MC8

COMPARISON OF METHODS: FOR IDENTIFYING DEPRESSION IN PATIENTS WITH DIABETES USING PHYSIOLOGIC, SOCIAL, AND DISEASE SEVERITY MEASURES

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OBJECTIVES: Evidence suggests depression rates are high among type-2 diabetic populations and untreated depression can complicate effective management of diabetics. However, accurately characterizing depression in research study cohorts can be challenging. As part of the Health Related Quality of Life (HRQOL) substudy in the Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial, we collected data on depression from 2035 adult type-2 diabetics in North America. We use baseline data to evaluate the overlap between depression states and associations with selected demographic, lifestyle, and physical variables. METHODS: The 9-item depression scale from the Patient Health Questionnaire (PHQ-9) was used to assess current depression symptoms; history of depression was determined by participant self-report of prior physician diagnosis; and current use of antidepressant medications based on review of medications. Overlap between the three assessments was examined using cross-tabulations, and associations with covariates were assessed using univariate logistic regression. RESULTS: Among the 1939 study participants with complete data, 701 (36.2%) participants had at least one classification of depression, including 537 (27.7%) reporting either other (24.6%) or current antidepressant use (13.9%) and 374 (19.5%) a PHQ score higher than 9. Among the latter, 214 (36.6%) reported no history of physician-diagnosed depression or use of antidepressant medications. Participants with younger age, female gender, larger BMI, larger waist circumference, higher cholesterol, or insulin use had significantly (p < 0.05) increased odds of all classifications of depression. Race/ethnicity, smoking status, HbA1c, serum creatinine, living alone, alcohol use, blood pressure, ambulations, QALYs, and other medication use were related to some, but not all definitions of depression. Prior CVD, duration of diabetes, education, GFR, LDL, HDL did not have significant relationships with any definition. CONCLUSIONS: Characterization of depression in research settings is complex. In ACCORD, we found different covariate relationships for definitions based on history versus current symptoms. These examinations may enhance our understanding of depression’s impact on disease management and cardiovascular risk.

PODIUM SESSION III: CLINICAL OUTCOMES STUDIES

GANHOS ASSOCIADOS A EXAMES CLÍNICOS ASSOCIADOS AO RASTREAMENTO MAMográfICO PARA MULHERES ACIMA DOS 40 ANOS

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OBJECTIVES: Segundo o Instituto Nacional do Câncer (INCA, 2005), cerca de 50% dos diagnósticos de câncer de mama no Brasil se tratam de casos avançados da doença (estágio III e IV), resultando no máximo em 36% de taxa de sobrevida em 5 anos para estas mulheres (The Susan G. Komen Breast Cancer Foundation). Acredita-se que está alta mortalidade poderia ser reduzida através da mobilização do acompanhamento e métodos de diagnóstico empregados com a população. Com isso, a Associação Hospitalar Moinhos de Vento associou-se com a Secretaria da Saúde Do Rio Grande do Sul no desenvolvimento de um estudo para medir o impacto de exames clínicos associados a mamografia preventiva anual na população feminina acima dos 40 anos da cidade de Porto Alegre. MÉTODOS: Foram acompanhadas 9,218 mulheres assintomáticas entre 40 e 69 anos de idade, provenientes de 18 unidades e Postos de Saúde da cidade de Porto Alegre. Para estas, foram realizados exames clínicos e mamografia de rastreamento anual. Esta análise se refere aos primeiros quatro anos do projeto, e seus resultados foram comparados com dados epidemiológicos do INCA. RESULTADOS: Dentre o universo pesquisado, 50 mulheres foram diagnosticadas com câncer de mama. Comparando-se o estadiamento no diagnóstico destas mulheres com os dados fornecidos pelo INCA para a região temos: estádio 0 (16% VS 6.7%); estádio I (38% VS 20%); estádio II (32% VS 45%); estádio III (10% VS 20%) e estádio IV (4% VS 7.7%). CONCLUSÕES: O estudo mostrou que o acompanhamento anual associado à mamografia preventiva para as mulheres acima dos 40 anos aumentam sua possibilidade de diagnóstico precoce do câncer de mama, trazendo assim uma melhor perspectiva de sobrevida e cura. Assim, a adoção nacional deste protocolo poderia reduzir os altos níveis de mortalidade relacionados com esta neoplasia no Brasil.

