

## ALLHAT Results

The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT: JAMA. 2002;288:2981-2997) was conducted between February 1994 and March 2002. The rationale for this trial was based on the lack of a well-defined, optimal initial treatment for hypertension. The objective of this study was to assess and determine if therapy with amlodipine (a calcium channel blocker) or lisinopril (an angiotensin-converting enzyme [ACE] inhibitor) or doxazosin (an  $\alpha$ -adrenergic blocker) lowered coronary heart disease (CHD) or cardiovascular disease (CVD) incidence compared with chlorthalidone (thiazide diuretic) therapy. The primary endpoint/outcome was assessment of combined fatal CHD or non-fatal myocardial infarction. Secondary endpoints included all-cause mortality, stroke, combined CHD or combined CVD. Combined CHD included the primary endpoint, coronary revascularization or angina with hospitalization. Combined CVD included combined CHD, stroke, treated angina without hospitalization, heart failure and peripheral arterial disease. Blood pressure (goal set at <140/90 mmHg) and cholesterol assessment were among the intermediate endpoints.

This trial has been the largest hypertension trial to date and included several important subsets of patients. A total of 42,418 participants, aged 55 years and older, were recruited. Of the population, 47% were female, 35% were African-American and 36% were diabetic. Patients were randomly assigned to chlorthalidone, amlodipine, lisinopril, or doxazosin in a 1.7:1:1:1 ratio, respectively. The doxazosin arm, however, was discontinued early due to increased occurrences of CVD, particularly heart failure. This left a patient population of 33,357 of which 15,255 patients were assigned to the chlorthalidone group, 9,048 patients to the amlodipine group and 9,054 patients assigned to the lisinopril group.

Patient treatment regimens were titrated or supplemented with antihypertensives from therapeutic classes different than what they were currently receiving. Titration or supple-

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# Virginia Health-System Pharmacy News

Summer 2003

## VSHP Scores Big on State P&T Committee



In a continuing effort to increase the size of our political footprint in Virginia's capitol, VSHP is pleased to note that Gill Abernathy and Mark Szalwinski—both past presidents of VSHP—were recently appointed to the Pharmacy and Therapeutics (P&T) Committee for the Virginia Medicaid program.

Appointed by Secretary of Health and Human Resources, Jane Woods, both Abernathy and Szalwinski will be helping make clinical recommendations to the Department of Medical Assistance Services (DMAS) regarding the administration of the Medicaid Preferred Drug List.

Abernathy holds a BS in Pharmacy and an MS in Hospital Pharmacy from UNC. For the last 15 years she has worked at Inova Fairfax Hospital, in Falls Church, VA. Abernathy currently serves as Pharmacy Manager there.

Szalwinski holds a BS in Science Education from UVa, a BS in Pharmacy from MCV/VCU and an MS in Health Care Administration from MCV/VCU. Szalwinski has worked with Sentara Health Care in Norfolk, VA since 1995 and currently serves as Vice-President,

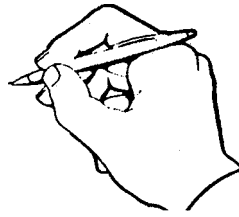
Sentara Norfolk General Hospital.

Other members on the committee include: Dr. Randy Axelrod, Anthem Chief Medical Officer/Pediatrics; Dr. Roy Beveridge, Private Practice/Oncologist; Dr. Avtar Dhillon, Private Practice/(CSB) Psychiatrist; Dr. James Reinhard, DMHMRSAS Commissioner/Psychiatrist; Dr. Arthur Garson, Jr, Dean, UVA Medical School/Pediatric Cardiologist; Dr. Mariann Johnson, Private Practice/Family Practice; Dr. Eleanor S. (Sue) Cantrell, Local Health District Medical Director/ Public Health; Dr. Christine Tully, VCU/Geriatrician; Mark Oley, Westwood Pharmacy and Renita Warren, Edloe's Pharmacies.

The P&T Committee has held meetings in June, July and August. If you are interested in following the work of the Committee, log onto their website at <http://www.dmas.state.va.us>.

