OBJECTIVE: Determine whether physicians spend more time with patients prescribed high-risk medications—anticoagulants, anticonvulsants, antiarrhythmics, antidiabetics and beta agonists—that require either additional patient education about correct use and adverse effects or increased monitoring by providers. METHODS: Patient visit data to physicians from the 2003 National Ambulatory Medical Care Survey (n = 17,078) were used in multiple regression (SPSS 12.0, \( \alpha = 0.05 \)). Visit time was the dependent variable. Independent variables included indicator variables for prescribing each high-risk medication and visit circumstances hypothesized to require more time—1) patient was new to the practice; 2) patient’s condition was new; and 3) physician was not the patient’s primary physician. Interactions between high risk medication prescribing and visit circumstances were also examined. Control variables included modified Charlson index, diagnostic and counseling services provided, patient and provider demographics. RESULTS: Visits lasted an average of 19 minutes. Significantly higher visit times were found for patients prescribed either anticonvulsants, anticoagulants or antidiabetics. Visit times were additionally higher if 1) the condition was new and the patient was prescribed anticonvulsants or antidiabetics, or 2) the patient was new to the practice and was prescribed anticonvulsants. Patients not seeing their primary physician had lower visit times if they were prescribed anticoagulants or antidiabetics. No visit time increases were associated with antiarrhythmics or beta agonists. CONCLUSION: Visit times increased with the prescribing of certain high-risk medications in our study and during certain visit circumstances. However, increases were not uniformly found across all high-risk medications examined. This gap in care suggests that less expensive healthcare providers like pharmacists are needed to enter into collaborative working relationships with physicians to provide counseling, education and monitoring for these medications.

INFECTION—Clinical Outcomes Studies

HEPATOTOXICITY ASSOCIATED WITH RIFAMPIN AND PYRAZINAMIDE THERAPY OF LATENT TUBERCULOSIS INFECTION: A META-ANALYSIS

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OBJECTIVES: Observational studies individually don’t shed much light on the association of hepatotoxicity with rifampin and pyrazinamide (RPZ) therapy. The following a priori hypotheses were tested: 1) Every study will have an effect size greater than one; 2) Effect size will vary depending on head count for various risk factors; 3) Intensive monitoring of RPZ therapy reduce hepatotoxicity. In addition to research hypotheses the following research questions were identified: 1) Who are at greater risk of having hepatotoxicity; 2) Is alcohol an effect modifier or a confounder?

METHODS: For this research only the observational studies were selected. Electronic searches of MEDLINE (1980 to Aug 2005) were carried out to identify relevant papers. An instrument was devised to assess the quality of the selected studies which measures the quality of the study in range of 1–10. Consistency of the items included in the instrument was described by Cronbach’s \( \alpha \) (0.7). Review Manager 4.2 (Cochrane Collaboration Center) used to do the meta-analysis. Regression analysis was performed to find relationship between effect size and certain risk factors. RESULTS: The odd ratio of the pooled data is 2.98 (2.16–4.11). One of the studies has an effect size of 0.71 (0.22–2.27). The odd ratio for risk factors are: liver disease-5.14 (1.64–16.10); race-1.85 (0.88–3.91); gender-1.66 (0.87–3.15); alcohol-1.51 (0.82–2.75); age-1.15 (0.51–2.62). The odd ratios across the alcoholics and non alcoholics strata are equal. The odd ratio of hepatotoxicity is 0.54 (0.21–1.37) among patients who underwent intensive monitoring of RPZ therapy. The R square of the regression for the relationship between effect size, female and non blacks is 0.94. CONCLUSIONS: The meta-analysis of data shows that RPZ users are at higher odd of having hepatotoxicity. The effect size is related to number of female and non black patients included. Female, older, black, and alcoholic are at higher risk. Alcohol is a confounder. Monitoring does reduce the cases of hepatotoxicity.

INFECTION—Cost Studies

COST COMPARISON OF A ONCE-DAILY PARENTERAL ANTIBIOTIC IN HOSPITAL SETTINGS: INFORMATION FROM THE SIDESTEP STUDY

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OBJECTIVES: Diabetic foot infections (DFI) account for more hospital days than any diabetes-related diagnosis. Many patients