average length of stay (ALOS) (15.2 days vs. 18.3 days) increased following colectomy, while mean number of admissions did not increase significantly. The same trend was seen in UC-related costs ($6,957 vs. $12,422) and lengths of stay (7.6 days vs. 11.7 days). CONCLUSION: Inpatient hospital utilization and subsequent costs increased during the 12-month period following colectomy in the Medicare population. Additional analyses are needed to determine the extent of these services and reasons for increased inpatient utilization.

GI Disorders—Health Care Use & Policy Studies

PGI18

THE QUALITY INDICATORS OF NURSING CARE AMONG PATIENTS WITH ACUTE PANCREATITIS IN HUNGARY

Betlehem J[1], Oláh A[1], Boncz I[1], Sebestyén A[2], Aradan M[1]
[1]University of Pécs, Pécs, Hungary, [2]National Health Insurance Fund Administration, Pécs, Hungary

OBJECTIVES: The nursing for patient with acute pancreatitis lies in many hospitals on nursing tradition using task centered approach which is not meeting the evidence-based requirements of today nursing. The medical professional development in treating pancreatitis demands the use of evidence based guidelines in nursing. Our study examines the importance of using and evaluating the evidence based guidelines for patient during the naso-jejunal tube feeding. METHODS: In a retrospective data analysis the effectiveness of nursing process during naso-jejunal tube feeding was evaluated by a self-developed special index for nursing process. The examined period was between January 1–February 31, 2003 in a district hospital in Budapest (Hungary). Some outcomes measures, like changing in the nutritional status of the patients, energy level, adequacy level of nurturing process. The data analysis was done by SPSS 11.0. RESULTS: During the period 144 patient were nurtured with naso-jejunal tube because of acute pancreatitis. 103 cases were appropriate for further analysis. The average age was 54 years (Rmax: 22, Rmin: 90), male: 52, female 51. The patients were grouped into three groups (normal, under and over nurtured) based on BMI, Harris Benedict index, Broca index. The main significant aspects in the patient outcomes were: fluent information flow among nurses caring for the given patient, the balanced and continuous nutritional nursing process, planed nutrition. There was a clear significant association between adverse patient outcome and poor nursing process (p = 0.0034). CONCLUSION: The best evidence based guideline may only improve the effectiveness of nursing process if the whole process is continuously controlled. The results also emphasize the nutrition based on individual needs, guideline based nursing process, the tool for continuous evaluation of the nurturing process.

PGI19

INVESTIGATION OF OTC NSNSAID RATIONAL USE AND GASTROINTESTINAL DISEASES

Petric M[1], Tasic L[1], Sukljevic S[2]
[1]University of Belgrade, Faculty of Pharmacy, Belgrade, Serbia, Serbia and Montenegro, [2]The Public Pharmacy, Pozarevac, Serbia, Serbia and Montenegro

OBJECTIVES: To research the usage of over-the-counter (OTC) nonselective non-steroidal antiinflamaroty drugs (nsNSAID) relating to the Guidelines and the rational use of drugs in patients with gastrointestinal (GI) diseases, morbidity and hospitalisations. METHODS: This is a retrospective study for the period 2004–2006. The source of data was the database of Public Pharmacy Pozarevac and Public Health Centar Pozarevac, Pozarevac

(Branicevo region; 200503 inhabitans). Type of data: the number of GI hospitalisations and the number of patients with GI diseases; DDD methodology (DDD/1000 inhabitants/day) for OTC nsNSAID. RESULTS: The number of GI disease patients was decreased: 9636 (2004), 7982 (2005), 7806 (2006). The decrease was 17.16% (2005) and 18.99% (2006) compared to 2004. The number of patients who used diclofenac or other nsNSAID with proton pump inhibitors or H2-receptor antagonists (according to Guidelines) was increased during opserved period: 817, 931, 1187, respectively; with a great increase of 45.29% (2006 compered to 2004). But, the number of GI hospitalisations was increased with 10.18% (2005) and 15.06% (2006) related to 2004. The costs of GI hospitalisations were grown: 29.52% (2005) and 121.32% (2006), compared to the costs in 2004. Considering the utilisation of OTC diclofenac (the most frequent used nsNSAID) in DDD unit, we may see an increase: 62,279; 65,983; 82,911, respectively 2004–2006. We assume that this pharmacoepidemiology data is directly related to the increases of hospitalisation load. CONCLUSION: There is an improvement of rational drug usage related to Guidelines, but the increase of GI hospitalisation and diclofenac self-medication pointed out that this relation must be more persistent in Branicevo region. It will be usefull to educate the patients and the pharmacists, about the adverse drug reaction (ADR) of the nsNSAID. This way would be the right modality to improve the rational drug usage of nsNSAID aiming to improve the quality of life and decrease costs.

GI DISORDERS—Methods and Concepts

PGI20

MAINTENANCE THERAPY WITH INFLIXIMAB REDUCES HOSPITALIZATION AND SURGERY IN CROHN'S DISEASE

Thompson HC[1], Pesa J[2], Zhao N[3], Han C[3], Rahman MI[1], Tang B[1], Dabbous O[1]
[1]Centocor, Inc, Horsham, PA, USA, [2]Ortho-McNeil Janssen Scientific Affairs, LLC, Superior, CO, USA, [3]Johnson & Johnson Pharmaceutical Services, LLC, Malvern, PA, USA

OBJECTIVES: To assess the impact of maintenance versus episodic infliximab therapy on hospitalizations and surgery in patients with Crohn's disease (CD). METHODS: A retrospective analysis of claims data was conducted from the Marketscan Commercial Claims and Encounters database from 2000 to 2003 for claimants with CD (ICD-9 codes, 555.0, 555.1, 555.2 or 555.9) who had an induction regimen (3 infusions) of infliximab in 2003. Continuous enrollment for 12 months pre- and 12 months post- the index infusion date in 2003 was required. Patients were excluded if they had infliximab infusions in 2001 or 2002. Cohort analyses were conducted for three distinct cohorts: 1) 1–2 infliximab infusions; 2) 3–4 infliximab infusions; 3) 5 or more infliximab infusions. RESULTS: Analyses were conducted on 126 patients who met the inclusion criteria. The majority of patients were female (53.2%) and the mean age was 49.5 years. Among the cohort with 5 or more infliximab infusions (n = 34), 20.6% required hospitalization, as compared to 37.5% of the cohort with 1–2 infusions (n = 48) and 34.1% of the cohort with 3–4 infusions (n = 44). The cohort with 5 or more infliximab infusions also had fewer mean hospitalizations (1.29 vs. 1.83 and 1.47, ns), and shorter lengths of stay (5.11 days vs. 5.64 days and 5.91 days; ns). In addition, the percentage of patients requiring surgery was decreased for the 5 or more infusion cohort (24%) as compared with the other cohorts (40% each). CONCLUSION: Although not-significant, the results of this analysis indicate that when treating CD with a maintenance schedule of infliximab, the number and length of hospitalizations