questionnaires were administered pre- and post-intervention to 126 heart-failure patients within a randomized controlled trial at a university-affiliated teaching center with a referral base of HF patients.

RESULTS: The internal consistency of the EMA was 0.79 (Cronbach’s alpha). The internal consistency of the MKA was 0.61 and the responsiveness was 0.75.

CONCLUSIONS: The availability of instruments, such as those we have developed, can assist heart-failure programs to evaluate the impact of their educational interventions on knowledge gained, which will hopefully translate into better patient outcomes.

IMPACT OF INSURANCE TYPES ON PATTERNS OF ANTIHYPERTENSIVE DRUG UTILIZATION: DIURETICS OR BETA-BLOCKERS VS. ANGIOTENSIN-CONVERTING ENZYME INHIBITORS OR CALCIUM CHANNEL BLOCKERS

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OBJECTIVE: Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure V (1993) and VI (1997) recommend diuretics and beta-blockers as initial antihypertensive drugs. However, a few studies have shown a trend of increasing use of angiotensin-converting enzyme inhibitors (ACEIs) and calcium channel blockers (CCBs), and decreasing use of diuretics and beta-blockers. The purpose of the study was to examine the impact of insurance types on patterns of antihypertensive drug use.

METHODS: A logistic regression model was employed to examine whether insurance type was associated with patterns of antihypertensive drug use by using Medical Expenditure Panel Survey (MEPS, 1996), after controlling for confounding variables. The estimated study population enrolled was 10,357,769 non-institutionalized adult US patients with essential hypertension.

RESULTS: Patients with HMO insurance were less likely to use diuretics or beta-blockers (OR = 0.499, 95%CI: 0.323-0.770), compared with the patients with fee-for-service (FFS) insurance. Black patients were less likely to use diuretics or beta-blockers compared with white patients (OR = 0.577, 95%CI: 0.346-0.961). Compared with non-married patients, married patients were 92 percent more likely to use diuretics or beta-blockers (OR = 1.92, 95%CI: 1.299-2.838). Finally, patients diagnosed between 1988 and 1992, and after 1993 were less likely to use diuretics or beta-blockers (OR = 0.486, 95%CI: 0.289-0.817; OR = 0.416, 95%CI: 0.251-0.691), compared with patients who were diagnosed with hypertension before 1988.

CONCLUSION: Insurance types are associated with the patterns of antihypertensive drug use. Patients with HMO insurance used more ACEIs or CCBs than patients with FFS insurance. Further research is required to discern the reasons for the impact of insurance types so that policy makers can propose efficient intervention.

STOP SMOKING CESSATION TARGET: OBSERVATION PROGRAM, THE FRENCH PHARMACIST’S PROGRESS

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Pharmacists, as easily accessible health-care professionals and advisors to the general public, are distributors of information and dispensers of health-care products. The “French Consensus Conference on Smoking Cessation” – (October 1998), summed up the aims of pharmacists in helping smoking cessation as follows: lead by example; enforce smoking bans in pharmacies; underline the significant risks linked to cigarette smoking; encourage non smoking; advise, aid and monitor the smoker who has decided to stop smoking.

OBJECTIVE: To measure the progress of the French Pharmacist’s Smoking Cessation Program.

METHODS: The STOP program, through a questionnaire distributed to approximately 2500 pharmacists, aims at describing the progress pharmacists are making with regard to their own tobacco dependence as well as in the public health initiative entrusted to them.

RESULTS: Here we present the preliminary results of this investigation, through the analysis of the first 300 questionnaires. The average age of our sample population was 46 years, 55 % were male. 67% had attended a smoking cessation course. Ninety percent of these attended a course given by the pharmaceutical industry, and 7% attended a course given by an anti-smoking organization. Ninety eight percent of the pharmacists that replied offered information on aiding smoking cessation, either through window displays(67%) or displays in the pharmacy (70 %). After delivering a nicotine substitute, 80% of pharmacists do not arrange a follow-up appointment. This lack of follow-up is explained on the part of the client by lack of motivation (48%) and clients not returning to the same pharmacy (34%). For the pharmacist the main reason is the absence of adequate follow-up tools (54%).

CONCLUSION: Since the delisting of nicotine substitutes, pharmacists have played a major role in their delivery and should therefore play a strategic role in the fight against tobacco dependence.

STOP SMOKING CESSATION TARGET: OBSERVATION PROGRAM AN EX-SMOKER IS A SMOKER IN PROGRESSION

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Here we present the preliminary results of the observation program AN EX-SMOKER IS A SMOKER IN PROGRESSION through the analysis of the first 300 questionnaires. We can observe that 80% of the smokers have delisted a nicotine substitute, 70% have stopped using it completely and 30% have reduced its use. A hundred percent of the pharmacists that replied offered information on aiding smoking cessation, either through window displays(67%) or displays in the pharmacy (70 %). After delivering a nicotine substitute, 80% of pharmacists do not arrange a follow-up appointment. This lack of follow-up is explained on the part of the client by lack of motivation (48%) and clients not returning to the same pharmacy (34%). For the pharmacist the main reason is the absence of adequate follow-up tools (54%).

CONCLUSION: Since the delisting of nicotine substitutes, pharmacists have played a major role in their delivery and should therefore play a strategic role in the fight against tobacco dependence.