

The GeriJournal



Volume 16, Number 7
July 2021

A publication of GeriatRx Pharmacy

Deprescribing.org

I've seen several computer programs designed to assist with drug deprescribing over the years, but the latest offering, deprescribing.org, is undoubtedly the finest. The site was created by Dr. Barbara Farrell (pharmacist) and Dr. Cara Tannenbaum (physician) and is supported by their research teams at the Bruyère Research Institute in Ottawa and the Université de Montréal. The Ontario government is also contributing to a program to encourage LTC frontline workers, families and caregivers to become actively involved in the deprescribing effort.

The app focuses on five categories that present good opportunities for drug tapering and discontinuation. They are: antihyperglycemics, proton pump inhibitors (e.g. Prevacid®, Pantoloc®) antipsychotics, benzodiazepine receptor agonists, and cholinesterase inhibitors (e.g. Aricept®) plus memantine.

The app provides tools and evidence based guidelines to assist with decision making in

different tapering and deprescribing scenarios. The result is a multistep flowchart in the user's phone or mobile device. The PPI stream asks if you want to "reduce, stop or continue a PPI". The next screen asks the user if they know "why the patient is taking a PPI". If you select the "Yes" option, you are presented with several common indications: Barrett's esophagus, chronic NSAID use, severe esophagitis or documented history of bleeding GI ulcer. Yes or No answers take the user along further pathways with references and guidelines to assist with decision making. This wonderful program would be a valuable addition to the resource library of anyone involved in LTC drug therapy.

Perhaps the greatest feature of the program is that the work of the authors is available under a non-commercial (free!), shared international license. It is available from the App Store through *IAM Medical Guidelines*. I have loaded the app onto my phone and I would encourage all health care professionals to do the same.

Thyroid/Ozempic Interaction?

I just heard from one of our Consultant Pharmacists. She is reviewing a resident chart with a surprising year over year decrease in TSH (5.16 to 0.03) and increase in free T₄ (22 to 36). The resident's thyroid

hormone dose has remained stable at 137 mcg daily over the period.

The only notable medication added through the period was Ozempic®, although the resident was receiving Resource® at the same time as the thyroid hormone until April. They were separated by several hours at that time. Thyroid can bind to the vitamins and minerals in Resource®, so the time change may account for part of the increased thyroid absorption. It seems something else is at play here, and Ozempic® has been identified in the literature to moderately, but reliably increase thyroid levels.

Let's all be on the lookout for this interaction. When Ozempic® is started in a resident with hypothyroidism, a check of TSH in 6 – 8 weeks would be advisable.

Actonel DR

ODB has approved a generic version of Actonel (risedronate) DR®. The price has been reduced by 60%, making this a cost-effective osteoporosis treatment option for residents without swallowing difficulties. This product also presents efficiencies in our facilities, as it can be given with the breakfast meal, rather than one hour before when keeping residents upright is a challenge.

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