Selective Serotonin Reuptake Inhibitors (SSRIs) & Gastrointestinal

SSRIs are antidepressant drugs which are not generally associated with gastrointestinal (GI) bleeding; however they appear to share a similar risk of bleeding as that seen with nonsteroidal anti-inflammatory drugs (NSAIDS). SSRIs “inhibit platelet function by inhibiting serotonin uptake into platelets”. Serotonin is an essential component in platelet aggregation.

An additive effect on platelets occurs where SSRIs are taken concomitantly with anti-coagulants (warfarin) or anti-platelet drugs (ASA, Plavix). Drugs with an inherent risk of thrombocytopenia such as trimethoprim-sulfamethoxazole (Septra) or interferon-alpha 2b (Intron A) also increase the risk of bleeding. Adding a NSAID to a SSRI may increase bleeding risk by as much as three to twelve fold. Patients with conditions such as peptic ulcers or cirrhosis who are predisposed to bleeding experience an even greater risk and bleeding following surgery appears to be more common in patients taking SSRIs.

Not all SSRIs are equal in their potential bleeding risk. SSRIs producing a high degree of serotonin inhibition such as fluoxetine (Prozac), sertraline (Zoloft), clomipramine (Anafranil) and paroxetine (Paxil) are associated with double the risk of bleeding when compared with SSRIs with an intermediate level of serotonin inhibition such as fluvoxamine (Luvox) & citalopram (Celexa).

Vitamin B12 Important for Memory in Persons at Risk for Alzheimer’s

Older people (over age 75) who have a genetic predisposition to the development of Alzheimer’s disease may perform poorly on memory tests if they also have low levels of vitamin B12 or folate. In a study of 167 healthy people (average age 83) researchers identified people carrying the gene considered a risk factor for dementia. All participants were also checked for vitamin blood levels. It was found that people who were at risk of developing dementia who had normal vitamin B12 levels recalled a greater number of words than participants at risk of dementia with low B12 levels.

The author of the study reflected that people at risk of developing dementia may “derive relatively greater cognitive benefits from B12 and folate supplements”.

Methotrexate & Trimethoprim … A Potentially Hazardous Combination

A potentially serious interaction may occur in patients taking methotrexate and trimethoprim (Proloprim), particularly in pre-existing renal disease. Trimethoprim is thought to displace methotrexate from protein-binding sites resulting in more free methotrexate. In addition less methotrexate is eliminated due to the inhibition of its renal tubular excretion by trimethoprim.

A possible consequence of higher methotrexate blood levels may be an increase in the risk of methotrexate-induced bone marrow suppression. It is recommended that patients taking methotrexate should avoid trimethoprim (e.g. trimethoprim / sulfadiazine—Coptin, trimethoprim / sulfamethoxazole—Apo-Sulfatrim, Novo-Trimel, Nu-Cotrimox & Septra).

Penicillins and sulfonamides may have a similar effect on methotrexate elimination.
Tramacet tablets
tramadol 37.5 mg & acetaminophen 325 mg
Janssen—Ortho
(not currently a benefit of ODB)

Tramacet is a combination of the synthetic centrally-acting opioid, tramadol and the non-opioid, acetaminophen. It is indicated for the short-term (5 days or less) management of acute pain. Tramadol is considered a weak opioid which has a quicker onset of action and greater analgesia when combined with acetaminophen than when either drug is administered alone. Its analgesic potency (Tramacet, 2 tablets) is similar to ibuprofen 400 mg when single doses are compared for the treatment of moderate to severe dental pain. Pain relief in patients with chronic low back pain and osteoarthritis is similar to Tylenol #3 (acetaminophen 300 mg/codeine 30 mg). Tramacet has the potential for abuse, particularly in patients who have a prior history. Abrupt discontinuation of Tramacet may produce withdrawal symptoms such as anxiety, sweating, insomnia, rigors, pain, nausea, tremors, diarrhea, upper respiratory symptoms, piloerection and rarely hallucinations. Less frequently, patients may report panic attacks, severe anxiety and parasthesias.

Increased seizure risk has been reported in patients taking Tramacet within the recommended dose range. Seizure risk is increased in patients taking SSRIs (selective serotonin re-uptake inhibitors), tricyclic antidepressants, cyclobenzaprine, opiates, MAOIs (mono-amine oxidase inhibitors), neuroleptics or drugs which decrease the seizure threshold.

Contraindications:
- hypersensitivity to tramadol, acetaminophen and/or opioids
- any condition where opioids are contraindicated (e.g. intoxication with alcohol, hypnotics, narcotics, centrally acting analgesics, psychotropic drugs, etc.)

Drug Interactions:
- Carbamazepine (Tegretol) administration may significantly reduce the analgesic effect of tramadol. Tramadol also increases the seizure risk; therefore concomitant administration is not recommended.

- Drugs which inhibit the cytochrome enzyme CYP2D6 (e.g. fluoxetine, paroxetine, amitriptyline) may result in a reduced analgesic effect due to inhibition of tramadol metabolism.
- Seizure and serotonin syndrome risk is elevated in patients taking Tramacet and MAOIs or SSRIs. Increased death rates have been associated with the co-administration of tramadol and MAOIs in animal studies.
- Central nervous system and respiratory depression is increased with concomitant use of alcohol, opioids, sedative hypnotics and anesthetics.
- Rare digoxin toxicity has been reported with concomitant administration.
- Periodic evaluations of the INR is recommended in patients taking warfarin-like compounds.
- Administration of Tramacet with food delays absorption by about 35 minutes but not the extent of absorption.

Adverse Effects: The most commonly reported adverse effects include nausea, dizziness, drowsiness, headache, constipation and vomiting.

Dose & Administration: The recommended dose for adults (age 18 and over) for the short-term (5 days or less) management of acute pain is 1 to 2 tablets every 4 to 6 hours (maximum of 8 tablets per day). The dose should be reduced to 1 to 2 tablets every 12 hours in patients with a creatinine clearance less than 30 ml/min.

Availability & Storage: Tramacet tablets are light yellow, film-coated, capsule-shaped tablets, engraved with “J-C” on one side and “T/P” on the other. The tablets are packaged in blister packs of 10 and should be stored in a tight container at 15 º C to 30 º C.

Please refer to the product monograph for complete information.

Team work is important to providing quality health care to residents in long-term care homes. The complexity of care resulting from multiple medical conditions, impaired cognition and functional decline is best addressed by a care team working collaboratively. Collaborative Practice is “an interprofessional process for communication and decision making that enables the separate and shared knowledge and skills of care providers to synergistically influence the (resident) care provided.”

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