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Say "Cheese"

We all love vitamin D for fracture reduction, but CV concerns have impacted support of calcium supplementation. Some studies have suggested that dairy intake, especially lower fat options, can protect bones without negative CV complications. An Australian study of more than 7,000 elderly in 60 senior facilities sought to examine this further.

Baseline Ca⁺⁺ and protein intake, as well as vitamin D levels were comparable in the treatment and control groups. Vitamin D levels were 72 nmol/L (not deficient), dairy intake was two servings per day (650mg Ca) and protein intake was 59g (0.9 g/Kg).

The treatment group received an extra 1.5 servings (450mg Ca) of milk, yogurt or cheese over the two-year study period. The fracture reduction of 33% was impressive, with hip fractures down by 46%! One surprising finding was a significant, 11% reduction in falls. There may be muscle strength benefits from the increased protein intake.

Residents in this study were 68% female and averaged 87 years of age. This closely resembles our LTC demographics, so the results should be applicable here. Dietary preferences would prevent some residents from reaching these intake levels.

Colchicine Takes Heart

Two large *NEJM* studies have shown major promise for colchicine used post-MI (COLCOT) and for longstanding coronary artery disease (LoDoCo2). In each trial, low-dose (0.5mg) colchicine (0.6mg is available commercially in Canada) was added to standard therapy: ASA + statin (and β -blocker in COLCOT), yielding large reductions in key cardiac markers...stroke, MI, vascular procedures and CV death.

Colchicine can interact with statins, among other drugs, and accumulate in patients with poor kidneys. It also can cause significant nausea. These problems were not evident in the studies, as the dose was low and subjects were in their 60s, on average. We now have another drug to add our CV tool chest and confound us when it is not being used for gout.

Flu Too!

Adding Influenza to COVID would be unduly harsh, so my inclination is to announce the cancelation of flu season this year. Unfortunately, I don't

have the authority to make such a pronouncement, so we are left to make our usual preparations.

We expect a quiet flu season, as activity in the Southern Hemisphere dropped sharply once COVID precautions were introduced. Our masking, distancing, hygiene and visitation restrictions should mute the activity here.

Once again, the government is providing Fluzone High Dose® for those over 65. It is more concentrated than the quadrivalent vaccine used by younger residents and staff. Extra antigen (A/H₃N₂, A/H₁N₁ and B/Victoria) leads to greater antibody production in seniors with compromised immune systems. The High Dose vaccine was 24.2% more effective than the regular vaccine, in a large randomized, multicenter trial conducted between 2011 and 2013.

A few things to remember... egg allergies are no longer a concern with Influenza vaccines, but you must have an adrenalin product handy, just in case. Vaccination should be delayed for residents with cold symptoms, until they recover. Also, vaccination with Shingrix®, Pneumovax® or Prevnar®, can be combined with flu vaccine, if administered at a different site. As always, GeriatRx will be offering a \$75 prize as a vaccination incentive for staff.

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