Ward MEDICATION MANAGEMENT

E- News

Volume 1, Issue 7: October 2015

From the Clinical Director

It has been another interesting and busy month for Ward MM. October saw the realisation of a very valuable partnership with the LASA National Congress. The Congress, held at the Melbourne Convention and Exhibition Buildings, brought together Australia's leaders in aged care.

The theme of the event was Co-Design: Tomorrow's Aged Services.

This topic couldn't have been more apt given Ward MM's focus on innovation in the space. Over 50 speakers took to stages to spread their thoughts on the future of aged care. Topics ranged from proactive policy to the positively sci-fi.

Our presence was greeted in a positive way and thanks to Fiona Rhody-Nicoll our General Manager and the team for all the hard work they put in to being part of the conference for Ward MM.

Some speakers of note included:

Jenny Davis from Benetas who discussed the value that can be gained out of data, if the data is used properly. Jenny spoke about the importance of how identifying minimum data sets, ensuring the data is gathered properly and determining the end result of the data use are all integral to gaining huge benefits for aged care providers.

Fiona Rhody-Nicoll, GM Ward MM at LASA Congress

Michael Culhane from the Department of Social Services who introduced the new voluntary National Quality Indicators for aged care. After much research, these indicators have been defined as: pressure injuries, unplanned weight loss, physical restraint and consumer experience and quality of life. He noted that there is still much discussion to be had on the measurement of the final indicator.

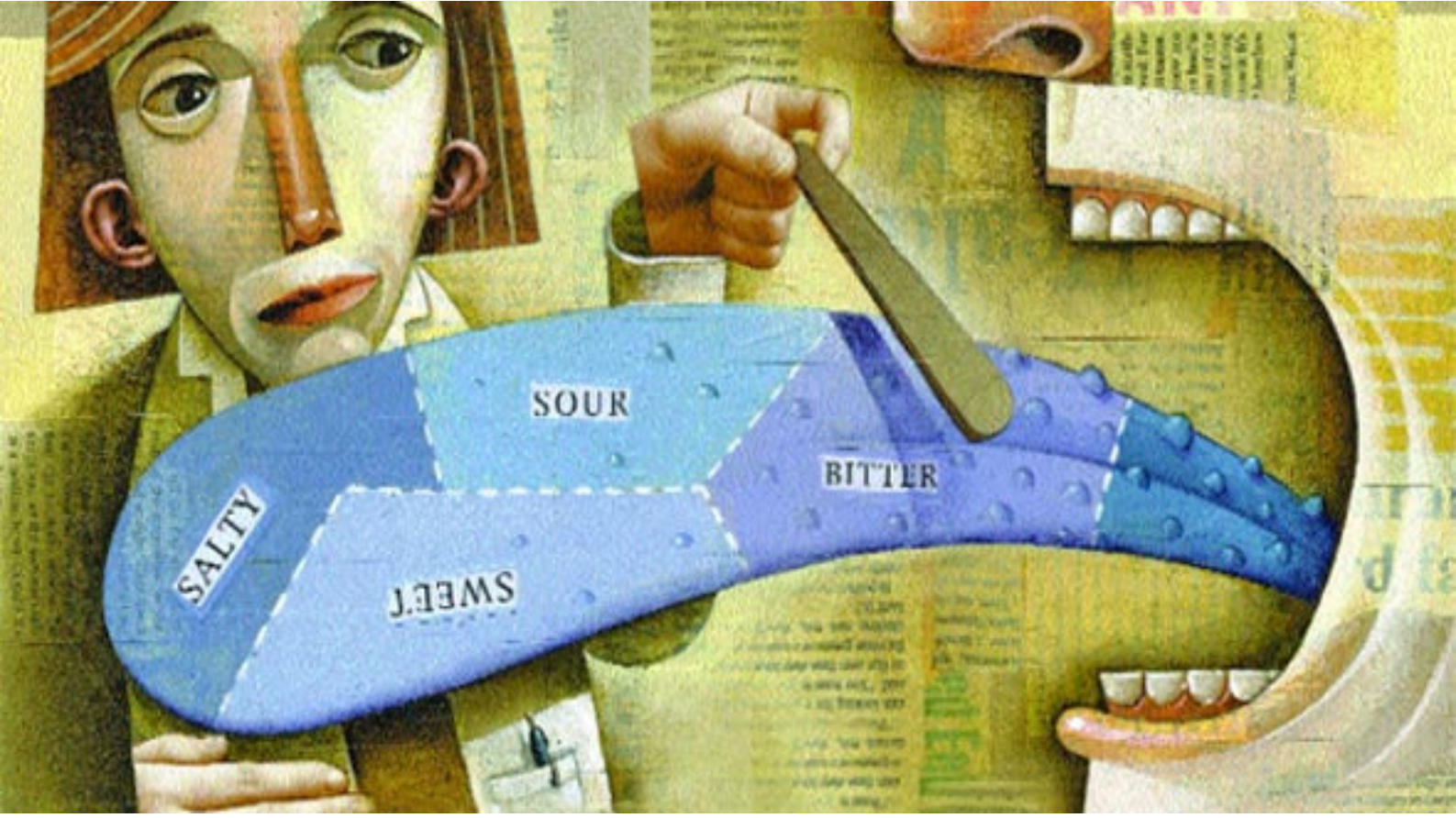
Jeremy Jacobs from Ansell Strategic was one of several speakers discussing the trends surrounding mergers and acquisitions in the aged care market. His speech attracted such attention that there was standing room only!

