atherosclerotic disease. There were no serious side effects during the study period. Digestive side effects were most frequently reported (lovastatin 8.3% vs simvastatin 8.8%).
In conclusion, both lovastatin and simvastatin were similar in lipid lowering effects and there was no difference in incidence of side effects.

[PA2-6] [10/18/2001 (Thr) 14:00 - 17:00 / Hall D]

Gabapentin and Tramadol for the Management of Chronic Low Back Pain

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Background : Gabapentin and tramadol had demonstrated its usefulness in treatment of neuropathic pain. These drugs are very safe with minimal side effects. Chronic intractable low back pain is very difficult to be relieved and has some limitation with use of conventional drugs because of side effects. Gabapentin is advisable to start with low doses with a slow increase to reach full dosage for several weeks, which emphasize on improvement of compliance by patient education.
Objective : We conducted this study to evaluate the effect of the combination therapy of gabapentin and tramadol on chronic low back pain.
Methods : Medical charts were reviewed retrospectively for patients who received gabapentin and tramadol for the treatment of chronic low back pain for the year of 2000. Gabapentin was administered initially 300 mg up to 1800 mg and tramadol, 50 - 150 mg. We studied of relieving the pain score in patients who received the drugs for more than 4 weeks and for less than 4 weeks. Data were collected for sex, age, dosage and duration of treatment, causes and duration of the chronic low back pain. Then we called patients and asked about the pain score, side effects, causes of withdrawal of the drugs and alternative treatments after withdrawal. We analyzed the pain score before the combination therapy and after the therapy in the subgroups with duration of treatment(<4 weeks, ≥ 4 weeks).
Result : Among patients with low back pain, 9% of them suffered from chronic low back pain. Most of these patients were nonspecific origin. A significant decrease of the pain score in patients who received study drugs more than 4 weeks was noted(pre-treatment, 5.5 ± 1.1, post-treatment, 4.2 ± 1.6, $n=17$, $p=0.001$). In patients who received the drugs less than 4 weeks, however, no significant decrease was observed(pre-treatment, 5.9 ± 1.0, post-treatment, 5.5 ± 1.3, $n=10$, $p=0.104$). The difference of the post-treatment between two groups was significant($p=0.007$). There were several mild side effects and three of patients should withdraw the regimen.
Conclusions : The combination therapy of gabapentin and tramadol may be the alternative for the treatment of intractable chronic low back pain. But patient education for the regimen which should be increased slowly may be necessary for better outcome of pain control.

[PA2-7] [10/18/2001 (Thr) 14:00 - 17:00 / Hall D]

Bleeding Complications and Analysis of Risk factors in Patients on Warfarin after Mechanical Heart Valve Replacement

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Warfarin is an anticoagulant for preventing thromboembolic disorder. Patients on warfarin should be monitored closely because of narrow therapeutic range. Bleeding is a common, potentially lethal complication of warfarin therapy. This retrospective study was to evaluate the incidence and risk factors of bleeding in patients on warfarin after mechanical valve replacement. Patients were included if they were on Anticoaguation Consult Service (ACS) after mechanical valve replacement. Exclusion criteria were an active peptic ulcer and bleeding disorders other than warfarin related risk. Data were collected for patient characteristics, comorbid diseases, bleeding sites and frequency. Bleeding complications