Tailoring Statin Therapy to Reduce the Risk of New-Onset Diabetes: Success of Online CME

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INTRODUCTION

Despite the efficacy of statins in dyslipidemia treatment, lipid-lowering therapy needs to be carefully managed in at-risk patients as certain statins may increase the incidence of new-onset diabetes mellitus (DM). This study was conducted to determine if online continuing medical education (CME) could improve knowledge and competence of diabetologists/endocrinologists (D/E), primary care physicians (PCPs), and nurses in tailoring statin therapy in high-risk patients to reduce the risk for DM.

METHODS

Physicians participated in a 30-minute, 2-faculty, video online CME activity on tailoring statin therapy to reduce the risk of DM.

The effects of education were assessed using a 3-question, repeated pairs, pre-assessment/post-assessment study design. For all questions combined, the McNemar’s chi-square test assessed differences from pre- to post-assessment. P values <.05 are statistically significant.

Matching pre-education/post-education knowledge- and case-based questions were analyzed by comparing participant responses pre- to post-education using a repeated-pairs design. Effect sizes were evaluated using Cramer’s V (V>0.3=extensive effect size).

RESULTS

Overall significant improvements were seen after education for diabetologists/endocrinologists (D/E) (n=97; P <.001; V=.246), primary care physicians (PCPs) (n=807; P <.001; V=.312), and nurses (n=3309; P <.001; V=.279).

Pre-assessment, 35% of D/E, 29% of PCPs, and 15% of nurses answered all assessment questions correctly, which increased to 72% for both physician groups and to 54% for nurses post-assessment (Figure 1).

Significant improvements were observed in participant knowledge and competence (all P <.05) (Figure 2).

Ongoing educational gaps were uncovered for all 3 groups related to knowledge of specific effects of various statins on glucose metabolism.

Nurses also exhibited persistent gaps related to ability to adjust statin therapy to reduce the risk for new-onset DM.

CONCLUSION

This study demonstrates the success of an online, video-based educational intervention in improving knowledge and competence of clinicians regarding the use of appropriate statin therapies in high-risk patient populations.

This type of intervention may translate into improvements in patient care and long-term outcomes for at-risk patients.

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REFERENCES
