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Lumigan Gets Diluted

You will soon notice a change in the Lumigan® drops you receive for your residents with glaucoma. The manufacturer has replaced the 0.03% solution with one containing only 0.01% bitamaprost. They have also made a slight change in the name. The new product is called Lumigan® RC (reduced concentration).

The main advantage of the RC product is a reduction of ophthalmic adverse effects, particularly conjunctival hyperemia (redness). The RC version lowers intaoptic pressure (IOP) by the same amount as the 0.03% solution and is considered interchangeable by ODB.

ASA/Plavix or Warfarin

We have a bit of a dilemma on our hands. Do we avoid warfarin out of a concern for bleeding? Can we use the "safer" combination of two platelet inhibitors, Aspirin and Plavix® in its place?

An article in the November edition of *Archives of Internal Medicine* sheds some light on the safety of dual antiplatelet therapy vs. warfarin. The study estimated the total number of emergency department (ED) visits in the U.S. related to hemorrhage associated with the two therapeutic options. They projected that ASA/Plavix led to 7,654 ED visits, to warfarin's 60,575 ED visits in between 2006 and 2008.

After adjusting for prescribing frequency (warfarin is prescribed more often), warfarin was found to be twice as likely to cause an acute hemorrhage requiring an ED visit. Epistaxis (nosebleeds), skin and other minor hemorrhages occurred at a similar rate in each group, although they were more difficult to control and more likely to lead to hospitalization in those taking warfarin. CNS hemorrhages and strokes were more frequent in the warfarin group. Not surprisingly, GI bleeds occurred more often with the platelet inhibitors.

Warfarin is the standard of care in preventing stroke due to atrial fibrillation and venous thromboembolism. In long term care, a significant number of residents become hostile when approached with a syringe for INR testing. Since it may not be possible to use warfarin safely in these individuals, dual antiplatelet therapy would be preferred. Trials, such as *ACTIVE*, have shown that adding Plavix® to ASA, is a reasonable option for stroke prevention in patients with atrial fibrillation. Though not as effective as warfarin, the elimination of INR testing and reduction of bleeding risk make it a compelling choice. Since bleeding risk is still a major concern with individual, and especially combined antiplatelet therapy, some monitoring is still necessary.

Watch the BP on Biaxin

Clarithromycin (Biaxin®) can interact with a multitude of drugs by inhibiting liver enzymes that metabolize them. Some common examples include Flomax®, fentanyl and most statins. A recent report published in the *Canadian Medical Association Journal*, examined data between 1994 and 2009. It found that in patients taking calcium channel blockers (Norvasc®, Adalat®, Cardizem®, etc.), the addition of clarithromycin quadrupled the risk of a hypotensive episode.

The extent of this interaction was not fully recognized previously. Another macrolide antibiotic, Zithromax® (azithromycin), bypasses the liver enzymes and is a much better choice for residents using any of these interacting medications. We'll let you know of any instances of this interaction in the future.

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