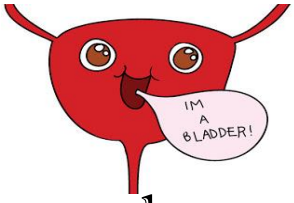

The GeriJournal

Volume 10, Number 5
May 2015
A publication of GeriatRx Pharmacy

Ultibro Inhaler

There have been some interesting additions to the provincial Formulary this month. Perhaps the most valuable of these is a new COPD inhaler called Ultibro Breezhaler®.

Ultibro® is the first inhaler to combine a long-acting antimuscarinic agent (LAMA) (glycopyrronium), and a long-acting beta agonist (indacaterol). This is similar to combining Spiriva® (a LAMA) with Serevent® or Oxeze® (a LABA). These two bronchodilator classes are indicated early in COPD treatment, so this is a natural combination. Currently, all combination inhalers contain a LABA and a steroid (e.g. Advair®, Symbicort®). Steroids are only indicated later in the treatment cascade and are not beneficial in all cases. As a result, Ultibro® may be more effective, while reducing the number of inhalers in use for some residents.

The other advantage of Ultibro® is that it is administered just once per day. The Breezhaler is somewhat similar to the Handihaler device used to administer Spiriva®. A capsule must be loaded into the inhaler before it can be administered. Ultibro® is covered for moderate to severe COPD that has not responded well to a LABA or LAMA product. The LU code is 459.

OAB Dinner Lecture

When the food is really good (and a washroom is nearby), one doesn't mind talking about bladder control issues during dinner. Such was the case when Dr. David Hajak spoke about overactive bladder treatments for us this month.

The condition is marked by an urgency to void. With good sphincter control, some can get to the washroom or bedpan in time (dry OAB), while others cannot (wet OAB). Neurological disorders, such as stroke or Parkinson's are often contributors, but sometimes the cause is unknown (idiopathic OAB).

Non-drug measures, including reducing caffeine, restricting fluid intake in the evening and strengthening the muscles of the pelvic floor with Kegel exercises were discussed. Retraining with timed voiding is a good option in the institutional setting and keeping a voiding diary helps in assessing progress of treatment.

The largest chunk of the talk was dedicated to drug therapy of OAB. Anticholinergic medications are the mainstays of treatment. Preventing these drugs from crossing the blood brain barrier is critical in the elderly, as they can cause considerable confusion. Features such as large molecular size, strong electrical charge and poor lipid solubility prevent movement into the brain. A new drug, Toviaz® (fesoterodine), has these qualities and the brain also has a built in system (P-gP) for pumping it out. As a result, studies have demonstrated little to no effect on cognition with this agent. Older drugs, Ditropan® in particular, are particularly problematic.

Toviaz® has no effect on QT interval and can be given in the presence of severe renal impairment, using the lower 4 mg dose. Another newer agent, Mirbetriq®, is now covered with LU Code 290. It works via the adrenergic system, so it does not cause confusion, though it can elevate blood pressure.

The issue of OAB treatment in dementia was discussed. Residents who recognize the need to void and can toilet themselves, or get assistance may benefit from these meds. Those who cannot should have the medications stopped, to avoid adverse effects.

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