Ward Medication Management
E- News
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From the Clinical Director

This month's Ward MM newsletter has been released just after the successful Medication Masterclass conducted by our group, hosted at the headquarters of Leading Age Services Australia – Victoria (LASA Victoria). Booked to full capacity, the Masterclass was a multidisciplinary educational and networking opportunity attended by a group of nurses, doctors, pharmacists and administrators who share a common interest in delivering high quality care for older people in the Aged and Extended Care setting. We count ourselves as very fortunate to have been able to bring this group together in a forum for the discussion of key issues underpinning safe and effective medication use for older people.

At the Masterclass we were joined by two outstanding guest speakers who provided key contributions in our discussion of the important concept of deprescribing. Amy Page, recently named as the Young Pharmacist of the Year 2015 by the Pharmaceutical Society of Australia, is a pharmacy academic currently completing her doctoral research into the area of deprescribing. Amy shared her insights into the challenges involved in working to cut back the medications that are prescribed for older people, and her entertaining style of presenting was greatly enjoyed by the attentive audience.

Medication-related harm and deprescribing were also the focus for the presentation from Dr Kyle Brooks, dual certified as an Emergency Medicine and Intensive Care Specialist. Dr Brooks led us through a run-down of the medications that have greatest potential for causing unintended harm, and the ways in which this might be addressed. He highlighted anticoagulants, insulin, oral hypoglycaemic drugs, antihypertensives and analgesics amongst agents that are frequently implicated as the cause of serious harm.

Anticoagulants, insulin & oral hypoglycaemic drugs, antihypertensives and analgesics are frequently implicated as the cause of serious medication-related harm.

The final session of the Masterclass focused upon antibiotic use in the Aged Care setting. We explored the problem of the potential for antibiotic resistance, examining some practical ways in which facilities and prescribers can help to prevent the emergence of antibiotic resistant "super-bugs." The final part of this session examined common practical issues related to antibiotic treatment, such as medication allergy, drug interactions and the problem of diarrhoea related to the overgrowth of clostridium difficile in the bowel.

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

Feature Article:

Recent Changes to Risperidone Product Information

In a recent Medicines Safety Update by the Australian Therapeutic Goods Administration, the TGA specifically addressed the issue of the use of risperidone and risk of cerebrovascular adverse events in patients with dementia.

The Approved Product Information for risperidone in Australia has been altered, now limiting the approved use of the drug for management of behavioural disturbances for a period of up to 12 weeks in the context of moderate to severe dementia only of the Alzheimer type.

The approved use of risperidone for management of behavioural disturbances has now been limited to a period of up to 12 weeks in people with moderate to severe dementia only of the Alzheimer type.

Clinical studies have revealed a higher risk of cerebrovascular adverse events (e.g. strokes, TIAs) amongst patients treated with risperidone for vascular or mixed dementia, compared with those with Alzheimer's dementia. Although all atypical antipsychotics are known to be associated with this type of risk, the matter is especially relevant because risperidone is the only one of these drugs that includes an indication for use in patients with dementia.

As a result, the manufacturer of risperidone recently updated the Risperidone Product Information (PI) to remove the indication for use in patients with vascular or mixed dementia, and also to stipulate that the duration of risperidone treatment for patients with Alzheimer's dementia should not exceed 12 weeks. The PI states that risperidone may be used to treat persistent agitation or aggression only if the symptoms are unresponsive to non-drug approaches.

Putting this into perspective, from 1993 to 18 May 2015, the Australian TGA had received 17 reports of cerebrovascular adverse events in patients being treated with risperidone. In nine of those cases, the indication was dementia or behavioural management related to dementia. Many thousands of older people with dementia have been treated with risperidone during this time.

Ward MM does not support indiscriminate cessation of risperidone where this drug has been prescribed for people with dementia. Prescribing decisions need to be based upon clinical reasoning and driven by practical needs that rise in relation to the comfort, safety and wellbeing of patients, other residents and staff.

