Statin Utilization in Patients with Diabetes after Targeted Educational Sessions

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Background

Diabetes mellitus is a common condition and treatment can be complicated especially with many other co-morbidities that are either directly tied to or are complicated by the diabetes. One such component is the need for statin therapy for those at high risk for or concomitant ASCVD. Due to the emphasis on pharmacological management, this can lead to higher a medication burden. All of these can lead to non-optimized therapy for a patient. Another factor that can exacerbate this is health literacy. Health literacy is tied to lower engagement of a patient with their own healthcare and may lead to poorer health outcomes. Pharmacists frequently are the only ones to interact with the patient’s whole medication regimen and often have very good rapport with the patient. Pharmacists are able to identify suboptimal and incomplete therapy.

Objectives

The objectives of this study were to determine if individual educational sessions are effective at increasing statin initiation 90 days after session and to determine if health literacy, participant age, and managing provider specialty influenced the rate of statin utilization at 90 days.

Methods

This was a 6-month, prospective, interventional, single center trial. The interview would consist of two parts: a survey and an educational session. The survey would collect demographic information, brief past medical history, past experience (if any) with statins, and health literacy using the Functional, Communicative, and Critical Health Literacy Scale (FCCHL). The educational session would consist of the role that cholesterol plays in the body, cellular damage of hyperglycemia, the importance of statins in diabetes, the mechanism of action, and subsequent side effects of statins. To determine the patient population eligible for this intervention, a report was run to select all patients who had filled at the site, who were > 18 years old, filled a medication to treat diabetes, and had not filled a statin medication during the inclusion time (7/2020 – 8/2021). Each eligible participant was contacted via telephone up to 3 times. During the call the survey then the educational session would be conducted. After the session the participants’ prescription profiles would be monitored for 90 days for statin initiation. This design was accepted by the VCU-IRB and required consenting of patient’s for enrollment into the study.

Results

To date all participants contacted have either been non-responsive or declined participation in the study.

Conclusion

In concept the intervention may be an effective way to increase statin utilization. However, without measurable data a connection cannot be drawn, thus the influence of the participants’ health literacy on the effectiveness of the intervention cannot be determined. This could be an opportunity to re-evaluate the primary enrollment method. Of those who declined so far, the time length and confidence that they were the correct person to have that conversation were raised as common concerns.