

# The GeriJournal



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## Free Shingrix

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While it doesn't apply to many of our residents, all Ontarians between the ages of 65 and 70 with a valid Health Card are now (as of mid-October) eligible to receive Shingrix® at no cost. This Public Health program is transitioning away from the older product, Zostavax®. It is adjudicated through physician and NP offices, rather than privately through pharmacies. Those having received Zostavax® as part of this program in the past are not eligible to receive Shingrix® now. For more information, visit: <http://www.health.gov.on.ca/en/pro/programs/immunization/resources.aspx>

Shingrix® is over 90% effective in preventing shingles (Herpes Zoster), and should be strongly considered for any residents who have not been vaccinated. Beyond this program, the *National Advisory Committee on Immunization* (NACI) guidelines from September 2018, recommend that Shingrix® be offered to all individuals over age 50, who: have no contraindications, were vaccinated with

Zostavax® more than one year ago, or had a previous episode of shingles more than one year ago.

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## Anticholinergic Confusion

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Pharmacists love bashing anticholinergic (aCH) medications. These are drugs that block the neurotransmitter, acetylcholine, in the brain and periphery, often causing falls, dry mouth, blurred vision, constipation, and confusion, amongst other problems.

Some years ago, I attended a conference, and the gerontologist addressed the aCH cognition issue. He spoke of a patient taking Elavil® (a renowned, nasty, aCH drug) he'd been asked to see. The family was saddened with the recent dementia diagnosis and hoped this doctor could help. The patient's Mini-Mental State Exam (MMSE) score was a very low, 10/30, indicating marked confusion. Elavil® was stopped, the MMSE repeated, with an astounding score increase to 25/30! This demonstrates the striking effect these drugs can have.

Many older drugs have strong aCH activity. Primary examples are tricyclic antidepressants (Elavil®, Sinequan®), antihistamines (Benadryl®, Gravol®), urinary incontinence drugs (Ditropan®, Detrol®) and Parkinson's drugs (Cogentin®, Artane®). The problem is,

many newer drugs have moderate or low aCH activity that is not recognized. Drugs like metoprolol, atenolol, warfarin, risperidone, carbamazepine, furosemide, venlafaxine and bupropion all have aCH activity. The *NIH Anticholinergic Burden* (ACB) score is a useful tool to quantify aCH activity. Higher scores equate to more adverse effects.

A recent study, published in *Neurology* bears this out. Cognitively normal patients (n = 688; mean age 73.5 years) taking aCH drugs were 47% more likely to develop mild cognitive impairment (MCI) than those who did not. Those genetically predisposed to dementia (presence of *APOE* gene) or with higher ACB scores were impacted the most. Avoiding polypharmacy and minimizing aCH drugs is very important in our seniors.

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## Cannabis/Warfarin

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Cannabis contains over 100 chemical substances, and there are knowledge gaps regarding its activity and interactions. Two interactions with CBD dominant strains were reported recently in Canada. A 76-year old woman with stable INR had an INR spike to 4.8 less than one week after starting CBD oil. An 83-year-old man saw his INR increase to 6.2 roughly 3 months after starting CBD. We are still learning about cannabis, so residents using it should be monitored closely.

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