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Here We Go Again

After another wonderful summer it's difficult to imagine that soon, sniffles and sneezes will be all around us. It is once again time to prepare for the arrival of Influenza.

Please send current serum creatinine levels and resident weights to GeriatRx, so we can update our renal function data and assist with antiviral drug dosing. Residents with serum creatinine levels at or above 150 $\mu\text{mol/L}$ should be identified, as they will require reduced doses of Tamiflu®. In stable residents, creatinine levels taken within the past twelve months should be fine, so it is not necessary to swamp your lab with scores of fresh blood samples.

The flu vaccine content remains unchanged from last year. After the complicated vaccination schedule of 2009-2010, it looks like we've settled back into our routine of a single injection each season. Please contact us if you would like MAR and chart labels for the administration of flu vaccine. The labels are a significant time saver.

We will also be offering our "Flu Shot Challenge" again this year. We will send a cheque for \$75 to one freshly vaccinated staff member chosen in a draw in each facility. Good luck!

Coroner's Report

The 20th annual report of the Geriatric and LTC Review Committee was released by the coroner's office late last year. It contains a number of important recommendations, stemming from deaths reported to the coroner's office.

Mishandling of constipation was mentioned prominently in the report. Antidiarrheal meds, such as loperamide (Imodium®), are sometimes selected to treat frequent small stools. When the "diarrhea" is the result of fecal impaction, complete blockage of the colon may develop. Loperamide has also been misused in the treatment of *C. difficile* associated diarrhea. It is contraindicated, as it can lead to retention of toxins and bacteria and delay antibiotic treatment. Diarrhea must be assessed properly before treatment is initiated!

Bleeding related to antiplatelet drugs, such as ASA, Plavix® and Aggrenox® is often unrecognized. Minor trauma, to the head in particular, can cause life threatening cerebral hemorrhage. Residents using

more than one of these agents at a time are at particular risk.

Another focus was the treatment of pain, particularly with end of life care. Codeine is not a reliable analgesic, as many people lack the enzyme to convert it to morphine, its active form. Morphine and hydromorphone are the best choices for palliative pain relief. These drugs should be started at a low dose, but the dose must be increased as necessary until pain is well controlled. Doses often remain too low and death is marred by unnecessary discomfort.

Bactrim + Aldactone = K+++++

The remarkable thing about the latest "new" drug interaction is that it has taken so long to be identified. While Bactrim®/Septra® and Aldactone® (spironolactone) have been around for decades, we are just learning how dangerous they can be when used together in the elderly.

Hospitalizations of seniors (aged 66 and over) for hyperkalemia were analyzed in this study. Those prescribed Bactrim®/Septra® who were already taking Aldactone® were 12.4 times more likely to be hospitalized for elevated potassium than those given Noroxin® or amoxicillin. This combination should either be avoided or used with extreme caution in the elderly.

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