MedicationXpert * Senior Care Consultants
P.O. Box 189 * Griffin, GA 30224 * (770) 412 - 7666

Thomas Rest-A-While Nursing Home

Document No.: **313882** Visit Date: 03/21/2012

Jane A.

Problem:

Hormone replacement therapy (HRT), both estrogen/progestin combination therapy and estrogen alone therapy, fail to prevent mild cognitive impairment (memory loss) and to increase the risk of dementia in women 65 years and older. The WHIMS study, an ancillary study of the WHI trial to assess the effects of HRT on cognitive function in elderly women (65 years of age or older), found that patients receiving either active treatment or placebo had similar rates of developing mild cognitive impairment. Also, patients receiving combination or estrogen only HRT were more likely than patients receiving placebo to be diagnosed with dementia (pooled hazard ratio 1.76, 95% CI 1.19-2.60, P=0.005). In the population of patients taking combination HRT, ninety percent of the cases of dementia occurred in women older than 70 years with Alzheimers disease being the most common classification; differences between the 2 treatment groups (combination HRT vs. placebo) were apparent after one year treatment

Suggestion:

Estrogens can increase the hepatic synthesis of proteins and vitamin K-dependent clotting factors. The effects of warfarin are generally decreased during concurrent use with estrogens because estrogens increase the production of clotting factors VII, VIII, IX, and X.... A slow taper to remove the Estropipate is recommended...

Suggest:
Taper to D/C: Estropipate every other day x 8 doses and D/C

Monitor for outcome in 90 days...
thank you

Armon B Neel Jr Pharm D 03/21/2012

Armon B. Neel, Jr. Pharm. D., C.G.P., FASCP Date

ACCEPT ☐ REJECT ☐

Physician's Remarks: _____

A. Case, M.D. Date
Physician's Signature

CONSULTANT PHARMACIST SUGGESTIONS FOR CONSIDERATION

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Document No.: **313879** Visit Date: 03/21/2012

Jane A.

Problem:

Changes in the patient status, laboratory values and/or long term drug therapy utilization necessitates the need for a Re-Evaluation of the patients drug therapy. In an effort to utilize Drug Therapy Management in the development of a plan of Optimum Drug Therapy Outcomes, please evaluate the following suggestions.

Suggestion:

Dosing change of Effexor XR (Venlafaxine ER) will allow for stopping the benzodiazepine Klonipin which is considered "Unnecessary Drug" F-329 and comes with many adverse events as well as respiratory suppression in a respitory compromised patient..

Suggest:
D/C: Effexor XR 75mg
Start: Effexor XR 150mg at bedtime
Taper to D/C: Klonopin 0.25mg every other HS x 4 doses and D/C

Monitor for outcome in 90 days..
thank you

Armon B Neel Jr Pharm D 03/21/2012

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Document No.: **313878** Visit Date: 03/21/2012

Jane A.

Problem:

Use of 24 hour Demadex (torsemide) may reduce the needs for additional supplements of Potassium.. Torsemide selectively blocks active sodium and chloride reabsorption in the thick ascending loop of Henle promoting rapid excretion of water, sodium and chloride. This action is a result of binding of the diuretic to a chloride ion binding site of the transport molecule. Torsemide also interferes with chloride channels, however, this appears to be a minor mechanism. Effects on potassium, calcium, or bicarbonate reabsorption are variable.

Lupinacci L, Puschett JB. An examination of the site and mechanism of action of torasemide in man. J Clin Pharmacol 1988;28:441-7.

Suggestion:

A change to a long half life (24 hour) LOOP diuretic will spare more potassium and calcium and will not allow for the antidiuretic rebound as found with Lasix

Suggest:
D/C: Lasix 20mg
Start: Demadex (torsemide) 10mg daily

Monitor for outcome in 90 days..
thank you

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Document No.: **313883** Visit Date: 03/21/2012

Jane A.

Problem:

Federal Reg: UNNECESSARY DRUGS

It is important that iron stores be replete before beginning therapy with either epoetin alfa or darbepoetin alfa due to increased iron utilization. Inadequate iron stores will interfere with the therapeutic response to these agents (e.g., red blood cell production). Supplemental iron may be needed during maintenance therapy to facilitate erythropoiesis. Iron supplementation (e.g., iron salts; iron sucrose; polysaccharide-iron complex; sodium ferric gluconate complex) may be required. Epoetin Alfa or Darbepoetin Alfa should not be started until HGB is 10 or above. Iron Sucrose IV drug of choice in Iron supplimentation.

Monitoring Parameters
- CBC
- ferritin
- hemoglobin/hematocrit
- serum electrolytes
- serum iron
- serum uric acid
- transferrin

Suggestion:

Current order for Hemocyte Plus is ineffective due to an 82 year old basic gut and the addition of the H2 Blocker (Pepcid). Additionally iron is the catalyst that make the Procrit work in causing the bone marror to produce red blood cells. To ensure the adequate amounts of iron use of Venofer IV is recommended....

Suggest:
D/C: Hemocyte Plus
Start: Venofer 100mg IV + 50cc Normal Saline infuse over 20minutes M-W-F each week and check HGB for outcome.. Dosing should continue until total of 1000mg Venofer or HGB 14 or greater..

