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Oops!

Major pharmaceutical companies spend countless dollars protecting their patents. They pay fees and head to the courtroom to ensure market exclusivity and to keep the funds flowing. Millions of dollars may be at stake.

Imagine being the individual or department responsible for protecting the Canadian patent on a minor drug called Ozempic®. You would do everything possible to extend that patent into the 2030s, like your company, Novo Nordisk, has done around the globe. Since Ozempic® isn't near the end of its patent cycle, the patent could be maintained for only $250 per year.

Unfortunately, Novo Nordisk did not make that payment in 2019. Our government gave them a second chance. With a late payment penalty added, a modest $450 would keep the patent going. The company never responded to that request. Ozempic® is expected to go generic early next year. That will make lots of people happy, but Novo Nordisk will be out about $2.5 billion a year. Oops!

Antipsychotic Crunch

Antipsychotic medications are always under scrutiny. The Appropriate Use Coalition (AUC) is asking LTC homes to have no more than 15% of their residents using one of these drugs. The AUC is comprised of eleven healthcare groups closely aligned with LTC drug use, including the College of Family Physicians of Canada, the Canadian Pharmacists Association, CIHI, and ISMP. Their recommendations have the support of the Canadian Medical Assn., Canadian Psychiatric Assn., and the Canadian Nurses Assn.

Currently, an average of 24.5% of Canadian LTC residents take an antipsychotic drug that is potentially prescribed inappropriately. Numbers are lower in the U.S. (10%), Sweden (15%), and Australia (18%). These drugs may cause a myriad of adverse reactions, and alternative drug or non-drug measures may be safer, more effective, and lead to a better quality of life. The ltcmeds.ca website has a list of guidelines and strategies to assist in reducing antipsychotic drug use in your facility.

Summer Drugs to Watch

We just had our first heatwave of the year, and it was hot! I experienced the heat firsthand on the golf course. I always walk and carry my clubs, but made the uncharacteristically sensible decision to ride in a golf cart. Two golfers who walked that day experienced heat-related events and required medical care. They recovered, but it seemed clear that prescription meds contributed to their condition.

Medications can impair sweating, cause dehydration, and alter cardiac function, so it's not surprising that drugs could cause or aggravate heat-related illness. There is a paucity of medical literature on the topic, however. A report in *Nature Cardiovascular Research* compiled German data over fourteen summers to shed light on the subject. It reviewed the medication profiles of all individuals admitted to hospital with non-fatal heart attacks (MI).

Two drug classes stood out. Antiplatelet drugs (e.g., ASA, clopidogrel) were used by 32% of MI patients, and β-blockers were used by 37.2%. Antiplatelet users were 63% more likely, and β-blocker users 65% more likely to suffer a heat-related MI than non-users. Those taking both classes experienced a heat-related MI 75% more often.

There is little doubt that the individuals taking those drugs were at increased risk due to pre-existing illnesses. Anyone taking a potent systemic drug, particularly a β-blocker or antiplatelet, should be cautious when venturing out on hot days.

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