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The Attack on

Darvocet



Propoxyphene has been deemed inappropriate for use in elderly patients due to its adverse effects and questionable efficacy. Eight studies to date have demonstrated that propoxyphene is no more effective than acetaminophen or aspirin in reducing pain, and in most studies was less effective.

What makes propoxyphene inappropriate for elderly patients?

- CNS side effects such as dizziness, sedation, drowsiness, confusion, and the risk for falls.
- Nausea, vomiting and poor appetite
- Trouble urinating or emptying bladder
- Constipation

Active metabolite has long elimination half-life of 30-36 hours which poses high risk of accumulation if given repeatedly. This can result in cardiotoxic and arrhythmic effects.

Propoxyphene is also costly. The generic equivalent of Darvocet N 100 cost us \$0.81 versus \$0.04 for 650mg of acetaminophen.

What are the alternatives to propoxyphene?

- Mild to moderate pain
Episodic pain: Acetaminophen 650mg po q4h prn pain.
Continuous pain: Acetaminophen 650mg po q4h.
Do not exceed 4000mg per day.
- Moderate to severe pain not controlled by acetaminophen
Episodic pain: Hydrocodone (Vicodin) prn
Continuous pain: Hydrocodone with a prophylactic bowel regimen.
- For chronic, severe, or uncontrolled pain use an aggressive treatment with opioids

For patients receiving propoxyphene:

Monitor for adverse effects. If observed, alter dosage or change to a different medication.

**Studies show:
propoxyphene is no more effective than acetaminophen or aspirin in reducing pain**



Fitting Into Your Summer Bikini

There is a new OTC version of Xenical call Alli (AL-eye), just approved for weight loss in adults. It will be on store shelves this summer and cost about \$2 a day. It is half the strength of Xenical, but expect similar efficacy and side effects (be aware of the large bowel ones).

Alli will be promoted to help people lose 50% more weight than diet alone. Overall the weight loss is modest, about 10 pounds over 6 months, but it is better than diet alone which averages 6 to 7 pounds over 6 months.

Alli can prevent absorption of fat-soluble vitamins. Users should take a multiple vitamin at bedtime, especially with long-term use. Also monitor carefully if on Coumadin.

Packing On The Pounds

Patients often ask if their meds can cause weight gain.

Atypical antipsychotics are notorious for causing weight gain, which might increase the risk of diabetes or cardiovascular disease. Clozaril and Zyprexa are the most likely to cause weight gain, Abilify and Geodon the least. For example, about 75% of the patients on Zyprexa gain up to 10 pounds in 10 weeks, but some patients gain much more with long-term use.

Mood stabilizers can also increase weight in patients. Up to 20% of patients on lithium gain 20 pounds or more. About 50% of patients on valproic acid have a 10% increase in weight gain which is more common in women.

Use Tegretol or Lamictal for less weight gain.

Many **antidepressants** increase weight. The most likely are MAO inhibitors, tricyclics, and Remeron. SSRIs are okay for short-term use, but weight gain may occur when they're used for more than 6 months. If weight is a concern, use Wellbutrin, Effexor, or Cymbalta.

Hormonal contraception sometimes leads to weight gain. **Hypoglycemics** such as sulfonylureas or insulin can also lead to weight gain. Try meformin instead.

Antihistamines and corticosteroids may also increase weight. Intranasal or inhaled steroids will limit weight gain.



New TPN Guidelines

According to a recent workshop pharmacy attended, it is **no longer necessary to titrate the rate upward upon initiation or downward when discontinuing a TPN that has concentrated dextrose (25% or higher)**. There will be no titration mentioned in the protocols on either a peripheral QuickMix or a central QuickMix. Should the physician prefer to do a titration, supplemental orders will need to be written. Whenever QuickMix is ordered, the rate will automatically be 83 ml/hr with both the central and peripheral solutions. The physician will need to write an order if he/she would like the rate to change.

There are also new guidelines regarding intravenous lipid emulsions. It was discovered that lipid emulsions administered over 1 to 6 hours can decrease the body's immune and phagocyte system. However, slow continuous infusions over 24 hours have little if any effect. **It is now suggested that our 500 ml of 10% lipids be infused over 24 hours at a rate of 21 ml/hr.**

Note: Most antibiotics and medications can be piggybacked into the TPN line, however, each needs to be checked to be sure. Use the *Handbook On Injectable Drugs* located over the packaging machine in the Pharmacy.

Nutrition Statistics: Using the routine protocols you can expect the following:

Fluids: 2000ml of QuickMix plus 500ml of Lipids results in 103 ml/hr

Calories: 2000ml of 10% Quick-Mix plus 500ml of Lipids gives **1236 calories**

Calories: 2000ml of 25% Quick-Mix plus 500ml of Lipids gives **2262 calories**

Does *Everyone* Need Acid Suppressing Drugs?

It's very common and appropriate to give an H2-blocker or proton pump inhibitor to prevent bleeding in patients at risk for stress ulcers. These are usually ICU patients who are on ventilators or have coagulation problems, severe burns, trauma, head injury, etc. Patients with gastric ulcers or bleeding within the past year should also get these drugs.

But low-risk patients aren't likely to benefit. In fact, you would have to treat 900 low-risk patients to prevent ONE ulcer. Yet about one-third of low-risk patients are routinely given acid blockers in the hospital. And up to half of patients who get stress ulcer prophylaxis are still on it after being discharged. This leads to unnecessary side effects and increased costs.

Be sure patients aren't automatically prescribed acid-suppression therapy to prevent stress ulcers. Check to see if they have any valid risk factors. When dismissed be sure to discontinue all proton pump inhibitors or H2-blockers for patients with a low risk of ulcers.

This will be one of the topics of discussion at the April Pharmacy & Therapeutics Committee meeting.

Ask Pharmacy for a detail document to further study this.