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Ward MM can assist by providing a structured consideration of the issues in the form of a medication review (RMMR) or case conference. Please consider seeking advice from Ward MM in relation to a targeted clinical referral. Ward MM can also use our data analysis capability to determine who is being treated with the drug, and what diagnostic tags are attached. We can provide targeted education to assist facility staff in understanding the nature of the antipsychotic drugs and the ways in which they can impact when used for the management of behavioural and psychological symptoms of dementia (BPSD). This can be in the form of written materials, or via live education sessions conducted on site.

Call the Ward MM freecall number 1800 WARDMM (1800 927 366) at any time for advice or assistance in relation to this or other matters related to safe and judicious use of medications.

Quick Tip

Drugs and Magnesium

Recent evidence suggests that Proton Pump Inhibitors (PPIs) can be associated with hypomagnesaemia, especially when prescribed at a high dose or for an extended duration of time.

The effect appears to be associated with all drugs in the PPI class, and clinical manifestations of this effect have included muscle cramps and even arrhythmias.

Quick Tip

Drug-induced hypertension

Many drugs can be associated with an increase in BP. Examples commonly encountered in Aged Care settings include Non-steroidal anti-inflammitories (NSAIDs), corticosteroids, some antidepressants such as venlafaxine and duloxetine. Complementary therapies are also implicated, such as liquorice extract, coenzyme Q10, olive leaf, ginger, and ginseng.

Your Questions Answered

Notes from facilities serviced by Ward MM

It is quite common for us to receive similar enquiries from more than 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. Which medications can cause urinary retention?

A. Urinary retention is the inability to empty the bladder completely. It can be chronic (developing over a long period of time) or acute (sudden inability to micturate). Risk factors for acute urinary retention include increasing age, male gender, conditions such as Benign Prostatic Hypertrophy (BPH), prostate cancer, diabetes mellitus, constipation, surgery & use of certain medications. Some sources suggest that up to 10% of cases of acute urinary retention may relate to medications.

Many drug classes have anticholinergic properties. Anticholinergic effects block the parasympathetic pathway, resulting in reduced contractions of the detrusor muscle of the bladder. Examples of drugs with anticholinergic effects include antihistamines, antidepressants (in particular tricyclic antidepressants), antipsychotics, benztropine, oxybutynin, tiotropium and ipratropium.

Adrenergic drugs bind to receptors in the internal sphincter of the urethra, constricting bladder outlet and resulting in voiding difficulty. Phenylephrine and pseudoephedrine can particularly increase the risk of urinary retention when used in combination with antihistamines in over the counter cough and cold preparations.

Opioids can cause urinary retention by a number of mechanisms. Inhibition of the parasympathetic nerves of the bladder decreases the sensation of bladder fullness and increased tone of the sphincter increases outflow resistance. Confusion and constipation may also contribute to urinary retention.

Calcium channel blockers such as diltiazem and verapamil reduce bladder contractions by inhibiting calcium influx in the smooth muscle.

Acute urinary retention is painful and requires prompt catheterisation to provide relief. If the retention is suspected to be drug induced, cessation or dose reduction of the offending agent should be considered. In patients with risk factors, particularly older men, a careful review of medications is useful as a means to prevent this unpleasant adverse effect. Ward MM staff are happy to work with facility staff to suggest a clinically driven RMMR where necessary, and can also provide detailed education about the effects of medications upon bladder function.

Meet your Ward MM Team Member

Lauren Douglas runs the Shared Services Centre and works hard to support the pharmacist team in delivering an incredible service. Lauren will solve all of your challenges whilst lulling you with her delightful New Zealand accent.

Most meaningful moment: One of my most meaningful moments has been travelling with my brother and father back to Poland where my great great grandparents came from. It was extremely poignant spending time in a country that has experienced so much upheaval and tragedy in the last 150 years.

My biggest challenge: My biggest challenge after graduating with my Bachelor of Building Science was finding a role within the male dominated construction industry. Building relationships is what got me through and it's this skill that I continue to use in my role at Ward MM to ensure that our operations run smoothly and our customers know I'm always here if they need me.

I'd be lost without…. The ability to travel and experience new places, cultures and architectural wonders.