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Tylenol Troubles

Acetaminophen has been getting bad press lately. A UK study published in *Arthritis Care and Research* showed that prescribed acetaminophen use was associated with a host of problems.

The retrospective study compared roughly 80,000 users to non-users. The study population was 60% female and averaged 75 years of age. Users experienced more hypertension, heart failure, and chronic kidney disease. Some of these findings may have been expected, as users took more drugs for more comorbidities and were more likely to have a smoking history and be overweight or diabetic. One surprising finding, however, was a 20% to 36% increase in GI ulceration in the acetaminophen group.

The safety of acetaminophen has been challenged before. A large study 25 years ago found those taking more than 1,000 mg per day with warfarin had significant INR increases. That didn't discourage many MDs from prescribing Tylenol at the time, as alternative analgesics

were even more dangerous. GI ulcer risk may not dissuade many prescribers now, but acetaminophen is best avoided for pain related to osteoarthritis (hip and knee) since OA responds so poorly to acetaminophen. That is the current guidance in the UK.

Antipsychotic News

After dropping for several years, antipsychotic use has begun to tick upward across the country. As per CIHI, if used for dementia alone, antipsychotic use is deemed inappropriate. Inappropriate use is up from 20.2% just prior to the pandemic to 24.5% in 2023-2024. This increase followed a decline from 27.2% in 2015-2016. Since these drugs are linked to stroke, falls, fractures, and death, we must use them judiciously. As chemical restraints, they also negatively impact quality of life.

The good news is that Ontario has seen the smallest increase of any province, from 18.3% at the start of the pandemic to 20.5% today. I am often asked about the CIHI figures and how they compare to our overall numbers on PAC graphs. Though dementia alone represents inappropriate use, dementia with accompanying psychoses, such as paranoia, hallucinations, or delusions is appropriate. Documenting these accompanying manifestations properly will keep your CIHI numbers down.

ITS Excel Chart

Although the ministry has reduced reporting requirements for the ITS program relative to its MST predecessor, completion of the infamous [Excel® chart](#) is still mandatory. Fear not. I will complete most of the chart for you. The cost of our ITS programs (*Scriberly*, *digital Drug Record Book*, and *Incident and Hypoglycemic Event Reports*) will appear in the Expenditure Details section. If you've purchased computers or software programs to assist with resident care or staffing you will need to add those costs.

I will also populate the Outcomes section, but you may want to add information regarding staff time savings and improved quality of care. You will also have to complete the Attestation section and submit the report by following the instructions provided. The submission is due by January 30th. I will try to get the charts to you with plenty of lead time.

Mg for Frailty

A Spanish study, *ENRICA*, of community dwelling seniors found that poor dietary Mg intake was associated with increased frailty. Over 3.5 years, those with the poorest intake showed the greatest decline in walking speed. Eat your nuts, beans, leafy greens, dark chocolate, and almonds if you want to zip down the hallways.

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