For other legislative and regulatory news, please visit our website at [www.vshp.org](http://www.vshp.org). VSHP is preparing for the upcoming General Assembly session and will provide weekly updates on any legislative and regulatory changes affecting pharmacy.

# From The President



*Mark S. Johnson, Pharm.D.*

VSHP held its annual Board of Directors retreat at Wintergreen Resort on June 20-21. We were privileged and honored to have Henri Manasse, ASHP Executive Vice President as our featured speaker on Friday. Dr. Manasse provided eloquent and insightful comments on many issues facing health-system pharmacy during his address. Retreat attendees were then able to ask Dr. Manasse questions. All in all, this was certainly the highlight of the weekend and will be of value to VSHP for some time to come. President-elect Rodney Stiltner then reviewed the principles on engaging and strengthening membership that were presented by the Center for Excellence in Association Leadership at last year's Board of Directors. Rodney's charge to the Board for this year was 'getting back to the basics and being resolute about following through and implementing ideas'. To this end, retreat attendees were divided into smaller groups to discuss issues looking at VSHP's committee structure, strengthening committees, committee leadership, and increasing volunteerism. On Saturday, each group presented their ideas to the Board of Directors and action items were made. You will be hearing more about this throughout the course of the year as these ideas are brought forward and implemented. Saturday afternoon concluded with the Board of Directors meeting. Many items were discussed including the approval of a student administrative rotation with VSHP. This rotation will start in the spring of 2004 and will be offered by Shenandoah University School of Pharmacy as a pilot. In terms of commit-

tees, it was voted to form a Communications Committee, add a co-chair member to the Audit and Finance Committee, and disband the Management and Manpower Committee. Also, the Board of Directors adopted policies on Disclosure of Outside Interests, Confidentiality, and Nondisclosure for officers. Of course, we all took some time out to have fun and to bond as a group. If this Board of Directors retreat was any indication to how this year will be for VSHP, we are in for a great year.

It has been a pleasure serving as your VSHP President for this past year. I feel we all accomplished a great deal during this year. The challenge that I issued to the membership for my year of tenure was "Get Involved—Make It Happen." Our membership came through like true champions. VSHP's Fall and Spring Seminars set new attendance records. VSHP addressed many important legislative issues during the course of the year and played a key role in shaping the practice of health-system pharmacy in Virginia. Many challenges continue to exist, particularly in terms of volunteerism and leadership. During this past year, I have grown both professionally and personally. Although there is a time commitment, in the end you will get more out of a volunteer position than you put in. I care immensely about our profession and feel blessed to have been given this opportunity in pharmacy. I want to see our profession progress. With membership input and enthusiasm, VSHP can be a change instrument in making this happen. Thanks for the opportunity to serve you!

## VIRGINIA HEALTH-SYSTEM PHARMACY NEWS

*Official Publication of the  
Virginia Society of  
Health-System Pharmacists*

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Pharmacy News Editor

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## Calendar

**October 19-25:** National Pharmacy Week  
**October 17:** Academy of Managed Care Pharmacy, Managed Care Industry Forum, [www.amcp.org](http://www.amcp.org)

**October 19-22:** National Community Pharmacists Association, Seattle, WA [www.ncpanet.org](http://www.ncpanet.org)

**November 3-4:** American College of Clinical Pharmacy, Atlanta, GA [www.accp.com](http://www.accp.com)

**November 9-11:** American Heart Association, Orlando, FL [www.scientificsessions.org](http://www.scientificsessions.org)

**November 12-14:** American Society of Consultant Pharmacists, San Antonio, TX [www.ascp.org](http://www.ascp.org)

**December 8-11:** American Society of Health-System Pharmacists Midyear Clinical Meeting, New Orleans, LA [www.ashp.org](http://www.ashp.org)

