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Omega-3 for Me?

We tend to be somewhat cynical when herbal products and supplements are actively promoted in the media. Vitamin E and Beta Carotene, once considered miracle antioxidants, have each been exposed as hazardous when used in high doses or in the wrong population.

There are positive stories in the vitamin/herbal realm, however. The news on Vitamin D seems to get better and better each day, with several large scientific studies showing benefits in cancer protection and mortality, in addition to its well known effect on bone density. The body of evidence supporting Omega-3 fatty acid ingestion continues to grow as well.

Omega-3 fatty acids are fats that are essential for certain body processes. Humans cannot produce these compounds, so they must be obtained from our diets. The best sources are fatty fish, such as salmon, cod and mackerel, and grain and nut products such as soy, canola, flax and walnuts.

A recent four-year study of roughly 3,500 Italians with symptomatic congestive heart failure showed that increased consumption of omega-3 fatty acids reduced hospital admissions and mortality. Other studies have shown reductions in all-cause mortality, cardiac and sudden death and stroke.

One other area of interest in omega-3 research is the use of these products to preserve cognitive function. A study of elderly men conducted in the early 1990s showed that two to three fish meals per week reduced decline. MMSE scores dropped by 1.1 points more in the non-fish eating group over a period of five years, compared to those eating fish.

The Canada Food Guide recommends that all adults eat at least two servings of fish per week. If this proves difficult, consider taking an omega-3 supplement. There are many choices in the marketplace, but ideally a fish based product would be chosen. One negative study in men with angina suggests this group may want to avoid excessive amounts of these products. Omega-3 supplements can cause stomach upset and can increase INR in individuals receiving warfarin.

No LU for Humalog

Humalog® insulin no longer requires a Limited Use (LU)

code for coverage. This should remove one of the impediments to the prescribing of this rapid acting insulin. Hopefully, NovoRapid® will soon join Humalog® in this regard. Humalog® Mix 25 has also been added to Novomix® 30 in the “no LU required” group.

Ritalin and Falls

Drugs are often the cause of falls. At last, we may have found a drug that can prevent them. Methylphenidate (Ritalin®), best known for treating hyperactivity and *Attention Deficit Disorder* in children, has shown promise.

Two principle falls screening tests have been used in recent drug studies. One test measures stride consistency, while the other records the time it takes to rise from a chair, walk a short distance, then turn and return (Timed Up and Go - TUG).

Patients taking Ritalin® had improved results in each of these tests. Individuals between 65 and 90 years of age and MMSE scores of 24 or higher were examined in this study. Though the subjects were not demented, many were challenged with memory loss and poor executive function. Previously, Ritalin® had been shown to reduce fall frequency in Parkinsonian patients.

*Prepared by Randy Goodman;
Certified Geriatric Pharmacist*

