
BP Down Hip # Up

When BP drops the risk of falling is increased. This makes perfect sense, especially in cases where there is a large postural pressure drop (i.e. when rising from a sitting to standing position).

The massive ODB database is often used to study adverse drug events. In this case, patients ≥ 66 years of age receiving their first dose of an antihypertensive medication were targeted. Initial use of ACE inhibitors, Ca channel blockers, β -blockers or thiazide diuretics was linked to hip fracture information. The data was drawn from a nine-year period (2000-2009) and focused on the first forty-five days after the initiation of a drug from one of these groups.

The 301,591 community dwelling patients were 43% more likely to fracture a hip in this period, compared to the time before the drug was started or after they adjusted to it. Residents should be monitored closely when antihypertensives are initiated and when doses are increased.

Bloody SSRIs

In 1999, evidence linking SSRIs to bleeding began to emerge. Platelets require serotonin to stick together and plug small holes and tears in blood vessels. SSRIs reduce platelet serotonin levels.

The worst offenders are Zoloft®, Paxil® and Prozac®, because they have the highest affinity for serotonin receptors. Cipralex®, Effexor® and Celexa® have moderate affinity and Wellbutrin®, Remeron® and trazodone are least likely to cause bleeding and may be the best options in residents with a history of bleeds.

The high affinity agents are almost as likely to cause a bleed as NSAIDs (ibuprofen, naproxen, etc.) and this risk is magnified when SSRIs are taken with another drug that can cause bleeding, such as ASA, Plavix® or warfarin. *CMAJ 2011 183(16)* showed that bleeding risk is increased 42% when an SSRI is added to low dose aspirin. Any resident receiving an SSRI (especially one with a high affinity for serotonin receptors) with an antiplatelet or anticoagulant drug, should receive a PPI (Pantoloc®, Prevacid®, etc.) to prevent a GI bleed.

Fatten 'em Up

Sometimes having a few extra pounds can be a good thing. A

retrospective analysis of post-stroke (both hemorrhagic and embolic) and TIA patients showed that those with extra weight had less severe neurological symptoms and a better recovery.

Findings were published in the *European Heart Journal (Oct 16, 2012)*, and included patients who were admitted within three days of the event. Patients with the lowest BMI (<18.5 kg/m²) had a mortality rate of 61% vs. 13% in the obese group (BMI >35 kg/m²). Mortality and functional status improved consistently through the different BMI categories, as the value increased. Stroke recurrence was also lower in the heavier weight groups.

The study was not perfect. Weight or height information was missing for many of the patients. Those who died before reaching hospital were not captured and other health related outcomes where weight could have a negative correlation were not considered. Still, it does give one food for thought.

Prolia Warning

Prolia® entered the Formulary as an LU alternative to Fosamax® and Actonel® earlier this year. We are now learning that, like the bisphosphonates, it can cause atypical femoral fractures. New hip, thigh or groin pain should be reported ASAP.