**December 8:** VSHP Reception at the ASHP Midyear Clinical Meeting

**April 1-3:** VSHP Spring Seminar, Williamsburg, VA

## Save the Date

**2004 Spring Seminar**  
**April 2-3**  
**Williamsburg**

**2004 Fall Seminar**  
**October 1-2**  
**Norfolk**

## Welcome VSHP New Members

### Region 1

Isabel Chong  
UVA Health System

Katerina Chulkov  
Williamsburg Drug

Jean Conner  
UVA Health System

Lorrie Davis  
UVA Health System

Rebecca Downey  
Williamsburg Drug

Margaret Taylor  
UVA Health System

### Region 2

Ayne Adenew  
Inova Alex Hosp

Melodee Atanasoff  
Kaiser Permanente

Katherine Feaganes  
Kaiser Permanente

Andrea Fus  
Aventis

Jennifer King  
Advocate Rx Solutions

Glenn Lichtman  
Advocate Rx Solutions

Dell South  
Pfizer

### Region 3

Donna Kay Frazier  
Carilion Roanoke Mem

Tamara Gill  
Danville Regional Med

Samuel Puckett  
Centra Health

**Region 4**  
Carol Jane Allen  
BS Regional Med

Patricia Ball  
NeighborCare

Lloyd Bryant  
First Health Services

Patricia Rohmoser  
Chippenham Med Ctr

Weston Williams  
First Health Services

### Region 5

John Bartkus  
NeighborCare

Gale Gibson  
Rx Innovations

Thanh Huynh  
Radiology Services

Grace Park Jones  
Sentara Norfolk General

Justin Lester  
Sentara Norfolk General

Reha Sader

### Region 7

Andrew Crosby  
Shenandoah SOP

Anita Gay-Brown  
Warren Memorial Hosp

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Hampton  
757/727-5071

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804/828-5541

*Shenandoah Liaison*  
**To be announced**



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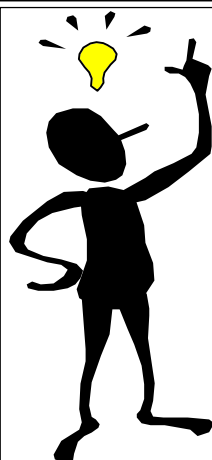
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The VSHP PAC will be hosting a second raffle during  
the 2003 Fall Seminar in Norfolk, VA .  
Purchase your tickets at the Fall Seminar Registration Desk.



## VSHP Thanks Our Partners in Progress

AMGEN	NOVARTIS
AVENTIS	ORTHO BIOTECH
BAYER BIOLOGICALS	ORTHO MCNEIL
CENTOCOR	PFIZER
ENZON	PURDUE PHARMA
FOREST	ROCHE LABS
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MILLENIU PHARMACEUTICALS	WYETH AYERST

# Fall Seminar Agenda

## Thursday, September 11

1:00-2:00 pm Political Action Committee  
Board of Trustees Meeting

2:00-6:00 pm VSHP Board of Directors Meeting  
(Open to All Members)

6:30-7:00 pm Cocktail Reception

7:00 pm Past Presidents' Banquet

4:00-5:00 pm JNC- VII: What's New  
in Hypertension Management?  
ACPE #108-000-03-034-L01 (.10 CEU)

5:00-6:30 pm Exhibit Program

6:45-7:45 pm What's Wrong with the World . . . .  
ACPE #108-000-03-035-L04 (.10 CEU)

7:45 pm VSHP Annual Awards Banquet  
and Officer Installation

## Friday, September 12

7:00-8:00 am Registration/Continental Breakfast

8:00-9:00 am Drug-Eluting Stents:  
What the Pharmacist Needs to Know  
ACPE #108-000-03-028-L01 (.10 CEU)

9:00-10:00 am Legislative and Regulatory Update  
ACPE #108-000-03-029-L03 (.10 CEU)

10:00 -10:15am Break

10:15-11:15 am Update on Treatment Strategies for Asthma  
ACPE #108-000-03-030-L01 (.10 CEU)

11:15-12:15 pm Pharmacogenetics  
ACPE #108-000-03-031-L01 (.10 CEU)

12:15-1:45 pm Lunch/Exhibit Program

1:45-2:45 pm Use of Biologic Agents for the  
Treatment of Rheumatoid Arthritis (.10 CEU)  
ACPE #108-000-03-032-L01

2:45-3:45 pm Literature Evaluation (.10 CEU)  
ACPE #108-000-03-033-L04

3:45-4:00 pm Break

## Saturday September 13

7:00-8:00 am Prayer Breakfast  
New Member Orientation

8:00-10:00 am Self-Deception  
ACPE #108-000-03-036-L04 (.20 CEU)

