

# The GeriJournal



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## Psyllium Symptoms

Last week I witnessed an adverse drug reaction in one of our LTC facilities, and the victim wasn't even a resident. It was a nurse!

The nurse in question (Carol) and I were disposing of discontinued medications. Quite suddenly, Carol began experiencing respiratory symptoms. Her nose and chest became congested, and she started to wheeze.

Carol had emptied a bottle of Metamucil® into the garbage, and we quickly concluded that her symptoms resulted from the inhalation of airborne powder. The potential for allergic response to psyllium powder, the active ingredient in Metamucil®, is well documented, although it hasn't received much press lately.

Nurses often experience symptoms such as itchy eyes, runny or stuffy nose, or even chest discomfort, during a med pass, but don't attribute it to a medication they have handled. If they have given psyllium during the pass, they should pay very close attention!



Deaths have been reported when individuals with this allergy have ingested psyllium. Extreme caution is warranted, because psyllium may be found in cereals, health bars and bulk forming laxatives.

## MARs Bars

After looking at MAR sheets for an hour or more, it can become difficult to focus on the essential data. Beginning this month we will highlight medication names with a black stripe or bar. The drug name will appear in white against the black background. This should significantly improve its visibility on the page.

## Dosing in Renal Failure

Kidney function may decline as we age. The rating scale currently used to classify chronic kidney disease (CKD) grades kidney failure into one of five stages. The scale uses glomerular filtration rate (GFR) to measure the amount of blood the kidneys are able to filter in one minute.

Medication	CICr (ml/min)	Dosage
Hydrochlorothiazide	< 30	Ineffective
Macrodantin/ Macrobid	< 40	Ineffective
Metformin	< 50	Use with caution (lactic acidosis)
Glyburide	< 50	Contraindicated (hypoglycaemia)
Bactrim/Septra	10 - 30	50% dose reduction
Neurontin	15 - 30	Max 300 mg daily
Famvir (Shingles)	20 - 39	500 mg daily (typically given tid)
Allopurinol	20 & 39	100 mg daily
Crestor	< 30	Max 10 mg daily

Another similar measure, creatinine clearance (CICr) is often used to help with dosing.

Most of our residents fall into *Stage 3* CKD, meaning they are able to filter between 30 and 59 mL of blood each minute. Many are in *Stage 4* disease (GFR 15-30 mL/min), and a handful are in *Stage 5* CKD (GFR < 15 mL/min).

A number of medications are eliminated principally or entirely by the kidneys. Residents in *Stage 3*, and particularly *Stages 4 and 5* failure must have the doses of these drugs reduced, or the risk of toxicity is increased. Some medications which work in the kidneys are totally ineffective when renal function is poor.

For example, in *Stages 4 or 5* Cipro® is usually given only once daily, and Levaquin® can often be given every other day. Avelox® is in the same antibiotic class, but is removed by the liver, so the dose does not have to be adjusted in renal

impairment. I have provided a table showing some commonly used LTC meds requiring dose adjustments in renal disease.

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