inadequate time windows for identifying non-drug causes, failure to consider laboratory results (e.g., hepatitis serology), incomplete lists of ICD-9 codes for non-drug causes, and inability to extract information from physician progress notes. **Conclusions:** Future work related to the development of an electronic causality assessment tool based on the RUCAM should focus on improving Criteria 5 by using wider time windows to identify non-drug cases, laboratory results, and natural language processing.

Keywords: Drug-Induced Liver Injury; Roussel Uclaf Causality Assessment Method; Electronic Medical Records

doi:10.3121/cmr.2013.1176.ps3-7

PS3-8:

Identification of Severe Cutaneous Reactions and Genomic Risk Factors in Users of Antiepileptic Drugs

Mia Gallagher¹; Maryam Asgari²; Joseph Boscarino³; James Burmester⁴; Lee Cromwell¹; Melody Eide⁵; Heather Feigelson⁶; Jennifer Kuntz⁷; Lois La Grenade⁸; Eric Macy⁹; David Margolis¹⁰

¹Kaiser Permanente Southeast; ²Kaiser Permanente Northern California; ³Geisinger Health System; ⁴Marshfield Clinic / Security Health Plan of Wisconsin; ⁵Henry Ford Health System / Health Alliance Plan; ⁶Kaiser Permanente Colorado; ⁷Kaiser Permanente Northwest; ⁸Food and Drug Administration; ⁹Kaiser Permanente Southern California; ¹⁰University of Pennsylvania

Background/Aims: Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are rare, life-threatening cutaneous reactions that may occur following exposure to certain medications, including antiepileptic drugs (AEDs). No reliable incidence estimates of SJS/TEN for US populations have been calculated since the introduction of ICD-9 codes specific for SJS/TEN in October 2008. This study seeks to: 1) investigate the incidence of SJS/TEN using retrospective case identification, 2) test the positive predictive values of ICD-9 codes prior/post-October 2008, and 3) pilot the feasibility of conducting a population-based pharmacogenomic study. **Methods:** With input from dermatologists, pharmacoepidemiologists, and pharmacogeneticists at FDA, HealthCore, and 11 HMORN sites, we validated ICD-9 codes associated with SJS/TEN in 3 cohorts: 1) patients with an inpatient code of 695.1x between 01/01/01–12/31/08; 2) codes 695.12–695.15 from 08/01/08–08/31/12; and 3) codes 279.5, 279.51, 279.53, 695.8, 695.81, 693.0x, 694.8x, 694.4x or diagnosis codes 692.9, E85x.x-E858.9, 693.8, 692.89, 695.89, 695.1x, 692.3x, 695.0 in an inpatient setting plus specific drug exposure between 01/01/01–08/31/12. We extracted a standardized clinical and laboratory dataset. A sample of 265 potential SJS/TEN cases at 5 sites was selected for adjudication by medical chart review. Statistical models will be created to estimate the total number of SJS/TEN cases at all sites based on the positive predictive value of the case identification algorithm. To pilot the feasibility of a pharmacogenomic study, we estimated the number of living cases available, contacted potential cases, and tested 100 random DNA samples from the Marshfield Clinic Personalized Medicine Research Project for HLA-A*3101/HLA-B*1502 alleles to establish a control source. **Results:** A total of 54,049 patients was identified from electronic records: 3,058 in cohort 1; 1,733 in cohort 2; and 49,258 in cohort 3. Potential cases (n = 9) were identified and will be invited to participate in a genetic study. Among the 100 samples genotyped, 5 were positive for HLA-A*3101 and none were positive for HLA-B*1502, consistent with known frequencies. **Conclusions:** We identified a large number of potential SJS/TEN cases using code-based algorithms that will be used to determine the incidence of these events and to plan a larger follow-up study of specific AEDs and genomic factors.