10:00-10:15 am Break

10:15- 11:15 am GPIIb/IIIa Receptor Inhibitors:  
New Evidence, New Considerations  
ACPE #108-000-03-037-L01 (.10 CEU)

11:15-12:15 pm New Risk Factors for  
Cardiovascular Disease  
ACPE #108-000-03-038-L01 (.10 CEU)

12:15-1:45 pm Lunch/Exhibit Program

1:45-2:45 pm Management of Post-Operative  
Nausea and Vomiting  
ACPE #108-000-03-039-L01 (.10 CEU)

2:45-3:45pm Multiple Sclerosis: Pathophysiology,  
Diagnosis and Treatment  
ACPE #108-000-03-040-L01 (.10 CEU)



The Virginia Society of Health-System Pharmacists is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. Registrants may obtain up to 14.0 contact hours (1.40 CEUs) at the VSHP 2003 Fall Seminar. Attendees must attend the entire time allotted for each session, complete a Speaker and Program Evaluation Form on-site for each session attended, and present it at the registration desk at the conclusion of the program for validation. VSHP will provide validated Statements of Continuing Pharmaceutical Education to meeting participants no later than 30 days after the completion of the program. This program is directed toward all individuals actively engaged in the practice of pharmacy.

### Cancellation/Grievance Policy

To receive a refund, confirmed registrations must be cancelled in writing on or before August 30, 2003 (postmark or fax date); cancellations postmarked on or before August 30 will be subject to a \$25.00 handling charge. Refunds will be issued only for cancellations faxed or postmarked before August 30.

Should any registrant be dissatisfied with the quality of the continuing education program, the participant may submit their grievance in writing to the attention of the Continuing Education Administrator (CEA), VSHP, P.O. Box 2344, Falls Church, VA 22042 within 5 days of the conclusion of the program. The CEA will review the grievance within 10 days of receipt and provide written response of the findings and the basis for the decision made to the complainant no later than 30 days after receipt of the written grievance.

# Continuing Education: Session Learning Objectives

## Drug-Eluting Stents:

### What the Pharmacist Needs to Know

Durran Taylor, Pharm.D.

Clinical Scientist

Centocor

- Describe the pathophysiology of acute coronary syndromes and acute myocardial infarction.
- Define the history and goals of percutaneous coronary interventional therapy.
- Compare and contrast the differences between the agents studied including sirolimus, tacrolimus, everolimus, and paclitaxel.
- List and describe clinical trials evaluating the efficacy of drug-eluting stents.
- Summarize what the future holds for drug-eluting stents.

## Legislative and Regulatory Update

Elizabeth (Scotti) Russell

Executive Director

Virginia Board of Pharmacy

- Provide an update on legislative changes affecting pharmacy practice with particular emphasis on the pharmacy compounding legislation from the 2003 General Assembly session.
- Provide an update on the status of pharmacy technicians including the two methods for qualifying for registration.
- Review ratios, tasks restricted to technicians, technicians-in-training, and pharmacy interns.
- Provide an update on proposed changes to regulations resulting from a two-year review of existing regulations.
- Summarize general policy shift by the Board, with specific examples in allowing for increased flexibility in regulation, and resulting pharmacist responsibility for developing, maintaining, and adhering to policies and procedures.

## Update on Treatment Strategies for Asthma

Thomas Scott, MD

Associate Professor of Medicine

Eastern Virginia Medical School

Pulmonary Physicians of Tidewater

- Summarize the step-wise classifications of asthma and the treatment recommendations for each.
- Identify goals of therapy for management of asthma.
- Describe the different types of inhalers. Demonstrate administration techniques of each.
- Describe treatment of exacerbation of asthma in the emergency room and during admission to a hospital.
- Describe the role of nebulization treatments in the management of asthma and differentiate between albuterol and levalbuterol for treatment of asthma.

## Pharmacogenetics

Robert S. Kidd, MS, Pharm.D.

