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Sticky Stuff

By now everyone knows I have a Freestyle® fixation. I often write about the foibles of interstitial glucose, trend arrows pointing up, down and sideways, really useful glucose charts that are ignored, etc. This month's topic (also not the first time mentioned) will be sensors that fall off….by themselves, from getting caught in sheets and clothing or being pried off "inadvertently".

Most importantly, the application site must be clean, dry and free of oily substances such as moisturizers. Wipe site with the alcohol pad and allow the area to dry fully. Application must be on the back of the arm, not the side. This will prevent the sensor from being "knocked-off" due to a collision with an object or door frame. Once applied, pressure is to be directed to the circular adhesive strip surrounding the sensor.

Residents with sweaty skin may still have issues, so the common recommendation is to affix a Tegaderm® thin dressing over the sensor. This may work for some residents, but we have heard that sensor readings may be affected by the added pressure and if the dressing begins to peel, it may also pull the sensor away from the skin. Customized Freestyle® bandages having a sensor-sized hole in the middle are also available. These may be a better solution.

Another approach to improving adherence is to apply skin preparations to the application site. Some examples are: Cavilon Barrier®, Torbot Skin Tac® and Skin-Prep® wipes. These products create a tacky secure bond, but removal can be difficult when skin is fragile.

Inhalers Aplenty

One of our physicians asked for an inhaler recommendation a few days ago, and I realized it was time to review the options. With the explosion of new devices for COPD over the past few years it is difficult to know which inhaler to use and to recall how each is to be dosed.

One of the primary inhaler manufacturers (GSK) has produced a handy chart (with GSK products on top!) and that is a good place to start. Please see the following link: https://gskpro.com/content/dam/global/hcpportal/en_CA/products/Trelegy/pdfs/multiple-inhaler.pdf I will only consider treatment of moderate or severe COPD in this short column.

Once a resident must reduce activity level to catch their breath (COPD Assessment Score ≥ 10; mMRC Dyspnea Scale ≥ 2), they need a device with two bronchodilators, a LAMA and LABA. My favourite option for cognitive residents is Inspiolto Respimat®. The dose is two soft mist sprays once daily. The mist is easy to inhale deep into the lungs, but coordination is required. For residents with modest cognitive deficit, I prefer Anoro Ellipta®, a powder based inhaler. If the resident can't manage Anoro (exhales rather than inhales into device), Ultibro Breezhaler® is more appropriate. Exhaling does not result in loss of dose and minimal inspiratory force will draw it into the lungs. Ultibro® is also used once daily, and like Spiriva® requires capsule loading.

When two or more acute COPD exacerbations occur per year, especially where eosinophil levels are ≥ 300/μL, a steroid should be added. Pneumonia risk is increased, but this is countered by significant reductions in hospitalization and mortality (*IMPACT*, 2018). Bone loss is also a concern with continued exposure to steroids. Choose Trelegy Ellipta® once daily, for those who can manage the device. If not, combine Advair® aerosol (twice daily) plus Spiriva Respimat® (daily) with a chamber device to ensure each medication reaches the lungs.

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