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Strike GOLD for COPD

COPD is a big deal. It's our second leading cause of hospitalization and third leading cause of death. Smoking is a leading cause, but a quarter of COPD patients are non-smokers. Each exacerbation causes permanent lung damage, and COPD ups the risk of pneumonia and CV events.

The GOLD (Global Initiative for Chronic Lung Disease) Report is the standard for COPD diagnosis and management. New drugs have been added and subtle changes made in the latest GOLD update. Our residents usually have advanced disease, but some with chronic cough, excess sputum, and severe chest infections may have undiagnosed COPD. Handheld devices can be used to confirm a diagnosis by measuring how much air a resident can force from their lungs in one second (the FEV₁).

Mild, infrequent symptoms are treated with a PRN bronchodilator like salbutamol. A long-acting bronchodilator (Spiriva®, Incruse Ellipta®, etc.) is used for more consistent

symptoms. A move to a dual (LAMA/LABA) bronchodilator (Inspirlo Respimat® or Anoro Ellipta®) is preferred if control is not optimal.

If exacerbations are moderate (no hospitalization), infrequent (one per year), and the resident's eosinophil level (a marker for inflammation) is less than 0.3, dual bronchodilator Tx may be sufficient. Severe or frequent exacerbations require triple-therapy (steroid added) with Trelegy Ellipta® or Breztri Aerosphere®, where eosinophil levels exceed 0.1 (new in 2026). Ex-smokers should add azithromycin 250mg daily to reduce exacerbations. Daxas® (roflumilast) is added to inhaler therapy for patients with chronic bronchitis and a low FEV₁ (<50% of predicted). Dupixent® (dupliumab) can be added for improved control (eosinophils > 0.3). These new drugs reduce exacerbations and mortality.

Antipsychotic Incontinence

Antipsychotics are associated with a myriad of adverse effects: strokes, confusion, falls, diabetes, constipation, etc. It may be time to add a new, significant undesirable outcome to the mix - urinary incontinence.

A 2025 observational study compared 200 mentally-stable 20-40 year-old women taking antipsychotics with 200 age-matched controls. Younger

women were chosen as they have superior bladder control.

The treatment group subjects had a significantly higher incidence (29% vs 13%) of several types (stress, mixed, and nocturnal enuresis) of urinary incontinence. More women in the drug group woke up to urinate during the night. The muscles in the urinary system carry a variety of neurotransmitter receptors. Antipsychotic drugs act on many of these receptors, thereby altering urination patterns. Most antipsychotics block α -1 receptors, which relax vascular smooth muscle and cause dizziness and falls. Blocking these receptors also relaxes muscles in the bladder neck. That is likely the main cause of this adverse outcome.

Protect Those Telomeres

Telomeres protect DNA and keep chromosomes healthy as cells divide. Short telomeres correlate with early cell death.

Two recent studies suggest we can intervene to protect our telomeres. In *VITAL*, vitamin D 2,000 IU daily reduced telomere shortening by over 4 years. D often fails to impress, but maybe it's a winner here. A BMJ Mental Health study of schizophrenic patients drinking 3-4 cups of coffee a day shielded their telomeres. They knocked off five years of biological aging! Drink coffee to stay awake and stick around!

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