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Domperidone Bubbles Over

Domperidone has joined the long QT club. Along with the other recent entry, citalopram, Health Canada has identified domperidone as a potential cause of ventricular arrhythmias and sudden cardiac death. The “safe” threshold seems to be 30 mg per day and risk is highest for those over sixty years of age.

Lowering the dose to 10 mg three times daily will not be easy. Domperidone is often dosed tid ac meals and at bedtime. If the resident can tolerate the elimination of the bedtime, one of the pre-meal doses or a reduction of two doses to ½ tablet, the 30 mg level will be reached. Residents taking two tablets, three or four times daily will require immediate attention. Those already taking PPIs (Pantoloc®, Losec®, etc.) or H₂-antagonists (Zantac®) and still requiring large doses of domperidone will be a particular challenge.

Strategies such as adding pillows, raising the head of the bed and avoiding large or fatty

meals, particularly before bedtime, may have to be employed. Drugs which are gastric irritants must be avoided, whenever possible. Interactions with other offending drugs (amiodarone, citalopram, Avelox®, etc.) must be minimized and electrolyte disturbances corrected. QT wave duration on ECG may have to be measured. We have compiled a list of all residents receiving more than 30 mg of domperidone for review by the consultant pharmacist and physician.

Brain Injury Treatment

A recent study published in the *New England Journal of Medicine* has shown that amantadine can accelerate patient recovery following a traumatic injury to the brain. Data was collected over a six and a half year period from six centres in the U.S. and three in Europe.

Disability scores improved rapidly in the amantadine group and were significantly lower than in the placebo group. After four weeks of treatment, amantadine was stopped. The resultant recovery slowed so much that those in the placebo group caught up to those that had been treated.

The authors conclude that amantadine accelerates the rate of functional recovery after

traumatic brain injuries affecting consciousness. It is likely to become a standard of care in this area.

Actonel DR

We all know that Actonel® and Fosamax® can turn a morning pass upside down. The need to dose these drugs well before breakfast with residents remaining upright is extremely inconvenient.

Enter, Actonel DR® 35 mg. This new, long-acting form of Actonel® is designed to be taken **after** breakfast on a full stomach. The tablet’s enteric coating decreases stomach upset and exposure to cations, such as calcium, iron and magnesium. These cations are known to decrease Actonel’s absorption. A chelating agent, EDTA, has also been added to “grab” any stray cations looking to bind to Actonel®.

Actonel DR® isn’t perfect. Cationic supplements (Ca, Fe, Mg and zinc) are best switched from breakfast. Residents taking PPIs (Pantoloc®, Losec®, etc.) or Zantac® should avoid Actonel DR®, as those medications may cause the enteric coating to dissolve prematurely. Actonel DR® is not indicated for osteoporosis in men, is more expensive than generic Actonel® and one still mustn’t lay down after taking it. It is a viable option if the early AM swallow and sit up routine proves too difficult.