

# The GeriJournal



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## Lyrica Edema

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It's widely known that Lyrica® (pregabalin) tends to cause fluid retention and even heart failure. That is a dose-limiting or drug-limiting effect. Pregabalin has become more popular than its older cousin, gabapentin (Neurontin®) in treating neuropathic pain, seizures, anxiety, etc. Its onset is quicker, and patients perceive it to be more effective.

A US study of 240,000 Medicare subscribers (seniors) published in *JAMA Network Open* raised a concern with pregabalin use. The study evaluated new patients using these drugs in the treatment of noncancer pain. Pregabalin was 48% more likely (18.2 vs. 12.5 cases per 1,000 person-years) than gabapentin to cause new onset heart failure (HF), and 85% more likely to trigger HF in those with preexisting cardiovascular disease (CVD).

Each of these drugs presents a risk of HF development and should be used with caution. Pregabalin, in particular, should be heavily scrutinized before initiation, especially where CVD is present.

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## Dementia Decrease

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Those of us working in long term care may find this difficult to believe, but dementia prevalence is diminishing. This information was gathered from three large, multi-year studies conducted in Europe, the US, and the United Kingdom.

Not surprisingly, 25% of US citizens born between 1890 and 1913 developed dementia. That rate dropped to 16% among those born between 1939 and 1943 (aged 81–85 years). Prevalence has dropped even faster in Europe. Individuals born between 1934 and 1938 developed dementia at a 30% rate, while only 15% of those born from 1939 to 1943 became demented. Maybe there's hope for us youngsters!

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## D-Mannose for UTI

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One of our NPs heard great things about D-mannose for preventing and treating UTIs and asked me to investigate. Being the ever-obliging pharmacist that I am, I decided to look into this for her.

Many of you may not be familiar with D-mannose. I had some gaps myself, so I understand. D-mannose is a monosaccharide and is similar to glucose. It is found in a variety of fruits and vegetables, perhaps most notably, cranberries.

It is proposed to prevent UTIs by binding to the pili of the *E. Coli* bacterium. Pili are sticky, whip-like outcroppings emanating from the bacteria that adhere to the urethra (the tube leading out from the bladder). If D-mannose coats the pili, they will no longer stick, allowing *E. coli* to flow out with the urine rather than being retained in the urinary tract.

Does D-mannose work? Some small studies support treating women (typically younger women) with uncomplicated or recurrent UTIs. A study of 43 women (*Eur. Rev. Med. Pharmacol. Sci. 2016;20:2920–2925*) showed improved symptoms and delayed onset of subsequent UTI (43 vs. 28 days) in the D-mannose vs. placebo group. In a study of 60 women using D-mannose 1 Gram daily vs Bactrim DS daily for prophylaxis (*J. Clin. Urol. 2014;7:208–213*), D-mannose was the winner. It was well tolerated and delayed UTI recurrence for 200 days, vs 53 days for the antibiotic.

These positive results must be contrasted with the largest and most rigorous study in *JAMA Internal Medicine. 2024; 184(6):619–628*, which found D-mannose did no better than placebo in preventing UTIs in any population. D-mannose may limit bacterial adherence, but it does not impede bacterial reproduction. Still, there is little risk if you want to give it a try.

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