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Needles and Lancets

Ontario Regulation 474/07 has been updated once again. This regulation of the *Occupational Health and Safety Act* mandates the use of safety-engineered needles in different practice environments.

In April of 2009, all long term care facilities, in addition to hospitals and some other types of institutions, were required to use only safety-engineered needles on their premises. Such needles are shielded or retractable, so the risk of self-puncture by a nurse or physician is minimized or eliminated. The main products affected were needle and syringe sets, insulin pen needles and lancing devices.

The new regulation applies if "a worker is to do work requiring the use of a hollow-bore needle on a person for a therapeutic, preventative, palliative, diagnostic or cosmetic purpose, in any workplace." As a result, all retirement homes now fall under this regulation and will be sent only safety-engineered needles, unless products are intended for self-use by the residents themselves.

Iron Rash

Many medications can cause skin reactions. You may be surprised to learn that common iron supplements are members of this group.

The July issue of Health Canada's *Canadian Adverse Reaction Newsletter,* lists over 100 reports of skin and other hypersensitivity reactions, potentially related to iron products. In eight of the cases, patients were taking only iron supplements and no other medications.

In some cases, rashes were severe and extensive. Other symptoms including dyspnea (breathing difficulty) and even anaphylaxis were reported. When a resident is showing signs of hypersensitivity, don't discount their iron supplement as a possible cause.

PPIs and *C. Difficile*

Do you have a resident with *Clostridium Difficile* that recurs again and again, or just won't go away? You may need to look no further than their proton pump inhibitor (Losec®, Pariet®, Pantoloc®, Prevacid®, etc.) to find the cause of this problem. A recent retrospective analysis published in the *Archives of Internal Medicine (2010;170:772-8)* suggests that PPI treatment is associated with a 42% increase in the risk of *C. Difficile*.

Infection frequency increased when PPIs were in use at both the time of diagnosis and treatment. The geriatric population (> 80 years of age) seemed particularly vulnerable to this "PPI effect" as they experienced an 86% increase in infection recurrence when taking PPIs concurrently. Discontinuation of PPIs, if possible, is likely a prudent measure for those being treated for *C. Difficile* infection, or those with a history of developing it.

Don't Forget the Statin

Fear of adverse effects and development of cancer are cited as reasons for not using statins (Lipitor®, Crestor®, etc.) in the elderly. A retrospective study (*J Am Coll Cardiol 2010;55:1362-9)* of over 21,000 patients eighty years of age or older, however, lends strong support for using this class of medications.

The patients were drawn from a Swedish database of acute myocardial infarction patients treated in intensive care units. Overall mortality was between 34 and 45% lower in different statin treated groups. Cancer incidence was the same in statin and non-statin groups. Statins should always be considered when indicated for the elderly.

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