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Detachable Labels

After spending some late nights in a couple of nursing homes recently, I came to a new realization. We are producing a boatload of labeled boxes that are difficult to dispose of. Unless a great deal of time is spent striking out names or tearing off and shredding labels, confidential information might be released into the garbage or recycling.

In order to save time and prevent improper disposal of confidential information, we are changing the way we dispense many of our boxed medications. Where a product carries two labels – one on the medication and one on the box, the external label will only be partially attached. This will allow the product to be easily identified and received, after which the label can be detached and shredded while the box can go directly into the recycling bin.

The two main product groups impacted by this initiative are inhalers and creams/ointments. We will also be sending eye drops without their

commercially supplied boxes for the same reason.

Prolia and Hypocalcemia

Prolia® (denosumab) injection has become an increasingly popular osteoporosis treatment since it was granted ODB coverage about three years ago. Its primary advantage over the bisphosphonates is that it can be used in the presence of swallowing difficulties.

This increased utilization carries added risk that many are not aware of. Prolia® can cause severe hypocalcemia, which may occur after the very first injection. This makes sense, because Prolia® stabilizes bone by reducing the activity of osteoclasts, the cells that break down bone. Less calcium is released into the bloodstream and levels drop. Poor kidney function puts the patient at further risk, as impaired kidneys cannot activate vitamin D. Since vitamin D is required for effective absorption of calcium from the gut, the body is unable to replace the calcium that is now being held by the bones. Urinary calcium loss is increased as well.

Several recommendations have been made to prevent the development of hypocalcemia. First, calcium levels should be measured within the first 14 days of Prolia® injection. Monitoring should continue

for an extended time. Finally, calcium should be supplemented (unless dietary intake is adequate) as should vitamin D.

LTC Fracture Guidelines

New guidelines for fracture reduction in LTC were published in *CMAJ* in September. This was the first update since 2010 where community dwelling adults and seniors were the focus.

The greatest potential for benefit is seen in residents with the highest fracture risk; those with past hip or vertebral fracture, multiple fractures, recent steroid (e.g. prednisone) use or those admitted on an osteoporosis medication.

An intake of 1200 mg of calcium (3 dairy servings) from diet is recommended. If this cannot be achieved, supplementation up to 500 mg should be given. Doses higher than 500 mg may present CV and GI hazard. Vitamin D should be dosed from 800 to 2,000 IU daily.

High risk residents should receive Fosamax® or Actonel®. In the presence of dysphagia or poor kidney function (GFR 15-30ml/min), Prolia® should be used. If estimated life expectancy is less than one year, treatment is not recommended. Exercise and hip protectors are also advised for mobile residents.

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