

MedicationXpert * Senior Care Consultants

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



Twin Oaks Convalescent Center

Document No.: **123456**

Visit Date: 09/29/2011

Sadie Berry

Problem:

Lasix (furosemide) with a Half-Life of two (2) hours in high doses will cause a Paradoxical Rebound Antidiuresis which can Exacerbate CHF and other Types of Edemas causing need for more Drug... The use of Demadex (torsemide) another LOOP with a Half-Life of 24 hours will not cause this problem and dosing can usually be reduced by 50%, also sparing Potassium and Calcium loss.

Friedel HA, Buckley MM-T. Torasemide. A review of its pharmacological properties and therapeutic potential. Drugs 1991;41:81-103.

Suggestion:

Using 24 hour half life torsemide (Demadex) in place of the furosemide (lasix) will not allow for rebound antidiuretic effects allowing for 50% reduction in dose and less potassium and calcium loss...

Suggest:

D/C: Lasix 40mg

D/C: K Dur20meq

Start: Demadex (torsemide) 40mg daily

Monitor with new Serum K in 30 days and evaluate...
thank you

Armon B. Neel, Jr. Pharm D

09/29/2011

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

Date

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Physician's Remarks:

Richard V. Brown, MD

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**CONSULTANT PHARMACIST
SUGGESTIONS
FOR CONSIDERATION**

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Problem:

SSRIs may exhibit pharmacodynamic interactions with warfarin. SSRIs may potentiate the hypoprothrombinemic effects of warfarin. Additionally, CYP mediated interactions may occur. SSRI inhibits CYP2C9; coadministration increases warfarin serum concentrations by 98%, resulting in a prolonged INR. SSRI inhibits the CYP2C9 metabolism of warfarin. Also, bleeding has been reported in patients receiving SSRI without warfarin. Because SSRI is highly bound to plasma protein, the administration of SSRI to a patient taking another drug that is highly bound to protein, such as warfarin, may cause a shift in plasma concentrations potentially resulting in an adverse effect. Conversely, adverse effects may result from displacement of protein-bound SSRI by other highly-bound drugs.

Hansten, PD Horn JR. Cytochrome P450 Enzymes & Drug Interactions. Table of Cytochrome P450 Substrates, Inhibitors, and P-glycoprotein, with footnotes in the top 100 drug interactions - A Guide to Patient Management. 2008 Edition. Fr

Suggestion:

Zoloft is not recommended in patients on warfarin therapy due to the competition in the liver in the CYP isozymes. Additionally, concomitant use of PPI Omeprazole essentially shut down the 2C9 and 2C19 as well as other isozymes making the action of warfarin unpredictable and highly dangerous. Use of SSRI/SNRI should be considered which will also support the neuropathy and allow for stopping the Neurontin which is outside of dosing parameters at 300mg twice a day with CrCl=45cc/min. Also, support RLS stopping the Requip

Suggest:

D/C: Zoloft 50mg

Start: Venlafaxine ER 37.5mg HS x 5 then 75mg HSx5... then 150mg HS

Taper to D/C: Neurontin 300mg daily x 4 doses then every other day x 4 doses and D/C

Taper to D/C: Requip 0.5mg every other HS x 4 doses and D/C

D/C: Phenergan 25mg

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Document No.: 123458 Visit Date: 09/29/2011

Sadie Berry

Problem:

Federal Reg: UNNECESSARY DRUGS

Nitrofurantoin (Macrochantin) problems with Renal Clearance

Patients with renal impairment:

CrCl < than 70 ml/min: Nitrofurantoin is contraindicated.

Patients with renal impairment cannot clear the drug through the kidneys and the remaining drug is cleared through the lungs resulting in life threatening adverse events. Subacute reactions can become manifest after about 1 month of treatment, and symptoms include dyspnea, tachypnea, persistent cough, and interstitial PNEUMONITIS. Electrocardiograph changes (e.g., non-specific ST/T wave changes, bundle-branch block) have also been reported in association with pulmonary reactions.

Macrobid (Nitrofurantoin monohydrate/macrocrystals) package insert. Cincinnati, OH: Procter & Gamble Pharmaceuticals; 2006 Dec.

Suggestion:

Calculated Creatinine Clearance CrCl = 45cc/min. which makes use of Nitrofurantoin (Macrobid) outside of accepted parameters. Although the drug will kill the infection the adverse events are too high risk to use. Use of other drugs consistent with the C&S should be used. Use of prophylaxis measures of Trimethoprim 100mg daily is suggested....

Suggest:

D/C: Macrobid 100mg

Start: Trimethoprim 100mg at bedtime daily for prophylaxis UTI

Monitor for outcome in 90 days..

thank you

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Problem:

Federal Reg: UNNECESSARY DRUGS

The most severe non-cardiac adverse effects of amiodarone therapy are pulmonary reactions. These reactions can be fatal (10% of cases), and may result from amiodarone-induced pulmonary interstitial pneumonitis, hypersensitivity pneumonitis, or pulmonary fibrosis. Patients should be warned to report any symptoms of cough, fever, or progressive dyspnea. Pulmonary diffusion capacity may be abnormal in a high percentage of patients receiving amiodarone therapy, but pulmonary fibrosis and interstitial pneumonitis and/or alveolitis are clinically significant in 2-15% of the patients receiving the drug.

Cordarone (amiodarone) package insert. Philadelphia, PA: Wyeth Laboratories: 2007 Mar.

