

RESULTS: The NHWS survey was completed by 63,012 people, of whom 1,651 were self-identified as being diagnosed with psoriasis (50% female, average age=50.4 years). When asked about their disease severity, 66% reported mild disease, 26% moderate, and 7% severe. Thirty-eight percent of all patients reported using over-the-counter (OTC) or herbal treatments and 44% reported treatment with prescription medication, while 26% reported using OTC treatments only, 9% reported using phototherapy, and 30% reported no current treatment. Of those patients on prescription medication, 42% used topical steroids, 34% used topical nonsteroids, 12% used biologic therapies, and 13% use systemic therapies other than biologics. Patients who classified their disease as being moderate or severe were more likely to report use of biologics and systemic treatments, while those with mild disease were more likely to use topical treatments. However, 21% of moderate and severe patients reported using only OTC products. Furthermore, 21% of moderate and 15% of severe patients reported that they did not currently receive medication.

CONCLUSIONS: A wide variety of medications are used to treat psoriasis, and the majority of patients report using an OTC. A large number of patients with severe disease are using only OTC products or no treatment at all. Further research on the appropriate treatment of moderate to severe patients is warranted.

■ "PURE OBSESSIVE-COMPULSIVE DISORDER" VERSUS "PURE DEPRESSION": 9-YEAR CLAIMS ANALYSIS OF FLORIDA MEDICAID ENROLLEES

Hankin C,* Dunn J, Knispel J, Levin A, Wang Z, Bronstone A.

*BioMedEcon, LLC, P.O. Box 129, Moss Beach, CA 94038; chankin@biomedecon.com, 650.563.9475

BACKGROUND: Whereas the health care burden of depression is well documented, this is not the case for obsessive-compulsive disorder (OCD), an anxiety disorder with an estimated U.S. prevalence of 2%.

OBJECTIVE: Using 9 years of claims data (Florida Medicaid, 1997-2006), we compared health care costs of newly diagnosed patients with "pure OCD" (P-OCD) with a matched sample of newly diagnosed patients with "pure depression" (P-D).

METHODS: Adults (aged >18 years) with ≥ 1 OCD diagnosis and 2 years of data preceding and following their first (index) OCD claim were selected. P-OCD patients were identified as having no diagnoses of depression, psychoses, bipolar disorder, organic mental disorders, pervasive developmental disorders, nonpsychotic brain damage, developmental delays, or mental retardation in this 4-year period. P-D patients were selected similarly except that the index claim was depression and exclusion diagnoses included OCD rather than depression. Each P-OCD patient was matched to ≥ 1 P-D patient on sex, race/ethnicity, medical illness severity, and age and year at index diagnosis. Primary diagnoses (ICD-9-CM) distinguished medical versus psychiatric care.

National Drug Code numbers distinguished psychotropic (anti-depressants, antimanics, antipsychotics, anxiolytics, sedatives, hypnotics, mood stabilizers, amphetamines) versus nonpsychotropic medications. We compared mean 2-year total health care, inpatient, outpatient, and pharmacy costs following each patient's index claim. Skewed data were log transformed.

RESULTS: Among 2,924,412 Medicaid enrollees, 85 P-OCD patients were matched to 963 P-D patients. Although total health care costs were not significantly different between groups, P-OCD patients incurred significantly greater 2-year mean pharmacy costs than P-D patients (\$3,294 [SD=\$4.50] vs. \$1,988 [SD=\$3.00], respectively; $P=0.009$). Further analysis showed no significant differences between groups with respect to costs for nonpsychotropic medications, but costs for psychotropics were significantly greater for P-OCD than for P-D patients (\$1,808 [SD=\$5.50] vs. \$665 [SD=\$3.30], respectively; $P<0.001$). Similarly, although there were no significant differences between groups with respect to number of fills for nonpsychotropic medications, the average number of fills for psychotropics was significantly greater for P-OCD patients (35.1 [SD=28.6] vs. 17.8 [SD=14.3], respectively; $P<0.001$).

CONCLUSIONS: The greater number of psychotropic fills and costs for patients with P-OCD versus P-D may reflect the greater complexity of OCD or a tendency for patients with OCD to receive inappropriate treatment.

■ REAL-WORLD DOSING OF ANTI-TUMOR NECROSIS FACTOR THERAPIES IN THE TREATMENT OF ADULTS WITH CROHN'S DISEASE

Waters H,* Meekins T, Bewtra A, McKenzie S, Tang B, Piech C.

*Centocor Ortho Biotech Services, LLC, 800 Ridgeview Dr., H-2-3, Horsham, PA 19044; hwaters@centus.jnj.com, 215.325.2328

BACKGROUND: Two anti-tumor necrosis factor (TNF) therapies, adalimumab and infliximab, are approved for treating adults with Crohn's disease.

OBJECTIVE: To compare real-world versus labeled anti-TNF dosing in adults with Crohn's disease.

METHODS: A retrospective claims analysis was conducted for patients with Crohn's disease aged ≥ 18 years using Wolters Kluwer Health's Source Lx Longitudinal patient database. Newly initiated adalimumab or infliximab patients, determined by a 90-day absence of claims for the respective agent, who had continuous enrollment and therapeutic persistence for the study duration were analyzed. The labeled dosage was calculated monthly as the cumulative sum of adalimumab 40 mg syringes or infliximab 100 mg vials required from the first day of the index month through December 31, 2007, inclusive of induction and maintenance dosing. The infliximab-labeled dosage assumed 4 vials per infusion, which represents the lowest labeled dosage (5 mg per kg) for an average patient weighing 71 kg. Mean cumulative