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### **Up the Ozempic®**

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Ozempic® is now a well-known, diabetic medication with the convenience of once-weekly injections. It lowers A<sub>1</sub>C, provides significant cardiovascular benefit, reduces insulin resistance, and can assist with weight loss in obese patients. The main challenge with Ozempic® is that nausea is often associated with treatment initiation, and the transition from the 0.25mg starting dose to 0.5mg. Some LTC residents benefit from higher doses and tolerate the 1mg, maximum dose listed in the product monograph.

Here's where it gets interesting. Some of our doctors are big fans of Ozempic® and have pushed doses even higher. *SUSTAIN FORTE* sought to determine whether higher doses are safe and offer further benefit. The 961 subjects averaged 58 years of age, and the trial was 40 weeks in duration. Half the group received the standard 1mg s.c. dose, with a second placebo dose later in the week. The other half of the cohort received Ozempic® 1mg as their second weekly dose.

Tolerance and adverse effect profiles were similar, with slightly more GI upset in the 2mg/week group. The 2mg subjects lost an additional 2 pounds and their A<sub>1</sub>Cs were 0.23% lower. The FDA reviewed these results and increased the maximum dose to 1mg s.c. twice weekly in the U.S. This option may be worth considering, where warranted, for some motivated residents.

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### **Fosfomycin – For Women Only?**

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There are some who believe that “it’s a man’s world.” I’m not so sure. Everyone knows our life expectancy is much shorter than a woman’s. Also, we sometimes struggle to qualify for important medications. Osteoporosis drugs are an example of this. Fosamax®, Actonel® and Prolia® were first approved for women. We poor men had to wait years for approval as our bones dissolved away.

Fosfomycin is another drug that seems to be falling into the same category. This antibiotic gathered dust on pharmacy shelves until 2012, when someone realized it was an effective treatment for resistant UTIs. Its single-dose convenience (though multiple doses are often given) and action against ESBL producing gram-negative bacteria are hard to beat. It’s even available by i.v. (not ODB covered) now.

To preserve its effectiveness, fosfomycin is recommended only for uncomplicated UTIs caused by resistant, susceptible organisms. All male UTIs are complicated, so it is not often used. There has been some successful off-label use for non-recurrent UTIs (1 sachet q72hrs X 3 doses) and bacterial prostatitis (extended dosing). Perhaps we will be emancipated one day and have full access to this useful drug.

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### **Fit to be AD Free**

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Lots of lifestyle studies show long-term cognitive benefits of healthy living. A massive retrospective analysis of almost 650,000 U.S. veterans gives more support to the notion that increased fitness corresponds to decreased incidence of Alzheimer’s Disease (AD).

The average age of the veterans was 61 years. They completed standardized exercise treadmill tests between 2000 and 2017 and were free of AD and AD-related disorders at that time.

Based on the treadmill sessions, investigators identified five fitness levels from lowest to highest fit. As fitness levels improved, the odds of developing AD decreased. All levels showed significant reductions when compared to the lowest-fit group. Those in the highest fit group were 33% less likely to develop AD. Stay fit, stay sharp and stay out of LTC.