

The patient characteristics were evaluated with relation to macrovascular and microvascular complications. Use of hormone replace treatment was evaluated with relation to macrovascular complications.

Results : Initial therapy was almost sulfonylurea, then metformin or α -glucosidase inhibitors were added as combination therapy(initial monotherapy 92.3% vs. monotherapy in 2nd line 66.4%).

The major complications and risk factors were neuropathy(39.9%), hypertension(34.6%), gastropathy(25.0%) and coronary artery dz(23.1%). The complications and risk factors related medications were antiplatelet agents (34.6%), calcium channel blockers(30.3%) and ACE inhibitors/ angiotensin II R. antagonists(16.8%). Mean HbA1c was $7.82 \pm 1.92\%$, and over 7% during follow-up period. Mean systolic pressure was 133.63 ± 14.83 mmHg and mean diastolic pressure was 80.28 ± 8.24 mmHg. Most of patients achieved the goal blood lipid levels but was slightly high in total cholesterol and LDL(204.37 mg/dL and 116.86 mg/dL).

Patients with (vs. without) macrovascular complications showed significant differences in systolic blood pressure (137.70 ± 12.05 mmHg vs. 131.34 ± 10.87 mmHg, $p=0.0002$), fasting blood glucose(173.91 ± 50.22 mg/dL vs. 153.79 ± 34.50 mg/dL, $p=0.0066$), postprandial 2-hour blood glucose (241.72 ± 58.66 mg/dL vs. 212.82 ± 42.06 mg/dL, $p=0.0012$) and duration of diabetes(9.48 ± 6.88 years vs. 6.16 ± 5.55 years, $p=0.0017$). Patients with (vs. without) microvascular complications showed significant differences in duration of diabetes(8.83 ± 6.60 years vs. 4.33 ± 3.92 years, $p<0.0001$) and mean SCr(1.45 ± 1.96 mg/dL vs. 0.86 ± 0.18 mg/dL, $p=0.0016$). Hormone replace treatment was not related to macrovascular complications.

Conclusion : Diabetic patients in a primary care hospital did not achieved a target level of HbA1c less than 7%. Blood pressure and blood cholesterol were maintained their level as SBP<130mmHg, DBP<85mmHg, LDL<100mg/dL and total cholesterol<200mg/dL. For prevention of complications, antiplatelets agents and estrogen therapy should be more utilized in addition to antihypertensive agents and antihyperlipidemic agents

[PF1-5] [10/18/2002 (Fri) 13:30 - 16:30 / Hall C]

Current Status of Medication Counseling Service at Community and Hospital Pharmacies in Korea Based on Nation-wide Survey Research in 2002

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1. Objectives

The research was designed to identify the overall environment that the Korean pharmacists face in providing counselling to their patients.

2. Methods

A nation-wide survey was conducted for both community pharmacists and hospital pharmacists. The results were used to highlight the environmental factors needed for better patient counselling. School curriculums in pharmacy school in Korea and the US were compared to identify future tasks in building more effective professional pharmacy education in Korea. Regulations in the US and Japan were also researched for this purpose.

3. Results

The survey found that most of the community pharmacists in Korea conduct patient counselling in the form providing information on dosing, dose, storage, and pharmacological action of drugs (in a descending order). Average counseling time is 1 to 5 minutes in 70-90% of the cases. Less than half of pharmacists keep patient medication records and counselling records. The survey discovered that, for better patient counselling, additional efforts are needed to build more reliable patient information, better management system (that will allow more active counselling), and better cooperation with other health professionals. The survey found that only 18.2% of the hospital pharmacies are currently offering inpatient counseling, while 36.4% are providing such services to discharged patients. Less than 50% of hospital pharmacies were found to be keeping their own patient medication records and counseling records. The survey found that, for improved patient counselling service, the hospital pharmacies in Korea need: more pharmacists with proper training, better understanding of hospital management executives, and enhanced reimbursement mechanism within the national health insurance system. They survey found that the number of pharmacy college courses related to patient counselling has increased in Korea after the implementation of Bun-up policy. Still, the number of such courses accounts for only about 10% of all pharmacy college courses taught in Korea. This is a much lower level of patient counselling education, in comparison with other developed countries.

