Ward MEDICATION MANAGEMENT

E- News

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From the Clinical Director

At some stage in their life, most people will have experienced an episode of significant pain. Pain can arise from various different sources, some of which are regarded as situational: for example, pain often occurs after a trauma such as a broken bone or a soft tissue injury. Pain can arise in the context of medical procedures, a common example being pain experienced after surgery (post-operative pain). Other examples of situational pain include discomfort experienced during dressing changes, catheterisation, or during physiotherapy treatment. The experience of pain can become and all-dominating phenomenon, causing great misery and agitation.

A number different types of pain can occur, including somatic pain, which is usually caused by injury to skin, muscles, bones and joints and often described as dull or aching. On the other hand, visceral pain originates from ongoing injury to the internal organs or associated tissues, and may be deep or "stabbing" in nature.

Neuropathic pain is often caused by damage in the nervous system, where pain continues even after an injury heals. Examples of neuropathic pain can be associated with diabetes (diabetic neuropathy), trigeminal neuralgia, and post-herpetic neuralgia after shingles. Psychogenic pain results from an underlying psychological disorder, rather than in response to some immediate physical injury. It is quite common for a person to have more than one pain type present at the time, which can complicate management strategies, especially with respect to medication therapy.

There are a range of medications of different types that are used in pain management – each has specific applications but many have side effects that require monitoring.

Ward MM use de-identified data from Residential Medication Management Reviews (RMMRs) to gain insights into the current issues that are affecting the residents in the facilities we serve. This live data analysis can help provide perspective that allows us to focus our attention on the areas that will bring the greatest benefit for our partners.

We have recently examined data from 15,178 RRMR reports from 2014 -2016, focusing on the use of oral morphine, oxycodone and tramadol. In 4474 cases (29.5%), residents were treated with at least one of the three agents, and oxycodone alone accounted for 3356 cases (22.1%), followed by morphine (n= 611, 4.0%) and tramadol (n = 500, 3.3%).

In more than 99% cases each drug was prescribed below the defined daily dose, but in the year to date oxycodone doses above the DDD have increased to 9.1%. Year on year data reveals that although prescribing rates for morphine and tramadol have remained stable, prescribing of oxycodone has increased rapidly (738 cases in 2014, 1512 in 2015 and 1106 cases for the first five months of 2016).

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The safe and effective use of analgesia can have a hugely positive impact upon quality of life for older people living in residential aged care facilities. On the other hand, medicines used for pain management are associated with a wide range of potentially severe drug-related problems.

Your Ward MM pharmacist will be happy to assist with a medication review that can provide options to manage pain relief and minimise associated side effects.

Dr Chris Alderman, Director of Clinical Excellence, Ward MM.

Feature Article:

Opioid treatment people living in residential aged care

Management of pain for older people can be challenging. When people grow older, the prevalence of multiple chronic conditions increases, meaning the likelihood of drug-disease and drug-drug interactions becomes greater.

In addition to this, even in the absence of specific disease states, various age-related changes in human physiology also have an impact: these include diminished renal function and cognitive impairment. Older people may have difficulty in verbalising pain symptoms – this may be related to dementia, difficulty in communicating in English, or hearing problems that interfere with effective history taking.

Different types of pain will require different interventions. These may range from non-pharmacological approaches such as the application of heat packs and therapeutic massage, or simple analgesia such as paracetamol, through to moderately powerful drugs, right up to powerful opioid medications such as morphine, oxycodone, fentanyl and tramadol.

Recent Ward MM research has shown that nearly a third of aged care residents serviced by this organisation are being treated with potent opioid drugs, with the most commonly encountered individual agent being oxycodone.

One consequence of this is that opioid-induced constipation is exceptionally common in this population. This is a problem that can create or contribute to other issues in addition to abdominal discomfort.

To manage this side effect most people will need to take a stimulant laxative as senna (usually in combination with the stool softener docusate) or bisacodyl (which may be given by the oral route or as a suppository).

Another important consideration when using the more powerful opioid pain killers relates to potential drug interactions. A range of examples include:

- Codeine may be rendered inactive if administered with SSRI antidepressants such as sertraline, paroxetine or fluoxetine
- Coadministration of SSRIs with tramadol can create potential for serotonin toxicity, a serious medical complication
- The additive CNS suppressant effects of opioids + other medicines such as benzodiazepines or antipsychotics may cause respiratory depression, and sedation may markedly increase the risk of falls.

