



The GeriJournal

Volume 14, Number 3

March 2019

A publication of GeriatRx Pharmacy

Shingrix Event

Our next dinner event has been planned and will take place on May 7th, at the Holiday Inn across from Yorkdale Shopping Centre in Toronto. Shingrix, the shingles vaccine recommended for all Canadians 50 year of age and older, will be the topic. While Shingrix has been used sporadically in some facilities, and on a wide scale in a small number of others, vaccination uptake in LTC and retirement homes has been below expectations.

Dr. Carla Maxemous will review this vaccine and answer questions you may have regarding its use. A program to assist those wishing to initiate vaccination programs in their facilities will also be discussed. Please see the invitation accompanying this newsletter for RSVP information and further details.

Stopping Tamoxifen

Tamoxifen blocks estrogen receptors in breast tissue and has estrogenic activity elsewhere in the body. Breast tumors that grow when

exposed to estrogen are described as hormone-positive. Since tamoxifen blocks these receptors in the breast, it can be used to treat breast cancer. It can also prevent the development of breast cancer in individuals with abnormal breast examinations or elevated genetic risk.

That's the good news about tamoxifen. The bad news is that it can cause blood clots, stroke, DVT, pulmonary embolism and MI risk are increased. Also, its estrogenic activity can cause uterine cancer. For these reasons, and because its long-term effectiveness has not been proven, it is used for a maximum of ten years.

There are other options. Raloxifene (Evista®), which is also used to treat osteoporosis, is similar to tamoxifen. It may be somewhat safer, though it is a bit less effective for breast cancer treatment. It also has the advantage of not interacting with common antidepressants. Tamoxifen must be activated in the liver, and most commonly used antidepressants interfere with this process. Exceptions are Celexa®, Cipralex® and Effexor®.

When tamoxifen cannot be used safely for an extended time, patients are switched to a drug from another class, the aromatase inhibitors (AI). These drugs (Arimidex®,

Femara® and Aromasin®) interfere with estrogen production, limiting its influence on tumor growth. They also protect the uterus, in contrast to the risk related to extended tamoxifen exposure. AIs are only used after menopause. The primary adverse effects of these drugs are osteoporotic fractures, joint pain and CV risk, though CV actions are less than those seen with tamoxifen. The AI drugs are used for as long as five years, and can follow five years of tamoxifen. Your GeriatRx consultant pharmacist reviews residents using these drugs closely, to ensure they are stopped on time or when they pose excessive risk.

Higher BP = Better Cognition?

Countless BP studies have attempted to find the best blood pressure for different patient groups. There is a mortality benefit to treating those with diabetes or major CV or renal issues aggressively.

A new, one-year prospective study of 1266 very elderly (average age 82 years) in *Annals of Family Medicine* drew an interesting conclusion. When hypertensive seniors were treated to a target systolic BP below 130, their cognition suffered. Objective scales, such as MMSE were used to measure outcomes. Where it is safe to do so, limiting BP reduction may be advisable.

*Prepared by Randy Goodman
Board Certified Geriatric Pharmacist*