PRESCRIPCIÓN DE MEDICAMENTOS POTENCIALMENTE INAPROPADOS EN ADULTOS MAYORES HOSPITALIZADOS

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OBJECTIVES: Los criterios de Beers (CB) permiten identificar prescripción de medicamentos potencialmente inapropiados (PMPI) según la condición de fragilidad del anciano. Determinar la tasa de PMPI en pacientes ≥65 años en la Unidad Geriátrica de Agudos (UGA) del Hospital Clínico de la Universidad de Chile. METODOLOGÍAS: Entero el año de 2006 y enero de 2007 se realizó un seguimiento prospectivo intensivo de los pacientes hospitalizados en la UGA, que cumplieran los criterios de inclusión (≥65 años, ambos sexos, sin patología terminal), se registró la historia clínica, entres y visitas médicas, la calidad de la prescripción fue evaluada con los CB y la mortalidad atribuible a co-morbididades mediante el índice de Charlson. Los datos fueron analizados con STATA 10.0. RESULTADOS: De los 426 pacientes hospitalizados ≥65 años (210 mujeres y 216 hombres), el 100% (n=426) de ellos fue de severidad alta. El 24.7% (59) pacientes recibieron al menos 1 PMPI. Los principales PMPI encontrados fueron clofenzina (18.1%) y amiodarona (16.7%). El promedio de días de hospitalización y de medicamentos usados en pacien-tes con PMPI fue significativamente superior a los sin PMPI, 12.0 ± 9.6 y 6.2 ± 7.0 días, p = 0.0046 y 13.2 ± 5.2 y 9.8 ± 4.1 medicamentos, p < 0.0001, respectivamente. No se observaron diferencias significativas entre los grupos con PMPI y sin PMPI para número de comorbilidades, índice de Charlson, edad, sexo. CONCLUSIONES: La asociación significativa entre PMPI y el incremento de días de hospitalización y número de medicamentos usados demuestra la necesidad de evaluar y monitorizar estrechamente las prescripciones a ancianos, para promover el uso adecuado de los medicamentos en este grupo etario.

HOW AND WHY AUTOMATED MEDICAL DATABASES SHOULD BE USED TO CREATE BACKGROUND OCCURRENCES FOR DRUG OUTCOMES AND SAFETY STUDIES: GLUCOSE IN THIN (UK)

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OBJECTIVES: When estimating expected occurrences of events in patient populations, background rates from published literature are often applied thereby creating conservative statistics such as the Indirect Standardized Incidence Rate. In order to adequately estimate the occurrence of events the probabilities of the events have to be available according to the main risk factors for the event. Also the patient population needs to have the same granularity in order to marry the risk factor specific rates to the relevant characteristics. Through this paper we describe an approach to create appropriate background occurrences for the outcomes of heart failure (HF), asthma/COPD exacerbation and death. METHODS: A cross-sectional of glaucoma patients were identified on January 1, 2007 from The Health Improvement Network “THIN”, a UK primary care database widely used for medical research. As well as age and sex, patients were categorized according to risk factors for HF (Hx HF, hypertension) and asthma/COPD (Hx asthma/COPD, smoking and diabetes). General population rates of these for the same categories events were calculated from the three million people registered with THIN on January 1, 2006. These rates were assigned to each glaucoma patient and the expected number of events over one year for 10,000 patients was calculated. UK national statistics provided the death rates. RESULTS: The median age of the 31,533 glaucoma patients was 74 years and 46% were male. The prevalence of HF was 4%, asthma 13%, COPD 6% and smoking 12%. For 10,000 patients we can expect 64 HF events, 139 asthma/ COPD exacerbations and 524 deaths each year. Due to different patient characteristics, the expected occurrences were lower in timol treated patients as opposed to lornatropin users. CONCLUSIONS: The use of databases provides more appropriate and granular background rates than from published rates. The approach can be used in risk-benefit models.