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Start the Sinemet

A commonly held belief in treating Parkinson's Disease (PD) is that Sinemet®, at least the levodopa it contains, should not be started until absolutely necessary. Early Sinemet® use was thought to hasten progress of the disease, and start the clock ticking on its limited period of effectiveness.

A well-crafted study (LEAP) from *N Engl J Med* seems to have cast doubt on this theory. In LEAP, 445 patients with early PD were randomly placed in either the treatment (Sinemet® 100/25) or placebo group. After 40 weeks, those in the placebo group switched to Sinemet®, while the treatment group continued their Sinemet® for another 40 weeks. If delaying Sinemet® slowed disease progression, the placebo to Sinemet® group would have less advanced disease after 80 weeks.

Each group experienced slight symptom improvement over the course of the study. The difference between the two groups was small and not clinically significant. As a result, the authors concluded

that Sinemet® (levodopa) did not modify/accelerate the course of the disease. There were no differences in levodopa adverse effects between the groups. Interestingly, 39% of patients in the placebo group required Sinemet® for PD symptom control before the end of the 40-week delayed treatment period. Early treatment with Sinemet® does not appear to alter the course of PD.

Canada's Food Guide

I was saddened to see the apparent demise of dairy products in the recently released Canada's Food Guide. As has been widely publicized, the dairy category (and the meat category as well) has been removed from the guide and is now a component of the protein food group.

With the recommendation to increase fruit and vegetable consumption and to make water the primary beverage, milk and dairy products are feeling the heat. While lower fat versions of dairy products are still encouraged, plant based foods high in calcium and protein are likely to become more prominent in and outside of care facilities.

No doubt the dieticians are busy reworking menu choices. Beans, nuts, broccoli, and soy products may play a greater role as good sources of calcium. Go to osteoporosis.ca

for more detail on the calcium content of a multitude of foods.

SGLT2s for the Heart

SGLT2 inhibitors push glucose into the urine to lower blood sugar. They celebrate their 5th anniversary this year, and two members of the class, Jardiance® and Invokana® have an additional indication: the reduction of cardiovascular (CV) death in diabetics with CV disease. Forxiga®, the other SGLT2 inhibitor, may carry the same benefit, if it is a class effect.

Roughly 1% of our residents take one of these drugs. Are they underutilized? Their action is limited (though risk is not increased) by poor renal function. They can cause genital fungal infections, but these are easily cleared with antifungals. Ketoacidosis is a rare, but legitimate concern, as is lower limb amputation risk (Invokana®). Regular foot examinations mitigate this risk.

SGLT2 inhibitors improve BP and edema, so antihypertensive and diuretic doses should be reduced at the outset of treatment. Insulin (by 25%) and oral hypoglycemics (except metformin) should be reduced as well. Higher sugars lead to more pronounced effects. SGLT2 drugs offer another option in delaying or avoiding insulin, particularly in diabetics with CV disease and/or high BMIs.

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