Keywords: Stevens-Johnson Syndrome; Toxic Epidermal Necrolysis; Antiepileptic Drugs

doi:10.3121/cmr.2013.1176.ps3-8

Prevention and Wellness / Obesity / Behavior Change

A3-4:

Recreational Physical Activity and Gestational Weight Gain in Women with Gestational Diabetes

Samantha Ehrlich¹; Barbara Sternfeld¹; Kirsten Unger Hu¹; Monique Hedderson¹; Ashley Mevi¹; Susan Brown¹; Ai Kubo¹; Assiamira Ferrara¹

¹Kaiser Permanente Northern California

Background/Aims: Excess gestational weight gain (GWG) is associated with several adverse perinatal outcomes, including increased infant size at birth and postpartum weight retention. These outcomes are particularly problematic for women with gestational diabetes (GDM), who are already at risk for delivering a large infant and developing type 2 diabetes later in life. Participation in recreational physical activity during pregnancy may mitigate excess GWG, but the association has not been previously examined in a large cohort of women with GDM. **Methods:** This study utilized baseline data from a clustered randomized intervention trial (Gestational Diabetes Effects on Moms – the GEM study) conducted at Kaiser Permanente Northern California (KPNC) to estimate the association between participation in recreational physical activity and GWG among women with GDM. Women with multiple fetuses and those on bed rest were excluded, leaving a final analytic cohort of 790 women. Recreational physical activity (walking quickly for fun or exercise, jogging, exercise classes, swimming, dancing, yoga, pilates, weight lifting/resistance exercises and team sports) in the past 3 months was assessed using the Pregnancy Physical Activity Questionnaire (PPAQ). Data on gestational weight gain per week (kg) up until the time of the oral glucose tolerance test (OGTT) was abstracted from the electronic medical record. **Results:** Compared to those who reported not participating in any recreational physical activity, women who reported participating in some recreational physical activity had a significantly reduced risk of GWG in the upper quartile [GWG >0.39 kg (0.85 lb.) per week]; this association was independent of age, prepregnancy body mass index (BMI), race-ethnicity, and parity [OR = 0.63 (95% CI 0.41-0.97)]. In sensitivity analyses limited to women who completed the PPAQ within 6 weeks (n = 448) and 4 weeks (n = 234) of the OGTT, the associations were more pronounced [OR = 0.42 (95% CI 0.24-0.72) and OR = 0.28 (95% CI 0.12-0.63), respectively]. No dose-response relationship was observed between high (>1.07 MET hours per day) and low (≤1.07 MET hours per day) recreational physical activity. **Conclusions:** Participation in recreational physical activity during pregnancy may mitigate high GWG in women with GDM.

Keywords: Physical Activity; Gestational Weight Gain; Gestational Diabetes
doi:10.3121/cmr.2013.1176.a3-4

C4-4:

Prevalence of Hazardous and Harmful Drinking Patterns Among Older US Adults: Data from the 2005-2008 NHANES

Sarah Knowles¹; Sandra Wilson¹; Qiwen Huang¹; Arlene Fink²

¹Palo Alto Medical Foundation for Healthcare, Research and Education; ²University of California, Los Angeles

Background/Aims: While heavy drinking and alcohol abuse pose clear health risks, even moderate alcohol consumption may be risky or frankly harmful in older adults with certain co-morbidities, medication use, symptoms, and functional limitations. However, national estimates of the prevalence of risky alcohol use by older adults are presently unavailable. **Methods:** In 2005-2008 National Health and Nutrition Examination Survey respondents 65 years and older, reported alcohol consumption was considered alone and in the context of the individual's co-morbidities, medication use, and physical and psychological functional status to classify their consumption as Harmful (already experiencing alcohol-related health problems), Hazardous (at risk of alcohol-related health problems), or Healthwise, using the classification algorithm of the Alcohol-Related Problems Survey (ARPS), a screening tool for older adults. Weighted national prevalence estimates and adjusted prevalence odds ratios in subgroups defined by sex, age, and race/ethnicity were calculated using survey statistical procedures. **Results:** Among older adult drinkers, 85.5% (14,341,531 of 16,771,716; 95% Confidence Interval [CI]: 83.2%, 87.9%) consumed alcohol within

