

Low-Income Patients Able, Willing to Use E-Mail

BY ROBERT FINN
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HONOLULU — The “digital divide” separating society’s haves and have-nots may not be as deep as many fear, according to a study of 120 parents of adolescent patients and the patients themselves.

In a survey, more than 60% of parents and adolescents of low socioeconomic status (SES) from one Boston pediatric practice indicated a willingness to contact physi-

cians via e-mail if given the option, said Dr. Tarissa Mitchell of Boston Medical Center.

Among survey respondents, 66% stated that they had access to e-mail and/or computers at home. But only 19% of the parents had their health care provider’s e-mail address, and only 3% had ever used e-mail to contact their provider.

Dr. Mitchell and Dr. Shikha G. Anand of the Whittier Street Health Center, Roxbury, Mass., conducted a convenience sample survey at an urban community health

center in Boston over a 4-month period. At that center, five pediatric providers serve 3,876 low SES children, 84% of whom are publicly insured and 82% of whom self-identify as black or Hispanic.

Compared with respondents without e-mail availability at home, those with home e-mail availability were significantly more willing to contact their physicians: 77% vs. 33%. Dr. Mitchell and Dr. Anand wrote in a poster presented at the annual meeting of the Pediatric Academic Societies.

Only 13% of the respondents said they would never use e-mail to communicate with their provider. The most common reason given was a desire to telephone the office, but they also cited lack of access to e-mail, difficulty with the English language, concerns over bothering the doctor with e-mails, and an expectation of slower response time. In addition, 33% expressed concern that e-mail may not be private and could be reviewed by individuals other than their health care provider. ■

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THE-PRINCE (Thromboembolism Prevention in Cardiac or Respiratory Disease With Enoxaparin) was a multicenter, controlled, randomized, open-label trial that assessed the efficacy and safety of unfractionated heparin (UFH) and LOVENOX® (enoxaparin sodium injection) in patients with CHF or severe respiratory disease.¹⁴ LOVENOX® was shown to be at least as effective as UFH in the prevention of thromboembolic events in patients with heart failure or severe respiratory disease. The overall VTE rate for LOVENOX® was 8.4% vs 10.4% for UFH.

LOVENOX® Was Effective in Reducing the Incidence of DVT/PE in Patients Undergoing Abdominal or Pelvic Surgery for Cancer

In ENOXACAN (Enoxaparin and Cancer), patients undergoing abdominal or pelvic surgery for cancer were randomized to either LOVENOX® 40 mg subcutaneously (SC) once daily or UFH 5000 IU 3 times daily given 2 hours before surgery and continued for 10 ± 2 days.¹⁵ There was no significant difference in thromboembolic events comparing LOVENOX® 40 mg SC once daily with UFH 5000 IU SC 3 times daily (14.7% vs 18.2%, respectively).¹⁵

Overall, there was no difference in the incidence of major hemorrhagic events between LOVENOX® 40 mg SC once daily and UFH 5000 IU SC 3 times daily (4.1% vs 2.9%, respectively).¹⁵

LOVENOX® was demonstrated to be as safe and effective as UFH given 3 times daily for prophylaxis of DVT/PE in patients undergoing abdominal or pelvic surgery for cancer.¹⁵

Incidence of DVT/PE in patients undergoing cancer surgery¹⁵

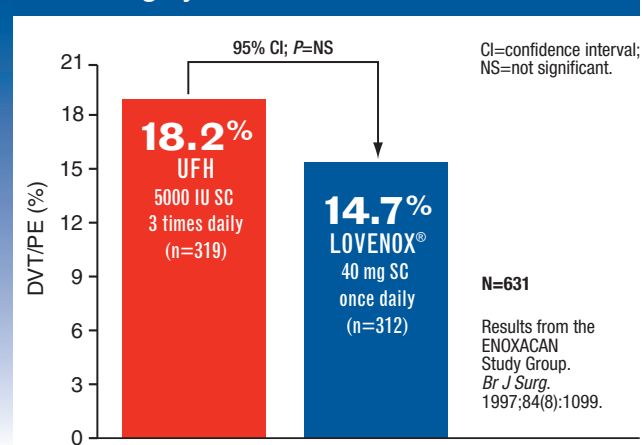


Figure 3. Incidence of DVT/PE in patients undergoing cancer surgery.

In Patients Undergoing Hip- or Knee- Replacement Surgery, LOVENOX® Reduced the Incidence of DVT/PE Compared to Warfarin

In a large, randomized, multicenter, open-label, parallel-group clinical trial with over 3000 patients undergoing total hip arthroplasty, LOVENOX® significantly reduced DVT risk versus warfarin during hospitalization (0.3% vs 1.1%, respectively).¹⁶

The incidence of major bleeding episodes was comparable between LOVENOX® and warfarin-treated patients (0.6% vs 0.3%, respectively).¹⁶

Incidence of DVT in patients undergoing hip-replacement surgery¹⁶

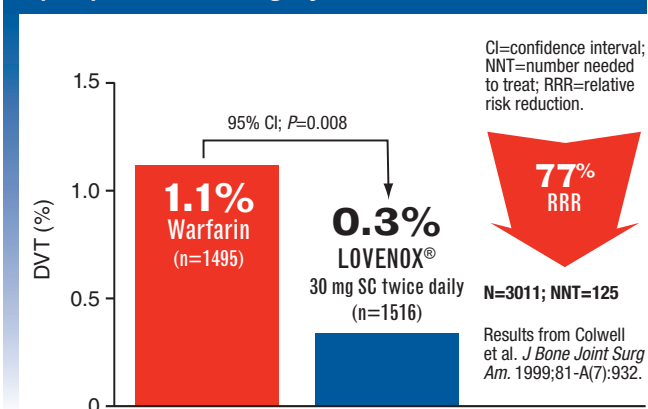


Figure 4. Incidence of DVT in patients undergoing hip-replacement surgery.

In patients undergoing total knee arthroplasty, a randomized, multicenter, open-label, parallel-group study demonstrated that LOVENOX® was able to significantly reduce the incidence of DVT/PE compared to warfarin (25.4% vs 45.5%, respectively).¹⁷

There was no significant difference in the number of major bleeding episodes between both treatment groups.¹⁷

Incidence of DVT/PE in patients undergoing knee-replacement surgery¹⁷

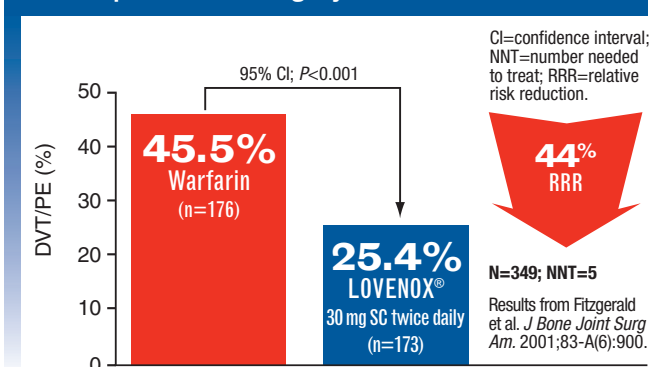


Figure 5. Incidence of DVT/PE in patients undergoing knee-replacement surgery.

Please see a brief summary of prescribing information, including boxed WARNING, at the end of the article.