

# The GeriJournal

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## Ginkgo Arrhythmias

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Though evidence of its effectiveness is lacking, ginkgo biloba supplements are still used to improve cognitive function in dementia patients today. A new warning has been released by Health Canada this month, warning of possible cardiac arrhythmias associated with its use.

Through the middle of last year, 15 reports of cardiac arrhythmias likely related to ginkgo had been received by Health Canada. Ten of those were considered serious. The World Health Organization has responded to 162 similar reports. The 5 most common events were palpitations, rapid pulse, loss of consciousness, syncope and bradycardia. Prior studies have linked ginkgo to ventricular arrhythmias, atrial fibrillation and tachycardia. In all cases, symptoms improved or disappeared when the ginkgo was stopped. Natural products often have unrecognized adverse potential and should be scrutinized before use.

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## Prostates and Parkinson's

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What does the prostate gland (sorry ladies) have to do with

Parkinson's Disease (PD)? Not very much, but treatment of benign prostatic hyperplasia (BPH aka enlarged prostate) suggests certain drugs may be neuroprotective, slowing the progression of PD. A study just released in *JAMA Neurology* examines this phenomenon.

The study utilized Danish and US databases of men with BPH taking commonly used alpha-1 blocking drugs, which relax the neck of the bladder and improve urine flow. After a one-year lead in, the men were followed for 3-5 years to see if these drugs influenced PD diagnosis.

It seems odd that this would be the topic of an investigation, but PD reduces the body's ability to convert glucose to usable energy (glycolysis) and the authors hypothesized that drugs which accelerate glycolysis would protect against the development of PD. Terazosin, prazosin and alfuzosin all improve the efficiency of glycolysis, whereas tamsulosin does not. Sure enough, patients taking tamsulosin vs. the other three drugs, developed PD far more often. Terazosin and prazosin are older drugs which can cause dizziness and falls, so they are out of favour. Alfuzosin (Xatral®), however, resembles tamsulosin therapeutically, making it a good option to use first. Another advantage of alfuzosin is that it is less likely

to cause floppy iris syndrome, a hazard during cataract surgery, than tamsulosin. On the negative side, alfuzosin requires an LU code (351 or 352) and cannot be crushed. A randomized, prospective trial is required to confirm this benefit, but alfuzosin over tamsulosin for BPH treatment looks to be a good choice.

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## UTI SBAR Tool

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One of our consultant pharmacists started using a new SBAR (Situation, Background, Assessment, Recommendation) tool for suspected UTIs and thought it would be useful to offer to our homes. It provides a bit more detail than our current tool, particularly with regards to antibiotic treatment. I have attached it to the electronic version of this newsletter and we will load it onto our website this week.

The first page of the SBAR is a data collection section, where patient characteristics (catheter vs. none, continence status, UTI frequency, vitals, symptoms, etc.) are listed in response to multiple check boxes. Based on responses there are a series of recommendations, both drug and non-drug. Distinctions are made between male and female (e.g. fosfomycin is a single treatment in women, and Q3days x 3 doses for men) and complicated vs. simple infections. Check it out. You may want to incorporate the tool into your IPAC procedures.

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