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Fracture Guidelines Talk

Earlier this month (on Mr. Trump's big day) we were treated to an informative dinner talk on the LTC Fracture Guidelines that were published last year. Dr. Aliya Khan, an award winning parathyroid and metabolic bone disease specialist from McMaster was the speaker.

The first chunk of the talk focused on undertreatment of osteoporosis, as well as morbidity and costs associated with osteoporotic fractures. In women, the cost of care post-hip fracture is 20 – 40 thousand dollars per year and mortality rate is 20%. Cause of death is usually pneumonia, surgical complications or emboli related to inactivity. Thirty percent will never regain their mobility. Men generally have a greater bone mass, so they fracture later. As a result, their mortality rate is twice as high.

Vertebral fractures are also very common, as evidenced by the classic dowager's hump (kyphosis). They lead to falls and malnutrition, because it's not easy to eat or breathe when

you are all hunched over. Other primary sites for osteoporotic fractures are the humerus (arm) and wrist.

Given the dollar, life and health costs associated with these fractures, prevention is paramount. New residents must be assessed and clear signs of osteoporotic fracture must not be missed. To assist in this process, the *Canadian Medical Association Journal* created a *Fracture Prevention for LTC Residents* chart in the original guideline article from September of 2015 (attached or easily found via "Google").

Assessment helps direct the MD or NP to recognize high risk residents so they are given preventive treatment right away. Low hanging fruit here includes prior hip fractures (e.g. osteoporotic hip replacement surgery), visible kyphosis or X-ray evidence of vertebral fracture from admission chest radiographs.

Treatment with any first line agent is acceptable. Fosamax® and Actonel® are commonly used. Actonel DR® is often the most convenient choice, as residents don't have to be protected from lying down prior to breakfast. Prolia® is allowed by ODB for those who cannot swallow the drugs listed above. Residents must have a positive calcium balance prior to starting Prolia®, as potentially life

threatening hypocalcemia can occur rarely.

Celebrex Speeds Depression Relief

The study was small, but the results are interesting, and perhaps very useful. Fifty-five depressed bipolar patients, aged 18 – 65 years, had not responded to treatment with a prior antidepressant. They were divided into two groups, one taking escitalopram + placebo and one taking escitalopram + Celebrex® 200mg twice daily.

Responses were dramatically different between the two groups. The depression cleared completely in 63% of patients in the Celebrex® group, vs. only 10% in the placebo group. Also, the combo worked quickly, with results seen in the first week. Researchers theorized that there was an inflammatory component to the depression that was helped by Celebrex®. Celebrex® can be a dangerous drug, but a severely depressed resident with low cardiac risk may benefit from this dual approach.

Can You Say Oseltamavir

Tamiflu® 75mg is going generic at the end of the month. Since oseltamavir is a mouthful, we still may speak of Tamiflu® fondly, just as we stick with Coumadin® when referring to generic warfarin.

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