Prescription Behavior Surveillance System (PBSS) – Controlled substance prescription database for public health epidemiology

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Prescription drug misuse and abuse is an epidemic in the U.S. While the U.S. makes up less than 5% of the world population, we consume 80% of the world's opioid supply. Since 1999 the sales of opioids have quadrupled as have overdose deaths associated with prescription opioids. Epidemiological studies have been generally limited to cross-sectional data. The PBSS database is a longitudinal, multi-state database of de-identified dispensed controlled substance prescription data from 11 states' Prescription Drug Monitoring Programs (PDMPs). This database was created to serve as 1) an early warning public health surveillance tool and 2) an evaluation tool, in relation to state and local policies and initiatives, such as prescriber educational initiatives. As a public health surveillance tool, the database is intended to measure controlled substance prescribing trends as well as provide indicators of appropriate and inappropriate medical use. The PBSS project has developed 43 prescription behavior measures which include: overall dispensed prescriptions within drug classes; daily dosage; overlapping prescriptions within each drug class; questionable activity within a class or classes; payment sources; indicators of possible pill mills; inappropriate prescribing measures; and pharmacy-based measures of possible inappropriate dispensing. This database has the ability to detect changes in prescribing patterns in much timelier fashion than other population health data, thereby allowing time to prepare for and potentially interdict anticipated changes in health outcomes. Examples of types of analyses based on the PBSS database will be provided during the conference presentation.

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Prevalence and determinants of chronic posttraumatic stress disorder after floods

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Objective: To explore the prevalence and determinants of chronic posttraumatic stress disorder (PTSD) among flood victims.

Method: A cross-sectional survey was carried out in 2014 among individuals who had suffered floods and diagnosed with PTSD in 1998 in Hunan, China. Cluster sampling was used to select the subjects from the areas that had been surveyed in 1999. PTSD was diagnosed according to DSM-IV criteria, social support was measured according to a Social Support Rating Scale (SSRS), coping style was measured according to a Simplified Coping Style Questionnaire (SCSQ), and personality was measured by Eysenck Personality Questionnaire Short Scale Revised China (EPQ-RSC). Data were collected through face-to-face interview using a structure questionnaire. Binary logistic regression analysis was used to reveal the determinants of chronic PTSD.

Results: Out of a total of 123 subjects interviewed, 5 subjects were excluded for the incomplete information, 17 (14.4%) were diagnosed as having chronic PTSD. Chronic PTSD was significantly associated with disasters stressors (odds ratio [OR] 1.736, 95% confidence interval [CI], 1.220~2.469), nervousness (OR 1.086, 95%CI, 1.011~1.168), and social support (OR 0.848, 95CI%, 0.737~0.977).

Conclusions: Chronic PTSD in flood victims is significantly associated with disasters stressors, nervousness and social support. They may play important roles in identifying the high risk group of chronic PTSD.

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