IMPACT OF A COLLABORATION WITH CLINICAL PHARMACISTS ON OSTEOPOROSIS TREATMENT RATES

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Despite the availability of effective drugs to treat osteoporosis, many patients remain untreated and at high risk for developing a fracture. To improve treatment rates, we included clinical pharmacists in the management of patients with osteoporosis. Over 6 months, 30 days after bone mineral density (BMD) results became available to the ordering physician, all patients with an abnormal BMD were evaluated for management according to guidelines if they had not been approached for care. One of three clinical pharmacists discussed patients with the team that included an endocrinologist and a geriatrician. The team made recommendations and pharmacists followed-up by calling patients and prescribing medications. After excluding those who were already on treatment or did not have an indication, 87 patients qualified: 57 (66%) had T-score ≤-2.5, 19 (22%) had osteopenia and high FRAX score, and 11 (12%) osteopenia by BMD and a fragility fracture. After 30 days, the ordering physicians had treated 32/87 (37%) of patients with an indication: 26/57 (46%) patients with T-score ≤-2.5, 1/19 (2%) with high FRAX, and 5/11 (50%) with fractures. After the pharmacists' intervention, an additional 33/87 (38%) patients were on treatment: 16 with T-score ≤-2.5; 14 with high FRAX, and 3 with fractures; 6 patients were unreachable, 9 declined, and 6 were referred to endocrinology for work-up. By the end of the 6-month period, 75% of patients with an indication received osteoporosis treatment. These results suggest that an osteoporosis intervention employing clinical pharmacists as part of a multidisciplinary team effectively improves osteoporosis treatment rates.

A TRIAL TO IMPROVE MEDICATION SAFETY IN OLDER ADULTS: RECRUITMENT CHALLENGES HAVE GENERALIZABILITY IMPLICATIONS

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For older adults, the transition from hospital to home is a high-risk period for adverse drug events, functional decline, and hospital readmission. Randomized trials of interventions to improve this transition must recruit potential subjects immediately after hospital discharge, when people are recovering and tired. Within a randomized trial assessing the impact of a pharmacist home visit to provide medication assistance immediately post-discharge, we determined whether individuals who enrolled were comparable to those who were invited but did not enroll, and described reasons for not enrolling. Individuals ≥50 years of age discharged from the hospital and prescribed a high-risk medication were eligible. We attempted to recruit individuals by phone within 3 days of discharge, and recorded reasons for not enrolling. Of 3,606 eligible individuals reached, 3,147 (87%) declined, 361 (10%) were enrolled, and 98 (3%) were initially recruited but did not complete a consent form. Individuals ≥80 years of age (odds ratio 0.45, CI 0.25, 0.78) and those with an assigned visiting nurse (odds ratio 0.64, CI 0.48, 0.85) were least likely to enroll. Among those who provided a reason for declining (2,473) the most common reason given was the belief they did not need medication assistance (22%). An additional 332 (13%) declined because they were receiving visiting nurse services. Recruiting older adults recently discharged from the hospital is difficult and may under-enroll the oldest individuals, limiting the ability to generalize findings across older patient populations. Researchers planning RCTs among newly discharged older adults may need creative approaches to overcome resistance.

SESSION 3360 (POSTER)

MINORITY & DIVERSE POPULATIONS II

DIABETES, SELF-EFFICACY TOWARD DIABETES PREVENTIVE BEHAVIORS, AND DEPRESSIVE SYMPTOMS AMONG KOREAN AMERICANS

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Type 2 diabetes is a largely preventive chronic disease, which requires persevering self-management by maintaining healthy life style. Prevalence of Type 2 diabetes among Asian Americans are rapidly increasing, yet little is known about Asian Americans' self-efficacy towards diabetes preventive behaviors. Thus, the present study examined self-efficacy on diabetes preventive behaviors (DPB) as a potential mediator in the association between diabetes and depressive symptoms among older Korean Americans. Data were driven from a cross-sectional study of 235 community-dwelling Korean American older adults (aged 60 and older) in 2013. The direct significant relation between diabetes and depressive symptoms became insignificant after self-efficacy on DPB was introduced, which demonstrates a full mediation effect of self-efficacy on DPB. Results suggest that even in the presence of diabetes, mental well-being such as depression of older adults can be maintained by having competence in self-management of their own health.

AGE, EXPERIENCE OF RACIAL MICROAGGRESSIONS, AND DISTRESS

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Racial microaggressions are a common form of racial discrimination consisting of subtle or interpersonal slights. Racial microaggressions are linked to various kinds of psychological distress in younger adults, but have not been studied across the lifespan. We examined the relationship of racial microaggressions with psychological distress and anger rumination among younger and older adults identified as racial or ethnic minorities. We hypothesized