recommended limits, but 37.4% (6,280,569 of 16,771,716; 95% CI: 34.9%, 40.0%) had Harmful consumption and more than half (53.3%; 8,946,997 of 16,771,716; 95% CI: 50.1%, 56.6%) had either Hazardous/Harmful consumption. Men had significantly greater odds of having Hazardous/Harmful consumption than women (Odds Ratio [OR] = 2.14 [95% CI: 1.77, 2.6]). Blacks had significantly greater odds of having Hazardous/Harmful consumption than whites (OR = 1.49; 95% CI: 1.02, 2.17) despite having lower sex-specific rates of heavy drinking. The health status indicators most prevalent among Harmful drinkers were anti-hypertensive medication use, hypertension, quantity and frequency of alcohol consumption, and symptoms of depression/anxiety. **Conclusions:** Most Americans 65 years and older drink less than the current recommended maxima for their age, yet in the context of their co-morbidities, medication use, functional status, and recent symptoms, the alcohol consumption of a substantial proportion compromises or places their health at risk. Issues of medication safety and effectiveness, chronic disease management, and prevention and wellness are critical issues for this population.

Keywords: Alcohol Misuse; Older Adults

doi:10.3121/cmr.2013.1176.c4-4

ECI-4:

Culturally-Competent Heart Health Coaching Improves Lipids in South Asians

Powell Jose¹; Kristin Azar¹; Jennifer Kang¹; Marshall Baek¹; Latha Palaniappan¹; Ashish Mathur²; Cesar Molina²

¹Palo Alto Medical Foundation for Healthcare, Research and Education; ²El Camino Hospital

Background/Aims: Health coaching programs, delivered by trained non-medical and medical personnel, and focused on diet and lifestyle counseling, have proven beneficial in primary and secondary prevention of cardiovascular disease. These coaching programs, however, have not been tested or validated in South Asians, who have unique dietary and lifestyle habits, and increased risk of coronary artery disease. **Methods:** We examined lipid values in participants who were enrolled in the Heart Health Coaching Program at the South Asian Heart Center at El Camino Hospital. Trained volunteer coaches contacted participants throughout the year by phone and email to deliver culturally-competent health education on diet, physical activity, and stress reduction. Participants were categorized, based on their level of participation, into three groups: those who did not enroll (non-coached, N=33), those who received some coaching (partially coached, N = 145), and those who completed one full year of the program (fully coached, N = 558). Fasting lipid measurements were obtained with mean differences being calculated from their baseline and last available follow-up lab test. Paired t-test was used for comparison of baseline and follow-up labs within each group. Multivariate age-adjusted analyses incorporated MANOVA to detect for differences between groups. **Results:** There were no significant differences in mean age(43, 42 and 43), mean BMI(25.8, 26.5 and 26.2), or baseline lipid values across the three groups (fully-coached, partially coached, and non-coached respectively). There were significant improvements in total cholesterol(TC) (-5.5±28.4mg/dl), LDL(-4.1±24.3), HDL (1.9±6.4), triglycerides(-16.1±67.3), and TC/HDL ratio(-0.31±0.83) in the fully coached group ($P < 0.001$ for all). The partially coached group demonstrated reductions in total cholesterol(-5.2±27.8, $p=0.03$), LDL(-8.1±28.0mg/dl, $P < 0.001$), and TC/HDL ratio (-0.42±1.01, $P < 0.001$) with a trend towards increased HDL (4.9±31.3, $P = 0.06$). Non-coached participants did not have any statistically significant differences for any lipid measurement. Coached participants were more likely to improve lipid values than partially coached and non-coached participants ($P < 0.001$). **Conclusions:** Our results suggest the benefit of a volunteer culturally-competent coaching program for South Asians in improving their lipid profile. Benefit was obtained even for partially coached participants. Non-medically trained health coaches may be an effective method to deliver culturally appropriate cardiovascular health messages for South Asians at risk for developing coronary artery disease.

