utilized counselling services decreased by 19%. When applying cost estimates for managing depression, total incremental savings in depression management were \$6,527 (average per patient per year estimate). **CONCLUSIONS:** Bariatric surgery is a costly procedure estimated at \$22,213 per procedure. Results from a Western New York center based on 100 patients suggest that reduction in depression and the associated medication and counselling use provide incremental savings of \$6527 (per year) for the patients who have the procedure. In addition, co-morbidities associated with obese patients such as diabetes, hypertension, sleep apnea, and venous insufficiency offer further incremental savings which is likely to offset the cost of the bariatric surgery, possibly leading to savings. Long-term outcomes of bariatric surgery and the associated incremental cost were not evaluated in this study. Future research should consider long-term outcomes and associated costs from the societal, payer and patient perspectives. Maintaining the weight loss over the long-term is likely to lead to significant cost savings from all perspectives and improved quality of life.

## PSY62

**A NATURAL EXPERIMENT TO ESTIMATE THE IMPACT OF A PREFERRED DRUG LIST POLICY FOR LONG ACTING NARCOTIC ANALGESICS ON COSTS AND UTILIZATION**

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**OBJECTIVES:** On October 26, 2005, Arkansas Medicaid implemented a preferred drug list (PDL) policy for long acting narcotic analgesics (LANA) where only generic long-acting morphine and methadone could be obtained without prior-approval. The objec-