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Diabetic Testing Strips

Ontario Drug Benefit (ODB) will be changing their payment strategy for diabetic testing strips, as of August 1, 2013. There will now be limits on the number of strips reimbursed for some residents. These changes reflect some of the recommendations of the Canadian Diabetes Association (CDA), who feel that frequent testing is creating a financial burden while offering little clinical benefit for some patient groups.

Diabetic residents receiving insulin are unaffected by these changes. Those on oral anti-diabetic medications have been categorized into two groups. Group #1 includes residents taking at least one oral drug with a high risk of causing hypoglycemia. Such drugs include the popular sulfonyureas Diamicon® (gliclazide) and glyburide and the less popular meglitinides, Starlix® and Gluconorm®. Since these drugs “push” insulin from the islet cells of the pancreas into the circulation, they can cause sharp reductions in blood glucose. ODB will allow 400

testing strips to be dispensed each year for such residents.

Group #2 includes diabetics taking medications with low hypoglycemic potential. The most prominent of these drugs is metformin. Newer drugs, such as Januvia® and Trajenta® also lower blood sugar indirectly and are not likely to cause hypoglycemia. These residents, as well as those whose diabetes is controlled by diet alone, are allotted only 200 test strips per year. Very few of these residents are being tested daily, but reductions will be required where that is the case.

MOHLTC does recognize that diabetic testing and treatment are individualized and some residents don't fit neatly into either of these groups. Those with a past history of hypoglycemia, experiencing drug interactions, taking medications that elevate blood glucose, having inconsistent eating habits or poorly controlled sugars may require additional testing. If a clinical reason is provided, GeriatRx has the ability to override the ODB adjudication process and provide just **one** additional box of 100 strips per year. Our association is speaking with ODB to ensure all diabetics can access the required strips.

DDAVP for Nocturia

Are your residents waking up during the night to use the

facilities? A hormone that decreases urine output and is used for bedwetting in children, desmopressin (DDAVP®), seems to be useful in adults as well.

An evaluation of three placebo controlled, randomized trials showed that DDAVP reduced the number of voids by 1.4 to 2.1 per night and increased the initial period of undisturbed sleep by 1.3 to 2.6 hours depending on the dose!

In the largest arm of this study, 757 subjects, aged 55 to 82 were assessed. Quality of life improved, with pain levels, mood and sleep being the main beneficiaries. There is also a good chance falls could be reduced in the LTC setting.

Patients with recent prostate surgery, residual bladder volumes of 150 ml or more and those on diuretics were excluded from the study. DDAVP can rarely cause severe hyponatremia, so sodium should be monitored. Blood pressure may also increase, but this was not much of an issue with bedtime only dosing. The most effective product was the oral dissolving tablet (DDAVP Melt®). Optimal dosing was 25 mcg (not yet available) for women and 60 mcg for men. The 100 mcg regular tablet can be used initially for females with a switch to the 60 mcg melt, if tolerated.