



Drug Update



RN

Which Approach Is Best For These Ulcer Patients?

Ulcer patients are often prescribed clopidogrel (Plavix) instead of aspirin to prevent heart attack or stroke because some doctors assume it's easier on the GI tract. A recent study, however, found that aspirin plus esomeprazole (Nexium) was better at pre-

venting recurrent ulcer bleeding.

Researchers randomly assigned 320 patients taking aspirin to prevent vascular diseases to receive either clopidogrel (75 mg daily) plus a twice-daily placebo or aspirin (80 mg daily) plus esomeprazole (20 mg twice a

day). All patients had aspirin-induced ulcer bleeding that had healed by the start of the study. After one year, 13 patients experienced recurrent ulcer bleeding in the clopidogrel group, compared to only one patient in the aspirin and esomeprazole group.

Chan, F. K., Ching, J. Y., et al. (2005). Clopidogrel versus aspirin and esomeprazole to prevent recurrent ulcer bleeding. *N Engl J Med*, 352(3), 238.

Error Watch

Computer System Errors Often Involve Data Entry

In 2003, almost 15% of the errors reported to the U.S. Pharmacopeia's MEDMARX program involved the use of a computer system. Many of these were computer entry (CE) errors, in which incorrect or incomplete information was entered into the computer system used to support medication use.

Almost half (45%) of CE errors occurred in the transcribing phase, during which a nurse or clerk enters a handwritten order into a computer system. The most frequently reported CE errors involved the wrong dose/wrong quantity. The USP says that poorly designed data entry screens and inappropriate drug dosing defaults contribute to this type of error. Fortunately, 71% of these CE errors did not reach a patient, and less than 1% harmed a patient.

To help reduce CE errors, the USP recommends that hospitals properly train all staff on their computer systems, ensure that patients' diagnoses and comorbidities are available whenever a staff member enters a medication order into the computer system, and consider hiring full-time IT experts for key clinical departments, including nursing. The USP also recommends that hospitals integrate various clinical computer medication systems to ensure that they all "talk" to one another.

THE AUTHORS

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Incontinence Treatment Is Called Into Question

For years, estrogen has been used to treat women with urinary incontinence (UI), but a recent study has found that hormone therapy may actually increase a women's risk of developing UI, and worsen symptoms among those with the condition.

Researchers randomly assigned about 27,000 postmenopausal women ages 50 – 79 to receive conjugated equine estrogen (0.625 mg/day) alone, estrogen (0.625 mg/day) plus the progestin medroxyprogesterone acetate (2.5 mg/day), or placebo. At the start of the study, about 64% of the women had reported UI symptoms within the past year.

After one year, women who didn't have UI at baseline who took estrogen alone had a 53% higher chance of developing UI than those on placebo. Those patients who took estrogen plus