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Dietary Potassium

Want to reduce your chances of having a stroke...how about eating a banana? Researchers looked at eleven studies which quantified both dietary potassium intake and vascular event frequency. Individuals with the highest potassium intake; 42 mmol/day or more (roughly five Slow-K® tabs), were 21% less likely to have a stroke.

Patients were followed for five to nineteen years and almost one quarter of a million people were investigated. It was estimated that 1,155,000 worldwide stroke deaths could be prevented each year if potassium intake was increased to just 42 mmol/day. This is actually lower than the recommended intake of 100 mmol per day.

This amount of potassium could be obtained by eating just three pieces of potassium-rich fruit each day. The best potassium sources are bananas, avocados and melons, although most fruits and fruit juices provide a good supply. Vegetables, in particular, legumes, such as kidney beans,

peas, lentils and peanuts are also excellent sources. The adage still holds true; a banana a day keeps the doctor away.

Fragmin Changes

The Fragmin® (dalteparin) monograph was updated recently. Some of our residents using this anticoagulant will likely be impacted by the changes.

Elderly residents, particularly those who are frail and have impaired renal function, are at increased risk of bleeding. The monograph states that “close monitoring of elderly patients with low body weight (e.g. <45 kg) and those predisposed to decreased renal function is recommended.”

Heparin and low molecular weight heparins, such as Fragmin®, can suppress aldosterone production by the adrenal gland. This can lead to hyperkalemia (potassium retention). Residents using these drugs for an extended period should have their potassium level monitored closely, particularly if they are using potassium sparing medications, such as ACE inhibitors or Aldactone®.

Osteoporosis can also develop with extended use. If prolonged treatment is required, bone supportive agents; calcium, vitamin D and perhaps Actonel® or Fosamax® should be added.

PPIs & Low Magnesium

The FDA issued an advisory earlier this month warning that proton pump inhibitors (Losec®, Pantoloc®, etc.) may lead to the development of hypomagnesemia (low serum magnesium). Magnesium (Mg) doesn't get the respect that sodium, potassium, chloride and calcium do, but it probably should. It is the second most abundant electrolyte found in our cells and is essential for cardiac and muscle function, in addition to many other body processes.

Symptoms of Mg deficiency include decreased appetite, muscle weakness, muscle twitching, seizures and cardiac arrhythmias, among others. This interaction is layered on top of inadequate intake (surveys indicate that only 25% of North Americans consume the 300 – 350 mg Recommended Dietary Allowance), putting those with poor nutritional status at particular risk. Low Mg levels are often present in those with CHF, diabetes, alcoholism, diarrhea and hypokalemia.

Diuretics can also run off Mg, although potassium sparing diuretics spare Mg as well. Mg supplements may be required to restore levels, as multivitamin/mineral products have minimal amounts of Mg. Pay attention to Mg, especially when symptoms, diagnoses and concurrent drugs warrant.