

The GeriJournal



Volume 20, Number 7
July 2025

A publication of GeriatRx Pharmacy

Bad Abbreviations

The *Institute for Safe Medication Practices Canada* (ISMP) has just updated its Dangerous Abbreviations, Symbols, and Dose Designations List. The [list](#) is a collection of potentially misleading symbols and abbreviations that may lead to drug dispensing and administration errors. An example is “QD”. It is intended to mean “each day”, but could be interpreted as QID if read incorrectly. “Daily” must be used in place of QD to reduce the risk of error.

The latest list has four significant additions. “D” or “d” are not to be used. *Days* or *doses* are the proper choices. Treatment duration must be expressed in “days” or “weeks”, not x/7 or y/52. There are no acceptable abbreviations to designate which ear (or eye) drops are to be instilled into. Full text must be used. Roman numerals are also out, as they may be misinterpreted.

Scriberly’s typed format has reduced the risk of abbreviation-related errors in our LTC facilities, but they are

still possible. Ministry inspectors and accreditation surveyors often ask about this list, so the updated copy should be posted on each unit of your home. It is available in Section 7.13 of our P & P Manual.

Antidepressant Boost

Pramipexole, a drug used for Parkinson’s Disease and restless leg syndrome, has shown evidence of antidepressant activity. A British double-blind, placebo-controlled study investigated whether it could work as an add-on drug in patients with resistant depression. Patients (n=76) averaged 45 years of age and had failed prior treatment with at least two antidepressant medications.

The *Short Inventory of Depressive Symptom* score was measured at 12 and 48 weeks after starting pramipexole. The target dose was 2.5mg daily (HS). Symptom improvement was highly significant at each period, as was patient satisfaction. There were some dropouts due to adverse effects (sedation, nausea, constipation, dry mouth, etc.), but if the drug is titrated slowly, these can often be managed. Pramipexole may be an option for residents responding poorly to their existing regimens.

Drug Info Goes AI

Back in the day, I was full of...answers. Now, the volume

of information in the world is daunting. *OpenEvidence*, an AI platform, is here to help. Thanks to one of our top-notch MDs for bringing this resource to everyone’s attention.

OpenEvidence is a compilation of research and clinical tools from the *New England Journal of Medicine*, *JAMA*, and Mayo Clinic. Ask almost any drug or therapeutic question, and it spits out a comprehensive answer.

Switching a resident from olanzapine to brexiprazole? Bingo. The tapering and titrating recommendations flash onto your screen in seconds. Want to prescribe perindopril for a hypertensive, diabetic resident with G4 and A3 CKD? Give it a try! MDs can search *OpenEvidence*, create an account, and then ask away.

Penicillin Allergy Debunked Again

I’ve devoted several GeriJournal columns to mislabeled penicillin allergies. It is unfortunate when sedation, constipation, nausea, and non-allergic rashes are classified as “penicillin allergy”. A new NIH study showed that 88% of patients with documented penicillin allergies did not react when given penicillin orally or via a skin prick test. We must remove this allergy label from resident charts so infection treatment options are not limited.

*Prepared by Randy Goodman
Board Certified Geriatric Pharmacist*