

*An Invitation to Submit CSHP  
Seminar 2009 Poster Presentations*



Seminar 2009

# CALL FOR POSTERS

Through posters, pharmacy practitioners share their research and learning experiences with the California Health-System Pharmacy community. Interested colleagues may review the poster material in detail at Seminar and discuss the work with author(s). Poster topics cover all pharmacy practice areas (acute care, ambulatory care, academia), and all topics including, but not limited to: pharmacotherapeutics, administrative practice, pharmacoconomics, and medication quality and safety. CSHP also accepts encore presentations of significant papers which the membership has not previously seen at Seminar. CSHP does not exclude pharmacy practitioners who present posters at Seminar 2009 from submitting these same posters to the ASHP Midyear or Annual Meetings.

*We are particularly interested in posters which address the following:*

- Outcomes of multidisciplinary activities or technological systems on patient outcomes or medication safety.
- Clinical or economic evaluations of pharmacotherapy-related outcomes.
- The roles of pharmacists and technicians in their efforts to optimize patient outcomes across the continuum of care.
- Public relations activities by institutions, regional chapters, students, and technicians promoting American Pharmacists Month and the role of health-system pharmacists and technicians.
- Unique practice dilemmas and solutions (case presentations).
- Pharmacy Residency and Fellowship completed research projects.

## *Poster Presentation Categories*

CSHP will consider submissions of poster presentation abstracts in the following three categories:

**Evaluative Studies:** completed original research, including reports on drug therapy safety or efficacy, pharmacoconomics and outcomes studies. Poster presentations should include a summary of the following: Rationale for the study, objectives, methods, analyses, results, and conclusions. CSHP will not accept statements such as, "results to be discussed."

**Descriptive Reports:** descriptions of new, improved, or innovative roles or services in pharmacy practice. Poster presentations should include the following: rationale for the study, description of the key objectives for the role or service and an explanation of the report's importance to current or future practice.

## NEW FOR 2009:

Get more mileage out of your research; Seminar posters to be indexed on International Pharmaceutical Abstracts (IPA); a major source for “worldwide,

comprehensive bibliographic coverage of pharmaceutical science and health related literature.” Have your research presented at CSHP Seminar and share it with the world through IPA!

**Research-in-Progress:** reports of incomplete evaluative studies that are currently in progress at the time of Seminar 2009. Research-in-Progress reports allow investigators to benefit from peer review during the research process. Poster presentations should include the following: rationale for the study, objectives and a proposed plan for analysis.

### *Information for Presenters*

**The deadline for poster abstract submission is July 15, 2009.** CSHP will send acceptance notices to authors in August. If CSHP accepts a poster presentation, it is understood that the person indicated on the cover sheet as the presenting author will attend the poster session to present the work. The presenting person need not be the first author listed.

### *Preparation of Abstracts*

**The entire abstract must be limited to no more than 400 words, excluding title and author information.** Abstracts should be prepared single spaced, with Arial font style, 10 pitch font size and of letter quality. Short, specific titles are desirable. Type the title using ALL upper case. Authors’ names should be listed last name first, first initial, middle initial; do not include titles or degrees. Underline the name of the presenting author. This should be followed by institution affiliations and the presenting author’s e-mail address.

Leave one line between last line of address and first line of text. Do not “box” the abstract or draw any lines around the text. Do not include tables or graphs.

### ***RESIDENTS AND FELLOWS:***

Turn your Western States platform presentation into a poster for Seminar 2009!

## Submitting Abstracts

To submit your poster abstract, please visit the CSHP Seminar Website, <http://Seminar.cshp.org>, and select "Poster Presentations" on the navigation tool. You will then be instructed on how to submit your abstracts.

The cover letter must include the following information:

- Name of corresponding author
- Email
- Telephone and FAX
- Address for correspondence
- Poster title
- Type of poster (Evaluative Study; Descriptive Report; Research-in-Progress)
- If it is an encore presentation, provide the date of original presentation and name of conference

**For additional information,  
please contact:**

**Jason Sauberan, PharmD**

**Seminar 2009  
Management Team**

**Poster Session Co-Chair**

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## Sample Abstract

### **CLINICAL OUTCOMES OF CARVEDILOL VS. BISOPROLOL IN CHRONIC HEART FAILURE.**

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**INTRODUCTION:** The ACC/AHA guidelines for managing chronic heart failure (CHF) recommend the use of beta-blockers (extended release metoprolol succinate, bisoprolol, or carvedilol) in all patients with stable disease unless they have a contraindication. However, whether one beta-blocker improves hospitalization and emergency department (ED) visits, in CHF patients, better than the others is still unknown.

**PURPOSE:** To compare the effects of carvedilol vs. bisoprolol on clinical outcomes in adult patients with CHF.

**METHODOLOGY:** Retrospective chart review of 574 adult CHF patients who were taking either bisoprolol or carvedilol between July 1, 2004 to June 30, 2005 at the Kaiser Vallejo Medical Center was conducted. Patients were required to be 18-80 years old with CHF New York Heart Association (NYHA) class II-IV, left ventricular ejection fraction (LVEF) <40% and appropriate CHF medications. Major exclusion criteria were class I anti-arrhythmic drugs, amiodarone >200mg/day, disease that may complicate management or poor compliance with treatment. Primary endpoint

was combined hospitalization/ED visits. Secondary endpoints were changes in BP, HR, LVEF and symptoms improvement. Measures of symptom improvement include edema, shortness of breath, dyspnea on exertion, fatigue, orthopnea, and paroxysmal nocturnal dyspnea. First year outcomes after beta-blocker initiation were documented at baseline and quarterly thereafter. To detect a difference of 0.2 in hospital/ED visits with  $\alpha=0.05$  and  $\beta=0.2$ ,  $N=110$  per treatment group was needed. For outcome analysis, the last observation was not carried forward.

**RESULTS:** 574 charts were reviewed; 221 subjects were included. Due to incomplete data, analysis was done at 6 months ( $N=183$ ). The mean age was 67.3 vs. 59.6 years old and the mean LVEF was 25.5 vs. 24.6% for bisoprolol and carvedilol, respectively. The mean combined hospital/ED visits at 6 months was similar. Changes in BP and HR, symptoms improvement and LVEF at 6 months were also similar.

**CONCLUSION:** This study was limited by not being able to reach power for statistical significance. However, we observed that there is no difference in clinical outcomes between CHF patients using bisoprolol vs. carvedilol. Future prospective randomized clinical trials would be helpful in determining the impact of different beta-blockers on hospital/ED visits for CHF patients.