Rhinitis in the Older Patient

Rhinitis, an inflammation of the nasal membranes, expresses itself differently in the older patient. Younger people with rhinitis have a runny nose, whereas in geriatric rhinitis, the nasal membranes are dry, often with crusting resulting from normal age-related changes. “Genetics, environmental influences, including illness, trauma and medical therapy alter the pathophysiology of the nose resulting in nasal dryness”. Nasal mucus is often thicker in the elderly due to atrophy of the serous glands. Migration of the mucus into the nasopharynx may result in a “chronic cough, repeated throat clearing or a persistent feeling of a foreign body lodged in the nose”. Other age-related changes include a breakdown in the fibrous support mechanisms and a corresponding increase in airway resistance and a weakening of the micro-vessels of the nose—all contributing to nasal dryness.

Medications such as reserpine, hydralazine, prazosin, methyldopa, beta-blockers, thioridazine, alprazolam, perphenazine and amitriptyline may cause nasal dryness. Some antihistamines which exacerbate nasal dryness (e.g. first generation antihistamines—Benadryl) are not suitable for the treatment of allergies in patients with geriatric rhinitis. Third generation antihistamines such as cetirizine (Reactine) or fexofenadine (Allegra) are less likely to be a problem. Decongestants are drying and nasal steroids should be used cautiously due to the risk of dryness and crusting.

The management of geriatric rhinitis includes the use of agents to moisten the nasal mucosa (e.g. saline nasal sprays and lubricating gels/ointments). The most effective medication however is guaifenesin (e.g. Robitussin Expectorant and generics) at doses of 600 mg administered twice daily, increasing when required. Guaifenesin is a mucolytic and expectorant and effectively increases nasal mucus secretions, particularly when used in conjunction with lubricant products. If this therapy is not effective “pulsed irrigators can be used to cleanse and moisten areas deep within the nasal cavity”.

MRSA Skin Infections & High Dose Trimethoprim / Sulfamethoxazole

Staph aureus (MRSA) infections acquired in the community are usually treated with trimethoprim / sulfamethoxazole (TMP/SMX) (e.g. Septra and generics), minocycline, doxycycline or clindamycin. These types of skin infections are likely to be resistant to treatment with methicillin. “Some experts recommend using two of the TMP/SMX double strength (Septra DS) tablets” given two to three times daily for serious skin infections in high risk patients. It should be noted that there are no studies or treatment guidelines to support high dose TMP/SMX for community acquired MRSA. “There may be an increased risk of severe adverse reactions in elderly patients, particularly when complicating conditions exist, such as impaired kidney and/or liver function or concomitant use of other drugs”.

Warning of Rhabdomyolysis with Aricept

Health regulators in Japan have added a new warning for patients taking the acetylcholinesterase inhibitor, Aricept (donepezil). A seventy year old man with Alzheimer’s disease and other health complications died after developing rhabdomyolysis while taking Aricept.

Rhabdomyolysis is characterized by destruction of the skeletal muscle. Patients should be advised to report promptly any unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. Some patients with rhabdomyolysis may present with brown or darkened urine.

The health authorities in Japan warned “that treatment should be halted if muscle pain, elevated urine/blood myoglobin levels or acute kidney failure are detected”.

December 2005
Lyrica 25, 50, 75, 150 & 300 mg pregabalin capsules
Pfizer
(not currently a benefit of ODB)

Lyrica is an anticonvulsant indicated in adults for the management of neuropathic pain associated with diabetic peripheral neuropathy and postherpetic neuralgia. In addition to its anticonvulsant property, Lyrica also demonstrates analgesic and anxiolytic activity. Lyrica appears to work by reducing the influx of calcium at the nerve terminals thereby inhibiting the release of excitatory neurotransmitters in the central nervous system.

Lyrica, when compared with gabapentin (Neurontin) has a faster onset of action, a shorter dose titration period, less interpatient variability and a more clearly defined effective dosing range.

**Warning:** Lyrica should be discontinued gradually, tapering doses over a one week period. If the drug is stopped abruptly or too rapidly, patients may experience insomnia, nausea, headache and diarrhea.

**Adverse Effects:** The most common adverse effects (≥ 5%) in clinical trials include: dizziness, somnolence, peripheral edema (usually dose related) and dry mouth. Other adverse effects include headache, vision disturbances (blurred vision, double vision, reduced visual acuity), weight gain and psychiatric disorders (confusion, depression, insomnia, psychosis). Weight gain is more commonly associated in patients taking thiazolidinedione antidiabetic drugs (e.g. Actos, Avandia). A very small number of patients reported feelings of being “high”.

**Drug Interactions:** No clinically significant drug interactions have been reported to date; however, the administration of Lyrica with central nervous system depressants such as alcohol, opioids and benzodiazepines may result in somnolence and impairment of motor skills.

**Dose & Administration:** In adults 18 years of age and older the initial recommended dose is 150 mg daily in 2 to 3 divided doses. If necessary the dose may be increased to 300 mg daily given in 2 divided doses to a maximum of 600 mg daily in 2 divided doses if patients are still experiencing significant pain and are able to tolerate this dose.

Dose in renal impairment: Dose reductions are required in patients with a reduced creatinine clearance (< 60 ml/min). Refer to the product monograph for specific dosing schedules.

Lyrica may be taken without regard to meals.

**Availability & Storage:** Lyrica is available in strengths of 25, 50, 75, 150 and 300 mg in bottles of 60 capsules. They should be stored at 15 °C to 30 °C.

Please refer to the product monograph for complete information.

---

Lipidil EZ (fenofibrate nanocrystals ) 48 mg & 145 mg tablets (Fournier)...
This new formulation with a smaller particle size results in better absorption than Lipidil or Lipidil Supra. The recommended dose for Lipidil EZ is 145 mg daily taken without regard to meals or time of day. This dose is approximately equivalent to Lipidil Supra 160 mg. The initial dose in the elderly and in patients with impaired renal function is 48 mg once daily. The tablets are available in blister packs of 30. Lipidil EZ should be stored at 15 °C to 30 °C protected from light and moisture.

**Discontinued...**
Climacteron Inj (testosterone & estradiol) Sandoz
Coumadin 3mg tabs (warfarin) Bristol Myers Squibb
Cefizox 1 & 2 G Inj (ceftizoxime) GlaxoSmithKline
Halog Cream (halcinonide) Bristol Myers Squibb
Intal Spincaps 20 mg (sod cromoglycate) Aventis
Ionamin 30 mg caps (phentermine resin) Aventis ...
(Ionamin 15 mg will remain available until inventory exhaustion).
Questran & Questran Light (cholestyramine for oral suspension) Bristol Myers Squibb
Seroquel 150 mg tablets (quetiapine fumarate) Astra Zeneca... (Seroquel 25, 100, 200 & 300 mg tablets will continue to be available).

---

**Medical Pharmacies Group wishes you and yours a very happy and healthy holiday season. We thank you for the opportunity we have enjoyed as part of your health care team, and look forward to our continued partnership in 2006.**