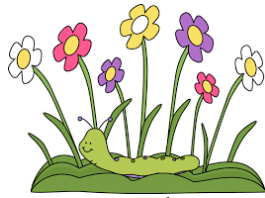


The GeriJournal



Volume 13, Number 3

March 2018

A publication of GeriatRx Pharmacy

Save the Date

Cannabis seems to be establishing itself as the drug of choice for every imaginable condition. With its explosion of use, the time has come to hold an educational event to highlight the true benefits and prescribing pearls of medical marijuana. The processes for prescribing, ordering, delivery, storage and tracking will also be reviewed.

The dinner-lecture event will be held on Wednesday May 2nd, at the Holiday Inn across from Yorkdale Shopping Centre, in Toronto. The clinical portion will be presented by a physician specializing in cannabis treatment. The Continuing Care Director from Canada's largest licensed producer will deliver the procedural content (with an assist from yours truly). An invitation will be sent to all our homes shortly. I look forward to seeing you there.

Nicotine Patch for Depression

Depression in seniors is difficult to treat, especially when accompanied by

cognitive impairment. We often face these challenges in our senior population, and a recent small study tested a new treatment approach.

The fifteen subjects in the study averaged 65 years of age. All suffered from cognitive impairment. The Montgomery-Asberg Depression Rating Scale (MADRS), was the main evaluating tool used. It assigns a numeric value to standard depressive symptoms, such as: sleep and appetite disturbance, lack of initiative, blunted feelings, pessimism, sadness, tension and suicidal thoughts.

The subjects applied a nicotine patch each morning and removed it at bedtime. Dosage was titrated, beginning with 3.5mg (1/2 of a 7mg patch), and increased by 3.5mg each week. The final dose was variable, ending between 7mg for some, and reaching the maximum of 21mg for eight of the participants. The response was remarkable, with significant improvement in 3 weeks, through to the conclusion of the 12-week study. Thirteen of the subjects achieved at least a 50% MADRS score reduction, and eight of them reached a remission score of 8 or less.

There were no serious adverse events, although nausea, dizziness and anxiety were dose limiting for some. Only one subject dropped out of the study. Weight loss was seen,

and this could benefit some residents. There were improvements in cognition as well, but these were not as extraordinary. A larger placebo controlled trial will likely follow, based on these impressive results.

Benzos - Good/Bad News

I often write about the perils of benzodiazepines. These drugs are rarely helpful, especially when dosed chronically. Falls, fractures, confusion and increased mortality mar their purported benefit. Co-administration with other sedating drugs, most notably opiates, is particularly risky.

Here's the good news...an assessment of three large prescription databases giving a good representation of senior's use; ODB (Ontario), Veteran's Affairs (U.S.) and a similar Australian program show a solid decline. Between January 2010 and December 2016, benzodiazepine use in Ontario (minimum one Rx per year) fell from 18.2% of the senior population to 13.4%. At the same time, new prescriptions dropped from 6% to 4.4%. Our LTC benchmarks showed similar declines.

The bad news...use is still too high. Imovane® (zopiclone) is also popular and is no better. It is so difficult to withdraw, it may be even worse. Let's keep working hard to make these drugs scarce in our homes.

*Prepared by Randy Goodman
Board Certified Geriatric Pharmacist*