

***[P-575E] Optimizing drug therapy in cardiovascular patients: impact of pharmacist managed pharmacotherapy clinics***

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***This project evaluated the effectiveness of pharmacist managed pharmacotherapy clinics in implementing and maximizing pharmacologic therapies known to reduce the morbidity and mortality associated with cardiovascular disease. A retrospective chart review was conducted of 75 coronary artery disease (CAD) patients followed by primary care providers and 75 CAD patients referred to clinical pharmacy specialists. Primary endpoints included use of antiplatelet or anticoagulant therapy and achievement of goal low density lipoprotein (LDL). Secondary outcomes included use of angiotensin converting enzyme inhibitors (ACE-I) in patients with ejection fractions (EF) <40% and the number of cardiac events experienced in each group. The appropriate use of aspirin or other antiplatelets/anticoagulants was seen in 99% of patients followed by the clinical pharmacy group and 91% of patients in the primary care group. Goal LDL levels were achieved in 85% and 52% of patients, respectively. Among patients with an EF <40%, the appropriate use of ACE-I (or acceptable alternatives) was 89% of patients followed by the clinical pharmacy group and 72% of patients in the primary care group. The number of cardiac events was 15 versus 17, respectively. Despite the high percentage of patients reaching goal LDL in the primary care group, referral to clinical pharmacy specialists still resulted in a statistically significant increase in goal attainment. The appropriate use of other therapies reviewed was high in both groups, making it difficult to detect a difference with the number of patients studied.***