

HEALTH *Matters*

A RESOURCE TO HELP KEEP YOU INFORMED

Good NEWS for those trying to quit smoking!!

Beginning in September 2011, not only are Champix® and Zyban® covered by ODBF, but pharmacists are being reimbursed for their role in counseling and support of patients who are addicted to cigarettes.

Details

- People taking Champix® (varenicline) or Zyban® (bupropion) are now covered by limited use code 423 for 12 weeks a year, provided treatment is also in conjunction with smoking cessation counseling by a health professional.
- Those whose prescriptions will be covered, include seniors, people on social assistance or Trillium.
- These people should also complete a minimum of nine counseling sessions with a pharmacist who has completed smoking cessation training. Studies show that pharmacotherapy in combination with counseling sessions support increases the person's success rate for sustaining a smoke-free lifestyle. Let's get all the help you can get for this major lifestyle change!!!



How you can take advantage of the Ministry's action plan

Simply call Medical Arts to book a free consultation with a pharmacist (613) 933-0670 (13th Street) or (613) 932-6501 (Montreal Road) in Cornwall. Remember: Quitting smoking is the most important thing someone can do for his/her health!

Ontario's Narcotics Strategy

Between 1991 and 2009, the number of oxycodone prescriptions in Ontario rose by 900 percent, making Ontarians the highest users of narcotics in the world.

To tackle the problem, Ontario's strategy will promote the proper use of prescription narcotics and other controlled substances while working to reduce drug abuse and addiction.

Oxycodone is well recognized as a potent and effective narcotic to relieve moderate to severe pain, and the Ministry of Health and Long Term care will ensure that people who need narcotics or controlled substances have access to drug therapies.

At this point, legislation has passed that will allow the Ministry to track narcotics and other controlled substances prescriptions, and keep a database. However, the logistics of the application has yet to be unveiled. The strategy should roll out beginning of 2012. To follow.....

U.S Food and Drug Administration recommend to avoid simvastatin 80mg per day:

Some regulators are telling prescribers NOT to use the 80 mg dose...unless patients have been on it for a year without myopathy.

If simvastatin 40 mg isn't enough, suggest going to atorvastatin (Lipitor, etc) 40 mg or rosuvastatin (Crestor) 10 to 20 mg.

continued...

If you have requests, suggestions or comments for future issues, your feedback may be directed to suzie@medicalartspharmacy.ca

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Stricter dosing limits are also being proposed for when simvastatin is used with other drugs that interacts with it by inhibiting its metabolism. For example, try not to exceed 20 mg/day of simvastatin with amlodipine...or 10 mg/day with amiodarone, verapamil, or diltiazem. Don't use simvastatin at all with strong CYP3A4 inhibitors...itraconazole, clarithromycin, protease inhibitors, etc.

Clarithromycin is a common drug interaction with the statins where it is warranted to HOLD simvastatin, limit the dose of atorvastatin . Pravastatin, fluvastatin or rosuvastatin seem to be safe when use with clarithromycin.

As health professionals, we are facing potentially severe interactions, such as myopathy, QT prolongations etc... that warrant good communication between each other.

The clinical pearl

A Quick overview of glycemic targets for Adults with Diabetes:

Canadian Diabetes Association (CDA) clinical practice guidelines (cpg) 2008 have adapted clear glycemic targets for adults, children and adolescents and also pregnant women, The guidelines do not seem as clear when it comes to elderly with multiple comorbidities, a high level of functional dependency and limited life expectancy. The guidelines suggest «clinicians should try to avoid symptoms of hyperglycemia and prevent hypoglycemia»

The European Union Geriatric CPG for type 2 diabetes mellitus has put numbers on glycemic targets for frail elderly that could be used in your facility.

Summary of recommendations for Adults with Diabetes

	CPG 2008 ¹	Frail elderly
FPG or preprandial PG	4-7 mmol/L	7.0-9.1 mmol/L ²
2 hours postprandial	5-10mmol/L (5-8mmol/L if A1C target not met)	Target should be individualized in the low teens
A1C (%)	≤7% ≤ 6.5% (to lower nephropathy if can be safely done)	7.5% - 8.5% ²

(1) Canadian Diabetes Association 2008 clinical practice guidelines
(2) European Union Geriatric Society 2004

There is more prompting for providers to have patients reach A1C goals which can improve care, quality of life and also reduce costs. Although hemoglobin A1C provides the past three months average of blood glucose levels it may have some limitations in assessing the every day fluctuations of the glycemia. Fasting blood glucose (FBG) and the 2 hours postprandial may be helpful in assessing the wellbeing of a resident with diabetes mellitus. Stay tune for more information in next newsletter on recommendations of frequency of monitoring blood glucose, protocol to treat hypoglycemia and sick day management.

Thursday November 10 2011 from 8 am to 3:15 pm: Be part of the Diabetes Care Day What you need to know right now

Presented by the Diabetes Educator Network of Eastern Counties (DENEK) at the Ramada Inn.

For more information contact Linda Rodgers from Canadian Diabetes Association (CDA) at 613-938-7497