

# The GeriJournal



Volume 4, Number 6

June 2009

*A publication of GeriatRx Pharmacy*

## Say Nuts to High BP

Don't stop taking your antihypertensive meds yet, but eating nuts regularly may be the answer to your high blood pressure. The Physicians' Health Study 1 in the U.S. showed that daily nut intake could prevent the development of hypertension. The results were reported in the *Journal of Clinical Nutrition* earlier this year.

The study assessed the dietary habits of almost 16,000 male physicians. Prevention was greatest in lean individuals who consumed nuts (other than legumes, such as peanuts) seven or more times per week. Nuts contain unsaturated fatty acids, fiber, antioxidants, and vitamins and minerals, all of which can help keep down BP.

## Xarelto Post-Hip Repair

Xarelto® will be covered by ODB beginning on June 23<sup>rd</sup>. Xarelto® is an oral anticoagulant which does not require INR monitoring (see *GeriJournal 4.1 – The End of INRs*). It is used for the prevention of venous thromboembolic events (VTE)

in patients who have undergone total hip or total knee replacement surgery. ODB coverage is limited to only 14 days.

This is a wonderful step. After hip replacement Fragmin® or Innohep® are usually given for 7-10 days. Immobile patients are at risk for blood clot formation. Thrombosis can be prevented by these low molecular weight heparin products. Unfortunately, they are not covered for this indication by ODB. The oral 10mg tablet of Xarelto®, given once daily, will be covered and is much easier to administer.

## Dialysis and Drugs

As chronic kidney disease progresses dialysis may become necessary to ensure adequate quality of life or even survival. Hemodialysis removes fluid and waste products from the bloodstream when the kidneys are unable to do so effectively. Drugs and drug metabolites may or may not be removed by dialysis.

Knowledge of the impact of dialysis on different medications is essential if dose and time of administration are to be optimized. In general, medications that are broken down by the liver do not require any adjustments. Also, medications which are

distributed throughout the body or are bound tightly to proteins in the bloodstream are retained.

Since patients typically undergo dialysis three times per week, drugs eliminated by the kidney should be dosed conservatively. This prevents accumulation to toxic levels.

If a drug is removed by dialysis, it is considered to be dialyzable. When drugs are dialyzed extensively, a supplemental dose should be given after hemodialysis.

Below is a list of some of the drugs most commonly used in the elderly. Drugs requiring supplementation after dialysis are marked (S) and those that do not are marked (N). There can be variability based on the type of dialysis membrane used and the flow rate of the dialysis solution.

Medication	S or N
Allopurinol	S
Amlodipine (Norvasc®)	N
Aspirin	S
Atenolol	S
Atorvastatin (Lipitor®)	N
Citalopram	N
Digoxin	N
Furosemide	N
Lorazepam	N
Phenytoin (Dilantin®)	N
Ramipril (Altace®)	S
Sinemet®	S
Warfarin (Coumadin®)	N

Prepared by Randy Goodman  
Certified Geriatric Pharmacist

