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A randomized, double-blind, active comparator-controlled trial of Joins (SKI 306X) in 249 adults with OA was performed in patients with osteoarthritis (OA) to compare the clinical efficacy with that of diclofenac SR and to evaluate the safety and tolerability. Patients were randomly assigned to receive 200 mg of Joins three times daily and 100 mg of diclofenac SR once daily. The primary end point was change in 100 mm visual analogue scale (VAS) pain score from baseline and the secondary endpoints were Lequesne index and patients' and investigators' opinion of the therapeutic effect. Joins demonstrated efficacy that was clinically and statistically non-inferior to that of diclofenac SR, as assessed by primary end point according to predefined non-inferiority criteria. Results from secondary end points were consistent with that of primary end point. All treatments were well tolerated, but out of gastrointestinal adverse events, drug-related adverse events were more frequent in diclofenac SR treatment group than in Joins treatment group (24 cases (19.2%) vs. 46 cases (37.1%)). "Joins three times daily" was well tolerated and demonstrated efficacy that was clinically comparable, according to predefined criteria to that of 100 mg of diclofenac SR once daily in this 4-week study.

[PF1-6] [10/19/2001 (Fri) 14:00 - 17:00 / Hall D]

Drug use evaluation of pediatric TPN based on patients, hospital pharmacists and hospital management

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We have made TPN mix for children since 1985. Growing children have specialized needs and require relatively more nutrients than adults, but they have a many limit. For these reasons, many patients was administered TPN by peripheral line.

Inclusion was inpatient starting TPN therapy in SNUH children's hospital for 6 months from november 2000 to april 2001.

Hospitalized children who are growing needs more calories than adults. But it is evaluated that current children TPN regimen can't supply sufficient calories and low protein intake. And TPN monitoring was insufficient.

25% of patients experienced TPN induced complication, for example eletrolite inbalance, cholestasis, liver funtion abnormality, hyperglycemia etc.

TPN mix fee is 1,600 won but it need to be raised 5,000 won and consult fee is 10,000 won but it's cost price is 20,000 won.

Also 10,000 won shoud be established for follow up fee.

Therefore we concluded that fat emulsion adding to normal TPN regimen can fit the need of calories. In addition, continuous patients monitoring is encouraged after TPN to prevent side effect. Central vein nutrition supply shoud be recommended because it is more efficient than peripheral vein nutrition in requirement of calories.

[PF1-7] [10/19/2001 (Fri) 14:00 - 17:00 / Hall D]

The Comparisons of Management of Outpatient's Prescriptions from Medical Institute to Community Pharmacy in the Separation of Prescriptions and Dispensing (Bunup) between Korea and Japan

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