

# The GeriJournal



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## **Exponential Omicron**

Could this be the final chapter in our voluminous COVID novel? Will it fizzle into a sniffly seasonal inconvenience (with or without vaccine) or will the next mutation or two bring another unpleasant surprise?

For now we'll just have to roll with the punches. We have a couple of exciting new oral antivirals nearing Health Canada approval: molnupiravir from Merck and Paxlovid® from Pfizer. Each drug virtually eliminates COVID mortality, and initial studies show Paxlovid® reduces hospitalization by 89%. Hopefully these stats hold up, and drug resistance, a menace for antiviral and antibiotic medications, does not develop.

Out of an abundance of caution, we are temporarily suspending routine Consultant Pharmacist and QA Nurse visits to our homes. Since we don't want D/Ced narcotics to pile up, arrangements can be made with your Consultant Pharmacist to come in and have these destroyed.

## **Drugs and Swallowing**

As I scrounged around looking for year-end newsletter topics, I asked my daughter (see photo) for ideas. As a newly minted speech-language pathologist, she and her classmates had compiled a nice set of notes on medication-induced dysphagia. With her consent, I've listed some of these problem drugs below. They all exhibit at least one of the following adverse actions: dehydration, dry mouth or drowsiness.

Dehydration – Diuretics and the new oral diabetic medications (SGLT2 inhibitors – Jardiance®, Invokana® and Forxiga®) are the main culprits here. Take measures to ensure residents taking these meds are well hydrated so they can moisten their food and improve swallowing. Dose reductions, particularly with diuretics, may be warranted.

Dry mouth – This can accompany dehydration, but many anticholinergic drugs can dry mucous membranes in the absence of dehydration. Manufacturers are working hard to reduce anticholinergic activity in their new drugs, but there are still some popular old and new drugs in this group. These include: antihistamines (Benadryl® and Gravol®), antipsychotics (olanzapine and clozapine), and drugs for urinary incontinence (Detrol®, Ditropan®, Vesicare®, etc.).

Dose reductions or a change to newer medications in the same therapeutic category can help augment saliva production and improve swallowing.

Drowsiness – Many drugs can impair alertness, worsening existing swallowing deficits. The most common examples are benzodiazepines, narcotics and antipsychotics, such as risperidone, quetiapine and olanzapine. Once again, we must use the lowest effective dose of these medications or switch to a similar drug that is better tolerated.

## **Freestyle 2 Coverage**

ODB has added coverage for the new Freestyle Libre 2®. This system has continuous glucose monitoring capability, where the reader sends alerts automatically for glucose highs and lows. This is a huge advance for diabetics in the community. They can load the reader application onto their cell phones for constant monitoring. Utility is limited in facilities, however. The reader must be within 20 feet of the sensor for the two devices to communicate. This would work for cognitive residents with reasonable hearing, as the reader can be left in the resident's room. Accuracy of the new system has also been sharpened a touch which is welcome news. Supply chain issues have impacted deliveries, but "2" will be widely available soon.

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