CONCLUSIONS: Results imply that infants with underlying medical disorders that are not specifically approved for prophylaxis by advisory bodies and current position statements are at significant risk for hospitalization with respiratory illness and RSV infections and may benefit from immunization.

PIH6
TREATMENT PATTERNS AND ASSOCIATED CLINICAL AND ECONOMIC OUTCOMES OF WOMEN TREATED WITH HORMONE THERAPY

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OBJECTIVES: Compare clinical, economic outcomes among women treated with hormone therapy (HT) with different treatment patterns. **METHODS:** We conducted a retrospective database analysis using commercial enrollees from a large US health plan from 2002 to 2010. HT initiators during the identification period from 2005 to 2008 were included. The first HT prescription date was the index date. Women aged 40 and older, having no evidence of pregnancy during the follow-up period were selected. Continuous enrollment for 3 years pre- and 2 years post-index was required. Patients were divided into groups based on HT initiation (Group A: No menopause diagnosis; Group B: within 1 year of diagnosis; Group C: 1-2 years after diagnosis; Group D: 2-3 years after diagnosis). Propensity score matching (PSM) was used to adjust baseline differences in age, region, medication type, prescription fills, and pre-index costs and utilizations. Group B was a reference group (patients with earliest treatment after menopause diagnosis). **RESULTS:** Among 14,008 eligible patients, 8,228 were included in group A, 2,418 in group B, 1,491 in group C, and 1,871 in group D. After comparing A and B using PSM, 2,418 patients from each group were matched. Group A was more likely to have osteoporosis, post-menopausal osteoporosis, hysterectomy, outpatient visits, and had a lower medication persistence ratio (MPR) than Group B. A total of 1480 patients were matched when comparing groups C and B. Group C was more likely to use bisphosphonates. After comparing groups D and B, 1,713 patients were matched. Group D used more bisphosphonates and was more likely to have osteopenia and higher pharmacy costs. **CONCLUSIONS:** HT initiators within 1 year had fewer comorbidities than HT initiators 3 years or more, following menopause diagnosis. Compared to HT initiators after 1 year, but within 3 years of menopause diagnosis, HT initiators within 1 year of diagnosis used fewer bisphosphonates.

PIH7
THE EFFICIENCY OF IN VITRO FERTILIZATION IN HUNGARY 2000-2010

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OBJECTIVES: In Hungary there are 10 institutes doing in vitro fertilization (IVF). The aim of the study was perform a data analyzis of the efficiency in an eleven-year period of Hungary involving all of the institutes' data. **METHODS:** The database of the Hungarian National Health Insurance Fund Administration (NHIFA), the only health care financing agency in Hungary, was taken for the study. The analysis covers an 11 years period between 2000 to 2010. IVF success rate was defined as the proportion of number of live births and the number of IVF treatments. **RESULTS:** A total of 71,634 IVF treatments were done between 2000 and 2011 in the 10 institutes. 50 % of the IVF treatments were done from the age of 30 to 36. The total number of live births was 25,468. The number of single deliveries was 21,400 (84 %), twins 3779 (14.8 %), triplet 284 (1.1 %) and quadruplet 5 (0.02 %). The overall 11 year IVF success rate was 35.6 %. The success rate showed significant differences among IVF centers in a range of 31-49 %. The two largest IVF centres had a market share of 60.9 % and their success rate was 38.4 % and 34.3 % respectively. The highest efficiency was at the age of 34 (43.1 % birth rate). **CONCLUSIONS:** The mean of the IVF efficiency was 35.6 % in Hungary in the last 11 years. The best result was in the group of the patient at the age of 30-36. The efficiency could be increased if the selection of the patients were defined more precisely.

PIH8
IMPACT ASSESSMENT OF SPORT- RECREATION TRAINING

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OBJECTIVES: Present research aims at impact assessment of a two-year individualized sports-recreational training programme performed regularly in relation to living profile, self-rated health and salutogenetic sense of coherence (SOC). **METHODS:** Enrolling volunteers participating weekly in sports and recreational trainings for various reasons (health preservation, body toning etc.) were assessed between 2008 and 2010 (n=106, aged 17-61, woman=73). Their health and wellness status was continuously controlled, and duration, type and difficulty of trainings were determined accordingly. At the beginning and at the end of the programme status and changes were assessed by Optimal Life Profile (OLP) worked out by Renger and colleagues, Antonovsky's SOC-scale, the 4-grade self assessment of health and Hennenhofer-Heil's vegetative lability index (VELA). Data were analyzed by paired Wilcoxon-test and multivariate logistic regression model. **RESULTS:** Compared to health and wellness status before the training programme a significantly positive change could be demonstrated both in dimensions of OLP and on VELA and SOC-scales. The global indices in all cases were p<0.001 according to the Wilcoxon-test. Age, sex, weekly regularity and duration of trainings were the independent variables in the multivariate logistic regression model. The probability of improving general health status was not influenced by any of the predictors, however, the chance of improving vegetative lability was significantly greater among women (p=0.012, OR= 5,5, CI95% 1,4-8,3), and predominantly increased in

those attending the trainings more times a week or for a longer duration. The likelihood of enhancing sense of coherence was also present in women (p=0.034, OR=3,2 CI95% 1,2 - 6,4). **CONCLUSIONS:** Individualized and controlled sports and recreational training has proved to have a positive impact on general health status, and optimal life profile in people aged 18-61 with no respect to age or sex. It has enhanced the individual's sense of coherence that positively affects many aspects of life.

