

The GeriJournal



Volume 14, Number 10
October 2019

A publication of GeriatRx Pharmacy

Achoo it's the Flu

We've had scares in a few of our homes so far, but no positive swabs yet. The word on the street was that flu season would come early this year, because Australia was hit earlier than usual.

Since Fluzone® High-Dose was so successful last year, it is making a curtain call again for all seniors over the age of 65. The vaccine is trivalent, having components of three different influenza strains. Two of the A strains have been changed from last year; A/Brisbane (H₁N₁) and A/Kansas (H₃N₂) have been added, and B/Colorado has been retained. Staff and residents under 65 receive the quadrivalent vaccine.

Fluzone® High-Dose is supplied in a preloaded syringe. This allows for sterile production, avoiding potential allergens, such as antibiotics or other preservatives. There is also no latex rubber, another reactive substance. Eggs are involved early in the viral particle replication process, but there is very little egg residue in the final product, so it can be given to individuals with egg

allergies, unless they are anaphylactic.

As always, we want to encourage 100% vaccination compliance amongst facility staff. Our \$75 prize for the bravest vaccine recipient in each facility is available once again, so don't miss out on your chance to win big.

Trelegy & Bupirone – Formulary Additions

Late last month, two very useful medications were added to the provincial ODB Formulary. Trelegy Ellipta® is the first “triple therapy inhaler” for COPD and bupirone is a non-benzodiazepine anxiolytic.

Let's discuss Trelegy Ellipta® first. There are a multitude of inhalers out there. Some contain Spiriva®-like (LAMA) or Serevent®-like (LABA) bronchodilators or Flovent®-like inhaled corticosteroids (ICS) alone or in combination. Most residents respond adequately to a LAMA or LABA inhaler or a combination of the two with a PRN rescue inhaler, such as Ventolin®. Those continuing to have exacerbations, especially with hospitalization, often benefit from an added steroid. Trelegy Ellipta® provides all three drug classes, adding convenience and saving nursing time.

Keep in mind that inhaled steroids are overused. They are associated with fractures,

diabetes and pneumonia. If the resident's eosinophil level is below 0.3, the inhaled steroid can usually be stopped safely in mild to moderate COPD. If triple therapy is required, consider Trelegy Ellipta®.

Bupirone has been on the market for many years, but has eluded coverage until now. It always seemed like a sensible drug for seniors, because it is a non-benzodiazepine option for the treatment of anxiety. It is much less likely to cause dependency. Sedation and dizziness are less common than with benzos, though they have been reported. It is generally well tolerated, with nausea, headache, agitation, dry mouth, movement disorders, etc. seen in some individuals. Bupirone may be a safer option for anxiety in some seniors.

Warfarin Fractures

An analysis of 37,000 Danish patients compared warfarin to DOACs (apixaban, rivaroxaban, dabigatran or edoxaban) in the treatment of new atrial fibrillation patients. Over two years (*J Am Coll Cardiol*), there was a 20% reduction in osteoporotic fractures in the DOAC group. The DOAC cohort was older and had more women, so this was a surprise. Warfarin's interference with osteocalcin (a bone formation hormone) may be responsible. Warfarin may be unsuitable for seniors with a history of bone density issues or fractures.

*Prepared by Randy Goodman
Board Certified Geriatric Pharmacist*