

# The GeriJournal



Volume 4, Number 9

September 2009

*A publication of GeriatRx Pharmacy*

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## Flu Time

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Last year, flu season ended on a troubling note, with the emergence of Tamiflu® resistant Influenza strains. The swine flu pandemic has further elevated the level of concern.

Hopefully, the Influenza season in long term care will be light, and Tamiflu® will be effective. Remember, residents with creatinine levels of 150 µmol/L or higher receive reduced doses of Tamiflu®. These residents should be identified now.

If Tamiflu® resistant strains become prevalent, it may be necessary to use amantadine. Should this be necessary, we will calculate the correct dosage for you.

Vaccination procedures are also changing. A separate swine flu vaccine will likely be given in addition to the usual trivalent Influenza vaccine. Initially, it was thought that two doses of the new vaccine would be required. Recent studies, however, show good immune response from a single vaccination. We will once again be offering a \$75

prize in our annual Flu Shot Challenge to encourage reluctant staff members to participate in the facility vaccination program.

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## A1c For Diagnosis

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Hemoglobin A1c used to be a secret term known only to health care professionals. Times have changed! Now, at least one TV commercial implores viewers to “know your A1c.”

Glycosylated hemoglobin, otherwise known as A1c, is red blood cell hemoglobin which has glucose molecules attached to it. A high A1c indicates poor glucose control. Since the lifespan of a red blood cell is roughly four months, the A1c gives us a history of blood glucose control over several months.

A committee of international diabetes experts recently recommended that A1c be the principle measure used to diagnose diabetes. Their position was that anyone with an A1c of 6.5% or greater be considered diabetic. Fasting glucose and glucose tolerance tests are still considered useful in support of the diagnosis.

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## Do Rub it In

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NSAIDs (Non-Steroidal Anti-inflammatory Drugs) have been in the bad books for a number of years now. These drugs (e.g. Motrin®,

Voltaren®, etc.) have a host of potential adverse effects, such as GI ulcers and bleeds, renal impairment, fluid retention, blood pressure increase and even myocardial infarction. When Vioxx® was linked to numerous deaths and recalled late in 2004, all NSAIDs came under heavy scrutiny and their use was cut substantially.

The added risk of this class of drugs has led to a search for safe, effective alternatives. Acetaminophen is effective in some cases, although it lacks the anti-inflammatory action of the NSAIDs. Narcotics may offer effective pain relief, but they also have no effect on inflammation and carry a host of unwanted adverse effects. NSAIDs such as Celebrex® and naproxen may be used cautiously when cardiac, renal and GI risk are low.

Another alternative to consider is the topical application of NSAID medications. Diclofenac products, such as Voltaren Emulgel® and Pennsaid® drops have been used most frequently. These products provide local pain relief. They are formulated to penetrate through the skin directly to the source of pain. Benefit is only seen with joints close to the skin surface, such as the knee and elbow. There are few adverse effects as drug levels in the bloodstream are very low.

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