Associate Professor and Vice Chair

Department of Biopharmaceutical Sciences

Bernard J. Dunn School of Pharmacy

Shenandoah University

- Identify the major drug metabolizing enzymes that exhibit pharmacogenetic polymorphisms and recognize the primary substrates of these enzymes.
- Understand the clinical importance of the pharmacogenetic polymorphisms.
- Given a case scenario, be able to predict the likelihood of the presence of a pharmacogenetic polymorphism, identify the enzyme involved and suggest the appropriate course of action.
- Describe the limitations of commercial laboratories when screening for pharmacogenetic polymorphisms.

## Use of Biologic Agents for the Treatment of Rheumatoid Arthritis

Michael J. Strachan, MD

Internal Medicine/Rheumatology

Premier HealthCare Associates

- Describe the pathophysiology and societal impact of rheumatoid arthritis.
- List and describe the various biologic agents now available for the treatment of rheumatoid arthritis, along with their mechanisms of action.
- Summarize the pertinent studies supporting the use of the biologic agents and their utility in various disease states.

## Literature Evaluation

Craig F. Kirkwood, Pharm.D.

Associate Professor, Department of Pharmacy

Virginia Commonwealth University

Manager for Pharmacotherapy Services

Department of Pharmacy Services, VCU Health System

- Describe the standard structure of a research study manuscript and the purpose of this format.
- Describe a functional approach for evaluating primary literature.
- Compare and contrast the terms external validity and internal validity.
- List the problems incurred when using the abstract as a source of drug information.
- Given primary literature, state the limitations for extrapolation of the results to an individual's practice.

## JNC-VII: What's New in Hypertension Management?

Mary Beth F. Plum, Pharm.D.

Assistant Professor of Pharmacy

Virginia Commonwealth University

- List the new classifications of blood pressure.
- Describe the cardiovascular risks associated with hypertension.
- Identify appropriate blood pressure goals and develop treatment strategies that incorporate patient-specific comorbidities.
- Summarize potential causes of resistant hypertension.

## What's Wrong with the World....

Bruce A. Berger, PhD

Head and Professor

Pharmacy Care Systems, Auburn University

- Identify everything (or almost everything) that's wrong with the world today.
- Present one or two ways to start fixing it.
- Understand that the problem is not me, just everyone else.
- Evaluate lessons learned and their applicability in the pharmacy.

## Self-Deception

Bruce A. Berger, PhD

Head and Professor

Pharmacy Care Systems, Auburn University

- Differentiate between the Responsive Way and the Resistant Way of Being.
- Describe how self-betrayal and self-deception leads to going "in the box" and distorting the truth.
- List at least two ways to stay out of the box and see people as people rather than objects.
- Understand why all "illegitimate suffering" and victimization occur while in the Resistant Way of Being.
- Describe how self-deception may adversely affect pharmacy practice.

## Continuing Education: Session Learning Objectives

### **GP1Ib/IIIa Receptor Inhibitors:**

#### **New Evidence, New Considerations**

Michael A. Crouch, Pharm.D., BCPS  
Assistant Professor of Pharmacy and Medicine  
Virginia Commonwealth University

- Distinguish between the available GP IIb/IIIa receptor inhibitors (GP inhibitors).
- List appropriate dosing regimens when abciximab (ReoPro®), eptifibatid (Integrilin®), and tirofiban (Aggrastat®) are used.
- Given a case study of a patient undergoing percutaneous coronary intervention (PCI), distinguish the most appropriate GP inhibitor based on risk stratification and the most current clinical trial data.
- When confronted with a case study of a patient with an acute coronary syndrome, identify the proper GP inhibitor to start based on electrocardiographic findings and whether primary PCI or medical management is planned.

### **New Risk Factors for Cardiovascular Disease**

Jeffrey A. Skiles, MD, FACC  
Staff Cardiologist

Winchester Medical Center

- List and describe selected non-traditional risk factors for coronary artery disease, including the pathophysiologic basis for these entities.
- Identify associated clinical findings with these risk factors as well as mechanisms of treatment.
- Place the utilization of the assays for these markers within the larger context of patient care.