Monitor for outcome in 90 days..
thank you

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Document No.: **313884** Visit Date: 03/21/2012

Jane A.
Problem:

Federal Reg: UNNECESSARY DRUGS

The FDA called for new safety information to be added to the labels of long-acting beta agonists (LABAs) for the treatment of asthma, and it is also "taking other steps to reduce the overall use" of the products. The new safety controls include a warningto advise that LABAs should not be used alone in adults and children with the condition, and should be taken in combination with an asthma controller medication such as an inhaled corticosteroid. GlaxoSmithKlines Advair (fluticasone/salmeterol) and Serevent (salmeterol), AstraZenecas Symbicort (budesonide/formoterol) and Novartis and Merck & Co.s Foradil (formoterol), is based on study data indicating that use of the drugs "is associated with an increased risk of severe worsening of asthma symptoms, leading to hospitalisation...and death in some patients with asthma."
FDA announces new safety measures February 18, 2010

Suggestion:

The Spiriva is going to maxamize the bronchodilation and provide maximum benefits. The adddition of other bronchodilators is not effective. Use of Salmaterol and Formoterol place the patient at high risk for respiratory arrest... Continuous use of corticosteriods make use in crisis not as effective... Use of the Spiriva and Albuterol for rescue events will support the patient at maximum potential... using the others just increase the risk of serious adverse events

Suggest:
D/C: DuoNeb nebulizerStart: Albuterol Nebulizer every 4 hours as needed for severe SOB
Taper to D/C: Advair 250/50 puff 1 PM x 7 days then D/C
Monitor for Oxygen supplementation needs...

Monitor for outcome in 90 days..
thank you

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Document No.: **313880** Visit Date: 03/21/2012

Jane A.

Problem:

Federal Reg: UNNECESSARY DRUGS

The FDA has revised the label of dronedarone (Multaq), an antiarrhythmic drug, to reflect its increased risk of death or serious cardiovascular events when taken by patients with permanent atrial fibrillation.
Dronedarone is approved to treat atrial flutter and paroxysmal or persistent atrial fibrillation, but not permanent Afib.
The drug's maker, Sanofi-Aventis, had tested dronedarone in patients with permanent atrial fibrillation but the trial, called PALLAS, was stopped early because of increased cardiovascular events in those taking the drug.
A full analysis of the data, presented at the 2011 American Heart Association meeting, confirmed the excessive risk -- almost double compared with placebo -- of cardiovascular events including stroke, myocardial infarction, systemic embolism or death from cardiovascular causes.
FDA CHANGES DECEMBER 20

Suggestion:

Recent studies show that Multag is not as effective but carries all the warnings of the Amiodraone includine the Pulmonary Fibrosis which is questionable in this patient consistent with all the bronchodilators and respiratory problems listed. Review of all of her present rhythm drugs show a need for a consolidation to improve outcome and reduce the risk of serious and fatal adverse events. Beta blockers exacerbate myopathy problems seen from Statin use and also exacerbates hyperlipidemia... Norvasc could ealiy be incorporated to new benzothiazepine calcium channel blocker therapy as could the Diovan which is at high risk for renal clearanc with CrCl=19cc/min and hyperkalemia with Serum Potassium = 4.8 at present and climbing.. Changing to Diltiazem CD and tailoring the dose to this patient should support her cardiac and hypertesive needs with much less risk to the patient
Suggest:
D/C: Diovan 160mg
D/C: Norvasc 5mg
Start: Diltiazem CD 120mg BID
Taper to D/C: Lopressor 50mg QD x 4 days then every other day x 4 doses and D/C
Taper to D/C: Multag 400mg daily x 4 days then D/C
Monitor BP BID x 30 for need to titrate Diltiazem CD down to 180mg QD or up to 120mg AM and 180mg PM... dosing adjustments in increments of 60mg until dose is stable..60mg until dose is stable..

Monitor for outcome in 90 days..
thank you

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Document No.: **313881** Visit Date: 03/21/2012

Jane A.

Problem:

Federal Reg: UNNECESSARY DRUGS

At high doses, megestrol may be associated alterations in warfarin pharmacokinetics. In one study, a small change in the rate of warfarin clearance was seen with concomitant administration of high doses of megestrol; a minor decrease observed in warfarin clearance may be of clinical importance. Additionally, a 71% increase in warfarin's half-life was seen. Lower doses of warfarin may be necessary when megestrol is given.

Lundgren S, Kvinnsland S, Utaaker E, et al. Effect of oral high-dose progestins on the disposition of antipyrine, digitoxin, and warfarin in patients with advanced breast cancer. Cancer Chemother Pharmacol 1986;18:270—5

Suggestion:

Concomitant use of Megace and Coumadin is contraindicated. Use of Megace increases the thromboembolitic effects and places this patient at high risk. Use of Megace as appetite stimulant is not very effective in this age patient. Appetite stimulation is better achieved by the use of wine based tonics (Twin Oaks Tonic) or Marinol 2.5mg at bedtime ...

Suggest:
D/C: Megace Suspension
Start: Marinol 2.5mg at bedtime x 30 days
after 30 days start: Twin Oaks Tonic 25cc before each meal...

Monitor for weight gain at the end of each week...

thank you

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