examined, few studies have addressed the impact of Medicaid on children’s health and schooling. This paper reports estimates of the effect of Medicaid enrollment on chil-
dren’s school absenteeism. Schooling is a particularly important outcome because it
influences children’s productivity and earnings as adults. METHODS: I use panel data from
five fiscal years of the Medical Expenditure Panel Survey to estimate the impact of
Medicaid enrollment on the number of school absences in reduced form and structural
equation models. The structural model includes equations for children’s medical care
use, health status, and school absences. Econometric methods employed include instru-
mental variable techniques, fixed effects estimation, and coarsened exact matching.
RESULTS: I find that children with Medicaid coverage have significantly more doctor
visits, doctor visits are significantly associated with better health, and children in better
health miss significantly fewer days of school. CONCLUSIONS: 1 conclude that
Medicaid enrollment significantly reduces school absences.

PHI32
HEALTH CARE ACCESS AND UTILIZATION AMONG UNITED STATES
ADULTS BY CENSUS REGIONS
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OBJECTIVES: Screening for and identification of maternal psychological distress
during the course of pregnancy and in the months following birth continues to be
an area of concern for health care professionals. This study explores the predictive
potential of early self-report antenatal markers of third trimester depression and reten-
tion in the research programme in a cohort of 148 women. METHODS: Women were
recruited during first trimester booking appointment (14 weeks) and followed pro-
spectively to 31 weeks pregnancy. Measures at baseline included self-report reaction
to pregnancy, anxiety (Hospital Anxiety and Depression Scale; HADS), depression (Edinburgh Depression Scale; EPDS), self-esteem (Inventory version 2; CSES-2), worry (Cambridge Worry Scale; CW) and marital status. The EPDS was completed again at 31 weeks gestation. RESULTS: Regression analysis revealed first trimester reaction to pregnancy and self-esteem to be major predictors of both level and occurrence of depression in the third trimester. Anxiety and depression in the first trimester did not predict depression in the third trimester. Marital status was observed to be a significant predictor of retention in the study. Those participants who dropped out of the programme had significantly lower self-esteem than those completing both observation points. CONCLUSIONS: These results provide evidence for the significant predictive potential of assessing reaction to preg-
nancy and self-esteem in early pregnancy to anticipate manifestation of depressive
symptomology in late pregnancy. Further evaluation of these domains in clinical screening practice is suggested. Disengagement from clinical research programmes in pregnancy is associated with low self-esteem.

PHI33
IMPACT OF PREVENTIVE TREATMENT WITH TITRATED DRY
CRANBERRY EXTRACT IN A PATIENT SUFFERING FROM
RECURRENT CYSTITIS
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France
OBJECTIVES: Cystitis is one of the most common bacterial infections in women. Cystitis is acute or chronic bladder inflammation. It manifests itself by a frequent desire to urinate, accompanied by a burning sensation when passing urine. To evaluate the impact of preventive treatment of patients suffering from recurrent cystitis with a dried cranberry extract. METHODS: Pragmatic, longitudinal, and retrospective follow-up carried out by Urologists within their framework of everyday profes-
sional activities. RESULTS: A total of 120 patients with a mean age of 53.3 ± 18.9 years were enrolled by 43 urologists throughout France. These patients were moni-
tored for 7 months (median) by the urologist. 5 symptoms were evaluated every three
weeks by the patient: frequency, urgency of urination, burning sensation on urination, inability to empty the bladder completely, sensation of heaviness in the lower abdomi-
nal area. These symptoms were also graded by the patient according to the intensity
experienced multiplied by the frequency. On enrollment, the scores for each symptoms
were 4.6; 4.6; 5.3; 5.1; 4.2 respectively. The overall score was 27.6. According to data
collected by the patients, the overall symptom score fell significantly (< 0.001)
between enrollment and 6 months of treatment. At 6 months (24 weeks of treatment)
the score for each symptom was 2.1; 2.6; 1.8; 0.8 and 1.2 respectively, therefore the
overall score was 9.2. The overall score progression is significant (p < 0.0001), and
in addition the progression of each symptom is also significant. The prevalence at 6
months is 27.8% (versus 98.3%) at enrolment. CONCLUSIONS: Recurrent cystitis generally requires prophylactic antibiotic medication for several months. The initiation of such treatment should take into account the worrying increase in antibiotic resist-
tance. The prevalence of urinary problems in subjects with recurrent cystitis was
reduced by 3 after six months of treatment with dried titrated cranberry extract
(98.3% versus 27.8%).

