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Pen Toss Record

While doing an orientation session for a new facility one of the nurses had a concern. We were discussing our eMAR alert that signals the nurse to dispose of insulin pens (after 28 days for most insulins; 42 for Levemir and Toujeo; 56 for Tresiba) that still contain unrefrigerated insulin. This ADOC told us that it was possible that a busy nurse might indicate they had discarded the current pen and brought a new one from the fridge without doing so. I know this is unlikely, but I suppose it could happen.

A solution came quickly. We will add a Supplementary Documentation (PCC) or Biotest (Med eCare) notation forcing the nurse to indicate how many pens remain in the fridge after a new pen is removed. By forcing the nurse to record that number it will not be possible to select “Y” and continue the med pass without changing insulin pens. This feature also creates a record of the number of pens remaining which can be used as a tracking tool. Our thanks to Meana for the great idea!

Prolia for Arthritic Digits

Prolia (denosumab) is popular stuff. It reduces the progression of osteoporosis and researchers theorized that positive effects on the vertebral bone may translate to reduced erosions in finger polyarthritis.

Roughly 10% of the elderly population has finger polyarthritis with measurable X-ray evidence of joint damage. The Belgian study in question divided 101 patients with documented joint erosions of the fingers into placebo and treatment groups. The treatment group received denosumab 60mg every 12 weeks (it is given every 26 weeks for osteoporosis). After 48 weeks subjects in the treatment group had only 9 new joint erosions compared to 38 in the placebo group.

Currently, drug treatment for this condition provides limited benefit. NSAIDs like naproxen and ibuprofen help a bit with pain and swelling but are dangerous to use in our seniors. Tylenol provides minimal pain relief and steroid injections help with swelling but do not change the course of the disease. Perhaps denosumab will be a new option in our toolkit for this disorder.

Prostate Preference

Men almost invariably develop urinary flow issues as their prostate gland grows and pushes

on the urethra and bladder neck. Fifty percent of men over 50 years deal with a reduced urine stream, nocturnal awakening, and other troubling symptoms. That moves up to 90% of men over the age of 80!

With prevalence this high, men often spend years taking drugs to control symptoms. A recent *Neurology* study may influence drug selection. It looked at the two primary groups of drugs used to treat benign prostatic hyperplasia (BPH). The first group is the alpha-adrenergic blockers. Terazosin, doxazosin, alfuzosin, and tamsulosin relax smooth muscle in the neck of the bladder allowing urine to exit more easily. Tamsulosin and alfuzosin are preferred in the elderly as they cause less vascular dilatation and dizziness.

Terazosin, doxazosin, and alfuzosin work via a different chemical pathway than tamsulosin. That pathway is thought to be neuroprotective. Researchers reviewed claims data from over 500,000 men taking these drugs. Those on tamsulosin were 67% more likely to develop Lewy body dementia which is often associated with aggressive behaviours. Finasteride and dutasteride, which reduce prostate size, performed as poorly as tamsulosin. Added bonus ... alfuzosin (Xatral®) also seems to protect users from developing Parkinson's Disease. When my time comes, I'll be taking alfuzosin!

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