The GeriJournal

Volume 11, Number 5
May 2016
A publication of GeriatRx Pharmacy

Sprint to Lower BP

Blood pressure targets always seem to be on the move, and a new study has them dipping once again. Previous Canadian (CHEP) and U.S. (JNC-8) guidelines recommended a goal systolic BP of less than 150 mm for the elderly (>80 years). Some high risk patients, such as those with diabetes or chronic kidney disease (CKD) had lower targets (140 mm). The new SPRINT (Systolic Blood Pressure Intervention Trial) published in *JAMA* pushes those targets much lower in those 75 years of age and over.

SPRINT was a large study whose participants all had an elevated risk for cardiovascular disease. The 2636 subjects 75 years of age and older were divided into two groups. One group was treated aggressively to a target systolic BP of 120 mm and the other to a more standard 140 mm. Ultimately, the average BP was about 11 mm lower in the aggressive group. Surprisingly, the rates of adverse effects, such as dizziness and falls, did not differ between the two groups. The median follow-up was just over three years and mortality was reduced by 1/3 in the 120 mm group. This group took one additional medication, on average, compared to the standard group.

The 2016 CHEP guidelines reflect this more aggressive approach, indicating high risk groups, including those ≥ 75 years should be treated to a goal systolic BP of 120 mm. Those with standing systolic BPs of less than 110 mm should not be treated to this lower target, and the evidence is not clear regarding individuals with prior stroke, diabetes or very poor renal function (eGRF < 20 ml/min). Since frail or institutionalized elderly were not included in this study, the guidelines do not apply to this group.

Weighty Antidepressants

Weight gain can be a problem with a number of antidepressants. In fact, we sometimes take advantage of this side effect, when we use mirtazapine (Remeron®) in depressed, underweight residents.

A retrospective study of patients newly started on antidepressant medication focused on the weight issue. Patient weight was followed for a two year period after initiation of treatment and only one antidepressant, bupropion (Wellbutrin XL®), reduced patient weight. Patients lost 7.1 lb., compared to the reference drug, fluoxetine (Prozac®). A wide range of antidepressants did not differ from Prozac® from a weight perspective, but sertraline (Zoloft®) and particularly mirtazapine resulted in significant weight gain.

Bupropion should be considered as a first line antidepressant in overweight individuals. CNS effects, such as insomnia, headache and increased seizure risk, as well as tachycardia are the main potential adverse reactions to consider.

Probiotics and *C. Difficile*

C. Difficile is a major problem for the infected resident, others at risk, and staff who have to take measures to prevent its spread. Drug therapy changes, such as limiting the use of acid suppressing drugs (Pantoloc®, Prevacid®, etc.) and antibiotics help to prevent *C. Dif.* Unfortunately, antibiotic use is sometimes a necessity.

A number of studies have attempted to show how probiotics reduce the development of *C. Dif* following antibiotic therapy, with mixed results. However, a meta-analysis of these studies did show a 59% reduction. Results were best when the probiotic (a variety of agents were used) were started on Day 1 of treatment.

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