PIH9
FOLLOW UP BALANCE AND GAIT EXAMINATION DURING PREGNANCY

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OBJECTIVES: Our aim was to prove the effects of pregnancy on gait and maintaining balance. **METHODS:** Gait and balance testing was performed on 20 young adult - and 21 healthy pregnant women during 3 trimesters. Bretz stabilometer was used to determine balance ability and gait parameters. During stabilometer measurements static balance was examined with Romberg test while dynamic balance with 8 programs on a stabilometer. Duration of swing phase, rate of double-limb support, foot angle and step width were determined during gait study. Allocation of patients was non randomized. Statistical data were calculated according to mean, standard deviation, Fisher's exact test, Student's t-test methods and the results were considered to be significant at p<0.05. **RESULTS:** Gait of pregnant women proved to be slower than that of the control group (p=0,046), but the duration of step-cycle decreased during the course of pregnancy. Duration of swing phase in the first trimester is shorter compared to the control group (p=0,040). The rate of double-limb support to the total step-cycle showed an increase (p=0,023) the third trimester with the control group was compared. Foot angle of pregnant women in the first trimester was bigger than that of the control group (p=0,029). Pregnant women's step width in the first trimester was smaller as compared to the control group (p=0,002). Step width of pregnant women compared in the first and third trimesters revealed a significant increase (p=0,049). The difference in average results of Romberg with opened and closed eyes tests was not significant. Examination of dynamic balance showed significant difference between the results of young adults women and pregnant women (p<0,05). Examination data obtained during the 1st and 3rd trimesters showed a significant improvement (p<0,05) in balance ability as pregnancy progressed. **CONCLUSIONS:** Our study revealed that gait kinematics and balance changed during pregnancy.

PIH10
EXAMINATION OF FEMALE BALANCE MAINTENANCE ABILITY IN MAJOR LIFE STAGES

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OBJECTIVES: The aim was to investigate changes of balance maintenance ability in different trimesters and during menopause. **METHODS:** Investigation was performed at the Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Pécs. Bretz stabilometer was used to determine balance- and coordination abilities. Static balance was measured with opened- and closed eyes Romberg-test while dynamic balance was examined with the help of I. and II. programmes of the measuring instrument. The total number of examined subjects' was 60: 20 young adults, 20 pregnant women (follow-up was performed in the 1st, 2nd and 3rd trimesters) and 20 women in menopause. Those suffering from severe locomotor disorders, neurological and internal diseases, in the control group with the existence of gestation and pathological pregnancy were closed out. Statistical data were calculated according to (mean, standard deviation, range, F-test and Student's methods T-probe) MS Excel 2003. **RESULTS:** Comparison of survey results of static balance did not show significant difference in the three groups. During the survey of dynamic balance in the 1st programme significant improvement was observed analyzing the results of young adults and pregnant women (p<0,05). Comparing the results in case of young adults and in menopause (p<0,05) as well as in groups of pregnant women and in menopause (p<0,05) a definite impairment was observed. In the 2nd programme on the basis of the results in the 4th sub-programme a significantly worse performance was measured in menopause (p<0,05). **CONCLUSIONS:** Measurement results proved that in major stages of life, with ageing, balance ability decreases. In our case, on the basis of survey data in the 1st and 3rd trimesters it is proved that with the progression of trimesters balance ability significantly improves.

PIH12
PATIENTS WITH BPH IN FRANCE: RESULTS AT SIX MONTHS WITH PHYTOTHERAPY VERSUS OTHER TREATMENTS

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OBJECTIVES: Assess the impact of the treatment of urinary disorders of the lower urinary tract (LUT) suggestive of benign prostatic hypertrophy (BPH) using medical treatment under actual conditions of use. **METHODS:** A pragmatic cohort patients treated medically, was followed up for 6 months, using 3 questionnaires: IPSS and SF12. **RESULTS:** A total of 182 patients under medical treatment were assessed; 146 patients were treated with phytotherapy, versus 36 patients on "other treatments". At inclusion, the patients treated with Serenoa Repens (hexanic extract) versus "other treatments" were different on the following characteristics: age, time since diagnosis, IPSS score, physical and mental dimension of the SF12. The "change from baseline" for the scores of the IPSS and SF12 self-assessment questionnaires between the 2 treatment groups was compared. A linear model was used. We observed an improvement in the IPSS score from 6 weeks. We were not able to demonstrate a significant difference between the 2 treatment groups concerning