

# The GeriJournal



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## **Drug Reconciliation**

Medication reconciliation has become a hot topic lately. The MOHLTC is asking facilities to demonstrate that they are using a formal process to reconcile resident medications as they are admitted.

If you are faced with documents from multiple sources and shopping bags full of medications, don't fret. We have developed a tracking form to help you convert that overwhelming pile of information into straightforward medication orders. Contact your consultant pharmacist and we will send you the form and provide an explanation of how it is to be used.

## **Insulin Rule of 1800**

In the U.S. a handy rule, called "the rule of 1800", is often used to calculate sliding scale or pre-meal insulin doses. According to the rule, if we divide 1800 by the total daily dose of insulin, we will learn how much 1 unit of immediate acting insulin (Novorapid® or Humalog®) will lower an individual's blood glucose.

I'm sure you'll agree that this is fascinating stuff!

While the number "1800" is a bit awkward to work with, we are fortunate that our metric system makes this "rule" even more user friendly. In Canada we measure blood glucose in mmole/L. Our glucose levels are exactly 18 times lower than those in the U.S. (measured in mg/dL), so the "rule of 1800" becomes the "rule of 100" in our country.

Let's say that a resident's total daily dose of insulin is 50 Units. If we divide 100 by 50, we find that 1 Unit of rapid acting insulin will lower blood sugar by 2 mmol/L. If a resident has a pre-lunch blood sugar of 19 mmol/L and we want to lower it to a conservative level of 7 mmol/L, we would administer 6 Units of insulin.

For this equation to work well, the total daily dose of insulin should be fairly stable and glucose control should be satisfactory. If the calculated dose does not bring the blood sugar down as much as expected, the total daily dose of insulin should be increased, and vice versa.

Rapid acting insulin provides far better results than regular insulin (e.g. Toronto) for sliding scale administration. Regular insulin works slowly and stays in the bloodstream

for up to eight hours. This can result in hypoglycemia when the next insulin dose is given at a subsequent meal or at bedtime. NovoRapid® and Humalog® insulins are covered indefinitely by the Limited Use program when required for improved control of blood glucose.

## **CCBs Help Prevent PD**

Patients taking calcium channel blockers (CCBs) for an extended period appear to be protected from developing Parkinson's Disease (PD). CCBs such as Norvasc®, Adalat® and Cardizem® are often used to treat elevated blood pressure.

A U.K. study published in *Neurology* earlier this year looked at 3,637 patients, newly diagnosed with PD. A control group, similar in makeup but without PD, was compared to these patients. Significantly more people in the control group were receiving CCBs. These medications lowered the risk of developing PD by 23%.

The vast majority of patients in the study were over sixty years of age. Use of other types of antihypertensive medications in the two groups was similar, indicating that only CCBs conferred this protective benefit.

*Prepared by Randy Goodman;  
Certified Geriatric Pharmacist*

