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## MST Submission

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That was quite a whirlwind! Thanks to all our LTC homes for completing your Excel charts and arranging to submit the MSSA with your consultant pharmacists. The MSSA will provide guidance for activities in the year ahead and the MST chart will allow your technology funding to continue to flow.

If you haven't submitted the documents yet please follow the directions I sent earlier. The submission tab within the Excel chart also does a good job of walking you through the submission process, but please call if you have any questions.

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## Scriberly User Guide

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Speaking of MST programming, we are most of the way through our *Digital Prescriber/Scriberly* rollout. The system has quickly made digital pens seem obsolete. We no longer receive calls to confirm order transmission or call you to clarify orders with legibility problems. The accessibility of digital resident charts both within or outside of the home makes chart viewing and order "writing" incredibly flexible.

Even though the program is user-friendly, it is a giant technological leap forward from digital pen or fax-based ordering. To assist our nurses (and prescribers) with questions our programmers have produced a *Scriberly* user guide with screenshots to assist the user with any task they are unfamiliar with. Zul will be loading the guide into all your laptops so it is fully accessible. It will also be available from the secure portion of our website and can be sent to prescribers on request.

A few of our early adopter homes may not be familiar with the term *Scriberly*. That is the name of the online version of *Digital Prescriber*. *Scriberly* is more nimble than *Prescriber* with quicker responsiveness both within and outside of the facility. It is also the main platform for future development. In-servicing is coming soon for homes that are not currently using *Scriberly*.

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## Fall Preparedness

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On September 7<sup>th</sup>, MLTC sent a message to all LTC providers asking them to prepare for the upcoming viral infection season. Unsurprisingly, Influenza and COVID are the main viruses targeted in the document. If you can't find the message let me know and I'll send it to you.

Naturally, vaccination is at the forefront of infectious disease

protection. The document also asks the homes to do "advanced planning for therapeutics /antivirals", and "review resident eligibility in advance". For Paxlovid®, residents with drug interaction or renal contraindications must be identified. For Influenza, the usual creatinine clearance must be updated and available. We will send that information to our DOCs in the coming weeks.

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## Combo Tx for Diabetic Neuropathy

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Diabetic neuropathy can cause significant pain. It affects quality of life and may cause ulceration or progress to amputation in extreme cases. Duloxetine appears to be our most successful drug in treating this condition, with a 60mg dose (starting dose is 30mg) often providing a 50% improvement in pain score.

Where improvement is more muted or drug tolerance is a challenge, combination therapy should be considered. The OPTION-DM trial, published recently in *Lancet*, showed improved pain control when a second drug (duloxetine + gabapentin or amitriptyline + gabapentin) was added at 6 weeks. Pain scores were evaluated at 16 weeks and improved by 50% relative to monotherapy. Pregabalin, venlafaxine and other tricyclics (less desirable in the elderly) have also been used with success in treating this condition.