

The GeriJournal



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Website Enhancements

Ever found yourself searching for a pharmacy form, but couldn't locate it? Perhaps you've been looking to catch up on your reading, but your favourite material, the GeriatRx Policy and Procedure Manual, has gone missing from your unit? Fret no more! The GeriatRx Pharmacy website now has all this information and more.

We have added a secure area to (www.geriatrx.com) that allows downloads of all our forms and also allows viewing of the current version of our Policy and Procedure Manual. We will be communicating with all Directors of Care to arrange access. Once you are able to view the forms and tools, please look through them. You may even find some helpful documents that you were not aware of. All nursing units with email service will have the capability of accessing this area.

Inspection Protocol

MOHLTC has prepared a checklist which acts as their guideline when conducting a

review of each LTC facility's medication system. It is fittingly called the *Medication Inspection Protocol (IP)*.

Many of the items on the checklist correspond to specific policies and procedures from our manual. Others relate to the activities of your GeriatRx consultant pharmacist. I have linked references to all such items on the IP to assist with the MOHLTC inspection process. Please let me know if you would like a copy of the document emailed to you.

Celexa Warning

Celexa® (citalopram) is far and away the most commonly prescribed antidepressant in LTC. Not only is it an excellent antidepressant, but it can effectively treat the agitation sometimes associated with dementia. It was most disappointing, therefore, to see it slapped with a serious warning recently.

Citalopram can cause an arrhythmia called torsades de pointes. Torsades is marked by a rapid, irregular, heartbeat and can cause sudden cardiac death. In torsades, the electrical signal travelling through the heart muscle takes too long to reverse itself after each contraction. As a result, the heart is not prepared for subsequent electrical waves, leaving it vulnerable to a major rhythm disturbance.

This conduction delay is also known as QT prolongation, and can be caused by a number of other drugs. Those most familiar to us are Avelox®, amiodarone, domperidone and Biacin®. Giving these drugs together is particularly risky. Celexa® interactions must also be avoided. Prevacid®, Pariet® and Losec® slow its metabolism. Accumulation with increased arrhythmia potential will be the result.

The FDA recommends capping Celexa® dosage at 40 mg daily and 20 mg per day for most people over age 60. Dose reductions in stable residents are undesirable, but may be the best alternative when risk is considered. Those with liver disease, low potassium or magnesium or taking interacting drugs are at particular risk. Celexa® dose in such individuals should be reduced at once. Alternatives should be sought for the interacting drugs and electrolyte levels must be corrected by supplementing potassium and or magnesium.

An ECG in other residents can determine the presence and degree of QT prolongation. If there is any question, the dose should be reduced. If the reduced dose is ineffective a safer alternative, such as Zoloft® or Remeron® should be chosen. We will contact all facilities to apprise them of the residents affected.