

February 2010

Fewer MI's & Stroke with a Low Salt Diet

A typical North American diet, particularly if it comprises a large proportion of processed foods, is likely very high in salt content. Much has been written in the literature recently about the negative effect of salt on blood pressure and the importance of reducing salt intake. It is estimated that high blood pressure affects about 30% of adults and an equal number have pre-hypertension. More and more children and young adults are being diagnosed with hypertension. It has become a major health concern.

In other countries such as Japan, the U.K., Finland and Portugal, salt intake has been reduced through a combination of regulations on salt content in processed foods, labeling of processed foods and prepared foods, public education and collaboration with the food industry. In the U.K. a reduction of dietary salt of 10% was achieved over a 4 year period. There was no impact on the sale of the affected food products. As dietary salt was reduced, people's taste buds seemed to adjust to the lower salt content and they generally tended to prefer it. In North America some manufacturers have reduced the salt content of some of their processed foods (e.g. soup, cereals and bread) but the addition of salt to poultry, meats and fish appears to be occurring on a massive scale.

A daily salt intake of up to 5 to 6 grams is currently recommended. Most adults however exceed this level. A meta-analysis of 13 studies (involving over 177,000 participants) with at least 3 years of follow-up looked at the incidence of heart attack and stroke based on salt consumption. Dietary salt intake was estimated at baseline only from a single 24 hour urine measurement or dietary assessment. The average difference between high-intake and low-intake groups was about 5 grams of salt.

Based on the findings, a population-wide decrease in salt intake of 5 grams (about 1 teaspoon) per day could result in 23% fewer strokes and 17% fewer total cardiovascular events. The benefits to health and the resulting reduction to health care costs would be substantial.



Sodium and Potassium Content of Salt and Salt Substitutes

Table salt, sea salt, and kosher salt contain different amounts of sodium:

One tsp table salt (6 grams) = 2400 mg sodium

One tsp sea salt (5 grams) = 2000 mg sodium

One tsp kosher salt (2.8 grams) = 1120 mg sodium

Note that salt substitutes contain variable amounts of potassium, some containing as much as 7-14 meq (approx. 500-1000mg) potassium per gram (or ¼ tsp) of salt substitute. This may be significant for people with renal deficiency or on potassium elevating medications. Mrs. Dash salt substitute only contains 0.13 meq (10mg) potassium per ¼ tsp.

Alcohol in Mouthwash Could Be Harmful

Alcohol (ethanol) in mouthwash is present in various concentrations. It serves as a preservative and a solvent with an antiseptic action. Most bacteria, fungi and viruses are harmed by alcohol which causes protein denaturation and lipid dissolution. Mouthwashes containing more than 20% alcohol may also have detrimental oral effects such as epithelial detachment, keratosis, mucosal ulceration, gingivitis, petechiae and pain. Alcohol may also be associated with the development of oral and pharyngeal cancer. Thus long-term use of alcohol-containing mouthwashes is not recommended.

Calcium-Channel Blockers May Increase the Risk of Atrial Fibrillation When Treating Hypertension ...

Atrial fibrillation is more common in people with hypertension. A British investigation of the general practice database of about 683,000 patients with hypertension (who were being treated with antihypertensive drugs) found that in patients with hypertension, different classes of drugs can have different effects on the risk of future atrial fibrillation. When compared with calcium-channel blockers, long-term users (defined as ≥ 12 prescriptions) had a 29% and 25% reduction in the risk of developing incident atrial fibrillation if they were taking ARB or ACE inhibitors (respectively). Patients taking a beta-blocker for at least one year had a 22% risk reduction.

**Alrex® 0.2% & Lotemax® 0.5%
Ophthalmic
(loteprednol etabonate suspension)
Bausch & Lomb** (not currently a benefit of ODB)

Loteprednol is a corticosteroid ophthalmic suspension available in 2 strengths, Alrex 0.2% and Lotemax 0.5%. Alrex is indicated for the temporary short-term relief of the signs and symptoms of seasonal allergic conjunctivitis and Lotemax is indicated for the treatment of post-operative inflammation following cataract surgery. Both products contain the preservative benzalkonium chloride which may discolour soft contact lenses. If contact lenses are worn, they should be inserted 10 to 15 minutes after the administration of the eye drop. (Contact lenses should not be worn if the eyes are red). Loteprednol is less likely to increase intraocular pressure than prednisolone or dexamethasone.

Warnings & Precautions:

- Patients should be re-evaluated if their symptoms do not improve after 2 days of administration of loteprednol drops.
- Loteprednol should not be administered to a patient who is hypersensitive to it (or to any component of the eye drops) or where an infection is present or suspected.
- Loteprednol drops should be used with caution in a patient with a history of herpes simplex.
- Patients with glaucoma or increased intraocular pressure should receive loteprednol only if necessary and if they are closely monitored.
- Prolonged use (longer than 10 days) may result in increased intraocular pressure, delayed wound healing and a predisposition to infection.
- Loteprednol should not be used to treat irritation due to contact lenses.

Adverse Effects: The most common adverse effects reported were generally mild to moderate and included increased intraocular pressure (6%), itching (3%), burning/stinging at instillation (2%), watery eye and foreign body sensation.

Dose & Administration:

Alrex-The recommended dose is 1 drop instilled into the affected eye(s) 4 times daily for 14 days.

Lotemax-The recommended dose is 1 to 2 drops

into the conjunctival sac of the operated eye(s) 4 times daily, beginning 24 hours after surgery and continuing throughout the first 2 weeks of the post-operative period.

Alrex and Lotemax should be shaken well before use.

Availability & Storage: Alrex and Lotemax should be stored upright between 15 and 25° C for 28 days after first opening. Alrex 0.2% is available in a 5 ml size and Lotemax 0.5% is available in 5 and 10 ml bottles.

**Janumet® 50/500, 50/850, 50/1000 mg
(sitagliptan / metformin) tablets**

Merck Frosst (not currently a benefit of ODB)

Janumet is a new combination product consisting of sitagliptan and metformin. It is indicated as an adjunct to diet and exercise to improve glycemic control in adult patients with type-2 diabetes mellitus. Because Janumet is substantially renally excreted, caution should be used in renal deficiency (i.e. with a creatinine clearance of < 60 ml/min). Regular monitoring and careful dosing is recommended. The product should not be used in severe hepatic deficiency.

**New reusable ClikSTAR® Injection pen
replaces the Autopen 24® (2 unit 3ml-
blue model) ...**

There will be a transition to the ClikSTAR injection pen for patients using Lantus insulin. The new ClikSTAR pen doses in increments of 1 unit to a maximum of 80 units, has an audible click when selecting a dose and a dial-back safety/feature to correct dose selection errors. (The Autopen 24® 1 unit 3ml-green model is still available for the short-term).

(Please refer to product monographs for complete information)

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