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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 Theraphy 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 prognisis. The purpose of this study was to evaluate the efficacy and toxicity of gemcitabine and 5-fluorouracil(GF) combination theraphy and epirubicin, cisplatin, and 5-fluorouracil(ECF) combination theraphy for the patients with locally advanced or metaststic 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 chemotheraphy, 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 2.7months in responding group. In the 8 patients treated with ECF regimen, the objective response rate was 12.5% and the median survival time was 5.7months. 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 garde 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 teratment of patients with locally advanced or metastatic panceratic 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 lysomal enzymes needed for the degradation of glycosaminoglycans(GAGs). This storage disease is characterized by intra-lysosomal

accumulation of GAGs, progressive mental and physical deterioration, multi-organ failure and premature death. Quality of life (QOL) is very low in MPS patients. The MOS 36-Item Short Form Health Survey (SF-36) was designed to measure the eight (8) dimensions of health in clinical and general population settings. The purpose of this survey was to measure quality of life for the 61 patients with MPS registered in Samsung Hospital, Seoul Korea and the adaptability of the MOS 36-Item Short Form Health Survey (SF-36). The following results for 48 patients were obtained from the survey using this questionnaire from September to November 2001. The collected and modified data were analyzed with LISREL 8.0 using confirmatory factor analysis. As results, SF scores were physical functioning 56.9 ±20.4, role physical 66.9±20.2, bodily pain 61.2±23.0, general health 44.4±17.6, vitality 58.2±17.3, social functioning 65.3±26.8, role emotional 72.2 ±22.9, metal health 62.1±17.4 and all area 60.9±16.5. Older kids with longer duration of MPS and type of MPS III had lower QOL as 48.6±14.9 and 44.2± 10.4, respectively. Cronbach α co-efficient (reliability) ranged from 0.70 to 0.94. The highest correlation was observed between role limitation due to physical problem and role limitation due to emotional problem.
In conclusion, the MOS questionnaire SF-36 was applicable for MPS patients. MPS patients had very quality of life without appropriate treatment.

Poster Presentations - Field F2. Social Pharmacy

[PF2-1] [10/18/2002 (Fri) 13:30 - 16:30 / Hall C]

Cases of Adverse Drug Reaction Monitoring

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Drug used in hospital is allowed marketing through after pharmacological and toxicological tests using various animals and clinical test of human in developing state. But as pre-marketing clinical study take short period with relatively a few of patients and strict selection criteria of people, pediatric, geriatric, pregnancy, liver and kidney patients may be excluded. As the safety of drug isn't completely evaluated before launching, it is important to collect and evaluate drug adverse reaction newly reported by medical practitioners and pharmacists. At these sight of view, today world wide nations make an effort to manage information of drug adverse reaction through post marketing surveillance. Seoul national university took to heart need and necessity of these ages, as the most leading hospital we made adverse drug reaction monitoring team included medical doctor, clinical pharmacology doctor, pharmacist, nurse, preventive medical doctor at January 30th 2002. For effectiveness of task processing, we putted adverse drug reaction monitoring subcommittee below drug committee. And practical team putting below participant staff was made for task activation. Spontaneous adverse drug reaction reporting system was operated inside of hospital computer system name as medical information system (MIS), patient's lab. data and drug history was automatically been reporting on the server of this. From June 2001 to May 2002, reporting acceptance was total 10 cases included 23 drugs and 17 symptoms of which liver function abnormality was the most popular symptom. And we reported 8 cases (80%) to Korean food and drug administration(KFDA). We subcommittee studied a rate of incidence of adverse drug reaction in hospital and ran parallel pharmacoepidemiologic study with problematic worldwide adverse drug reaction such as rhabdomyosis of cerivastatin, liver function abnormality of nefazodone. As a conclusion, we adverse drug reaction monitoring subcommittee constructed investigative and evaluating computer system, we have been effort to prevent unpredictable adverse drug reaction for the improvement of quality of medical service through adverse drug reaction monitoring for safe use of drug.