Shara Evans was introduced by Ward MM General Manager Fiona Rhody-Nicoll. In the final key note presentation for the day, Shara blew away the audience with her futuristic predictions for the use of technology in aged care in 10, 20 and 50 years time.

LASA has kindly published presentations from the Congress on their website www.lasacongress.asn.au. They certainly make for some interesting reading.

Needless to say October has left the Ward MM team incredibly inspired. We hope that by sharing the above with you, you will feel equally energised and excited about this incredible time for aged care.

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



Feature Article:

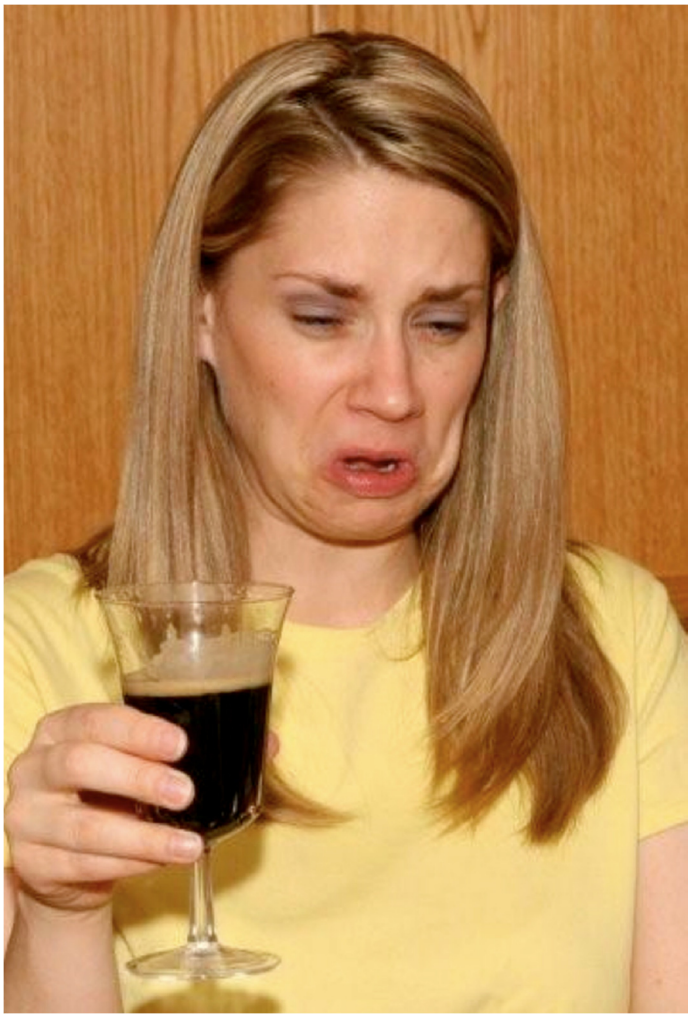
Taste disturbances

Taste disturbance, or dysgeusia, can occur as an adverse effect of medications or can be secondary to certain disease states. Medications can affect taste by either interfering with the chemical composition or the flow of saliva, or by affecting taste receptor function.

Many medications (particularly antimicrobials) taste bitter, metallic or sour at concentrations that occur in salivary secretions. There may be large differences between people in their susceptibility to medication-induced, taste-related adverse effects and this is likely to involve factors such as age, gender and genetic variations in taste sensitivity.

In some cases the issue resolves despite continuation of the offending medication (e.g. with ACE inhibitors), however most patients require discontinuation of the medication. It may take weeks to months for the taste disturbance to resolve. Where the effect is long-lasting, this may reflect damage to the taste receptors/nerves or possibly accumulation of a metabolite which can cause taste disturbance. Thus, some case reports of taste disturbances attributed to medications required either a significant period of time to recovery, or appeared to be permanent.

Dysgeusia has been associated with many medications such as acetazolamide, aspirin, baclofen, dexamphetamine, lincomycin, fluoxetine, nifedipine, omeprazole, perindopril, simvastatin, spironolactone, zolpidem and others.



