

April 2010

“Peripheral Artery Disease is Under-Diagnosed & Under-Treated”

A Canadian researcher, Dr. Ross Tsuyuki, warns that many people with peripheral artery disease (PAD) are unaware that they have the disease and therefore go untreated. It may contribute to thousands of deaths every year.

PAD is caused by narrowing of the arteries that supply blood to the legs. In some patients this is expressed as leg pain while walking. Patients with PAD are at an increased risk of heart attack and stroke. Usually narrowing of the arteries in the legs is not limited to the legs; often the arteries in the heart and brain are also affected. Once PAD is diagnosed, it should be treated aggressively. “PAD is as serious as heart disease and its prevention and treatment are similar”, says Dr. Tsuyuki.

The most common complaint in people with PAD is leg pain during exercise, although symptoms are not always present. The pain is sometimes described as discomfort or cramps in the calves which improves with rest. This symptom, called claudication, is angina in the legs. Other signs and symptoms include open sores that don't heal, a feeling of coldness or numbness in one or both legs and pain in the toes at night.

Smokers or former smokers, diabetics, hypertensive patients, people with hypercholesterolemia and/or having a history of heart disease or stroke are at higher risk. Screening for PAD is a simple procedure that compares the blood pressure in the leg to that of the arm. A ratio of leg pressure to arm pressure less than 0.9 indicates the presence of PAD.

Third-hand Tobacco Smoke? ...

The *National Academy of Sciences* warns that “nicotine left from tobacco smoke can combine with ambient nitrous oxide to create carcinogens, raising new concern over the health effects of so-called effects of so-called third-hand smoke”. Skin contact with contaminated surfaces or inhalation or ingestion of contaminated dust may pose a risk. Infants may be more susceptible due to their low body weight, high respiration rate and high level of dust ingestion.



Interactions with Ophthalmic Beta-Blockers

Beta-blocker eye drops, such as timolol (Timoptic), can result in significant blood levels causing bronchoconstriction in patients with asthma, bradycardia or nocturnal hypotension in predisposed cardiac patients. Patients with pre-existing cardiovascular disease are often taking concomitant drugs that slow the conduction of the heart (e.g. oral beta-blockers, digoxin, verapamil, amiodarone, etc.) and are more likely to be at risk of side effects.

Beta-blocker eye drops are used to treat glaucoma and ocular hypertension. There are two types of beta receptors: beta-1 (found mainly in the heart muscle) and beta-2 (found in the airways and blood vessels). Some eye drops in this class block both beta-1 and beta-2 receptors and are thus non-selective. Levobunolol (Betagan) is selective for beta-1 receptors and is considered safe to use in patients with mild to moderate stable COPD (chronic obstructive pulmonary disease).

Patients with severe, uncontrolled asthma, symptomatic bradycardia, hypotension, heart block, history of unexplained syncope or decompensated congestive heart failure with pulmonary edema should avoid ophthalmic beta-blockers. In mild, stable asthma where other eye drops are not effective, a beta-1 selective eye drop should be chosen. Patients taking concomitant oral beta-blockers or other agents with similar pharmacological effect (e.g. verapamil, digoxin or procainamide) should use ophthalmic beta-blockers with caution.

Nasopharyngeal absorption of ophthalmic medications is very efficient. A single drop of timolol 0.5% instilled in the eye peaks in the blood in about 10 minutes and is equivalent to about 10 mg of oral timolol (which reaches peak blood levels in 1 or 2 hours after oral administration). Systemic exposure of ophthalmic drops can be minimized by: using the lowest effective strength, waiting at least 5 minutes between the second drop when administered in the same eye, not exceeding the recommended dose, closing the eyes or applying digital pressure over the tear duct following administration for 1 to 5 minutes and/or using drops with lower systemic absorption (e.g. gelling vehicles as opposed to solutions).

Firmagon® (degarelix) for injection 80 mg & 120 mg Ferring Pharmaceuticals (not currently a benefit of ODB)

Firmagon is a gonadotropin-releasing hormone (GnRH) receptor blocker indicated in patients with advanced hormone-dependent prostate cancer. It suppresses testosterone to castration levels in 3 days following administration in 96% of patients. It is the first drug in its class to be marketed in Canada.

Adverse Effects: The most common adverse reactions include injection site reactions (e.g. pain, erythema, swelling, nodules, induration), hot flashes, increased weight, fatigue, dizziness, anemia and increases in hepatic enzymes. Cardiac arrhythmias (e.g. atrial fibrillation, QT-prolongation), hypertension, hyperglycemia, urticaria, rash, pruritis, osteoporosis, osteopenia and renal impairment have been reported.

Dose & Administration: The starting dose of Firmagon is two injections of 3 ml each of a 40 mg/ml solution (to provide a total dose of 240 mg). The maintenance dose is 80 mg (4 ml of the 20 mg/ml solution) administered 1 month after the first dose and on a monthly basis thereafter. The injections are administered subcutaneously into the abdomen in an area away from the waist (where it would be subjected to pressure). Injection sites should be rotated.

Availability: Firmagon is available as a powder in vials containing 80 mg and 120 mg. A sterile water diluent is supplied. The 80 mg vial, once reconstituted delivers a strength of 20 mg/ml while the 120 mg vial delivers 40 mg/ml.

(Refer to the product monograph for complete information)

Changes to Product Indications ...

Avamys® (fluticasone furoate nasal spray)

Avamys may now be used to treat seasonal and perennial allergic rhinitis in children 2 years of age and older. For children under 12, the recommended starting dose is 1 spray in each nostril once daily. The dose may be increased temporarily to 2 sprays in each nostril once daily if required (until improvement in symptoms occur).

Avodart® (dutasteride capsules)

Avodart is now indicated for use in combination with tamsulosin (Flomax) for the treatment of moderate to severe benign prostatic hypertrophy. The recommended dose is Avodart 0.5 mg plus Flomax 0.4 mg once daily.

Januvia® (sitagliptan tablets)

Januvia was formerly only indicated to be used in combination with metformin. It is also now indicated as monotherapy in adults unable to take metformin in a dose of 100 mg once daily without regard to meals.

Micardis® (telmisartan)

Micardis, an ARB (angiotensin II receptor blocker), is now also indicated to reduce the risk of non-fatal stroke or non-fatal myocardial infarction in patients 55 years of age or older who are at risk of developing major cardiovascular events but cannot tolerate an ACE (angiotensin converting enzyme) inhibitor. The recommended dose is 80 mg once daily.

Risperdal Consta® (risperidone prolonged-release suspension for injection)

Risperdal Consta was formerly only indicated for the treatment of schizophrenia. It is now also indicated to be used alone as maintenance treatment in patients with bipolar I disorder (to delay occurrence of manic episodes). The recommended dose is 25 mg by intramuscular injection every 2 weeks. The dose may be increased to 37.5 mg to 50 mg if necessary. Risperdal Consta should only be used in patients who have previously responded to oral antipsychotics or other antimania treatment.

Resultz® (isopropyl myristate rinse)

Resultz may now be used in children 2 years of age and older (previously indicated in children 4 years of age and older) for the treatment of head lice.

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