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Flu vs Corona

One would think the Novel Corona virus was the clear winner in the battle of the viruses, but that is not yet the case. Influenza A has been a frequent visitor to several of our facilities over the past few weeks, and is wreaking quite a bit more havoc.

It is a curiosity to this pharmacist, that people are willing to don masks and completely change behaviour in response to Corona, when Influenza makes so many severely ill. It kills roughly 3,500 Canadians each year and we have a vaccine that offers protection well beyond that of a mask.

Still, the Corona virus is new, largely unknown, and potentially very hazardous. Let's hope the spread can be stopped quickly. We are all being warned to take guidance from legitimate sources as case numbers increase. Some of these sources include: *Ministry of Health, Public Health Ontario and The Centers for Disease Control and Protection*. MOH has also set

up a hotline for healthcare providers – 1-866-212-2272.

Antiepileptic Drugs and Hospitalization

An interesting study from the *Journal of the American Medical Directors Association (JAMDA)* was published this past June. It examined elderly Finnish Alzheimer Disease (AD) patients, and showed that adding anti-epileptic drugs (AED) increased both frequency of hospitalization and length of stay there. The study was split into two groups of AD patients, all of whom had been diagnosed recently. The treatment group (those starting an AED – without a seizure diagnosis), was compared to AD patients not receiving an AED.

AEDs are often used in AD patients. Pregabalin and gabapentin are used to treat neuropathic pain, anxiety and behaviour issues; clonazepam helps with sleep and behaviours; valproic acid is used for behaviours and to augment antipsychotics and antidepressants in bipolar disorder; carbamazepine has the same indications as valproic acid, and has utility for treating neuropathic pain.

The raw data showed that AD patients in various settings spent an average of 43.7 days in hospital over a two-year period, after being prescribed an AED. Those with no AED spent just

32.2 days in hospital. Further analysis showed the AED users were more likely to be taking other problematic drugs; antidepressants, antipsychotics, benzodiazepines and opioids. They also had a greater disease burden, with a higher incidence of CV disease, diabetes and hip fractures prior to their first AED prescription. Still, after accounting for the drug and morbidity differences the AED group would tally 31% more time in hospital.

Patients were hospitalized for a wide variety of reasons, but outcome differed, depending on the AED that was added. Carbamazepine led to more admissions based on injuries. Patients taking Pregabalin and gabapentin were less likely to die during the two-year follow up, and were also less likely to be hospitalized than valproic acid or carbamazepine users.

What can we learn from this study? Clearly, polypharmacy is a problem when AED are added to multiple AD meds. It seems valproic acid and carbamazepine use should be limited, where possible. Newer agents, like pregabalin (Lyrica®) may be preferred, though still used judiciously. Heart failure, in particular, limits the use of this agent.

Baqsimi® (Glucagon)

Nasal glucagon! It's a great idea and is now available, though not covered yet...

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