

The GeriJournal



Volume 13, Number 12
December 2018

A publication of GeriatRx Pharmacy

Dizzy Parkinsonians

Orthostatic hypotension (OH) is common in Parkinson's patients. A decrease in blood pressure upon standing is usually greeted with a compensatory increase in arterial constriction and heart rate. This response is blunted in Parkinson's Disease, as the autonomic nervous system and adrenal gland fail to deliver sufficient adrenalin to normalize BP.

Several medications can be used to reduce the impact of OH in these patients. Midodrine currently tops that list. Midodrine (2.5 and 5mg tablets) stimulate adrenergic receptors in the smooth muscle surrounding blood vessels, causing them to constrict. This narrows the vessels, increasing pressure and the delivery of blood to the muscles and vital organs. In turn the incidence of palpitations, anxiety, dizziness and falls is reduced.

While midodrine does an excellent job of increasing BP (it is also used during dialysis for this purpose), we normally only want this action while our residents are standing. If we

don't minimize midodrine levels when residents are laying down (supine), we are likely to cause supine hypertension.

Timely administration can optimize response. Midodrine takes about one hour to start working, so it should be given within one hour of arising to reduce falls potential. Its action is short-lived, so Q4H administration is preferred. The last dose is normally given in the middle of the afternoon and at a reduced dose, to prevent hypertension in the evening. The dosing should be tailored to the resident's sleeping and napping routine.

Other medications that can help include Florinef® (absorption of fluid in kidneys to expand blood volume) and Mestion® (vasoconstriction). Non-drug measures to increase blood volume (increased fluid and salt intake – if permitted) or decrease pooling of blood in the legs (leg elevation or compression stockings) also help with OH.

CPE

VRE, MRSA, ESBL, among others, have come before. Now we have another superbug, CPE. CPE - Carbapenemase-producing *Enterobacteriaceae*, appeared recently, and is resistant to most antibiotics. Colonization or infection with this organism must be reported to facility management and the Medical Officer of Health.

Enterobacteriaceae bacteria are normal flora in the intestines of humans and animals. They are widely distributed in the environment in soil and water, and can contaminate sinks, shower drains and contact surfaces. The most common sites of infection are the urinary tract and lungs. If CPE reaches the bloodstream causing systemic infection, the mortality rate may reach 50%.

Risk of CPE is highest among patients who have been hospitalized outside of Canada (not a concern for most of our residents) or in those who have come in direct contact with an individual known to have CPE.

Tylenol #2 and #3 Use Dropping

I removed Tylenol #2 & #3 from a stat box recently and wondered how much of these venerable, old products we still use. Tylenol #3 volume has dropped by 33% over that past year (Tylenol #2 not quite as much) and this is good news.

As many are aware, codeine is an unpredictable drug. It causes toxicity in people who rapidly metabolize it to morphine, while working poorly, if at all in those whose livers have trouble activating it. Further, the caffeine in these products can cause agitation and insomnia. Hydromorphone, initiated at 0.25 to 0.5mg is being used more frequently and is a much better option.

*Prepared by Randy Goodman
Board Certified Geriatric Pharmacist*