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Tramadol & Blood Sugar

Tramadol is an outstanding analgesic, but is underutilized in seniors due to ODB coverage issues. It combines both narcotic properties and the analgesic actions of SNRI antidepressants (e.g. Effexor® and Cymbalta®). Adverse effects usually do not pose a problem, as tramadol is less sedating and constipating than most of its opiate cousins. It also has little abuse potential.

Tramadol may be losing a bit of its luster though. There have been a number of reports of hypoglycemia shortly after the initiation of therapy. A recent UK study published in *JAMA Internal Medicine* confirms the past case reports. More than 28,000 new tramadol users were compared to roughly 300,000 patients with new prescriptions for codeine. The risk of hospitalization due to hypoglycemia was tripled in the tramadol group. The hypoglycemia was completely unrelated to diabetes and diabetic medication.

The good news is that the absolute risk was small, with only 7 cases reported per 10,000 patients per year. There are likely many more unreported, less severe cases, however. It seems tramadol can interfere with glucose production (gluconeogenesis) in the liver. While tramadol is still a good choice for pain relief, we must be aware of this potential effect in the first few weeks of therapy.

Chew ASA for MI

We have known for some time that chewing aspirin at the first sign of a heart attack can limit cardiac damage. Health Canada has now made it official, allowing Bayer to print a message indicating this on their Aspirin® packaging.

ASA prevents platelets from sticking together, a process which can lead to clot formation and blockage of the coronary vessels. The exact wording of the message is: "If you think you are having a heart attack, call 911 immediately and then crush or chew two 81 mg Aspirin tablets. Taking Aspirin at the first sign of symptoms can reduce your risk of dying of a heart attack." The chewable 80 mg tablets and generic versions of the branded products should work equally well. Some of our facilities have chewable ASA in their stat boxes. Those who do not should discuss its inclusion at their next Professional Advisory Meeting.

Selenium & Prostate CA

Selenium (Se) and vitamin E are antioxidants. For some time it has been proposed that they can protect cells from damage caused by reactive chemical free radicals. Se looked particularly promising when a 60% reduction in prostate cancers was observed in a skin cancer reduction trial from the late 1990s.

Our perspective has changed considerably as results from the SELECT (Selenium and Vitamin E Cancer Prevention Trial), have been released. The study, which began in 2004, was very large. More than 35,000 men aged 50 and over participated. They took either Se 200 mcg, vitamin E 400 IU, both Se and vitamin E daily or placebo.

The trial was supposed to run for 7 – 12 years, but was stopped after just 5 ½, because there was no discernable benefit from the supplements. Of greater concern are the ongoing patient analyses. By year 7, the vitamin E group had shown a 17% increase in prostate cancer cases. An analysis in year 10 showed a 91% increase in high-grade prostate cancers amongst men taking Se who started with high Se levels. Those with low initial Se levels also faired poorly. High dose supplements are not risk free and should only be taken when evidence supports their use.

Prepared by Randy Goodman
Certified Geriatric Pharmacist