

β -blockers are considered as standard therapy for patients with stable chronic heart failure (CHF) and to prolong survival and reduce hospitalizations. We examined the effects of the β -blocker on mortality, hospitalization and symptoms in patients with CHF and the related factors to the use of β -blockers. Patients in New York Heart Association class II-IV were included if they were treated for heart failure from January 2002 to June 2002. At baseline, 6 months, and 12 months, they were assessed for the change of NYHA class and all deaths and hospital admissions. Demographic and clinical characteristics of the groups were compared to explore the related factors to the use of β -blockers. As results, 123 of 235 patients received β -blockers. Women were 62(50.4%), NYHA class II was 80(65%) and the nonischemic cause of CHF were 74(60.2%) in β -blocker group. LVEF and the use of ACEI/ARB were the related factors to the use of β -blocker. Carvedilol was the most common β -blocker used and followed by atenolol and metoprolol. The average dosages were titrated to lower dosage than the recommended target doses. NYHA class was improved in the β -blocker group compared with the non β -blocker group at 6 months and 12 months($p=0.016$, $p=0.017$, respectively). There was no significant difference in reasons for hospitalizations($p=1.000$). Number of hospital admissions was lower in the β -blocker group($p=0.033$). Treatment effects were independent of age, cause of heart failure, NYHA class, the use of diuretics, the use of ACEI/ARB or the concomitant use of ACEI/ARB and diuretics. In conclusions, β -blockers improved mortality, reduced the need for hospitalizations and improved NYHA class. Factors affecting use of β -blockers were LVEF and the use of ACEI/ARB.

[PF1-2] [2003-10-10 14:00 - 17:30 / Grand Ballroom Pre-function]

Analysis of Spironolactone Use in Chronic Heart Failure

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Background Aldosterone has an important role in the pathophysiology of heart failure. Aldosterone promotes the retention of sodium, the loss of magnesium and potassium, sympathetic activation, parasympathetic inhibition, myocardial and vascular fibrosis, baroreceptor dysfunction, and vascular damage and impairs arterial compliance. **Objectives** We investigated the effects of additional spironolactone to angiotensin-converting enzyme inhibitor (ACEI) / angiotensin-II receptor blocker (ARB) in patients with heart failure. **Methods** In a retrospective study, we evaluated 290 patients who had heart failure, left ventricular systolic dysfunction and NYHA class of more than II. A total of 99 patients were received spironolactone, and 159 not received. We analyzed spironolactone dose, relationship on hospitalization and death, factors affecting of spironolactone use, and relative risks of hospitalization and death from all causes. **Results** Mean dose of spironolactone was 28.1 ± 12.7 mg and there were more patients with cardiac caused hospitalization in spironolactone group than non-spironolactone group($p=0.013$). Factors affecting spironolactone use were $LVEF \leq 35\%$, NYHA class III-IV, Age ≤ 65 yr, digitalis use. Spironolactone had better effect on death and hospitalization in cases of ischemic cause, NYHA class III, ACEI/ARB+loop diuretic+ β -blocker use. **Conclusion** Spironolactone, aldosterone-receptor blocker, in addition to standard therapy, can reduce the risk of morbidity and death among patients with chronic heart failure.

[PF1-3] [2003-10-10 14:00 - 17:30 / Grand Ballroom Pre-function]

Retrospective Evaluation of Heptaplatin Nephrotoxicity in Patients with Advanced Gastric Cancer

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There are contradicting reports on the nephrotoxicity of heptaplatin, a new platinum derivative. A retrospective study was performed to compare the toxicities of heptaplatin-containing regimens with the ones not. Seventy-seven patients with advanced gastric cancer who did not receive any chemotherapy within the last 3 months before the treatment were evaluated. Among them 38 patients received heptaplatin-containing regimens (heptaplatin/epirubicin/5-FU: 26, heptaplatin/5-FU: 12) and 39 patients received other regimens (cisplatin/epirubicin/5-FU:11, epirubicin/leucovorin/5-FU: 28). Serum creatinine (Scr) before and after the

chemotherapy and proteinuria measured with urine stick test were examined in all patient groups. Scr measured a day before the second cycle did not vary significantly between groups. However, when Scr on cycle 3 was compared with the baseline, the difference was greater in heptaplatin-treated groups. Proteinuria on cycle 1 was more frequent in heptaplatin/5-FU group. However, proteinuria tested on cycle 2 and after was not different between the two heptaplatin groups, but was more frequent in heptaplatin groups. Based on our observation nephrotoxicity appeared to be more frequent in heptaplatin-treated patients. It is suggested that the clinical consequences of the toxicity needs further evaluation. In addition, modalities to prevent or minimize nephrotoxicity of heptaplatin should be studied for future utilization of the drug.

[PF1-4] [2003-10-10 14:00 - 17:30 / Grand Ballroom Pre-function]

Analysis of Characteristics and Drug Use in Headache Patients

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General headache is one of the most frequently encountered diseases to the clinical pharmacists. In this study, we examined the correlation between the type and frequency of headaches and the characteristics of patients and individual preferences of specific treatment for the relief of headache. This study analyzed the questionnaires from the 229 patients, who are 18years over and had experienced headache more than once per month and had used pharmacy for the relief of their headache. As Results, the average duration time and severity of the headache pain was sex-dependent in the patients that female patients showed longer duration and stronger severity than male patients ($p=0.007$). Conditions which they have had increased proportionally with the duration of the headache ($p=0.017$). The psychological stress was the biggest factor for the development of headache. The strength of self recognized psychological stress significantly showed proportional correlation with the duration ($p=0.030$), severity ($p=0.001$), and frequency ($p=0.016$) of the headache. The usage of over the counter medicines was the most favored method for the relief of headache among headache patients (84.3%). There was proportional correlation between the usages of anti-nausea medications and the frequency of headache ($p=0.050$). In conclusions, the female who has a psychological stress and one or more combinative diseases has a highly possible development of chronic and severe headache. Most of the patients favored the usage of over the counter medicines, analgesics for the treatment of headache