



From the Clinical Director

Almost everybody who has worked in an aged care facility or another healthcare organisation such as a hospital will have at some stage encountered a drug chart where various options have been selected and populated into the section dealing with allergies. There can be no doubt that this is one of the most important parts of the medication order: correctly completed it provides critical information that can prevent the exposure of a patient to a medicine or other factors that may prove to be dangerous to them.

It follows that it is very important indeed that this section of the medication chart should be completed accurately and comprehensively. The best form of documentation of allergies provides details not only of the medication involved, but also some indication of the nature of the problems associated with the use of that agent.

Allergy documentation can be used to record reactions to things other than medications, even though the primary purpose of this part of the drug chart relates to drug allergies. For example, some patients have serious allergic reactions when exposed to latex products, which may be relevant in relation to some forms of medical device.

Some people have a serious intolerance relating to things such as gluten and lactose, which primarily relate to food and dietary products (the amount of gluten or lactose in most medicinal products is generally not large enough to be of clinical significance in relation to their content in tablets, capsules or liquid preparations), but in some cases, even a small amount of exposure can be critical - this can be the case in relation to latex allergy.

There are some situations where implications of an allergy documented on the drug chart can be somewhat hidden. For example, if there is documentation to suggest that the person is allergic to seafood/crustaceans, it may not be immediately apparent that this could be a problem with respect to some medicinal products that are sometimes derived from processed products such as crab and prawn shells or shark cartilage. This may apply to products such as glucosamine supplements, as well as fish oil derivatives. Some forms of injectable testosterone products contain peanut oil and should therefore not be used for people allergic to nuts. In some cases, the allergy documentation box may be used to record another issue that could have relevance to the type of medicine that can be given to a person: for example people treated with monoamine oxidase inhibitors such as phenelzine or tranylcypromine must be on a special diet during treatment and for some time afterwards.

Allergy documentation can be used for things other than medications, but the primary purpose is for drug allergies.

A wide range of medications are commonly listed amongst the allergies recorded on drug charts. Not all reactions described by patients that are documented on a chart necessarily represent a true allergy to the medication involved. In some cases, the reaction would better be described as a hypersensitivity - for example many people treated with opioids such as morphine or oxycodone will experience nausea. This does not necessarily mean that they are allergic to the medicine, and should not definitively preclude the use of the drug if urgently required. If serious nausea is a problem associated with a particular narcotic, options include the use of alternative opioid analgesia, or the administration of an anti-nausea medication to alleviate the problem. It is also important to remember that in many circumstances, the clinical syndromes that are reported as allergies by patients may have occurred in the context of an episode of acute illness, or other situations. A person who has experienced nausea when given an opioid medication postoperatively may in fact be describing a problem that relates to the after effects of anaesthesia. A thorough description of adverse drug reactions is a part of a high quality RMMR - your Ward MM pharmacist can assist.

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



Feature Article:

Allergies and hypersensitivities

Quite a broad range of medications are amongst those that are frequently documented in the section of the drug chart dealing with drug allergy. Of these, the most common of all is the antibiotics. Many people report penicillin allergy, and if this is documented it is important to take careful note of the clinical history. If dealing with a person with significant cognitive impairment, or for whom there are other reasons for impaired ability to be able to provide a reliable history, alternative objective sources of history may need to be sought (however these may not necessarily be available). In general terms it is necessary to be conservative under these circumstances, given that a history of penicillin allergy may represent anything from an episode of mild nausea after oral dosing, right through to a major anaphylactic reaction which may be life threatening. Fortunately, alternatives to penicillin are readily available and can be used under most circumstances. Another group of drugs that are commonly found to be documented as causing an allergy are the so-called "sulpha" drugs. This terminology actually refers to sulphonamide compounds rather than those containing a sulphate group, although if a patient is listed to be allergic to "sulphites" this may have a different clinical implication, in that the allergy may relate to preservative compounds used widely in foodstuffs and occasionally in medications. Sulphonamide antibiotics include medications such as sulphamethoxazole (contained in Bactrim/Septim). Interestingly there are many other sulphonamide compounds which are not necessarily recognised as such - examples include the anti-inflammatory drug celecoxib, the diuretic agent frusemide, and the anticonvulsant drug topiramate.

There are quite a number of drugs which tend to appear in allergy documentation on a drug chart when the nature of the reaction is probably not a true allergic phenomenon. Examples might include nausea associated with opioid analgesics, or sedation associated with various antipsychotic, antidepressant or antihistamine drugs. It is quite common to see diarrhoea described as a side effect of antibiotic treatment. This type of reaction is not an allergic phenomenon, and commonly relates to a disturbance in the nature of the bacterial flora of the bowel. Normally relatively harmless, one exception is the type of diarrhoea that happens after an episode of clostridium difficile superinfection, which may cause pseudomembranous colitis. This serious form of diarrhoea may persist for a long time without active intervention and may require specific treatment with targeted antibiotic therapy.

