

## Ohio College of Clinical Pharmacy Abstract Guidelines

### **Abstract Construction**

1. Submit abstracts using the template on the following page. Abstracts must be typed in "Microsoft Word" arial size 10 font or larger and must fit on a single 8.5 x 11 inch page of paper.
2. Abstracts should include the following information: title, authors names, degrees, institution(s) where work will be / was performed, contact email for the first author (trainee), structured abstract (see template and example provided), and 3-5 references.
3. All abstracts will be posted, as submitted, to the OCCP website ([www.occpweb.org](http://www.occpweb.org)) the week of the meeting for downloading by attendees.

### **Abstract Presentation**

1. Each presenter is allotted a maximum of 18 minutes for presentation. Presenters are encouraged to limit their presentation to 15 minutes which would provide 3 - 4 minutes for questions.
2. Abstract presentations must be prepared using "Power-Point" and be "PC" compatible

### **Submission Due Dates: Abstract & Power Point Slide Set**

1. The due date for abstract submission for this year's program is **Friday, October 2, 2009**. Abstract submissions must be sent electronically (via e-mail) to Kristen Longstreth, Pharm.D., BCPS at [Kristen\\_Longstreth@HMIS.ORG](mailto:Kristen_Longstreth@HMIS.ORG). If you do not receive an e-mail reply acknowledging receipt by the end of Monday, October 5, 2009, please contact Kristen at 330-480-2981 to assure receipt.
2. All slide sets are preloaded onto the meeting laptop used for the day's program. Please e-mail your PowerPoint slide set to Kristen Longstreth no later than **Monday, October 19<sup>th</sup>, 2009**. Please note that NO slide set will be loaded onto the symposium computer the day of the meeting.

## Title

Full names of authors and author degrees (resident's name listed first):

Resident's email address:

Research Site:

Background:

Objective:

Methodology:

Results and conclusions:

References:

## Example Abstract

### Evaluation of Appropriateness of Losartan Prescribing for Hypertension in a Veteran Hospital

Danielle Corwin, Pharm.D., Mary Beth Low, Pharm.D., Christina Collins, Pharm.D., Jon Folstad, Pharm.D., BCPS.

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Research Site: Louis Stokes Cleveland Veterans Affairs Medical Center  
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**Background:** Nearly one-third of adults in the United States currently have hypertension (HTN).<sup>1</sup> Additionally, approximately 90% of middle-aged Americans will eventually develop high blood pressure in their lifetime, and over 70% of people with hypertension do not have it well controlled.<sup>2</sup> The Joint National Committee has published their seventh report on prevention, detection, evaluation, and treatment of high blood pressure (JNC VII).<sup>3</sup> Compelling indications for patients to be treated with an ACE-I or ARB according to JNC VII guidelines include congestive heart failure (CHF) and diabetic nephropathy.<sup>3</sup> The VHA-PBM-Strategic HC Group and MAP has established updated guidelines for the proper use of ARB agents in March 2005, which were implemented locally in May 2005.

**Objective:** To assess if other hypertensive agents shown to be effective and less costly by JNCVII have been used prior to initiation of ARB therapy in patients without compelling indications.

**Methodology:** Retrospective chart review of all patients age 18-99 years, currently receiving losartan for hypertension as of 4/29/05 will be included in the study. Patients with CHF, diabetes mellitus, and proteinuria will be excluded. The following data will be collected: age, gender, race/ethnicity, primary care provider, other antihypertensive medications currently and within the past two years of losartan initiation, blood pressure (BP) measurements, achievement of BP goal, and allergies/intolerance to antihypertensive agents. Chart review data will be entered and analyzed in a Microsoft Excel spreadsheet. Descriptive data analysis will include assessment of demographic data, primary care provider, mean dose and duration of losartan therapy, and other antihypertensive medication usage, achievement of BP goal, mean BP, and changes in BP. This study has been reviewed by the IRB committee and has been approved through the MUE process.

**Results and conclusions:** Results to be determined.

#### References:

1. American Heart Association. Heart Disease and Stroke Statistics: 2005 Update. Dallas, Texas: American Heart Association;2005.
2. Centers for Disease Control and Prevention. Preventing heart disease and stroke: addressing the Nation's leading killers 2004. Available from: [www.cdc.gov/hccdphp/aag/pdf/aag\\_cvh2004.pdf](http://www.cdc.gov/hccdphp/aag/pdf/aag_cvh2004.pdf). Accessed August 10, 2005.
3. Chobanian AV, Bakris GL, Black HR et al. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. *Hypertension* 2003;42:1206-52.
4. Hunt SA, Baker DW, Chin MH et al. ACC/AHA guidelines for the evaluation and management of chronic heart failure in the adult: executive summary: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to revise the 1995 Guidelines for the Evaluation and Management of Heart Failure). *J Am Coll Cardiol* 2001;38:2101-13.
5. Milani RV. Reaching for aggressive blood pressure goals: role of angiotensin receptor blockade in combination therapy. *Am J Manag Care* 2005;11:S220-7.