

EMR Helps Target Smokers When Hospitalized

BY HEIDI SPLETE
Senior Writer

WASHINGTON — Adding a smoking cessation component to electronic medical record systems improves the likelihood that hospitalized individuals with a history of smoking will receive cessation counseling, according to study results presented at a conference sponsored by the National Patient Safety Foundation.

Because hospitalization forces patients

to temporarily abstain from smoking, identifying smokers when they are hospitalized with other illnesses may help them quit, Dr. Vikram Verma wrote in a poster.

Dr. Verma and colleagues at Kings County Hospital Center in Brooklyn, N.Y., reviewed 420 patient charts during the 6-month period prior to adding a smoking cessation component to the electronic medical record (EMR). The researchers identified 62 smokers (15%). Of these, 24 (39%) received nicotine replacement ther-

apy and 29 patients refused NRT. For the other nine, the smoking cessation issue remained unaddressed.

The EMR included a mandatory “tobacco evaluation” field to guarantee that the smoking status was assessed in all patients. In addition, an electronic reminder to prescribe transdermal NRT appears in the records of all patients who smoke, and any patients who are “positive” in the smoking history field are automatically referred to a smoking cessation counselor.

During the 6-month period after adding the smoking cessation field to the EMR, the researchers identified 85 smokers when they reviewed another 420 patient charts. The issue of smoking cessation was addressed in 100% of those patients, although 65 (76%) refused NRT.

“The program facilitated our efforts in providing smoking cessation counseling,” the researchers said. Also, adding smoking status to the EMR may help with long-term studies of patients’ smoking status. ■

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- **LOVAZA** dramatically lowered triglycerides by 45%¹
 - Treatment resulted in a median increase of 45% in LDL-C; treatment with **LOVAZA** resulted in an overall reduction of atherogenic cholesterol, as reflected by a 14% reduction in non-HDL-C ($P=0.0013$)¹⁻⁵
- **LOVAZA** demonstrates an excellent safety profile and proven tolerability¹
 - The most common adverse events reported were: eructation, infection, flu syndrome, dyspepsia, rash, taste perversion, and back pain

Indication:

LOVAZA™ (omega-3-acid ethyl esters) is indicated as an adjunct to diet to reduce very high (≥ 500 mg/dL) triglyceride (TG) levels in adult patients.

Usage Considerations:

In individuals with hypertriglyceridemia (HTG), address excess body weight and alcohol intake before initiating any drug therapy. Diet and exercise can be important ancillary measures. Look for and treat diseases contributory to hyperlipidemia, such as hypothyroidism or diabetes mellitus. Certain treatments (e.g., estrogen therapy, thiazide diuretics and beta blockers) are sometimes associated with very significant rises in serum triglyceride (TG) levels. Discontinuation of the specific agent may obviate the need for specific drug therapy for HTG.

Consider lipid-regulating agent use only when reasonable attempts have been made to obtain satisfactory results with non-drug methods. Advise patients that lipid-regulating agent use does not reduce the importance of adhering to diet. (See PRECAUTIONS section of full prescribing information.)

In patients with very high TG levels the effect of LOVAZA on the risk of pancreatitis has not been evaluated, nor has its effect on cardiovascular mortality and morbidity been determined.

Please see brief summary of full prescribing information on the adjacent page.

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