### **Management of Post-Operative Nausea and Vomiting**

Thomas N. Pajewski, MD, PhD  
Assistant Professor of Anesthesiology and  
Neurological Surgery  
University of Virginia

- List and describe the factors contributing to the etiology of post-operative nausea and vomiting (PONV).
- Summarize PONV risk assessment strategies.
- Summarize the safety profile, especially with regard to cardiotoxicity, and describe the metabolism of 5HT<sub>3</sub> receptor antagonists.
- Describe the timing of administration of 5HT<sub>3</sub> receptor antagonists. Indicate if these agents should be used as prophylaxis for PONV or reserved for PONV treatment.
- Compare and contrast the cost-effective treatment options for PONV (single agent, multimodal, and adjunct nonpharmacologic therapy options).

### **Multiple Sclerosis: Pathophysiology, Diagnosis and Treatment**

Warren L. Felton III, MD  
Associate Professor  
Departments of Neurology and Ophthalmology  
Chair, Division of Neuro-Ophthalmology  
Virginia Commonwealth University

- Describe the pathophysiology of multiple sclerosis (MS).
- Recognize the symptoms of patients with MS.
- List the diagnostic criteria of MS, including the role of MRI, cerebrospinal fluid and evoked potentials.
- Identify the treatment of patients with MS focusing on immunomodulatory therapy, treatment of acute attacks and management of related symptoms.

### **Exhibit Program**

Don't miss this opportunity to learn about the latest pharmaceutical developments, products, equipment, and services available. The Society has received tremendous support from the pharmaceutical and related industries. Please take advantage of this opportunity to discover new developments in pharmacy and to thank our industry representatives for their continued support. And, don't forget the **PRIZE GIVEAWAY** featured during our exhibit program. VSHP will give away terrific prizes contributed by our industry guests by drawing the names of meeting attendees.

### **Hotel Information**

VSHP has negotiated room rates at the Norfolk Marriott Waterside for Fall Seminar attendees. Please request the group rate for the Virginia Society of Health-System Pharmacists when making your reservation. Reservations are to be made by the individual directly with the hotel's Reservations Department 1-800-228-9290 or 1-757-627-4200 before August 12, 2003. After this cut-off date, reservations will be accepted by the hotel on a space available basis, and at the hotel's prevailing rate.

Single or Double \$122.00

Triple or Quad \$122.00

### **Parking**

Parking is available in the City of Norfolk owned and operated Main Street Parking located across from the hotel (Atlantic Street entrance). A covered pedestrian bridge connects the parking garage to the Hotel and Convention Center. Parking charges for registered guests are \$17.00 per night for self parking and \$22.00 per night for valet parking.

### **Awards Banquet**

The VSHP Annual Awards Banquet sponsored by Ortho McNeil will be held on Friday evening, September 12. Spend an elegant evening dining with your colleagues, family and friends. Dinner will be followed with the installation of the 2003-4 VSHP officers and presentation of awards. VSHP presents several awards each year to pharmacists and pharmacy students who have made outstanding contributions or achievements in the field of pharmacy practice. These awards include the President's Award, Leadership Award, Student Service Awards, Student Leadership Awards, Clinical Pharmacy Practice Achievement Award and Pharmacist of the Year Award.

## 2003 Fall Seminar Registration Form

Please complete entire application. In order to reserve your space at each of the events, you must indicate all of the events you plan to attend by marking the space provided. After you complete the form, please make your check payable for the total amount due and send to VSHP, P.O. Box 2344, Falls Church, VA 22042.

Name \_\_\_\_\_  
(First) (MI) (Last) (Jr/Sr/III)

Address \_\_\_\_\_  
(Street Address) (Apt. #)

(City) (State) (Zip Code plus four)

Home Phone Number ( ) \_\_\_\_\_ Email \_\_\_\_\_

Practice Site \_\_\_\_\_  
(Name of Practice Site)

Address \_\_\_\_\_  
(Street Address) (Suite)

(City) (State) (Zip Code plus four)

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Job Title: \_\_\_\_\_ Specialty Area of Practice \_\_\_\_\_

**Seminar Registration:** Please indicate what portion of the continuing education program you plan to attend by circling the applicable designation.

Remember space is limited, so . . .

