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Metformin and B12

Vitamin B12 is essential for nervous system function, red blood cell production and many other body processes. Low B12 levels, therefore, can cause anemia, peripheral neuropathy (tingling, burning, extreme sensitivity or numbness of the skin; imbalance and muscle weakness) as well as fatigue, confusion and memory loss.

The prevalence of peripheral neuropathy is particularly high in diabetics. Recently, it was recognized that metformin can lower serum vitamin B12 levels. As many as 30% metformin users have trouble absorbing the vitamin. Absorption of B12 is already a problem in the elderly and some popular medications, such as those that reduce acid production in the stomach, can affect its absorption.

Deficiency is usually identified when an annual CBC shows megaloblastic anemia (enlarged red blood cells with low hemoglobin levels). It might be helpful to watch for clinical signs of B12 deficiency and order a serum B12 level if symptoms are present. If the level is low, oral vitamin B12, in a dose of 1000 mcg daily, will usually restore it.

Aspirin vs Warfarin

Warfarin (Coumadin®) is very effective in preventing strokes related to atrial fibrillation (AF). With the necessity for frequent INRs, however, it is a nuisance to monitor. This inconvenience, plus multiple drug interactions and bleeding concerns, make it a drug that we avoid unless necessary.

Aspirin, though about half as effective as warfarin in preventing strokes caused by AF, is safer and much less cumbersome to monitor. A tool developed back in 2001 can help us determine when aspirin should be used, or when it is time to use warfarin.

The tool is called CHADS (**C**ongestive heart failure, **H**ypertension, **A**ge, **D**iabetes, **S**troke). Age ≥ 75 years, and each of the listed disease states increase stroke risk. A CHADS score is determined by assigning one point for each risk factor present (two points for prior stroke). If the sum is two or more, warfarin is preferred.

Naturally, with the advanced age of our residents, a base score of one will be almost universal. If other factors are absent, aspirin is preferred. Residents reluctant to be punctured for INR testing, or those at risk of bleeding (e.g. frequent fallers) may be better off on aspirin, until their score climbs above two.

Ebixa Goes Generic

Ebixa® (memantine) is now being produced generically. Drug Benefit testing has determined it to be interchangeable with the Pharmascience brand. Though still not covered, the cost has dropped significantly. This may give more residents access to this useful treatment for cognitive impairment and dementia.

The most common dosage of Ebixa® is 20mg daily (or 10mg bid). At that dose, the generic product would yield a saving of fifty dollars, to roughly $115 per month.

SSRIs and Bleeding

A number of studies have linked SSRIs such as Zoloft® and Paxil® with a risk of bleeding. This is a particular concern when SSRIs are combined with warfarin or NSAIDs. SSRIs seem to reduce platelet stickiness so platelets are less able to plug leaks in vascular endothelium. Interestingly, mirtazepine and tricyclic antidepressants don't share this action. SSRIs may not be the best first option for depressed patients taking warfarin or NSAIDs.

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