

ABSTRACT REPRODUCTION FORM

EVALUATION OF THE CONTINUITY OF HIV CARE

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Background: Studies have noted a discrepancy rate in the continuation of medications from the outpatient to inpatient setting.

Introduction: It is hypothesized that these errors would increase exponentially in the inpatient management of HIV patients.

Purpose: Evaluate the discrepancy rate with the continuation of HIV medications in the inpatient setting and assess the impact of the inclusion of an Infectious Diseases Pharmacist on care.

Methodology: Prospectively analyze and follow the care of hospitalized patients on anti-retrovirals. Once identified, informed consent will be obtained and a brief medication interview will be performed.

Results: Data collection is ongoing with 31 patients enrolled thus far. At least one discrepancy in the initial inpatient regimen was noted in 67.7% of patients (21/31 patients). When evaluating the error rate for the initial regimen, 35 medical errors were identified. After classifying the errors based on severity, 15 medication errors were determined to potentially cause significant harm to the patient. Throughout their hospitalization, an additional 12 HIV-related medication errors were discovered with the potential to cause significant harm.

5:40

Room E/F

ADCL

ABSTRACT REPRODUCTION FORM

AN ASSESSMENT OF DELIRIUM IN THE TRAUMA INTENSIVE CARE SETTING

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Introduction: Delirium is defined as a fluctuating level of consciousness with notable inattention. The primary causes of delirium are an underlying medical condition, medication, or drug withdrawal. Delirium occurs in 10 to 30 percent of all hospitalized patients, and in up to 60% of older hospitalized patients. The prevention/early treatment of delirium is important because the presence of delirium has been associated with an increase in morbidity and mortality.

Purpose: 1. Identify modifiable risk factors for delirium in the trauma intensive care setting 2. Utilize modifiable risk factor assessments to develop treatment guidelines.

Methodology: Prospective study over a 3-month period using the CAM-ICU (Confusion Assessment Method for ICU patients) to assess study participants. Information gathered will identify potential risk factors for patients with positive or negative CAM-ICU assessments and determine correlations between risk factors and CAM-ICU scores. Background information, admission diagnosis, medical history, medication history, medications received, and social/emotional history will be obtained.

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Room K

ADCL

ABSTRACT REPRODUCTION FORM

BETA-BLOCKADE IN PATIENTS WITH TRAUMATIC BRAIN INJURY

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Background: Beta-blockade has been shown to reduce mortality and cardiovascular morbidity following non-cardiac surgery. Traumatic brain injury (TBI) is often associated with a hyper-adrenergic response that may precipitate cardiac and pulmonary complications.

Purpose: To determine the effect of beta-blocker (BB) administration on morbidity and mortality in patients with severe TBI.

Methodology: The trauma registry was retrospectively queried for all patients with a severe TBI from January 2004 – March 2005. Patients with a length of stay less than 4 days were excluded. BB exposure was defined as at least two days of beta-blocker administration. The data was evaluated using both Fisher's exact test and Wilcoxon rank sum.

Results: A total of 420 patients were included in the study. 174 patients received BB and 246 patients did not. Despite a higher injury severity score, a lower probability of survival, and advanced age, patients exposed to BB had a statistically significant reduction in mortality (5.2% vs. 11.0%, $p < 0.04$).

Conclusions: Exposure to BB is associated with a reduction in mortality among patients with severe TBI. The current findings warrant further evaluation by a prospective trial.

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Room L

ADCL

ABSTRACT REPRODUCTION FORM

PIOGLITAZONE TO ROSIGLITAZONE FORMULARY CONVERSION: EFFECT ON LIPID CONCENTRATIONS

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Background: In 2003, the Department of Veterans Affairs nationally contracted rosiglitazone as the thiazolidinedione of choice. As a result, patients receiving pioglitazone were converted to rosiglitazone.

Introduction: Investigators previously evaluated the conversion and found the efficacy and safety of the two agents to be similar. However, pioglitazone has been reported to affect lipids more favorably than rosiglitazone.

Purpose: The purpose of this study is to evaluate the lipid effects of the pioglitazone to rosiglitazone conversion in veteran patients.

Methodology: Through a retrospective chart review, lipid concentrations in the 238 patients converted from pioglitazone to rosiglitazone at the Ralph H. Johnson VA Medical Center and community based outpatient clinics (CBOCs), will be compared before and after conversion from pioglitazone to rosiglitazone. Patient demographics, baseline lipid profile up to 52 weeks prior to conversion, lipid profile within 12-52 weeks after conversion, and rosiglitazone dosage after conversion will be collected.

Results: Calculated endpoints will include mean percent change in lipids following conversion from pioglitazone to rosiglitazone and percent of patients with improved, worsened, or unchanged lipid concentrations following conversion.

5:40

Room Q

AMB