

The patient characteristics were evaluated with relation to macrovascular and microvascular complications. Use of hormone replace treatment was evaluated with relation to macrovascular complications.

Results : Initial therapy was almost sulfonylurea, then metformin or α -glucosidase inhibitors were added as combination therapy(initial monotherapy 92.3% vs. monotherapy in 2nd line 66.4%).

The major complications and risk factors were neuropathy(39.9%), hypertension(34.6%), gastropathy(25.0%) and coronary artery dz(23.1%). The complications and risk factors related medications were antiplatelet agents (34.6%), calcium channel blockers(30.3%) and ACE inhibitors/ angiotensin II R. antagonists(16.8%). Mean HbA1c was $7.82 \pm 1.92\%$, and over 7% during follow-up period. Mean systolic pressure was 133.63 ± 14.83 mmHg and mean diastolic pressure was 80.28 ± 8.24 mmHg. Most of patients achieved the goal blood lipid levels but was slightly high in total cholesterol and LDL(204.37 mg/dL and 116.86 mg/dL).

Patients with (vs. without) macrovascular complications showed significant differences in systolic blood pressure (137.70 ± 12.05 mmHg vs. 131.34 ± 10.87 mmHg, $p=0.0002$), fasting blood glucose(173.91 ± 50.22 mg/dL vs. 153.79 ± 34.50 mg/dL, $p=0.0066$), postprandial 2-hour blood glucose (241.72 ± 58.66 mg/dL vs. 212.82 ± 42.06 mg/dL, $p=0.0012$) and duration of diabetes(9.48 ± 6.88 years vs. 6.16 ± 5.55 years, $p=0.0017$). Patients with (vs. without) microvascular complications showed significant differences in duration of diabetes(8.83 ± 6.60 years vs. 4.33 ± 3.92 years, $p<0.0001$) and mean SCr(1.45 ± 1.96 mg/dL vs. 0.86 ± 0.18 mg/dL, $p=0.0016$). Hormone replace treatment was not related to macrovascular complications.

Conclusion : Diabetic patients in a primary care hospital did not achieved a target level of HbA1c less than 7%. Blood pressure and blood cholesterol were maintained their level as SBP<130mmHg, DBP<85mmHg, LDL<100mg/dL and total cholesterol<200mg/dL. For prevention of complications, antiplatelets agents and estrogen therapy should be more utilized in addition to antihypertensive agents and antihyperlipidemic agents

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Current Status of Medication Counseling Service at Community and Hospital Pharmacies in Korea Based on Nation-wide Survey Research in 2002

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1. Objectives

The research was designed to identify the overall environment that the Korean pharmacists face in providing counselling to their patients.

2. Methods

A nation-wide survey was conducted for both community pharmacists and hospital pharmacists. The results were used to highlight the environmental factors needed for better patient counselling. School curriculums in pharmacy school in Korea and the US were compared to identify future tasks in building more effective professional pharmacy education in Korea. Regulations in the US and Japan were also researched for this purpose.

3. Results

The survey found that most of the community pharmacists in Korea conduct patient counselling in the form providing information on dosing, dose, storage, and pharmacological action of drugs (in a descending order). Average counseling time is 1 to 5 minutes in 70-90% of the cases. Less than half of pharmacists keep patient medication records and counselling records. The survey discovered that, for better patient counselling, additional efforts are needed to build more reliable patient information, better management system (that will allow more active counselling), and better cooperation with other health professionals. The survey found that only 18.2% of the hospital pharmacies are currently offering inpatient counseling, while 36.4% are providing such services to discharged patients. Less than 50% of hospital pharmacies were found to be keeping their own patient medication records and counseling records. The survey found that, for improved patient counselling service, the hospital pharmacies in Korea need: more pharmacists with proper training, better understanding of hospital management executives, and enhanced reimbursement mechanism within the national health insurance system. They survey found that the number of pharmacy college courses related to patient counselling has increased in Korea after the implementation of Bun-up policy. Still, the number of such courses accounts for only about 10% of all pharmacy college courses taught in Korea. This is a much lower level of patient counselling education, in comparison with other developed countries.

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Prevention of Cardiovascular Events with Antiplatelet Agents in Diabetic Patients