The serum HBV DNA of 28 patients (97%) significantly fell to undetectable levels (<5pg/ml) within 12 weeks, and it remained undetectable in 24 patients (83%) by the end of 52-week therapy. Mean serum ALT levels of 29 patients declined to the normal range within 12 weeks and remained within the normal range during the evaluative period. The proportions of patients with HBeAg seroconversion (loss of HBeAg, development of antibody to HBeAg, and undetectable HBV DNA) were 40% after 52-week therapy. The differences of response to lamivudine therapy in HBeAg-positive and HBeAg-negative patients were negligible ($p>0.05$). Besides, the study showed that pretreatment serum HBV DNA and ALT levels have no effect to the efficacy of lamivudine therapy ($p>0.05$). Further comparison of lamivudine's efficacy between patients with cirrhosis and without cirrhosis showed that the therapy is just as efficacious in patients with cirrhosis as without cirrhosis. In conclusion, lamivudine is an effective and safe therapy for the treatment of chronic hepatitis B in Korean patients. However, further study is needed to determine the adequate and appropriate duration of lamivudine therapy due to high recurrence rate of the disease with chronic lamivudine therapy.

[PF1-5] [10/19/2000 (Thr) 10:00 - 11:00 / [Hall B]]

Efficacy of Hormone Replacement Therapy on Lipid Profile and Bone Mineral Density in Postmenopausal Women: Continuous vs. Sequential Treatment

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Menopausal women experience urogenitory and vasomotor symptoms with increased risk of osteoporosis and cardiovascular diseases, which can be reduced by hormone replacement therapy. However unopposed estrogen therapy has been associated with an increased risk of endometrial hyperplasia or cancer. The objectives of this study were to assess efficacy and safety of hormone replacement therapy, and compare continuous to sequential treatment. The other objective was to assess the perception of menopause and hormone replacement therapy in Korean menopausal women.
In this retrospective study, women with longer than 6 months of monopause, normal in the mammogram and Papanicolaou smear, cholesterol level lower than 190 mg/dL or triglyceride level lower than 500 mg/dL were treated with Srogen (conjugated equine estrogen 0.625mg tablet) and Provera (medroxyprogesterone acetate 2.5mg tablet) for continuous treatment or Cycloprogynova (Estradiol valerate 2mg and Norgestrel 0.5mg complex tablet) for sequential treatment. They were evaluated for menopausal symptoms, lipid profile, bone mineral density, side effect of hormone replacement therapy and their perception of menopause and hormone replacement therapy.
As a results, total sixty-seven patients out of ninety-four enrollees were included in final analysis (33 in continuous therapy, 34 in sequential therapy). There were significant decreases in total cholesterol(15.04 ± 3.17, $p=0.0001$), LDL cholesterol(19.72 ± 3.27, $p=0.0001$), and increase in HDL cholesterol(5.89 ± 1.63, $p=0.0001$). Bone mineral density increased significantly after treatment (0.02 ± 0.11, $p=0.0001$). But, there were no significant differences between continuous and sequential therapy. Incidences of flush and urinary frequency were less than 10% in both groups. Menopausal women recognized the necessity of hormone replacement therapy(70%) without exact knowledge of cardiovascular protective effect.
In conclusion, hormone replacement therapy was effective in improving lipid profile, bone mineral density and menopausal symptoms in both continuous and sequential treatments with similar efficacy.

[PF1-6] [10/19/2000 (Thr) 10:00 - 11:00 / [Hall B]]

Comparison of efficacy between micronised - and non-micronised fenofibrate in type 2 diabetic patients with dyslipidemia

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Several studies in diabetic patients have demonstrated a decreased incidence of coronary artery disease with use of drugs that lower the level of LDL cholesterol and hypertriglyceride. Fenofibrate is a fibric acid derivates that is a strong reducer of triglyceride. Micronized formulation of fenofibrate increases the bioavailability to allow improved efficacy of the drug.
This study performed a retrospective comparison of micronized and non-micronized fenofibrate (28 in micronized and 51 in non-micronized group) by comparing means for total triglyceride, total cholesterol, HDL cholesterol and TC/HDL ratio in type 2 diabetics with dyslipidemia.
The result showed that after 12 weeks of treatment both drugs produced a significant reduction in total triglyceride levels (62% with micronized, 37% with non-micronized). The mean decrease levels observed for total triglyceride levels were significantly lower for micronized fenofibrate ($p<0.001$).
Both drugs showed a significant reduction for total cholesterol levels (-22% with micronized, -14% with non-micronized fenofibrate). The mean decrease observed for total cholesterol was not statistically significant between the two drugs ($p=0.094$).
HDL cholesterol levels increased by 24% and 15% with micronized and non-micronized, respectively; the differences from the baseline were statistically significant for both drugs. The mean change of HDL cholesterol was not significant between the two drugs.
There was a statistically significant reduction in TC/HDL-C ratio from baseline for both drugs (7.1 to 4.8 with micronized, 5.1 to 4.5 with non-micronized), and the reduction of TC/HDL-C ratio tended to be significantly greater with micronized fenofibrate ($p=0.008$). This ratio correlates well with a reduction in the cardiovascular morbidity and mortality in intervention trials.
This study shows that short-term treatment with micronised fenofibrate is more effective than non-micronised fenofibrate in type 2 diabetes patients with dyslipidemia.

[PF1-7] [10/19/2000 (Thr) 10:00 - 11:00 / [Hall B]]

Development of Vancomycin Dosing Nomogram Based on Clinical Pharmacokinetic Data of Korean Adult Patients

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Vancomycin dosing nomogram was developed based on the clinical pharmacokinetic data of Korean adult patients. Total 99 pairs(peak and trough) of vancomycin serum concentration data from 73 adult patients were obtained in routine therapeutic drug monitoring. The elimination rate constant(Ke), half-life(t1/2), clearance(Clvan), volume of distribution(Vd)of the drug in each patients were caculated using one compartment first order pharmacokinetic model. All patients were categorized into three groups based on calculated creatinine clearance(Ccr): $60 \leq Ccr$, $40 \leq Ccr < 60$, $Ccr < 40$ (ml/min). Regression analysis was used to determin significant correlation between Clvan and Ccr($Clvan = -1.89 + 0.914Ccr$, $r=0.763$) and also significant correlation between Ke and Ccr ($Ke = -0.0037 + 0.00139Ccr$, $r=0.724$). The relationship between Ke and Ccr, and the mean Vd were utilized to develop the nomogram to individualize initial disung regimen for vancomycin in patients with various degrees of renal function. The nomogram will be an efficient tool to individualized dose of vancomycin for Korean adult patints.