

At A Glance

January 2005

Monthly highlights of ICES research findings for stakeholders

Potentially inappropriate drugs for seniors available through ODB

Rochon P, Lane C, Bronskill S, Sykora K, Anderson G, Mamdani M, Gurwitz J, Dhalla I. Potentially inappropriate prescribing in Canada relative to the U.S. *Drugs and Aging*. 2004; 21 (14): 939-947.

- Issue** The extent to which inappropriate prescribing in seniors is reduced in regions with restrictive drug formularies, relative to those without such restrictions, has not been assessed.
- Study** Compared the patterns of potentially inappropriate prescribing between more than one million community-dwelling Ontario seniors aged 66 years and older, using the 1996 Ontario Drug Benefit (ODB) plan formulary, and more than 2,400 community-dwelling U.S. seniors, using published survey results for the same year.
- Key Findings**
- Over 30,000 Ontario seniors were dispensed at least one drug therapy that should always be avoided, over 60,000 were dispensed a drug therapy that is rarely indicated, and over 120,000 were dispensed a drug that has some indication, but is often misused.
 - Among the 33 potentially inappropriate drug therapies available in the U.S., 45% were not available through the ODB in Ontario in 1996.
 - If Ontario's drug formulary was applied to the U.S., more than one-third of the potentially inappropriate drug therapies prescribed to seniors could have been avoided.
- Implications** Although restrictive drug formularies are helpful in reducing inappropriate prescribing, complementing them with strategies such as the inclusion of frail, elderly patients in clinical trials, computerized physician order entry systems, and increased collaboration between physicians and pharmacists, could further improve prescribing practices.

Alcohol-related hospitalizations highest in low-income, middle-aged individuals

Hwang S, Agha M, Creatore M, Glazier R. Age- and sex-specific income gradients in alcohol-related hospitalization rates in an urban area. *Ann Epidemiol*. 2005; 15 (1): 56-63.

- Issue** Few North American studies have examined the relationship between socioeconomic status (SES) and hospitalization for alcohol-related conditions.
- Study** Identified adults in Toronto, Ontario who were hospitalized with an alcohol-related condition between 1995 and 1998 to examine differences in the age, sex and SES of patients.
- Key Findings** Alcohol-related hospitalization rates were similar among men aged 20-39 years across all SES levels, but rates increased as SES decreased in men aged 40 to 64. In women, the only significant SES effect was a much higher alcohol-related hospitalization rate for those aged 40 to 64 years who were in the lowest SES group.
- Implications** The detection and treatment of alcoholism in patients should be emphasized at the time of hospitalization or in the primary care setting. As well, early community-based interventions, which focus on high-risk neighbourhoods, should be developed.

Study shows new benefit of statins in heart failure patients

Ray J, Gong Y, Sykora K, Tu J. Statin use and survival outcomes in elderly patients with heart failure. *Arch Intern Med*. 2005; 165: 62-67.

- Issue** Statins are known to be effective for primary and secondary prevention of coronary heart disease, but the value of using these drugs in people with heart failure is unknown.
- Study** Evaluated rates of mortality, heart attack and stroke for 1,146 Ontarians aged 66 to 85 years prescribed statins after initial hospitalization for heart failure, and 27,682 patients not prescribed these drugs.
- Key Findings** From 1995 to 2001, there was approximately a 30% reduction in the risk of death, heart attack and stroke associated with new statin use, much of which was due to a significant reduction in mortality.
- Implications** While these findings are encouraging, the decision to prescribe statins to heart failure patients should remain patient-focused, balancing the relatively low side effects of these drugs against their expense, as well as the potential impact on quality and extension of life.

Diabetics who manage glucose levels effectively are not as diligent with other conditions

Shah B, Mamdani M, Jaakkimainen L, Hux J. Risk modification for diabetic patients: are other risk factors treated as diligently as glycemia? *Can J Clin Pharmacol*. 2004; 11 (2): e239-e244.

Issue	Patients with diabetes and their physicians recognize the importance of glucose control. However, other preventive interventions, such as using medications to manage lipid and blood pressure levels, are underused in this patient group.
Study	Tracked over 161,000 Ontarians with diabetes, 65 years of age and older, to determine whether there is a relationship between effective management of glucose levels and management of cholesterol and blood pressure.
Key Findings	Frequent glucose monitoring was not significantly associated with the use of medications to address high cholesterol or high blood pressure.
Implications	Preventive care for patients with diabetes may be too focused on glycemic control, and may be neglecting the management of other cardiovascular risk factors.

Elderly colorectal cancer patients have worse outcomes following surgery

Rabeneck L, Davila J, Thompson M, El-Serag H. Outcomes in elderly patients following surgery for colorectal cancer in the veterans affairs health care system. *Aliment Pharmacol Ther*. 2004; 20 (10): 1115-1124.

Issue	There is little data regarding the short- and long-term outcomes of surgery for colorectal cancer (CRC) in the elderly.
Study	To evaluate 30-day and five-year survival rates, the study tracked over 22,000 patients with a diagnosis of CRC who underwent surgical resection between 1990 and 2000 in U.S. Veterans Affairs (VA) hospitals.
Key Findings	For patients with rectal or colon cancer aged 65 years and older, the 30-day post-operative mortality rate was approximately 2.5 times greater and the five-year mortality was approximately 1.5 times greater than for patients under the age of 65 years.
Implications	Possible explanations for the higher mortality rates include elderly patients having additional medical conditions, more elderly patients undergoing emergency surgery, and a general decrease in life expectancy with older age, independent of a diagnosis of CRC.

For more information contact:

Paula McColgan, Vice-President, Policy and External Relations, ICES
(416) 480-6190 or paula.mccolgan@ices.on.ca