

PHARMACY NEWSCAPSULE

Wisconsin Department of Health Services
Division of Quality Assurance
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Antidepressant Medication Potpourri by Barrett Crowther, Pharmacy Intern

What should be done if a resident is receiving an antidepressant medication and there is no diagnosis of depression in the medical record?

Antidepressants, such as the serotonin reuptake inhibitors (i.e., fluoxetine, paroxetine, citalopram, Lexapro, etc.), often have several FDA approved and appropriate off-label uses. Indications other than depression, include general anxiety disorder (GAD), obsessive-compulsive disorder (OCD), chronic fatigue syndrome, panic disorder, post-traumatic stress disorder (PTSD), eating disorders, along with several other uses.

Different uses for antidepressants are continuously being evaluated. Specifically, in an article published in the January 2009 edition of the Journal of the American Medical Association, researchers found that Lexapro may benefit older adults with general anxiety disorder. Patients especially had a significant improvement in overall anxiety if higher doses of Lexapro (20 mg per day) were being used and if patients believed they were receiving Lexapro (compared to a placebo).

As with other medications, it is essential that facilities appropriately monitor patients receiving antidepressant medications for effectiveness and side effects, regardless of the indication. It is also important to note that, for several of the uses of antidepressants, the full benefit of the medication may not be seen until 6-8 weeks after starting treatment. Side effects, on the other hand, can be seen immediately even though many patients can tolerate them over time. Common side effects of antidepressants include stomach upset, mild fatigue, sleep disturbances, sexual dysfunction, headache, and urinary symptoms. Serious, but rare, side effects may include sodium levels that are below the normal range, increased risk of fractures, increased risk of suicide during the first month of treatment, and gastrointestinal bleeding.

Many surveyor protocols require a review of the use of medications. When antidepressants are used, you need to know the specific use to determine if monitoring is occurring. To monitor for effectiveness, the purpose of the medication must be known and measurable symptoms must be defined. If the facility is uncertain of the use of the antidepressant, it is likely they are not monitoring it appropriately.

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New Medications

Brand Name	Generic Name	Use
Savella	milnacipran	An SNRI for management of fibromyalgia.
RiaSTAP	fibrinogen concentrate (human)	An intravenous fibrinogen product to treat bleeding in patients with congenital fibrinogen deficiency.

Metoclopramide Use in Patients with G-Tubes

by Barrett Crowther, Pharmacy Intern

Metoclopramide is a medication which is frequently administered to patients who are receiving enteral feedings through G-tubes (such as a PEG tube), nasogastric (NG) tubes, or PEJ tubes. Metoclopramide works by increasing the muscle contractions in the upper digestive tract. This allows the stomach contents to empty into the intestines more effectively and at a faster rate.

Typically, in enterally-fed patients, metoclopramide is initiated in the hospital when a feeding tube is being placed or shortly after the tube has been placed. In the short term, it can help facilitate the placement of the tube itself and can assist tube feeding tolerability by increasing stomach emptying rates.

Metoclopramide also has several other general uses, including the treatment of heart burn associated with GERD, diabetic gastroparesis, treatment of short term nausea/vomiting, and in some cases it has been used to treat hiccoughs and migraines.

It is important to note that metoclopramide does not work for everyone, especially in the long term. Clinical studies have shown that metoclopramide administered to patients who are critically ill, may lose effectiveness over time (even after a couple of days). This is significant because hospital patients are often started on metoclopramide to provide short term help with tube feeding difficulties. These patients may then be sent home or to a nursing facility while still receiving metoclopramide. Ineffective metoclopramide therapy can continue for chronically ill patients if no evaluation process for therapeutic effect is in place.

Another concern with long term metoclopramide utilization is the possibility of side effects. Common side effects include dizziness, restlessness, mild confusion, headache, insomnia, and urinary difficulties. Serious side effects include extrapyramidal side effects, e.g., tremor, slurred speech, rigid muscles (most often in the extremities), restless movements of the arms or the legs, involuntary movements of the tongue or lips, slowing of thinking, and slowing of movements. Many of these extrapyramidal symptoms are similar to what one would experience with Parkinson's disease. Metoclopramide use is also associated with rare cases of heart irregularities.