Many people will report an allergy to aspirin or NSAIDs, and again the nature of this phenomenon can be variable - for example, minor dyspepsia. However, some people are truly allergic and may develop serious symptoms such as respiratory distress. Some forms of medication intolerance are actually very specific. Some people treated with ACE inhibitors or angiotensin receptor blockers may develop an intractable cough which proves to be limiting as regards to the utility of treatment. Occasionally the allergy documentation will include a reference to contrast media or "X-ray" dyes. This is an important issue in that some people will have quite serious reactions when given contrast media during a CT scan or similar procedure. The nature of the reaction can be a simple rash, but episodes of dyspnea, hypotension or anaphylaxis are also quite common with the use of these dyes.

Quick Tip

Pharmaceuticals and lactose

Lactose is found in milk, and is an ingredient in some foods and as a filler in pharmaceutical preparations (tablets, capsules and dry-powder inhalations). About 20% of prescription products contain lactose.

Lactose intolerance can occur when a person has insufficient lactase. This results in the inability to break down lactose which leads to undigested lactose passing through to the colon. Here bacteria ferment the lactose, producing acid and gas which may cause symptoms of lactose intolerance. The effect is dose dependent: a controlled trial comparing the effect of 400 mg of lactose or placebo on patients with proven intolerance showed no ill effects associated with low dose exposure.

The lactose content of most medications is generally small, with most preparations containing less than 100 mg of lactose per tablet. The presence of lactose (though not the amount of lactose) in individual medication products is usually indicated in the Product Information.

Consideration may need to be made for patients with severe lactose intolerance or on multiple medications where total lactose content may be higher. In many cases (but not all) there may be an alternative brand that does not contain lactose.

Latest News

Exploring new ways of communicating

In today's digital age, communication, above all else, is key to ensuring the best possible health outcomes for people in our care. This month, Ward MM has embarked on a journey of discovery to see how we can continue to eliminate medication related harm with a new telehealth partner called **CONTEXT Health** (www.contexthealth.com.au).

The **CONTEXT** team have a mission to improve the way we communicate remotely. Imagine MAC meetings and case conferences made easier to organise because team members can dial in remotely and decisions can be recorded? Or remote clients able to talk to their team in a secure environment online? All that is needed is a computer for this to happen. Context Health have the capability to set this up so we are going to be working closely with them to see if we can make this happen. Ward MM are excited to explore these (and many more) opportunities with **CONTEXT Health** and our partners. Stay tuned for more progress in this area over the coming months.

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 the situation regarding medications for people who need a gluten-free diet?”

A. People with coeliac disease have an immune system that reacts abnormally to gluten, causing small bowel damage and gastrointestinal symptoms. Gluten is a mixture of two plant proteins - gliadin (a prolamine) and glutenin, and is found in wheat flour and to a lesser extent in barley and rye. People with coeliac disease should avoid products containing gluten.

Oats do not contain gluten, but do contain avenin, which is a prolamine compound. Avenin is toxic to the intestinal tract of sensitive individuals, and can trigger a reaction in coeliacs. A question regarding the significance of the content of gluten in oral prescription medicines is sometimes raised.

According to the Australian Therapeutic Goods Administration (TGA) there are no active ingredients that are incorporated in prescription medications registered in Australia that contain gluten, but it is not possible to have the same degree of confidence with the many complementary and alternative medicine products that are widely used.

Although it is recognised that the formulation of medicines does not usually specify the inclusion of gluten as a separate excipient, it is possible that some gluten may be present in the form of wheat starch. The TGA regards medicines as ‘gluten-free’ if the product contains no detectable gluten and contains no oats or barley malt.

In practice people with coeliac disease are able to safely tolerate a small amount of gluten, in keeping with the amount that may be present in pharmaceutical products that have been labelled as ‘gluten free’. It is a requirement of the TGA that all oral medicines that contain > 0.3% gluten require to be labelled as such, and with the source of the gluten (e.g. wheat starch) specified.

If there are concerns regarding gluten sensitivity it is best that clinical staff contact the manufacturer of the medication in question to seek specific advice about the content of gluten or avenin contained in the product. Contact details for the various manufacturers of pharmaceutical products can be found in the consumer medicines information for the product, in various standard drug information resources, or from Ward MM staff.



Meet your Ward MM Team Member

Michael Morcos joined Ward MM as a clinical pharmacist in October 2016 with the aim to using his clinical skills in the community. He worked as a community pharmacist manager for few years and has achieved considerable success in his previous role. He is enjoying thoroughly the challenges of the new career. His biggest lesson is to like what he does till he gets the opportunity to do what he likes.

Most meaningful moments... Hard to pin it down to one.... I would say when I make a difference or add value to a resident's direct healthcare through an RMMR, training sessions or even responding to a nurse query.

My biggest challenge... Would be getting my skills and knowledge up to date It is an ongoing process and it will never end.

I'd be lost without... Having a clear vision to my career in particular and my life in general. Otherwise, it would a race without endpoint.