



Rapid Rx

Welcome to West Winds Primary Health Centres' email service that gives you the "bottom line" on selected advancements in the world of pharmacotherapy.

Provided by your on-site clinical pharmacist.

January 4, 2007

Reminder re: Pharmacist referrals at West Winds

Patient referrals to me for medication assessments / education have dwindled over Christmas. These medication assessments have been very successful to date in preventing medication related problems, so I encourage you to have the following types of patients booked with me for a preventative medication review:

- Elderly patients on multiple medications (to simplify, ensure appropriate dosing times, manage / prevent drug related problems)
- Anyone recently hospitalized (and taking chronic medications)
- Patients who need help controlling chronic diseases (diabetes, HTN, etc)
- Patients taking drugs at high risk for adverse effects (digoxin, warfarin, etc)
- Patients having trouble with adherence / compliance
- Patients recently started on a chronic medication/diagnosed with chronic condition

Simply provide a list of patient names to reception staff OR have the patients book the appointment on their own. **NO REFERRAL FORM / LETTER IS REQUIRED.**

Website of the Week

Health Canada Drug Product Search

Have you ever wondered if a particular drug is available in Canada?

Have you ever wondered what strengths or dosage forms of a particular drug are available in Canada?

Have you ever wondered if a particular drug has been discontinued?

If so, the [Health Canada Drug Product Search Tool](#) will be useful to you!! The site allows you to search for any drug using the generic or trade name, drug company or DIN...and you can look for ACTIVE and/or DISCONTINUED products. It quickly provides you with all of the brands, strengths and dosage forms available in Canada. Just click the link at the left or above to check it out.

Dosing Digoxin in Heart Failure



Heart failure guidelines now recommend targeting much lower digoxin serum levels in people with systolic heart failure because:

- Digoxin effectiveness in systolic heart failure is thought to be linked more with its neurohormonal effects and less with its positive inotropic effects
- The neurohormonal effects of digoxin (\downarrow norepinephrine, \uparrow vagal tone) are evident only at lower digoxin serum levels
- Post-hoc analyses from the DIG Trial have correlated lower digoxin levels ($<1.0\text{nmol/L}$) with DECRESAED mortality and higher digoxin levels with INCREASED mortality ($>1.5\text{nmol/L}$).

A recent nomogram published in the *Archives of Internal Medicine* helps clinicians to calculate a starting dose of digoxin that is more likely to achieve these new lower targets.

See the attached file for a detailed summary of the new digoxin targets and suggestions to ensure you achieve them more easily.

Recent Health Canada Safety Warnings



Ketek (telithromycin) [Link to Health Canada advisory on Ketek](#)

- Rare cases of acute liver failure, hepatic necrosis and death have been reported (Ketek is now contraindicated in people with previous hepatitis or jaundice with this drug and clinicians are warned to monitor closely for signs/symptoms of hepatitis while pts take Ketek)
- Increased exacerbations of myasthenia gravis have been reported (Ketek should now be avoided in pts with this disease if possible)
- Rare reports of syncope have also emerged

Domperidone [Link to Health Canada ADR Newsletter Dec 2006](#)

- Rare reports of prolonged QT interval and Torsade de Pointes
- Current domperidone product monographs do not reflect this information (yet) and clinicians are warned to use this drug cautiously in patients with existing prolonged QT or in those who are on additional drugs that may prolong the QT interval (see *RxFiles* chart on QT prolongation)

Levofloxacin [Link to Health Canada ADR Newsletter Dec 2006](#)

- Infrequent cases of dysglycemia (both HYPO and HYPERglycemia) have been reported, mostly in people with pre-existing diabetes mellitus
- 44 cases of liver disorders have been reported from 1997–2006 (most cases were elevated liver enzymes or jaundice, but there were 15 fatalities due to acute liver failure).

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