

The GeriJournal



Volume 9, Number 2

February 2014

A publication of GeriatRx Pharmacy

Dificid

A new weapon is available to us in the treatment of stubborn *C. Difficile* infections. It is an oral antibiotic called Dificid® (fidaxomicin). Dificid® is in the macrolide drug class, like azithromycin and Biaxin®.

Dificid® is not cheap. A ten day course of tablets (200mg twice daily) costs more than \$2,300. This is much more than the roughly \$375 for 14 days of vancomycin 125mg, so a number of restrictions have been placed on its use. These restrictions all relate to vancomycin intolerance or ineffectiveness.

Treatment of CDAD (*C. difficile*-associated diarrhea) begins with confirming the presence of the organism and toxins that cause the diarrhea. Metronidazole is the first treatment option. If it fails, vancomycin is used. When symptoms are severe (e.g. renal failure, high fever, bowel perforation, etc.), vancomycin 125-250mg qid for 2 weeks is the first choice.

If vancomycin fails to control the symptoms or if there are

three or more episodes in a six month period, Dificid® will be covered by ODB. This drug can prevent tragic outcomes from a potentially devastating illness. In spite of the medication cost, clearing CDAD quickly will generate significant monetary savings by minimizing the time required for isolation and disinfection precautions. Newer treatment modalities, such as “stool transplantation” are emerging and are encouraged in place of drug therapy, where available.

Li and Increased Ca

Health Canada issued an alert earlier this month, indicating that lithium containing medications can cause dangerous elevations of serum calcium. This may be accompanied by increased parathyroid hormone levels.

In severe cases, hypercalcemia can cause cardiac arrest, so monitoring is important. Physicians are already watching TSH, creatinine and electrolyte levels in these residents, so adding calcium to the list shouldn't present a problem. Calcium should be measured before treatment begins (not applicable for most of our residents), six months later and annually thereafter.

There are multiple signs of hypercalcemia, including: fatigue, depression, confusion, nausea, thirst, anorexia,

urinary frequency, aching joints and muscle weakness. Our consultant pharmacists will be recommending calcium monitoring for all residents taking lithium.

Drug Dispensing - CNO

The CNO released its new Practice Standard for *Medication* last month. It reviews many of the nurses drug related tasks, such as accepting and evaluating medication orders, obtaining consents, monitoring for therapeutic effects or adverse events, etc. The section that really caught my attention, however, was the one entitled “Dispensing Medication”.

The word “dispensing” has been considered taboo, when used outside the pharmacy. I've often been asked to whisper when using such language in our facilities. The new standard finally gives members of the College the respect they deserve by validating their capability of performing this function. To quote, “All nurses have access to the controlled act of dispensing...”

Selecting and administering medications from the stat box or government stock has now been sanctioned as acceptable. For further details about the new Practice Standard, please see the CNO release at www.cno.org/dispensing.