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Freestyle 3 Hits ODB

It's small and mighty (see the boxing depiction above) and is now covered by ODB. The Freestyle Libre 3 Plus sensor is 21mm in diameter (Freestyle 2 is a whopping 35mm), and only 2.9mm thick (vs. the current 5mm). The smaller sensor is more discreet and less likely to get knocked off while dressing, undressing, or moving about.

The new sensor is snuggled inside a one-piece applicator, making the application process much simpler. Once affixed, the sensor sends glucose levels directly to the reader every minute, as long as it is within a ten-meter radius. This transmitting functionality qualifies Freestyle Libre 3 Plus as a CGM (continuous glucose monitor). Can you say "**No More Scanning?**" I knew you could!

We will have to update all the readers out there to make this work. Homes with Samsung phone devices will need to have the new Freestyle Libre 3 Plus app installed. Our friends from Abbott Labs will assist with this process. Those with Freestyle 2 readers will receive Freestyle 3 readers. Ultimately, these will be replaced with Samsung phones, so your consultant pharmacist can view resident glucose levels remotely. We will begin using the new sensors early in 2026 to ensure the supply chain is running smoothly.

Freestyle 3 is the most accurate CGM device available. At 15 days (vs. the current 14 days), it also has the longest run time. The extra day will save taxpayers millions of dollars, but will make eMAR entries a bit more complicated. We will need to reset the application interval in all resident eMARs. We will still send the sensors every two weeks on pouch delivery days, so eventually (after 28 weeks) you will find yourselves with an extra sensor. This may come in handy if a sensor falls off, but if sensors accumulate, let us know and we will skip a cycle. Very exciting!

Risperidone Stroke Risk

All antipsychotics carry a black boxed warning stating that elderly patients with dementia-related psychosis treated with these drugs are "at an increased risk of death." The primary reason for these excess fatal outcomes is cerebrovascular accident (CVA = stroke). A recent review of more than 165,000 UK seniors published in *The British Journal of Psychiatry* attempted to quantify this stroke risk.

The risperidone study group comprised 28,000 seniors with dementia. It was compared to 136,000 dementia patients not receiving an antipsychotic. There were 53 strokes per 1,000 in the risperidone group, compared to 41 per 1,000 in the no antipsychotic cohort. Risperidone users were 28% more likely to experience a stroke. Subjects with a prior stroke history were at much greater risk of experiencing a second stroke. Those taking risperidone had CVAs at a rate of 222/1,000, vs. 177/1,000 in the no antipsychotic group. The 23% excess risk with risperidone is alarming, considering the extremely high baseline prevalence.

It is essential to exhaust all non-drug treatments before beginning an antipsychotic. Of note, CVA risk was highest in the first 12 weeks of treatment.

Hypoglycemia P&P

Our online Hypoglycemic Event platform is bringing many low glucose events to our attention. I want to remind all our nurses that when a hypoglycemic event occurs, all insulin, oral hypoglycemics, and diabetic injectables, such as Ozempic® and Mounjaro®, must be held until the prescriber, or failing that, the pharmacist, can be reached for guidance. A note reflecting this has been added to our Hypoglycemic Emergency Policy and Procedure (4.17).

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