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Computerized tool cuts risk of prolonged QTc interval

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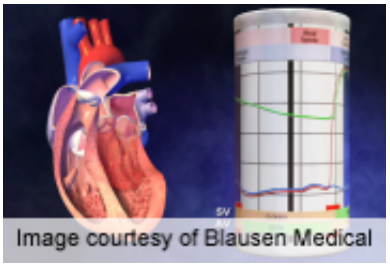

(HealthDay)—Use of a computerized clinical decision support system (CDSS) may reduce the risk of prolonged QT_c interval in hospitalized patients at risk for torsades de pointes, according to research published online May 6 in *Circulation: Cardiovascular Quality and Outcomes*.

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

The researchers found that implementation of the CDSS was independently associated with decreased risk of QT_c 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_c prolongation influences the prescribing of QT-prolonging drugs and reduces the risk of QT_c 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
Full Text (subscription or payment may be required)

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