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MIND over (Gray) Matter

With the relative lack of success in medication advances for dementia treatment and prevention, nutritional approaches have become a major focus. The Mediterranean diet (fruit, vegetables, nuts, olive oil, fish, red wine) has been shown to increase brain volume. Studies suggest dementia can be delayed by four years for those who adhere to it. There is also good evidence that the DASH (fruit, vegetables, low fat dairy, low saturated fat, low sodium) diet has both cognitive and blood pressure benefits. The latest evidence suggests the MIND diet may have even greater promise.

MIND is a combination of the Mediterranean and DASH diets, with a few adjustments. While retaining the healthful components of the other diets, additional amounts of berries and green leafy vegetables are consumed. These highly pigmented foods seem to be significant “brain builders”.

One such study was published in *Neurology* last month. Cognitively intact seniors,

averaging 81 years of age (74% were female) ate extra spinach, kale, and green lettuce, etc. and the results were analyzed after 4.7 years. When comparing the performance of the highest to lowest consumption groups, the higher group was found to have cognitive function that was 11 years “younger”.

Another emerging study supported by the *U.S. National Institute of Aging* measured the rate of cognitive decline of recent stroke patients. Ischemic stroke accelerates brain aging, with 20% of stroke survivors developing dementia within 10 years. Those most adherent to the MIND diet scored 7.5 years “better” than their counterparts. Healthy eating can make a substantial difference in cognition in our resident population.

Prolia for Men

The January ODB Formulary has some interesting changes and additions. The most intriguing is the addition of Prolia® coverage for men, in certain situations.

Prolia® (denosumab) reduces osteoporotic fracture risk for both men and women. The first treatment option is always a bisphosphonate (Actonel DR®, Actonel®, Fosamax®). In the event of treatment failure (fracture), intolerance, further bone loss or dysphagia, Prolia® can be used. Residents must have a high fracture risk

to qualify for coverage. Risk can be determined by rating scales, such as FRAX (*GeriJournal*, March 2010), CAROC or clinical assessment and past fracture history.

Prolia® LU codes differ for men and women, which sounds like gender bias! The codes for females remain at 428 (treatment failure) and 429 (intolerance). Corresponding male codes are 515 and 516.

In an unrelated change, two new strengths of morphine injection (2mg/ml and 10mg/ml) have been added to the Formulary. Coverage is for palliative use (LU 481). GeriatRx will **not** be stocking these products as they add unacceptable risk of selection and administration errors for this high-risk medication.

HCTZ and Skin Cancer

Hydrochlorothiazide (HCTZ) is a mainstay in hypertension management. A large Danish retrospective study, published in *J Am Acad Dermatol* has linked long-term HCTZ intake to skin cancer. People who took HCTZ daily for more than six years were 29% more likely to develop basal cell carcinoma and almost four times more likely to get squamous cell carcinoma, than a matched population group that did not take this medication. While not proving HCTZ causes skin cancer, this review is of special interest for high-risk patients.

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