**Register TODAY**

	Pharmacist Member	Pharmacist Non-Member	Resident Member	Resident Non-Member	Technician Member	Technician Non-Member	Student Member	Student Non-Member	Guest
Full Registration	\$ 75	\$150	\$ 75	\$ 110	\$ 75	\$ 100	\$ 75	\$ 85	\$ 75
Friday Only	\$ 75	\$150	\$ 75	\$ 110	\$ 75	\$ 100	\$ 75	\$ 85	\$ 75
Saturday Only	\$ 75	\$150	\$ 75	\$ 110	\$ 75	\$ 100	\$ 75	\$ 85	\$ 75

A \$25 late fee will be charged for all registrations received after August 22.

\$ \_\_\_\_\_ Seminar Registration Fee

\$ **FREE\***

I plan to attend the Awards Banquet on Friday, September 12.

\$ **FREE\***

I plan to attend the Student Forum, Saturday, September 13.

\$ \_\_\_\_\_ **TOTAL DUE, MADE PAYABLE TO VSHP**

\* Free to full meeting registrants and VSHP members.

**In order to reserve your space, you must indicate all of the events you plan to attend by marking the space provided. If you did not indicate that you plan to attend the Banquet on your registration form, we will only be able to accommodate you on a space available basis on the weekend of the seminar.**

ALLHAT Results • continued from page 1

mentation occurred via a predetermined protocol based on steps. Step 1 was the randomized agent from study entry. If, after a series of dose increases, the patients' blood pressure remained uncontrolled, they proceeded to step 2. Step 2 consisted of the addition of atenolol, reserpine or clonidine, depending on the physician's preference. Step 3 consisted of the addition of hydralazine.

At the 5-year follow up, the data showed no significant difference between the amlodipine, lisinopril, and chlorthalidone group for the primary endpoint of combined fatal CHD or non-fatal MI. For the secondary endpoints, there were no differences found between amlodipine and chlorthalidone. However, heart failure, a component of combined CVD, had a higher risk (absolute risk difference of 2.5%) in the amlodipine group (absolute risk difference of 2.5%). The lisinopril group differed significantly from chlorthalidone in two of the four secondary endpoints, with a 15% higher risk for stroke (p=.02) and a 10% higher risk for the combined CVD (p<0.001). There were also significantly more cases of heart failure in the lisinopril group. Mean systolic blood pressure (measured in mmHg) was signifi-

cantly better in all groups. Overall, chlorthalidone was the better agent of the three in mean systolic blood pressure reduction, with amlodipine and lisinopril being 0.8 mm Hg (p=.03) and 2mm Hg (p<.001) higher, respectively. Mean diastolic blood pressure was significantly lower (0.8mm Hg) with amlodipine (p<.001). There was no significant difference between chlorthalidone and lisinopril in lowering diastolic blood pressure. In the chlorthalidone group, 68.2% of patients achieved the goal blood pressure compared to 66.3% of the amlodipine group and 61.2% of the lisinopril group. This was statistically significant only between chlorthalidone and lisinopril.

Chlorthalidone was found to be better tolerated and have better blood pressure control than amlodipine or lisinopril, and is also the least expensive of all the agents studied. The investigators concluded that thiazide-type diuretics were superior in the prevention of CVD and should, in fact, be the preferred agent as first-step therapy for hypertension.

— Aigner George, PharmD Candidate

### ASHP Call for Delegates

This shall serve as a call for nominations for delegates to serve in the ASHP House of Delegates representing the State of Virginia. Please find the VSHP Policy outlining the selection process and responsibilities and obligations of the elected delegates at [www.vshp.org](http://www.vshp.org). If you are interested in serving, please send your statement of intent along with your current CV no later than November 15 to [VSHP@aol.com](mailto:VSHP@aol.com), Attn: ASHP Delegates.

The ASHP House of Delegates consists of 161 voting state delegates who represent a proportionate number of active ASHP members in each state as stated in Article 7 of the ASHP bylaws. Virginia has four official delegates. These delegates should be elected by active ASHP members who reside within Virginia. VSHP helps to coordinate the election of these delegates. The delegates primary responsibility is to attend the ASHP House of Delegates sessions during the ASHP Annual Meeting.

Address Service Requested

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