



# The GeriJournal

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## Risperidone Alert

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All antipsychotic medications carry a “black box warning” indicating “elderly patients treated with antipsychotic drugs are at increased risk of death”. The risperidone warning is more specific, stating “...increased risk of cerebrovascular adverse events including stroke”. Regardless of the wording, all these drugs carry increased CV risk.

Health Canada has now released an alert stating that “the indication for risperidone in dementia has been limited to Severe Dementia of the Alzheimer type – Symptomatic management of aggression and psychotic symptoms.” The principal message is that patients/residents with mixed or vascular dementia are at greater risk of stroke and other severe CV outcomes when taking this (these) medications.

Treatment should be limited to short-term management of aggression or psychotic symptoms when there is a risk of harm to self or others. Non-pharmacological approaches should be attempted first. Stroke and CV risk should

always be considered before initiating treatment with one of these agents.

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## The CPR Question

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I saw an interesting article in my Sunnybrook Hospital newsletter recently. It dealt with the thorny topic of CPR and how the issues for and against could be explained to the lay public.

Most facilities handle this challenging subject well, but I think providing a copy of this article would be a nice addition to any existing process. In particular, the arguments against CPR, from rib fracture and pain to the poor likelihood of a satisfactory outcome are dealt with thoroughly and with sensitivity. It can be accessed at:

<http://health.sunnybrook.ca/navigators/right-say-cpr-may-want/>

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## Pradaxa Reminder

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Pradaxa® (dabigatran) has now been with us (covered by ODB – via LU) for almost five years! When it was released, much effort was spent warning that the product should not be opened or crushed.

Many years have passed and Pradaxa® is now out of the spotlight. As such, it seems a good time to remind everyone of this initial warning, especially in light of a recent

event reported in a recent ISMP Safety Alert Bulletin.

A patient staying in a care facility was admitted to the hospital Emergency Room, with hematemesis (vomiting blood). On analysis, it was believed that some of the nurses were opening the capsules and sprinkling the contents on the resident’s food. Opening capsules is usually a safe practice, but Pradaxa® is an exception to this rule. Drug absorption is increased by 75% when this is done. Please inform us when a resident develops dysphagia, so we can recommend an alternative. In this case, Xarelto® would be the best choice as its action is not altered by crushing.

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## SSRI + Stimulant Speeds Antidepressant Onset

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One of the major shortcomings of antidepressants is their slow onset. That delay can reach 12-16 weeks in seniors.

In a study published last month in *Am J Psych*, citalopram plus Ritalin® (methylphenidate) improved symptoms faster (at four weeks) and more completely after 16 weeks than citalopram alone. Interestingly, there were fewer dropouts (2/47) in the combination group than the citalopram group (7/48). Combined therapy may be worth considering when a rapid response is required.