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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 hispital 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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The Separation of Prescriptions and Dispensing (Bunup) in Korea was started at July 1, 2000. After Bunup, about 80% of prescriptions for outpatients were dispensed in community pharmacy, and about 20% of those were dispensed in hospital pharmacy which are exceptional cases to Bunup. In most of hospitals, the prescriptions for outpatients who go to community pharmacy were delivered to patients directly after checking to prevent medication error. And some hospitals use computerized prescription delivery systems to community pharmacy. There are mainly classified by three types of computerized system, such as direct-network mailing system, EDI-network checking system, Smart-Card system. But those systems all were not permitted by law until now. Thus most of community pharmacies input prescription to their computer system to print the labels and account fees. And among outpatient-prescriptions delivered community pharmacy, 40% of them is dispensed at community pharmacy located in front of hospital, and last of them at other community pharmacy. The patients oriented pharmaceutical services, such as medication teaching and education, are lack in community pharmacies. And to give good pharmaceutical services, it is very important to have good relationships between hospital and community pharmacy.

[PF1-8] [10/19/2001 (Fri) 14:00 - 17:00 / Hall D]

The Changes of Pharmaceutical Services in the Department of Pharmacy of the Hospital after the Separation of Prescriptions and Dispensing in Korea

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The separation of prescriptions and dispensing (EuyakBunup) in Korea was started at July 1, 2000. After EuyakBunup, about 85% of prescriptions for outpatients were dispensed in community pharmacy, and about 15% of those were dispensed in hospital pharmacy which are exceptional cases to EuyakBunup. A remodeling of hospital pharmacy was conducted in aspect to organization of pharmacy and pharmaceutical services to cope with the changes of human-health policy. The hospital pharmacists focused on the improvement of pharmaceutical services for inpatients, such as Unit Dose System (UDS), Drug Therapy Monitoring (DUE, ADR monitoring), satellite pharmacy, IV-admixture, TPN admixture, clinical pharmaceutical services (ACS, medication education and counselling for patients with special diseases, TDM, TPN consultation etc.), and for outpatients, such as screening of prescriptions, medication education and counselling. It is very difficult to achieve the goal of hospital pharmacists. The Korean Society of Health-System Pharmacists (KSHP) is trying to overcome the barriers of clinical pharmacy to give high quality services to patients, to make fees of pharmaceutical services.

[PF1-9] [10/19/2001 (Fri) 14:00 - 17:00 / Hall D]

The Development of a Standard Guideline for Drug Information Center

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Background: Drug Information Centers (DICs) are responsible for providing updated and relevant drug information on the efficacy, safety and quality of drugs to health-care practitioners and finally to patients. After the establishment of "Drug Prescription and Dispensing Law (Bunup)" on August 2000, the standard guideline for DIC is strongly needed to provide specified, appropriate and rapid information to health-care practitioners and patients.

Method: This project was undertaken to provide the standard guideline for DICs based on the analysis