Opioids can play an important part in providing good pain relief for older people, but caution is always needed. For more information or a targeted education session, speak to your Ward MM pharmacist today.

The Ward MM freecall number 1800 WARDMM (1800 927 366) can be used at any time to seek advice about the issues raised here, or indeed any medication-related matters.

Quick Tip

Dose reductions for citalopram/escitalopram

These two SSRIs are closely related. Because of concerns regarded cardiac rhythm disturbances manifesting as QTC interval prolongation, regulatory agencies have recommended the use of reduced doses.

For citalopram, the maximum dose should not exceed 40 mg once daily in patients < 65 years of age, and for those > 65 years the starting dose should not be more than 10 mg once daily and maximum dose no more than 20 mg once daily.

With escitalopram the maximum dose should not exceed 20 mg once daily in patients < 65 years of age, and for those > 65 years the starting dose should not be more than 5 mg once daily and maximum dose no more than 10 mg once daily.

Ward MM speaks at PASA 2nd Annual Aged Procurement Care conference

Ward MM partnered with Procurement and Supply Australasia (PASA) to speak at their 2nd Annual Aged Care Procurement conference in Melbourne last week. Dr Chris Alderman joined 16 speakers over two days to share their knowledge to over 200 Procurement Directors & Managers, CFOs and CEOs from the aged care industry.

Ward MM presented on 'Using organic clinical data to enhance productivity, reduce costs and protect the safety of every resident in aged care', explaining how data is collected and used to ultimately improve the care of residents in aged care. The overall aim was for attendees to learn what organic clinical data is and see how it is already available in their organisations.

If you would like a copy of the presentation or would like Ward MM to come and speak to you on this subject – please email 'info@wardmm.com.au'.

Ward MM also sponsored the cocktails after the first day allowing all attendees to meet and greet in a relaxed fun environment.

A thought leader article [written by Chris Alderman] on 'Aged care residents protected with technology data' was published on the PASA website prior to the event. Click here to read.

Your Questions Answered

Notes from facilities serviced by Ward MM

It is quite common for us to receive similar enquiries from more than one facility in our network. In this section we summarise questions with a common basis – as a part of our "connect – network – share" ethos, we share the information with all of our facilities.

Q. "What is Clostridium difficile diarrhoea?"

A. Many people who have recently been treated with antibiotics develop diarrhoea – although this is often self-limiting, in some cases the issue can be more serious. A bowel overgrowth of the organism *Clostridium difficile* can affect people who have recently had a course of antibiotics, and the effects can range from mild symptoms to severe, life-threatening bowel inflammation.

The *C. difficile* bacterium is usually found in the gut of most people. For most people the proportion of *C. difficile* bacteria in the bowel is kept in balance with other harmless bacteria that also live in the gut. If the relative proportion of *C. difficile* bacteria increases, this can create problems. The most common cause for this phenomenon is the use of antibiotics.

In addition to killing the bacteria that cause the infection that the antibiotic was prescribed for, these drugs also kill many of the harmless bacteria that live in the gut. However, *C. difficile* bacteria are not killed by many types of antibiotic, meaning that they can rapidly increase to greater numbers than normal. Serious symptoms can follow when the *C. difficile* produce toxins. Serious issues like bloody diarrhoea, abdominal pain, a distended bowel can occur, and can become life-threatening (known as fulminant colitis) where colon may perforate rupture.

This infection is more common in older people, with over 80% of cases occurring in people older than 65 years. There is some research to suggest that the infection is more common amongst people who are taking proton pump inhibitors (PPIs) such as omeprazole, esomeprazole and pantoprazole.

The infection is diagnosed using a stool sample that can demonstrate the presence of the *C. difficile* toxin. Treatment involves the use of an antibiotic that can kill *C. difficile*, usually oral vancomycin or metronidazole. People with *C. difficile* diarrhoea are very prone to dehydration and may require fluid and electrolyte replacement. Strict hygiene measures are needed to prevent the spread of infection to others.

Meet your Ward MM Team Member

Wassana Sorich is a Regional Pharmacist Manager in the South Australia region.

Most meaningful moments… are probably when I first met both of my daughters. Nothing beats meeting your children for the first time and I still think they are the most beautiful things I have ever seen.

My biggest challenge… would be balancing my career and life outside of work. It's difficult when you want to be good at everything. Ward has certainly provided me with the flexibility to achieve greater work-life balance for which many women in my position would hope.

I'd be lost without… my family. They are my number one priority and the biggest fans of mine. Everybody needs a fan or three!