Keywords: South Asians; Cultural Competence; Lipids

doi:10.3121/cmr.2013.1176.eci-4

PS3-37:

Health Information Seeking on Behalf of Others: Characteristics of ‘Surrogate Seekers’

Sarah Cutrona¹; Kathleen Mazor¹; Lila Finney Rutten²; Sana Naveed³

¹Fallon Community Health Plan / Reliant Medical Group; ²Mayo Clinic;

³National Cancer Institute

Background/Aims: Prior research has shown that persons of lower socioeconomic status and certain racial/ethnic minorities often face challenges with communication and information seeking and therefore rely upon interpersonal sources for health information. Understanding the seeking preferences and behaviors of surrogate seekers (those who seek health information on behalf of others) may guide efforts to reach disadvantaged populations. **Methods:** We used data collected in 2011 and 2012 from the Health Information National Trends Survey (HINTS) to describe the behaviors and attitudes of online surrogate seekers, and to draw comparisons with self seekers (those seeking information on their own behalf). Respondents were asked about Internet use for surrogate seeking over the prior 12 months. Sociodemographic characteristics, confidence in seeking, and trust and attention to health information from various sources was assessed. Data were weighted to allow for population estimates. Bivariate associations between surrogate seeking and independent variables were evaluated using Chi Square statistics. **Results:** Surrogate seekers were more likely to live in households with others (weighted percent 89.4%, [1182 of 1427] vs. 82.5% of self seekers [503 of 695]; $P < 0.05$); no significant differences in gender, race, income or education between surrogate and self seekers were observed. Surrogate seekers were more likely to report: visits to social networking sites to read and share about medical topics; participation in online health support groups; downloading of health information to electronic devices and searching online for a healthcare provider. Surrogate seekers were more likely to pay “a lot” of attention to at least one health information source (weighted percent 43.9% [663 of 1458] vs. 32.7% of self seekers [246 of 708], $P = 0.01$). **Conclusions:** Our results offer insight for leveraging lay health communication efforts to reach populations who rely on surrogate sources for health information.

Keywords: Surrogate Seekers; Health Information; Disadvantaged Populations

doi:10.3121/cmr.2013.1176.ps3-37

PS3-38:

The Kaiser Permanente Northern California Member Health Survey Project

Nancy Gordon¹; Teresa Lin¹

¹Kaiser Permanente Northern California

Background/Aims: We will introduce researchers and administrators to the KP Northern California Member Health Survey Project (MHS) and illustrate how it has been used for research and to monitor population sociodemographic and health-related characteristics over time. **Methods:** This is a self-administered survey of independent stratified random samples of adults conducted every 3 years starting in 1993. Seniors and most race-ethnically diverse medical center service populations are oversampled. Survey data can be linked at the individual level to KP clinical, administrative, and utilization data, including kp.org use. **Results:** This Community Benefit-funded survey has been used to monitor KPNC member population characteristics over time, to facilitate research on the membership, and to contribute to community health needs assessment. The MHS captures information about sociodemographic characteristics, health and functional status, behavioral and psychosocial health risks, use of CAM and dietary supplements, IT access (Internet, email, and in 2011, mobile phone and text messaging), and health education modality preferences that is valuable for health research and service planning. Our sample facilitates study of race-ethnic and age group differences in these characteristics. While KPNC’s electronic data capture of member race/ethnicity and health characteristics has grown exponentially since the early 2000s, the Member Health Survey, based on self-reported information obtained from a stratified random sample of adult members, remains the most comparable source of KPNC population statistics to other surveys like the BRFSS, CHIS, and NHIS. We will use MHS data from 1993,