PHI34
DRG 237: SPRAINS, STRAINS, & DISLOCATIONS OF THE HIP,
PELVIS, & THIGH
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OBJECTIVES: To examine, analyze, and interpret data that correlate with data
collection through the Promis database for DRG 327. Further, I analyze and control
that come into play when dealing with sprains, strains and dislocations of the
hip, pelvis, and thigh area. METHODS: The data that were analyzed for DRG 237 were taken from the KID (Kid’s Inpatient Database) for 2006. KID stands for Kids’ Inpatient Database, and is a hospital administrative database. SAS was used to
analyze the data using various statistical techniques to predict various outcomes. The
data were compared to various patient demographics and specific icd9 codes that
allowed us to analyze and predict the various variables involved with the specific DRG.

RESULTS: After analyzing the data, it seems that most cases that deal with sprains
and strains around the hip and pelvis area are mainly from youth from the age of
2–20 years old. These types of sprains and dislocation to the hip and pelvis area are
also very common in athletes because they are using their hip, pelvis, or thighs on a
regular basis. There were 299 cases of either sprains or strains to the hip, pelvis and
thigh region and out of those 299 cases, there were 0 deaths. CONCLUSIONS: The
majority of cases for DRG 237 are a result of athletic or work related activities for
these areas that are used on a daily basis for the various everyday activities a person
participates in. The death mortality rate for these injuries is very low and reported zero
cases for the year 2006. Length of stay was attributed to how severe the patient case
was and did not amount to a very long hospitalization stay which in turn lowered the
total charges attributed to the patient for DRG 237.

PHI35
BILLING PATTERNS FOR THE TREATMENT OF HYPOAEROUS SEXUAL
DESIRE DISORDER
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3Boehringer-Ingelheim, Ridgefield, CT, USA
OBJECTIVES: Hypoactive sexual desire disorder (HSDD) is characterized by persist-
tent/recurring deficiency of sexual fantasies or thoughts, and/or the absence of desire
for sexual activity. Clinicians may experience challenges in treating HSDD as no
therapy, neither pharmacologic nor psychotherapeutic, has proven to be effective.
Given these challenges, the current analysis compared billing patterns for diagnoses of
HSDD relative to diagnoses for depression and anxiety. METHODS: Using ICD-
9-CM coding, outpatient claims for HSDD (302.71), depression (296.2x, 296.3x, 300.4, 309.1, 311, 790.9) and anxiety (293.84, 300.0x) were evaluated using the 2008
MarketScan® Commercial Claims and Encounters Databases from Thomson Reuters.
Claims were included in the analysis if one of the three conditions was the only
diagnosis listed; claims were aggregated at the CPT level. RESULTS: Evaluation and
management, psychotherapy, laboratory/ pathology, and drug injection codes com-
promised 94% of all outpatient claims billed with an HSDD diagnosis, 84.6% of all
depression claims billed with a depression diagnosis and 88.9% of all outpatient claims
billed with an anxiety diagnosis. The majority of visits for HSDD were for laboratory/
pathology (56.7%) while only a fraction of these visits were observed for depression or
anxiety claims (4.8% and 8.2% respectively). Face-to-face encounters with clini-
cians were the leading visit type for depression or anxiety diagnoses (79.8% and
80.6% respectively); these occurred less frequently for HSDD diagnoses (33.4%).
Average reimbursement for HSDD was significantly lower than for visits for anxiety
or depression ($46.63, $74.84 and $74.89 respectively). Face-to-face encounters with clini-
cians were the leading visit type for depression or anxiety diagnoses (79.8% and
80.6% respectively); these occurred less frequently for HSDD diagnoses (33.4%).
Average reimbursement for HSDD was significantly lower than for visits for anxiety
or depression ($46.63, $74.84 and $74.89 respectively).