Baclofen May Reduce Alcohol Craving

In a randomized study, 84 alcohol-dependent patients with cirrhosis received oral baclofen (30mg daily) or placebo for 12 weeks. At the end of the study 71% of the patients taking baclofen remained abstinent compared with 29% of the placebo patients. Family members administered medication, monitored adherence, alcohol consumption and adverse effects. Blood and urine tests were done at follow-up visits. Therapy included counseling and support.

Treatments to reduce alcohol craving have not been extensively studied in patients with cirrhosis and some drugs (e.g. naltrexone) are potentially hepatotoxic. This study showed that “baclofen reduced alcohol craving, alcohol intake and markers of liver injury in alcohol-dependent patients with cirrhosis and showed no evidence of hepatic toxicity”. Larger, long-term studies are needed to determine whether baclofen would lead to improved outcomes.

Tendon Injury a Risk With Quinolones

The New England Journal of Medicine described a tendon injury in an 81 year old woman with rheumatoid arthritis, Sjögren’s syndrome and hypertension. The patient had swelling and pain in the left heel “which had developed suddenly a week after a short course of levofloxacin for acute bronchitis. She reported neither trauma to the area nor any excessive physical activity before the pain began”. An MRI of the area showed a rupture of the Achilles’ tendon which healed after immobilization in a short leg cast. Rupture of a tendon is a known but rare adverse effect of quinolones and is more common in the elderly and in persons taking steroids.

That Calcium Channel Blocker May be Causing the Rash!

New onset, chronic, unexplained eczema in the elderly can be confounding when a cause cannot be isolated. Often eczema can be attributed to severe dry skin, irritants or allergic contact dermatitis but sometimes the cause of eczema cannot be found, resulting in a poor quality of life. These patients often itch furiously.

In France 102 eczema patients were matched with 204 control cases in a multi-centre study. The patients were older than 60 years of age and took multiple drugs. “The drugs most frequently used by these patients were diuretics, converting enzyme inhibitors, calcium channel blockers (CCB), lipid-lowering agents and salicylates. Eczema was significantly associated with the use of CCB (odds ratio, 2.5) but not with other drugs”. Eighty-three percent of patients who stopped CCB had complete resolution of their symptoms and a rechallenge with a CCB “elicited a high rate of exacerbation (8 or 9 who restarted CCB had recurrence with days)”. Thirty-three percent of patients who stopped other drugs and 20% of patients who made no change to their medications also experienced a resolution of eczema.

The authors have suggested a mechanism for this finding: “Photo-degraded nifedipine stimulates uptake and retention of iron in keratinocytes, which can cause spongiosis (intercellular edema) and apoptosis (cell death)”. Biopsies of patients with eczema showed sparse necrosis of the keratinocytes. It is not known whether this may become a histologic marker for CCB-related eczema”.

Inhalers & the Breathalyzer

Small amounts of ethanol present as co-solvents in some newer HFA (hydrofluorocarbon alkane) inhalers may be in the aerosol particles when inhaled. This in turn may be picked up in a breathalyzer test resulting in an inflated reading. Even the older CFC (chlorofluorocarbon) propellants are “clinically similar to ethanol and have been known to interfere with breathalyzer readings”.

When proper inhaler technique is used most of the propellant evaporates before being inhaled. “The effect of the propellant from the inhaler becomes negligible in as little as 2 to 20 minutes”.

February 2008
Januvia 100 mg tablets
Sitagliptin phosphate monohydrate
Merck Frosst
(not currently a benefit of ODB)

Januvia is a member of a new class of drugs called DPP-4 inhibitors for diabetes. DPP-4 (dipeptidyl peptidase IV), an enzyme present throughout the body acts to enhance the incretin hormones. The incretin hormones include glucagon-like peptide 1 (GLP-1) and glucose-dependent insulinotropic peptide (GIP). Incretins are part of the mechanisms that the body uses to lower blood glucose. “When the body senses hyperglycemia (high blood sugar), incretins stimulate the pancreas to release insulin and signal the liver to cease glucose production. DPP-4 inhibitors increase the active levels of incretin hormones in the body”. Thus the action of Januvia is to enhance the effects of the incretin system by selectively inhibiting DPP-4 enzymes.

Januvia is indicated in adults (over the age of 18) in combination with metformin to improve glycemic control in patients with type 2 diabetes when diet and exercise plus metformin is not adequate. Geriatric patients may be more sensitive to its effects. Prior to starting treatment and periodically thereafter, renal function should be assessed in the elderly.

Warnings & Precautions:
- Postmarketing reports of serious hypersensitivity reactions including anaphylaxis, angioedema and exfoliative skin conditions (e.g. Steven-Johnson syndrome) have occurred as early as the first dose in some patients.
- Januvia is not recommended in pregnancy or lactation.
- Approximately 79% of Januvia is excreted in the urine unchanged. People with moderate to severe renal insufficiency and end stage renal disease should not take Januvia.
- Januvia administration is not recommended in patients with severe hepatic insufficiency.
- Use in patients with congestive heart failure is not recommended.
- If Januvia is administered with a sulfonylurea, monitoring of blood glucose is recommended to minimize the risk of hypoglycemia (low blood sugar).
- Januvia should not be used in type 1 diabetes or in patients with diabetic ketoacidosis.

Adverse Effects: Januvia is generally well tolerated. The most common adverse effects reported in trials include upper respiratory tract infection, nasopharyngitis (stuffy or runny nose and sore throat) and headache. The incidence of hypoglycemia is generally similar to placebo except when used in combination with glimepiride (Amaryl) where the incidence of hypoglycemia is significantly higher than with placebo (12% vs 2%).

Dose & Administration: The recommended dose of Januvia is 1 tablet (100 mg) once daily with or without food. No dosage adjustment is necessary in the elderly. If a dose is missed it should be taken as soon as the patient remembers. A double dose of Januvia should not be taken on the same day.

Availability & Storage: Januvia is available as a film-coated, beige, round tablet with “277” on one side. The tablets are packaged in bottles of 30 and 100 and should be stored between 15°C and 30°C.

Discontinued…
- Dimetapp Oral Infant Cold Drops & Dimetapp Oral Infant Cold and Fever Drops
- Duralith (lithium carbonate) sustained release tablets
- Halog Cream & Ointment (60 g) halcinonide
- Neosporin Cream (neomycin & polymyxin B sulfates & gramicidin) (15 g)
- Nozinan 25 mg/ml amps (methotrimepazine )
- Ortho-Cept 21 day … 28 day still available
- PreserVision Areds ocular nutrient
- Triphasis 21 & 28 day

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