Medical Schools Boast Largest Enrollment Ever

BY ALICIA AULT Associate Editor, Practice Trends

the number of students who entered medical school this fall-17,759—was the largest ever, according to the Association of American

Medical Colleges.

Although that number represents only a 2.3% increase from the previous year, there was an 8% increase in applicants, with 42,300 seeking to enter medical school in 2007. It was the fourth consecutive year in which the number of applicants was on the rise, after a 6-year decline.

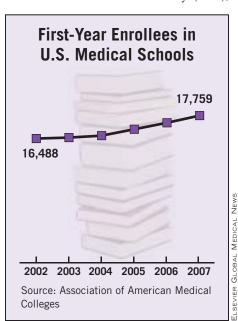
In a briefing with reporters, Dr. Darrell G. Kirch, president of the AAMC, said the continuing increase in applicants and enrollees shows "that the interest in medicine runs very strong in our country."

Applicants and enrollees are more diverse than ever, according to the AAMC. While the number of applicants who identified themselves as white or white combined with another ethnicity— 26,916—still dwarfs other races, there was an increase in the number of minority applicants. There were 2,999 applicants who identified themselves as Latino or Hispanic alone or in combination with another race, 3,471 African American/combination applicants, and 9,225 Asian/combination applicants.

The number of black and Hispanic male applicants rose by 9.2%, which was larger than the growth of the overall applicant pool, according to the AAMC. Ultimately, black male acceptance and enrollment increased by 5.3%, and Hispanic male acceptance remained even with 2006 levels.

There was an almost even split among men and women applicants and enrollees. Men slightly edged out women, accounting for 51% of applicants and 51.7% of enrollees.

Eleven of the 126 medical schools increased their class size by more than 10%: Michigan State University (47% increase), Texas A&M University System (24%), University of Arizona (22%), Florida State University (19%), Emory University (14%), Mount Sinai School of Medicine (14%), University of California, Davis (13%), Joan C. Edwards School of Medicine at Marshall University (12%),



and Drexel University, Howard University, and University of Minnesota (10% each). Some of the increase in enrollment came through added capacity—both Michigan State and Arizona opened additional campuses.

There are six universities currently seeking accreditation for a medical school, said Dr. Kirch.

The rise in applicants and enrollment represents some light at the end of the tunnel, he said. The AAMC and other organizations have warned of looming physician shortages. Depending on the estimates used, there will be a shortfall of 55,000-90,000 physicians across all specialties by 2020.

The AAMC has pushed for a 30% increase in enrollment by 2015, said Dr. Kirch. He acknowledged that it can be difficult to accurately predict shortages, noting that medical school enrollment has waxed and waned over the years.

Even so, despite the many current chal-

lenges of being a physician—including a patchwork health care system and unpredictable reimbursement picture—it's still seen as an attractive career choice, Dr. Kirch said.

"What I think is most striking here is to see the draw that medicine still has despite those environmental forces," he said. "I personally view this as a reflection that there are few careers that can be as meaningful, as fulfilling as pursuing medicine," he added.



- symptom improvement¹
- During titration in the first week, SEROQUEL XR was generally well tolerated*2

Important Safety Information

- SEROQUEL XR is indicated for the treatment of schizophrenia. Patients should be periodically reassessed to determine the need for treatment beyond the acute response
- Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk (1.6 to 1.7 times) of death, compared to placebo (4.5% vs 2.6%, respectively). SEROQUEL XR is not approved for the treatment of patients with dementia-related psychosis (see Boxed Warning)
- Hyperglycemia, in some cases extreme and associated with ketoacidosis, hyperosmolar coma, or death, has been reported in patients treated with atypical antipsychotics, including quetiapine. The relationship of atypical use and glucose abnormalities is complicated by the possibility of increased risk of diabetes in the schizophrenic population and the increasing incidence of diabetes in the general population. However, epidemiological studies suggest an increased risk of treatment-emergent, hyperglycemia-related adverse events in patients treated with atypical antipsychotics. Patients starting treatment with atypical antipsychotics who have or are at risk for diabetes should undergo fasting blood glucose testing at the beginning of and periodically during treatment. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing
- A potentially fatal symptom complex, sometimes referred to as Neuroleptic Malignant Syndrome (NMS), has been reported in association with administration of antipsychotic drugs, including quetiapine. Rare cases of NMS have been reported with quetiapine. Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmia). Additional signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure. The management of NMS should include immediate discontinuation of antipsychotic drugs

*Data combined from 2 multicenter, 6-week, randomized, double-blind, placebo-controlled schizophrenia trials comparing SEROQUEL XR (n=679) to placebo (n=235). During Week 1, incidence of somnolence was 9.0% vs 1.3% for placebo, sedation was 7.4% vs 3.4% for placebo, dizziness was 5.9% vs 2.6% for placebo, dry mouth was 6.8% vs 0.9% for placebo, headache was 3.4% vs 6.4% for placebo, and insomnia was

Please see Brief Summary of Prescribing Information, including Boxed Warning, on adjacent pages.