ENTERAL FEEDING IN THE COMMUNITY: A STUDY OF HEALTH ECONOMIC OUTCOMES USING THE GENERAL PRACTICE RESEARCH DATABASE (GPRD)

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OBJECTIVE: NICE is currently developing clinical guidelines on nutritional support in adults. The objective of this study was to determine which patients in primary care in the UK were prescribed enteral nutrition (sip & tube feeds) and to examine the associated economic outcomes. METHODS: Patients prescribed enteral nutrition during 2000/2001 were identified from the General Practice Research Database (GPRD). The results were analysed according to pre-determined BMI categories and diagnostic categories (cancer, dysphagia, stroke, GI, neurological, respiratory disorders, cystic fibrosis, renal disease, feeding difficulties). Results for the two largest diagnostic groups (GI disorders and cancer) are presented. RESULTS: In all, 2.34 million patients were registered on GPRD. 13,153 patients (0.6%) received >1 prescriptions for enteral nutrition, of whom 1332 had a recorded height and weight measurement. In all, 83% of patients with GI disorders and 69% with cancer had a BMI below 25. The number of nutritional prescriptions as a percentage of the total prescriptions by primary diagnosis category (cancer and GI disorders respectively) were as follows: BMI 15<20 (1.1%, 3.0%), 21<25 (3.2%, 2.1%), 26<30 (1.2%, 0.3%) and 31<40 (0.5%, 0.4%). GP visits were frequent in both diagnostic groups in all BMI categories (mean range 27–36 for GI disorders; 38–59 for cancer). Hospitalisations were also frequent with means ranging from 2.5–3.0 for GI disorders; 1.9–4.6 for cancer, possibly reflecting severity of disease. CONCLUSIONS: It is expected that patients with a lower BMI would have a higher percentage of nutritional prescriptions. Whilst this was found to be the case for patients with GI disorders, the study results showed that patients with cancer and a low BMI had fewer nutritional prescriptions. This suggests that some patients in the community who could benefit from enteral nutrition may not be receiving it.

RESOURCE USE AND COSTS OF PATIENTS RECEIVING ENTERAL NUTRITION IN PRIMARY AND SECONDARY CARE IN THE UK

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OBJECTIVES: No clinical guidelines or economic data exist on the use of enteral nutrition (EN) for the UK. The aim of this study was to determine which patients in primary care in the UK were prescribed enteral nutrition (sip & tube feeds) and to examine the associated economic outcomes. METHODS: Patients prescribed enteral nutrition during 2000/2001 were identified from the General Practice Research Database (GPRD). The results were analysed according to pre-determined BMI categories and diagnostic categories (cancer, dysphagia, stroke, GI, neurological, respiratory disorders, cystic fibrosis, renal disease, feeding difficulties). Results for the two largest diagnostic groups (GI disorders and cancer) are presented. RESULTS: In all, 2.34 million patients were registered on GPRD. 13,153 patients (0.6%) received >1 prescriptions for enteral nutrition, of whom 1332 had a recorded height and weight measurement. In all, 83% of patients with GI disorders and 69% with cancer had a BMI below 25. The number of nutritional prescriptions as a percentage of the total prescriptions by primary diagnosis category (cancer and GI disorders respectively) were as follows: BMI 15<20 (1.1%, 3.0%), 21<25 (3.2%, 2.1%), 26<30 (1.2%, 0.3%) and 31<40 (0.5%, 0.4%). GP visits were frequent in both diagnostic groups in all BMI categories (mean range 27–36 for GI disorders; 38–59 for cancer). Hospitalisations were also frequent with means ranging from 2.5–3.0 for GI disorders; 1.9–4.6 for cancer, possibly reflecting severity of disease. CONCLUSIONS: It is expected that patients with a lower BMI would have a higher percentage of nutritional prescriptions. Whilst this was found to be the case for patients with GI disorders, the study results showed that patients with cancer and a low BMI had fewer nutritional prescriptions. This suggests that some patients in the community who could benefit from enteral nutrition may not be receiving it.
SELF-EFFICACY AND ACADEMIC ACHIEVEMENT OF THE FIFTH YEAR PHARMACY STUDENTS OF CHULALONGKORN UNIVERSITY, 2003

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OBJECTIVES: To predict students’ academic achievement (GPA) by Self-efficacy (SE). SE is defined as the self-perception that one can master a certain task or perform adequately in a given situation.

METHODS: A descriptive cross-sectional survey was employed for studying the relationship between Self-efficacy and academic achievement (GPA) of all (178) 5th year pharmacy students at The College of Pharmacy, Chulalongkorn University, Bangkok, Thailand during the period of August to September, 2003. RESULTS: The final return rate of questionnaire was 171 (96.06%). The respondents average age was 22.02 years. Most (124) were female (72.51%). The reliability coefficient (Cronbach’s alpha) of Self-Efficacy (SE) scale was 0.87. The findings showed that there was positive relationship between SE and academic achievement (GPA) r = 0.38 (p = 0.03). The length of time for preparing for an examination by a female was longer than for a male (p = 0.03). There was no difference between male and female SE (p = 0.07). However, female’s GPA was significantly higher than male’s (p = 0.02). SE of the Bangkoker students was not different form the Non-Bangkoker students (p = 0.87). Students who participated in activities had higher SE than students who did not (p = 0.24) but the GPA of the two groups was not different (p = 0.59). Attitude toward pharmacy profession had no impact on SE nor GPA (p = 0.78, 0.82). The three predictors of the model were SE, Gender, and Time (to prepare the examination) R square = 0.40, beta = 0.38, 0.10, and 0.07 (p = 0.02). IQ was not controlled in this study. CONCLUSIONS: Self-Efficacy was a good predictor of academic achievement of Chulalongkorn University, pharmacy student class of 2003.