



The GeriJournal

Volume 3, Number 2

February 2008

A publication of GeriatRx Pharmacy

Diabetes Development

Tremendous research has been directed at finding new ways to treat diabetes. An exciting advance has led to the release of the first member of a new class of anti-diabetic drugs.

Januvia® (sitagliptin) works on a newly recognized hormonal system. *Incretin* hormones are released by the GI tract in response to food ingestion. Some incretin hormones increase insulin release from the pancreas, and others reduce glucagon levels (glucagon is a hormone which moves glucose into the bloodstream). The net result is a reduction in blood glucose. Januvia® blocks the enzymes that break down incretin hormones. This enhances their glucose lowering effect.

While the response to Januvia® is not dramatic, current studies are exciting. Reductions in fasting glucose, post-meal blood glucose, and glycosylated hemoglobin (A1C) have been impressive.

Januvia® is usually very well tolerated. It does not cause hypoglycemia on its own, or

with metformin, a drug it is often combined with. When used with glyburide (and related drugs), hypoglycemia is possible, so glyburide dose should be reduced before initiating combination therapy. Januvia® may increase the risk of developing upper respiratory tract infection.

The typical dose of Januvia® is 100mg p.o. daily. The dose should be reduced to 50mg daily in moderate renal failure, and 25mg daily in severe failure. It is not yet covered by ODB, but special coverage (Section 8) may be available.

Foreign Folsteins

Back in 1975, Dr. Marshall Folstein introduced the Mini-Mental State Examination (MMSE). Through a short series of questions and exercises, an examiner is able to assign a score which rates the cognitive ability of the subject. We are all quite familiar with the test, because the provincial drug plan requires a dementia patient to score from 10 to 26 to qualify for cognitive drug therapy.

In many cases, patients taking the test do not speak English as their primary language. This can lead to misunderstanding, confusion, and an artificially low score when the test is presented in English. GeriatRx has obtained a number of foreign language test formats (Italian, French,

Greek, Portugese, etc.) to prevent this problem from occurring. Please give us a call if you would like to have the MMSE in such a format.

Falling Men

Our consultant pharmacists are often asked to assess the medications of residents who are “frequent fallers”. While many medications are linked to falls, the “alpha-blockers” present a special risk.

Alpha-blockers (Hytrin® and Cardura®) are taken by men with enlarged prostate glands. They relax the muscle around the prostate and bladder outlet, allowing urine to pass more quickly and easily. Unfortunately, these drugs also relax blood vessels causing blood to pool in the legs. As a result, pressure may drop, causing dizziness, especially with positional changes from sitting or lying, to upright.

Please ensure these drugs are given at bedtime so their levels are lower during the day. Their effectiveness should be assessed regularly. If they are not working well, a trial discontinuation with bladder function monitoring may be considered. Two alternative medications, Flomax® and Xatral®, may be used in their place. They are less likely to cause orthostasis, but still carry a significant risk.

*Prepared by Randy Goodman
Certified Geriatric Pharmacist*

