Drug Monitor

ONLINE EDITION

Sticking with Glaucoma Therapy

Adherence to glaucoma medication "could be improved," say researchers from the University of North Carolina School of Pharmacy, Chapel Hill; VA Maryland Health Care System, Baltimore; Alcon Research, Ltd, Forth Worth, TX; Husson College, Bangor, ME; and Johns Hopkins University and University of Maryland School of Medicine, Baltimore who surveyed patients with glaucoma receiving care at a Baltimore VA medical center. Of the 141 patients, one fifth said they had missed or skipped doses in the previous week. Two thirds of the patients said they had at least one problem using their medication, and 17 patients said they had four or more problems.

The most common problems the patients reported were "drops fall on cheek," "too many drops come out," and "hard-to-read print." Another reported difficulty was paying for refills.

Black patients were much more likely than white patients to be nonadherent to their glaucoma therapy. The researchers say this finding is significant because, in the black population, the rates of glaucoma and blindness from glaucoma are higher and the disease is frequently more advanced at the time of diagnosis.

Source: *Am J Geriatr Pharmacother.* 2009;7(2):67–73. doi:10.1016/j.amjopharm.2009.04.001.

Support for Bezafibrate

Bezafibrate, used widely in the United Kingdom to treat dyslipidemia, has not been approved for use in the United States. But that may change: Researchers from the University of Pennsylvania, Philadelphia and Centocor Research and Development, Malvern, PA say they have found strong evidence that bezafibrate can prevent or delay the onset of type 2 diabetes—an effect "unique" among the fibrate medications.

In their retrospective cohort study, they identified patients from the General Practice Research Database (which represents a broad spectrum of patients in routine medical practice in the United Kingdom) who were taking a fibrate and did not have diabetes or were not taking any diabetes medications before their prescription for the fibrate had been initiated. Data from patients using bezafibrate regularly were compared with data from patients using other fibrates.

The researchers found that bezafibrate was used far more commonly than any other fibrate (12,161 bezafibrate users compared with 4,191 other fibrate users) and that bezafibrate users had a lower hazard for incident diabetes. The longer therapy continued, the stronger the effect. Among bezafibrate users, 272 developed diabetes, for an incidence rate of 8.5 cases per 1,000 patients. Among users of other fibrates, 131 cases developed, for an incidence rate of 14.4 cases per 1,000 patients.

The researchers repeated their analysis with patients who used oral antidiabetic medications at baseline, with progression to insulin therapy as the outcome. This repeat analysis was conducted in order to address concerns that fibrates other than bezafibrate might be prescribed to patients with diabetes or those at high risk for the disease—which could result in an artificially low hazard for diabetes development in bezafibrate users compared with other fibrate users. Their findings were "reassuring," they say, as bezafibrate was associated with a nonsignificant trend toward a lower risk of progression to insulin therapy.

In light of the increasing risk of diabetes in the general population and the cardiovascular risks associated with current oral antidiabetes drugs, the researchers advocate a prospective trial that could establish the effectiveness of an inexpensive and safe agent for both prophylaxis and treatment.

Source: *Diabetes Care.* 2009;32(4):547–551. doi:10.2337/dc08-1809.