

NCAP Annual Meeting to Hold its Second Annual Poster Session!

The NCAP Annual Meeting scheduled in Winston Salem, NC on September 22-23rd will have a poster session. Presenting a poster at NCAP is an excellent opportunity to share your research with pharmacy practitioners all around the state! Selected abstracts will be published in the North Carolina Pharmacist: The Official Journal of the North Carolina Association of Pharmacists. Submissions by practitioners, students, and residents are welcome!

The poster session is scheduled for Saturday September 23rd from 8:00-8:45 am and breaks during Saturday programming with presenters available to discuss their research during those times. We request that you plan to arrive by 7:30 am to set-up your poster on Saturday morning.

Categories:

- Original Research: Clinical or educational research appealing to an audience of pharmacy professionals in North Carolina. May include health services, pharmacotherapy, medication safety, or patient outcomes. Abstract Headings: Objective, methods, results, conclusions
- Quality Improvement Evaluations: Assessments of quality improvement measures such as medication use evaluations or process improvements. May include ideas and practices new to system, or practice setting. Abstract Headings: Objective, methods, results, conclusions
- Case Report or Series: Description of a unique patient case or series. May include novel indication, dose or administration of a medication. Abstract Headings: Introduction, case (s), discussion

Word Count: 300 words (*excluding author names and title*)

Abstracts describing ongoing research will be considered with partially completed data. Descriptions of planned research without any data will not be accepted. Abstracts will be evaluated based on readability and organization, relevance, and potential impact to pharmacy practice.

Please submit your name, your credentials, and your abstract to Dr. Irene Park, NCAP Convention Project Team Member, irene.park@mahec.net. Deadline: **July 15, 2017**. Status of submissions will be communicated to authors by August 10, 2017.

Abstracts will be printed as submitted in the North Carolina Pharmacist: The Official Journal of the North Carolina Association of Pharmacists. Edits to abstracts cannot be made after submission.

Example of a structured abstract:

Category: Original Research

Title: Evaluation of Compliance with National Guidelines for Insulin Initiation

Authors: Kira Harris, PharmD, BCPS, CDE^{1,2}, Jacqueline Olin, MS, PharmD, BCPS, CPP, CDE, FASHP, FCCP²

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Objective: The primary purpose of this study was to determine compliance with the American Diabetes Association recommendation to initiate insulin in patients with an A1c \geq 10% at an outpatient family medicine clinic in 2014. Secondary objectives were to determine if initiation of insulin within 3 weeks of

an A1c \geq 10% increased the rate or decreased the time to achieve an A1c < 7%, and to determine if pharmacist involvement increased the rate of reaching an A1c < 7%.

Methods: The medical records of 121 patients with type 2 diabetes mellitus (T2DM) and an A1c \geq 10% from January 1, 2014 to December 31, 2014 were reviewed. Patients already receiving insulin or those without a follow-up A1c were excluded. Data collected included patient demographics, duration of diabetes, baseline and follow-up diabetes medications, baseline and follow-up A1c values, as well as pharmacy referrals.

Results: Fifty-five patients with a mean age of 55 years, a mean duration of diabetes of 6.4 years, and a mean baseline A1c of 11.7% were included. Most patients were receiving no therapy (29%), monotherapy (27%) or dual therapy (29%) at baseline. Insulin was initiated in 5 patients (9.1%, $p < 0.05$) within 3 weeks of the qualifying A1c. Another 5 patients ($p < 0.05$) received insulin at some point during the study. An A1c < 7% was achieved in 35.6% of patients not receiving insulin, 20% of patients receiving immediate insulin, and no patients who received insulin after 3 weeks. The mean time to A1c < 7% was 6 months for patients not on insulin and 3 months for those receiving immediate insulin. Thirty-three percent of patients who met with a pharmacist reached an A1c < 7% compared to 30% of patients who did not.

Conclusion: Adherence with insulin initiation guidelines and rate of achieving A1c < 7% in patients with A1c \geq 10% is low and increasing pharmacy involvement may increase the rate of reaching goal A1c.