



**MULTICENTER OSTEOARTHRITIS STUDY**  
**MEDICATION INVENTORY DATASET DESCRIPTION**

**V79MIF**

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## 1. Dataset description and Analyst Notes

Dataset: V79MIF.sas7bdat

Observations: 21,245 records (multiple records per participant)

Documentation:

- VariableGuide\_V79MIF.pdf
- Distributions\_V79MIF.pdf
- MOST\_V79MIF\_IDISLegend.pdf

V79MIF dataset contains 21,245 records, one record per ingredient; multiple records per participant with Medication Inventory Form (MIF) data collected during MOST visits (144M (V7) and 168M (V9) clinic visit). See Medication Inventory Operations Manual for the protocol ([https://agingresearchbiobank.nia.nih.gov/studies/most/documents/?f=Manual\\_of\\_Procedures](https://agingresearchbiobank.nia.nih.gov/studies/most/documents/?f=Manual_of_Procedures)). In addition to the ingredients, calculated variables for specific medication class is available as part of the V7ENROLL and V9ENROLL (See example on page 93 V7AnnotatedForms).

The Medication Inventory Form Distributions dataset provides the [Iowa Drug Information Service \(IDIS\)](#) ingredient code and name, formulation code, duration, and frequency of use for prescription medications taken by MOST participants within the last 30 days at the time of the Clinic Visit. The dataset (N=21,245 records) is structured as one row per active ingredient. For each medication, the list of ingredients is reviewed by a UCSF specialist who assigns the IDIS code and medication ingredient name. These are industry specific codes that make it possible to cross-reference an active ingredient across different medications. The dataset V79MIF includes medication codes from [IDIS version 4.0 \(4/2/12\)](#).

Analysts may consult the MOST IDIS Legend file to assess the number of times that a medication ingredient or drug class was reported as taken and the number of participants and percent of total participants who have taken a medication or drug class. The legend is hierarchically organized by IDIS code. Analysts should be aware that a medication may have multiple ingredients.

NOTE – in rare instances, an active ingredient was reported by a participant more than one time for the various reasons: different formulation code or different frequency usage. This resulted in duplicate records by ID+visit+IDISCODE. Coordinating Center recommends exploring data in detail and check all parameters (if available).

## 2. Dataset structure

- Variables #1 and #2 indicators for ID and visit when collection was completed. only RX MIF was recorded according to protocol
- Variable VISIT values:  
V7 = 144-month Clinic Visit  
V9 = 168-month Clinic Visit
- Variables #3 and #4 – IDIS code and IDIS name for active ingredient.
- Variables #5 to #8 – indicators for usage: formulation code, duration of use, indicator for RX (always 1) and frequency of use.

Investigators should also keep in mind that IDIS currently classifies some ingredients under multiple hierarchical headings. Also investigators should be aware that IDIS uses both 7- and 8-digit ingredient codes. It is therefore easy to accidentally pull out all “blood formation & coagulation” agents (20000000) when looking for “antigout agents” (2000000), etc.

In addition to IDIS Ingredient Name (IDSNAME) and IDIS Ingredient Code (IDSCODE), form data from the MIF includes frequency, duration of medication usage, prescription only indicator and formulation codes. Each participant may have multiple records in this dataset. Each medication that a participant reported taking may have been coded to more than one ingredient.

There are several calculated variables for medication groups that may be of interest; these are located in the clinical datasets (V7ENROLL and V9ENROLL). NOTE: for the standard calculated variables included in the visit data usage details (formulation code and duration) were not used (except formulation code) to derive indicator (1/0).

### **3. Reference**

For further information about IDIS, please see the following citation:

Pahor M, Chrischilles EA, Guralnik, JM. Drug data coding and analysis in epidemiologic studies, Eur J Epidemiol. 1994 Aug;10(4):405-11.