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Imovane Safety

I don't like Imovane® (zopiclone) very much. Not only can it cause all kinds of problems (see next paragraph), but stopping it is extremely difficult as withdrawal symptoms typically emerge.

The challenges with this drug have now caught the attention of Health Canada. Imovane® is touted as the ideal hypnotic, because of its intermediate five hour half-life. Nighttime awakenings are minimized, while morning hangover effects are supposed to be virtually non-existent. In the elderly, however, the half-life is increased to seven hours and interactions with BP meds (calcium channel blockers) and antibiotics are common. Renal or hepatic impairment further extends the half-life while absorption is actually better in seniors. The result can be next-day impairment of activities and alertness.

Health Canada now recommends a starting dose of 3.75mg at bedtime. The maximum dose should be 5mg in the elderly and treatment should usually not exceed 7-10

consecutive days. Use for more than 2-3 consecutive weeks requires complete re-evaluation of the resident. Unfortunately, benzodiazepine drugs are poor alternatives, because their adverse effect profiles are very similar.

Crushing Syringes

Now that the excitement over biohazardous drugs has settled, I thought I would stir the pot once again. To review, where contact with or inhalation of a medication presents a risk to the administering nurse, GeriatRx sends a permanent warning card to be attached to the resident's pouch container. Inhalation of powder from crushed tablets is of particular concern. Hormonal products, which account for the majority of biohazardous drugs, warrant special attention due to potential adverse effects in pregnant or nursing women.

While careful crushing techniques or the use of masks may be sufficient to mitigate those concerns, we are offering another solution. GeriatRx can provide special crushing syringes for any residents who cannot swallow these medications whole. Crushing syringes grind medication in an enclosed environment, preventing the release of powder into the air. Please contact GeriatRx if you would like a crushing syringe to be sent for a particular resident or residents.

Fosfomycin for Resistant UTIs

Bacteria are ingenious little critters. When repeatedly exposed to antibiotics, they often learn to produce enzymes that attack and destroy them. One such enzyme is called beta-lactamase. The term ESBL (extended spectrum beta-lactamase) has been coined to describe a group of these enzymes. They have the ability to inactivate many penicillin, cephalosporin and injectable antibiotics.

A number of common bacteria: *E.Coli*, *P. Mirabilis*, *Klebsiella sp.*, *P. Aeruginosa* and others, may contain ESBL. Resistance is therefore a potential problem. We are seeing just that in the pharmacy. Repeat courses of antibiotics, combinations and injectable agents are being prescribed more frequently than in the past.

A little used drug is available to battle ESBL. Monurol® (fosfomycin), was first used in 1969, but is largely unknown. It is a unique agent and is often effective in treating ESBL+ uncomplicated *E. Coli* UTIs. It is supplied in granules and is taken as a single 3 gram dose. It is usually well tolerated and can be given in the presence of renal or hepatic impairment. Macrobid is another option for ESBL, but requires good kidney function to be effective.