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Flu + COVID = Vaccine²

Put up your hand if you had any idea who NACI, AstraZeneca or Pfizer were before 2020 (Moderna is the new kid on the block, so you could be excused for not knowing them). I don't see many hands! Over the past couple of years, we've been bombarded with information about COVID, mRNA vaccines and masks/other safety measures. It's remarkable how much new information we've absorbed.

It is now acceptable to administer multiple vaccines together: Influenza, COVID, Pneumovax®, Pevnar® (declining in popularity and not to be given with Pneumovax®) and Shingrix® if you can find enough arms to inject them into. This is a change from the earlier NACI guideline, which directed dose separation (from COVID vaccines). The potential disadvantage of vaccine coadministration is that "reactogenicity", the immune response and associated side effects may be increased. To report unexpected adverse vaccine effects, Google "AEFI Requisition" and complete the adverse effect form.

This will be the third year for widespread use of High-Dose flu vaccine for seniors. It's provided improved protection, but one wonders when flu vaccines will also go the mRNA route.

For our homes, both old and new, please be aware that we offer a \$75 incentive for staff to encourage vaccination. We call it the Flu Shot Challenge. Typically, the names of all staff members who received the vaccine go into a hat and the winner's name is drawn. Let us know who the lucky winner is, and we will issue a cheque for \$75 in their name.

Lie Down for BP

For convenience and time savings, we usually do sitting-to-standing BPs to identify residents with orthostatic hypotension (OH). The true goal is to find individuals whose systolic BP drops by more than 20mm or diastolic by more than 10mm when rising from a supine (lying down) to a standing position.

STURDY (Study to Understand Fall Reduction and Vitamin D) was designed to identify the optimal vitamin D dose for fall prevention. Unfortunately, that part of the study was unsuccessful. However, the study did succeed in demonstrating that supine-to-stand BPs were superior to sit-to-stand in identifying OH and predicting falls risk.

Subjects (522 in number) were 70+ years old (mean 76), vitamin D deficient, and at high risk for falls due to balance issues, falls history, or self-perceived risk. OH was detected in 14.8% of the supine to standing BP measurements, but in only 2.2% of readings initiated in the seated position. Supine OH was more strongly associated with falls. It was also significantly associated with common OH symptoms, such as dizziness, fainting, seeing spots, and room spinning. Consider using supine to standing BP values in your facilities to better identify residents at risk of falling.

Allopurinol Sensitivity

Health Canada issued an update recently. Allopurinol, a drug with hypersensitivity issues, is to be discontinued immediately if a skin rash appears. These rashes may be followed by severe or life-threatening syndromes, such as Stevens Johnson Syndrome, DRESS or toxic epidermal necrolysis.

Severe reactions have a genetic-link to the HLA-B*5801 allele. This gene is found predominantly in Han Chinese, Thai and Korean populations (>10% prevalence), so it is likely safest to avoid allopurinol in these groups. Febuxostat (Uloric®) may be a viable allopurinol alternative, but potential CV, hepatic and skin reactions also make this a drug of concern.

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