Suggestion:

Amiodarone and Dronedarone varies in half life from about 50 days for amiodarone to about 15 days for dronedarone but carry the same serious adverse events. Use for rhythm stabilization in the hospital setting should be the only place for the use of either drug. Use of benzothiazepine calcium channel blocker of which the patient is taking in low dose if increased to therapeutic dose should meet the patient's needs and allow for stopping all the other four (4) drugs currently used to treat this patient. The use of Alpha Blockers in CVA patient is not advised... Use of Beta Blockers are not advised consistent with neuropathy and myopathy, and current Diltiazem dose can be increased to meet the patient's needs..

Suggest:

D/C: Cardizem 60mg tablets

Start: Diltiazem CD 180mg BID

Taper to D/C: Catapres 0.3mg QD x 4 doses then QoD x 4 doses and D/C

Taper to D/C: Multag 400mg QD x 4 days, then QoD x 4 doses and D/C

Taper to D/C: Metoprolol 12.5mg QD x 4 doses, then QoD x 4 doses and D/C

Monitor BP BID x 30 for need to titrate Diltiazem CD up to 180mg AM and 240mg PM or down to 120mg AM and 180mg PM

Using the 24 hour time release in 12 hour increments increases the AUC allowing better control

thank

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Problem:

Federal Reg: UNNECESSARY DRUGS

PPI therapy (CYP2C19 inhibitor) can prolong the elimination of warfarin, particularly R-warfarin which is a CYP2C19 substrate. Although R-warfarin is less potent than S-warfarin in anticoagulant activity, combined use of PPI therapy and warfarin has been associated with reports of increased INR and prothrombin time (PT). In addition, post-marketing reports of the combination of all PPI combinations and warfarin have indicated elevations in PT. There have been reports of increased International Normalized Ratio (INR) and prothrombin time in patients receiving other proton pump inhibitors (PPIs), lansoprazole, rabeprazole, and pantoprazole and others) and warfarin concomitantly. It is prudent to monitor the INR more closely if these agents are combined with warfarin.

(PPI) package insert. Deerfield, IL: Takeda Pharmaceuticals America, Inc: 2008 Oct.

Society for Cardiovascular Angiography and Interventions (SCAI) 32nd Annual Scientific Sessions May 7, 2009

Nexium® (esomeprazole) package insert.

Suggestion:

Since Warfarin (Coumadin) has not been in therapeutic range the continued need may be questioned... Use of full strength Aspirin and Fish Oil may provide all the anti stroke protection necessary for this patient...

Suggest:

D/C: Coumadin 5mg

Start: Aspirin 325mg EC daily

Start: Fish Oil 1200mg TID

Monitor for outcome in 90 days..

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Problem:

Federal Reg: UNNECESSARY DRUGS

The U.S. Food and Drug Administration today warned patients and healthcare providers about the potential for increased risk of muscle injury from the cholesterol-lowering medication Zocor (simvastatin). Although muscle injury (called myopathy) is a known side effect with all statins, today's warning highlights the greater risk of developing muscle injury, including rhabdomyolysis, for patients when they are prescribed and use various doses of this drug. Rhabdomyolysis is the most serious form of myopathy and can lead to severe kidney damage, kidney failure, and sometimes death.

FDA NEWS RELEASE March 19, 2010

Suggestion:

Fenofibrate and Zocor use is not recommended in this patient. The combination or alone these drugs are contraindicated in patients on warfarin. Exacerbation of the muscle injury is already present consistent with the RLS, Dark Urine, Neuropathy, myalgia, arthralgia and a calculated creatinine clearance of 45cc/min. At 76 years of age the patient is too old and in no physical condition for Statin therapy...

Suggest:

D/C: Fenofibrate 160mg

D/C: Zocor 80mg

Start: Vitamin B12 1000mcg IM weekly x 4 doses then monthly

Start: Folic Acid 1mg daily

Start: Vitamin B6 200mg daily

Monitor for outcome in 90 days..

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Problem:

Federal Reg: UNNECESSARY DRUGS

Research published in the Archives of Internal Medicine suggests that proton pump inhibitors (PPIs) increase the risk of bone fractures in older woman and are also associated with an increased risk of Clostridium difficile infection.

In the study, researchers analysed data on 161 806 women aged 50 to 79 without a history of hip fracture enrolled in the Womens Health Initiative. After eight years, 21 247 bone fractures were observed, with women taking proton pump inhibitors at a 47 percent increased risk of spinal fracture, a 26 percent increased risk for forearm or wrist fracture and a 25 percent increased risk of total fractures, compared to those who did not take the medicines. However, use of the drugs was not associated with an increased risk of hip fracture and only a minimal effect on bone mineral density was observed over three years.

Archives of Internal Medicine: March 15, 2010

Suggestion:

This patient is on multiple drugs that require hepatic reliability which cannot occur due to the use of the PPI therapy (Omeprazole). Additionally other serious problems listed from a recent study are presented above. Use of PRN use of H2 blocker may provide the necessary control of GERD and allow for better drug therapy outcomes.

Suggest:

Taper to D/C: Omeprazole 20mg every other day x 7 doses and D/C

Start: Ranitidine Syrup 37.5mg BID PRN USE ONLY severe heartburn

Start: Antacid (Mylanta like) 25cc PRN mild heartburn

Monitor for outcome in 90days..

thank you

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