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RSV Vaccine News

Last year's big vaccine news was Health Canada's approval of Arexvy®. It protects against infection with respiratory syncytial virus (RSV). Nursing homes were clamoring for access and by the fall it was available to all upon request.

Now that more data is available, the National Advisory Committee on Immunization (NACI) has updated its recommendations for Arexvy® and the other RSV vaccine, Abrysvo®. The vaccines are now indicated for those 75 and older, rather than 60 plus as before. Guidance is stronger in the presence of the following conditions: COPD, asthma, diabetes, chronic renal or liver disease, immune deficiency, dementia, seizure disorders, or obesity with a BMI greater than 40. Those between 60 and 74 years may consider RSV vaccination in consultation with their health care provider. That is a discretionary recommendation.

RSV vaccines are most efficacious if given just before the traditional respiratory virus season (November to April).

The vaccines are effective for at least one year. Time will tell if a second dose is beneficial in year 2 or 3. In addition to this prescribing clarity is news from the Ontario government that RSV vaccines are now available to all retirement home residents. Take advantage of this opportunity, particularly for residents with the conditions mentioned above.

Vitamins for All?

We love our vitamins and supplements! They fly off the shelves and keep us safe and healthy, right? According to a recent study in *JAMA Network Open*, not so much.

This huge analysis of three major trials reviewed data from nearly 400,000 multivitamin (MV) users for up to 27 years. The surprising result was that the mortality rate was 4% higher (though not statistically significant) in the MV use group. It is also notable that the MV user group had healthier diets and lifestyles (e.g., fewer smokers) and were better educated. Those additional points make the results a bit more head scratching.

The question the analysis sought to answer was "What is the association between long-term daily MV use and mortality in generally healthy adults. The main weaknesses of the study were the lack of specific information on the content and quality of the MV

supplements used and over-reliance on diet reporting from the subjects.

It appears that blindly taking MV supplements does not offer a mortality benefit. Vitamin supplements can be helpful if specific vitamin deficiencies are being addressed. The study's discussion postulates that MV and mineral supplements may contain too much copper and iron, and not enough zinc and magnesium.

Sentimental Simvastatin

Sometimes my mind wanders back to my time as a young pharmacist. I had such a moment recently, recalling the nascent days of statin therapy. Lovastatin (Mevacor®) was released in 1987. It lowered cholesterol, but it was unclear if that translated to fewer cardiac events or increased survival.

In 1994, the landmark 4S study proved simvastatin (Zocor®) did just that. It reduced cardiac death in patients with elevated cholesterol and CV risk. Now, simvastatin has taken a back seat to its high-potency cousins, Crestor® and Lipitor®. A recent study compared simvastatin to the newer meds in cognitively impaired Swedes. After 3 years of follow up, simvastatin users scored one point higher on MMSE tests. The former star also has fewer drug interactions than its young competitors and may be worth a second look.

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