[PF1-6] [10/18/2002 (Fri) 13:30 - 16:30 / Hall C]

Prevention of Cardiovascular Events with Antiplatelet Agents in Diabetic Patients

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BACKGROUND AND PURPOSE: Cardiovascular complications are high in the diabetic patients. Especially, acute coronary heart diseases (CHD) can be prevented by use of antiplatelet agents. This study was to determine the efficacy of antiplatelet therapy on prevention of cardiovascular events in diabetic patients.

METHODS: The medical charts of 132 diabetic patients at Hanyang University, Kuri Hospital from January 1996 to January 2000 were reviewed retrospectively. Patients were evaluated as four main groups in primary prevention group (with antiplatelet or without antiplatelet agents) and secondary prevention group (with or without antiplatelet agents). We compared the efficacy of antiplatelet agents on the prevention of cardiovascular events, which include acute MI, CHD death, and stroke, between the groups. We also evaluated the time to recurrence of CHD in the secondary prevention group and the effect of concurrent diseases on the efficacy of antiplatelet agents.

RESULTS: The percentages of cardiovascular events between patients with vs. without antiplatelet therapy were: (a) 7.4%(5/67) vs. 9.5%(2/21) in the primary prevention group. (b) 19.4%(7/36) vs 37.5%(3/8) in the secondary prevention group. The rates of each cardiovascular event in the secondary prevention group were: (a) AMI in 20.8%(5/24) vs. 100%(1/1), (b) Stroke/TIA 18%(2/11) vs. 100%(1/1), (c) 14%(1/7) vs. no patients in others between with vs. without antiplatelet therapy. Concomitant diseases have had the effect to increase the cardiovascular events. Cilostazol and aspirin were the mostly used antiplatelet agents and their efficacy was similar.

CONCLUSION: Prevention of cardiovascular events with antiplatelet agents in diabetic patients was effective particularly in secondary prevention group. Intensive antiplatelet therapy and monitoring was required because cardiovascular events continuously recurred even on antiplatelet therapy.

[PF1-7] [10/18/2002 (Fri) 13:30 - 16:30 / Hall C]

Clinical Effects of Gemcitabine/5-FU Therapy vs. Epirubicin/Cisplatin/5-FU in Pancreatic Cancer

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Gemcitabine demonstrated modest activity in locally advanced and metastatic pancreatic cancer with difficulty early diagnosis and poor prognosis. The purpose of this study was to evaluate the efficacy and toxicity of gemcitabine and 5-fluorouracil(GF) combination therapy and epirubicin, cisplatin, and 5-fluorouracil(ECF) combination therapy for the patients with locally advanced or metastatic pancreatic cancer. Between January 1996 and December 2001, Patients with locally advanced or metastatic pancreatic cancer were selected and reviewed retrospectively at Kangnam St. Mary's Hospital. Data collection included patient's baseline characteristics, CT scan, diagnosis date, expire date, prognosis disease appeared date at first, and toxicity. Outcome variables were response to chemotherapy, overall survival, prognosis free survival and grade of toxicity. From the 16 evaluable patients treated with GF regimen, a 12.5% objective response rate was obtained with median survival time of 7.6 months. The median progression-free survival time was 2.7 months in responding group. In the 8 patients treated with ECF regimen, the objective response rate was 12.5% and the median survival time was 5.7 months. The median progression-free survival time was 2.6 months in responding group. With regard to toxicity, WHO grade 3 or grade 4 hematologic toxicity was 8.6% of total cycles in GF group and 10.7% in ECF group. WHO grade 3 or grade 4 nonhematologic toxicity was 1.6% of total cycles in GF group and 1.4% in ECF group. In conclusion, GF regimen was longer in median survival time than ECF regimen and was milder in hematologic toxicity in the treatment of patients with locally advanced or metastatic pancreatic cancer.

[PF1-8] [10/18/2002 (Fri) 13:30 - 16:30 / Hall C]

Quality of Life in Pediatric Patients with Mucopolysaccharidosis

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Mucopolysaccharidosis (MPS) is a genetic disorder with deficiency of lysosomal enzymes needed for the degradation of glycosaminoglycans(GAGs). This storage disease is characterized by intra-lysosomal