Ultimately, facilities should carefully monitor for metoclopramide effectiveness and side effects. If there is no clear benefit of metoclopramide drug therapy and/or side effects exist, a dose reduction and possible discontinuance should be considered.

Consultant Corner by Doug Englebert, R.Ph.

1) What are the risks of receiving the inactivated influenza vaccination twice in one year?

According to the Centers for Disease Control (CDC), the annual inactivated influenza vaccination is recommended only once per year in adult patients, usually in October. Patients who are less than 9 years old and who are being vaccinated for the first time should receive two influenza vaccinations in one year, spaced at least four weeks apart.

Clinical studies have failed to show improved outcomes in elderly patients receiving two influenza vaccinations in a single year. Furthermore, these studies did not find that any serious adverse reactions occurred due to a second administered influenza vaccine in a single season. Reported adverse reactions were minor; the most commonly reported reaction was a sore arm.

An adult patient who has accidentally received a second inactivated influenza vaccination in a single season may experience soreness at the vaccination site and will probably not receive any additional, clinically significant protection from the influenza virus. To prevent such instances from occurring, it is essential that health care providers properly document patient vaccinations, preferably utilizing the Wisconsin Immunization Registry (WIR).

2) Recently, there has been some confusion regarding the use of proton pump inhibitors in nursing homes. How do we evaluate proton pump inhibitor medication errors?

There are many proton pump inhibitors on the market; Aciphex, Protonix, Nexium, Prevacid, and Prilosec are some of them. Each of these medications has different recommendations regarding its administration with meals, within certain time frames before or after a meal, or on an empty stomach.

When observing proton pump medications being administered, consider the following to determine if a medication error occurred:

1. **Physician Order.** If the physician order specifies that the medication be administered a particular way, that order must be followed by the facility.
2. **Manufacturer Requirements.** None of the proton pump inhibitors have specific **requirements** for administration. The manufacturers do have recommendations, but those recommendations are not required.

3. **Standards of Practice.** All proton pump inhibitors have recommendations. Prevacid and Nexium recommendations include specific information that absorption of a single dose is decreased when taken with food. For that reason it is recommended that Nexium, Prevacid, and Prilosec be given on an empty stomach, preferably before a meal. If a resident is not responding to the proton pump inhibitor, it may be beneficial to ensure that the medication is taken on an empty stomach.

A medication error may be considered if the proton pump inhibitor is administered with food and (1) the physician order indicated that the medication be administered without food or (2) the pharmacist has identified that the resident needs to have the proton pump inhibitor administered without food and the facility did not follow the recommendation. If a surveyor observes medication being given with food and the medication does not seem to be working, investigate medication monitoring by the facility and identification of medication problems by the pharmacist. If monitoring is not occurring, F329 or F428 can be considered.

CMS Region V recently communicated the following information after a question about a medication error came up in Wisconsin. At the time of this newsletter we are seeking clarification from CMS for a complete recommendation. Until clarification is obtained, continue to follow the guidance that is noted above and wait on the following italicized information

If the physician orders Nexium or Prilosec once a day and the facility policy is to administer the once-a-day medications at 9am, giving these medications at 9am would not be considered a medication error unless they were newly initiated or prn. Although the manufacturer's recommendation may be that these medications be given before meals, this recommendation is based on a patient newly starting the Proton Pump Inhibitor (PPI). If a patient has been taking a PPI as a maintenance medication, the drug levels reach a steady state concentration in the body and this administration "best practice" is no longer therapeutically relevant. Surveyors need to step back, look at the entire picture and if the person has been stable on the PPI, then giving it before/after meals is not an issue. Although surveyors often look at manufacturers recommendation, the SOM guidance in Appendix PP, F332, reads, "Count a wrong time error if the drug is administered 60 minutes earlier or later than its scheduled time of administration, BUT ONLY IF THAT WRONG TIME ERROR CAN CAUSE THE RESIDENT DISCOMFORT OR JEOPARDIZE THE RESIDENT'S HEALTH AND SAFETY."