However, dysgeusia has also been associated with many disease processes; these include viral and bacterial illness, allergic rhinitis, head injury, gingivitis, surgical procedures (including tonsillectomy), psychiatric disorders (including depression, dementia and psychosis) and pernicious anaemia. Zinc deficiency has also been associated with taste disorders.

Hyponatraemia can also affect taste perception, and may be a result of SIADH secondary to medications. It is well established that taste can become impaired in the elderly, and it has been noted that this can be more pronounced in acutely hospitalised elderly patients. Psychiatric patients may also have an increased incidence of taste disturbance related to disease states - higher rates are noted in those with mood disorders (depression, bipolar disorder) compared to psychotic disorders or dementia. Gustatory hallucinations are relatively uncommon, but can be a result in an unpleasant taste in the mouth and may be experienced by psychotic patients, or those with epilepsy or migraine.

Suggested management of pharmacologically induced taste disturbances involves good oral hygiene. Strategies include limiting the use of topical agents such as mouthwashes or peroxide and avoiding repetitive oral trauma (e.g. aggressive tooth brushing, misaligned dentures or braces). Artificial saliva may be helpful in cases of xerostomia.

Other measures which may assist include the use of lozenges, breath mints or sugarless gum. However, the effects are not long lasting and require repeated dosing.

If a patient's medication is a likely cause of taste disturbance, the drug can be continued if the taste disturbance is mild, but if the symptoms become severe or intolerable, drug cessation may be necessary. Other causes may be investigated (as listed above) if the taste disturbance is ongoing, and speech pathology or ENT may be consulted if the symptoms are significant and affecting the patient's quality of life. A medication review may prove to be helpful – check with your Ward MM pharmacist.

Ward MM can assist by providing advice relating to those residents who may complain of taste disturbances. There is already a Ward MM information sheet about this. If you do not have one at your facility please contact us so we can send one to you.

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

Vitamin D watch

The use of Vitamin D supplementation has increased in recent times: it is now widely recognized that many people may have inadequate vitamin D serum concentrations, especially those living in residential care facilities, as well as people with dark skin. Vitamin D deficiency often results in reduced bone mineral density and can also influence muscle metabolism and cause muscle weakness. Supplementation can assist with an enhancement in overall wellbeing.

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. Does the use of long term antibiotics to treat UTIs increase the risk of resistance?

A. The prevention of UTIs has been shown to reduce the emergence of resistant organisms. Recurrence of the UTI is usually due to reinfection with the same organism. In people who have 3 or more UTIs per year, antibiotic prophylaxis (using a low dose) has been shown to prevent recurrence with little risk of antimicrobial resistance. The antibiotics aid the body's own defence against the organisms causing the UTI.

The risk of resistance occurs with overuse of antibiotics to treat a UTI that will clear up anyway and also using antibiotics that are already showing patterns of resistance and need to be reserved for complicated infections. In some studies antibiotic prophylaxis has been used for more than 5 years.

There are alternatives e.g. cranberry capsules, topical oestrogen and hexamine hippurate that have been shown to have benefit, but the antibiotics still are the most effective.

Q. Should probiotics be routinely prescribed for residents taking antibiotics?

A. There is definitely evidence that supports the effect of probiotics in reducing the gut symptoms people experience when taking antibiotics e.g. diarrhoea, bloating and nausea. This is because antibiotics upset the balance of the microorganisms within the gut. However, not all probiotics are the same.

If the resident prescribed the antibiotic has experienced diarrhoea in the past taking probiotics may be appropriate, especially if it allows them to tolerate the antibiotic Rx. They should not be given routinely as not everyone is affected by the antibiotic and these probiotics are not cheap.

One additional aspect to consider is the timing of probiotics - there is a school of thought that says that if taken at the same time as an antibiotic, the presence of the drug in the gastrointestinal tract would be expected to kill a good many of the beneficial organisms that we seek to deliver using the probiotic product. For this reason, some say that it is best to wait until after the course of antibiotics is completed.

Meet your Ward MM Team Member

Matt Shepherd wears two hats at Ward MM: CFO and Head of IT. When not pushing his brain with complex financial and IT conundrums, family man Matt pushes his body with crazy sporting endeavours.

Most meaningful moment: When my son Angus was born. That proud moment when you are over the moon about what is currently your greatest achievement, the creation of a little life that is part of you, followed by the dawning of the realisation that this helpless little baby is now your responsibility….for the rest of your life.

My biggest challenge: Completing the Melbourne Marathon 3 years ago with a strained groin. Injury was sustained at around the 30km mark. The last 12km were not at all fun. Took a lot of perseverance (or perhaps stubbornness) to get over the line. Was not leaving without a medal for my 4 months of training.

I'd be lost without: My beautiful wife Tegan…she keeps me in check. At equal first is Angus for the smiles he brings. In second place is my phone/laptop/any digital device that connects me to the interweb.