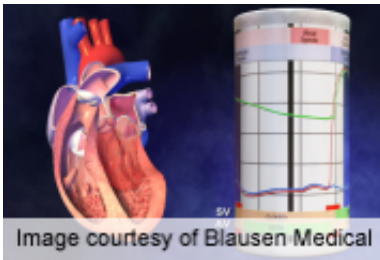


# Computerized tool cuts risk of prolonged QTc interval

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(HealthDay)—Use of a computerized clinical decision support system (CDSS) may reduce the risk of prolonged QT<sub>c</sub> interval in hospitalized patients at risk for torsades de pointes, according to research published online May 6 in *Circulation: Cardiovascular Quality and Outcomes*.

James E. Tisdale, Pharm.D., of Purdue University in Indianapolis, and colleagues assessed QT<sub>c</sub> interval prolongation in [patients](#) admitted to cardiac care units before (1,200 patients) and after (1,200 patients) implementation of the CDSS. QT<sub>c</sub> interval prolongation was defined as QT<sub>c</sub> interval >500 ms or increase in QT<sub>c</sub> of ≥60 ms from baseline.

The researchers found that implementation of the CDSS was independently associated with decreased risk of QT<sub>c</sub> interval prolongation (adjusted odds ratio [aOR], 0.65; 95 percent confidence interval [CI], 0.56 to 0.89; P

"A computerized CDSS incorporating a validated risk score for QT<sub>c</sub> prolongation influences the prescribing of QT-prolonging drugs and reduces the risk of QT<sub>c</sub> interval prolongation in hospitalized patients with torsades de pointes risk factors," the authors write.

Lilly Endowment Inc. funded the study. One author disclosed financial ties to Eli Lilly and other pharmaceutical companies.

**More information:** [Abstract](#)  
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