



May 2015 Issue

From the Front Lines

Alixarx Clinical Pharmacists Address Everyday Challenges in Long-Term Care

Behavior Monitoring

When is behavior monitoring required?

In Long-term care, medications are often prescribed to treat “behaviors”. Sometimes these behaviors are symptoms of dementia or other psychotic conditions. The F tag - F329 (Unnecessary Medications) can be cited by surveyors when medications are administered with insufficient monitoring. All medications administered to a resident should be monitored for effectiveness. When a medication is started to treat hypertension, blood pressure readings are monitored. Similarly, when a medication is started to treat a specific behavior we need to monitor that behavior. Antipsychotics, antidepressants, anti-anxiety, mood stabilizers and several other classes of medications can require behavior monitoring. The key is to determine why the medication was started when deciding if behavior monitoring is required. When determining if a medication requires behavior monitoring ask yourself: How do I know the medication is working?

Antidepressants to treat depression are typically monitored utilizing various depression screens or mood questionnaires and thus might not require a behavior monitoring sheet. However if that same antidepressant is prescribed to treat inappropriate sexual behaviors or symptoms of OCD, a behavior monitoring sheet would be a great tool to monitor for effectiveness. This is true across all medication classes, remember to ask yourself: How do I know the medication is working?

What behaviors should be monitored?

A behavior is a reaction to a stimulus or situation. Your goal when deciding what behavior to monitor should be to identify the specific behavior that occurred resulting in the medication being started or the behavior that occurred when a prior dose reduction failed. Non-specific behaviors such as agitation, wandering, anxiety, sadness, calling out, and yelling should be avoided and never used on a behavior monitoring sheet. The more specific the behavior being monitored, the more valuable and accurate the data will be. If a resident is agitated, describe how you know that resident is agitated. That is the “behavior” or symptom you want to write down on the behavior monitoring sheet.

Do you have further questions and need clarification? This can be a confusing and complicated issue with numerous medications and off-label prescribing typical of Long-Term Care. Your AlixaRx Clinical Pharmacist is a great resource for medication and behavior monitoring questions. Don't hesitate to flag your pharmacist down the next time you see them in the facility to ask about behavior monitoring!

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Quick Drug Facts

Omeprazole

- Brand Name – Prilosec®
- Decreases secretion of gastric acid in the stomach by blocking gastric acid production
- Has a long duration of action – can be dosed once daily
- Gastric acid secretion returns to normal levels 3-5 days after discontinuation
- Dose reduction should be considered for patients with hepatic failure – dose reduction is not required for renal failure
- Administration
 - o Tablets should not be crushed or broken
 - o Capsules may be opened and contents sprinkled on food for administration, but do not crush the pellets contained in the capsule
- May cause Vitamin B12 and Magnesium deficiency when administered over a long period of time
- Important drug interactions
 - o Omeprazole / Warfarin – Omeprazole can decrease the elimination of Warfarin. PT/INR should be monitored closely when starting or stopping Omeprazole
 - o Omeprazole / Clopidigrel – Coadministration should be avoided – antiplatelet activity of clopidigrel is significantly reduced when administered with omeprazole
- Sound-alike medications – use caution when taking verbal orders
 - o Prilosec – Prozac – both come in a 20mg dosage
 - o Prilosec – Pristiq

Identifying Adverse Drug Events

Adverse drug events (ADEs) are defined as any injuries resulting from medication use, including physical harm, mental harm, and loss of function. Each year, adverse drug events affect millions of older patients and are responsible for considerable morbidity and mortality. The elderly are at a significantly increased risk for ADE's primarily due to the high number of routine medications they take. Other factors that contribute to their risk of ADEs are: lack of medication dose adjustment for age/renal function, lack of drug therapy monitoring, drug-drug interactions, use of potentially inappropriate medications (PIMs), non-adherence, cognitive impairment, frailty, inappropriate medication administration and transitions through the health-care system.

Avoiding and identifying ADEs is one of the many goals of the Medication Regimen Review performed monthly by your AlixaRx Clinical Pharmacist. Many ADEs mimic geriatric syndromes such as cognitive impairment, dizziness, falls, weight loss and urinary incontinence. Delirium, mood changes, psychotic symptoms and even new or worsening dementia can also be an ADE. This makes identifying ADEs very challenging, particularly in the cognitively impaired.

The Beers Criteria for Potentially Inappropriate Medication Use in Older Adults, commonly called the Beers List, was developed by an 11 member multidisciplinary team assembled by American Geriatric Society as a guideline for healthcare professionals to improve the safety of prescribing in the elderly. This guide helps practitioners identify medications with a high potential to cause ADEs in the elderly as well as providing important monitoring guidelines.

Studies have shown that older patients are very good at detecting ADEs in themselves. Therefore it is critically important to listen to patients and report their medication concerns to the physician and/or your AlixaRx Clinical Pharmacist so they can be properly addressed. It is well documented that minimizing medications, maximizing non-pharmacologic interventions and eliminating PIMs, can improve cognition, function and quality of life.

Fun in the Sun: Protection from Ultraviolet Rays

With spring already here and summer right around the corner, it is a good time for pharmacist to give advice and helpful tips on protection from the sun while residents are outside enjoying mother nature. This always brings up the topic of sunscreen! Below are some topics you can bring up during the sun protection conversations you may have.

All Sunscreens are Not Created Equal

One should use broad-spectrum protection; that is using sunscreen that protects against UVA and UVB rays. Also, it is important to use a sun block that has a SPF of at least 30. Sunscreen with an SPF of 30 blocks 97% of the sun's rays. Sunscreen's that have a SPF higher than 30 block slightly more of the sun's rays, however there is not a sunscreen available that blocks 100% of the sun's rays. Another important thing to note is spray sunscreen is only about half as effective as the lotion formulation. So when using a spray with an SPF of 30, people are only getting SPF 15 protection. To avoid under-protection, suggest an SPF of at least 60 to those interested in the spray formulation.

Best Practices When Using Sunscreen

Sunscreen should be applied to dry skin 15 minutes prior to being exposed to the sun and should be reapplied every 2 hours unless otherwise specified by product label. Be sure to apply sunscreen to the lips and ears. Some brands of chapstick have sunscreen in them, but make sure it is SPF of 30 or higher. Be sure to apply sunscreen even on cloudy days if you are going to be outside because sun rays are not completely blocked by the clouds. Sunscreen does not expire for 3 years from the date it was opened, unless otherwise specified on the product label. Sunscreen is not recommended for babies under 6 months of age, it is recommended that babies stay out of the sun and reside in cool shady areas. For toddlers and infants older than 6 months of age sunscreens that have zinc oxide and titanium dioxide in them are the least irritating to sensitive skin.

- Brands for infants and toddlers
 - o Blue Lizard
 - o Honest Sunscreen Lotion by the Honest Company
 - o Badger Balm

Other Ways to Provide Protection from the Sun

The peak time for the sun's rays is from 10:00 am to 2:00 pm. It is a best practice to perform indoor activities and limit sun exposure at this time because the sun's rays are at their strongest. Daily apparel can be used to protect individuals from the sun, especially babies under 6 months of age when sunscreen is not recommended. Things such as hats, long sleeves and sunglasses all provide great protection from the sun. When used in combination with sunscreen to areas of the skin exposed to sun, everyone can be fully equipped for some fun in the sun.

References: 1. Sun Safety. Centers for Disease Control. [www.cdc.gov] 2. Sunscreen FAQs. American Academy of Dermatology. [www.aad.org] How Can I Protect My Child from the Sun. Centers for Disease Control. [www.cdc.gov]

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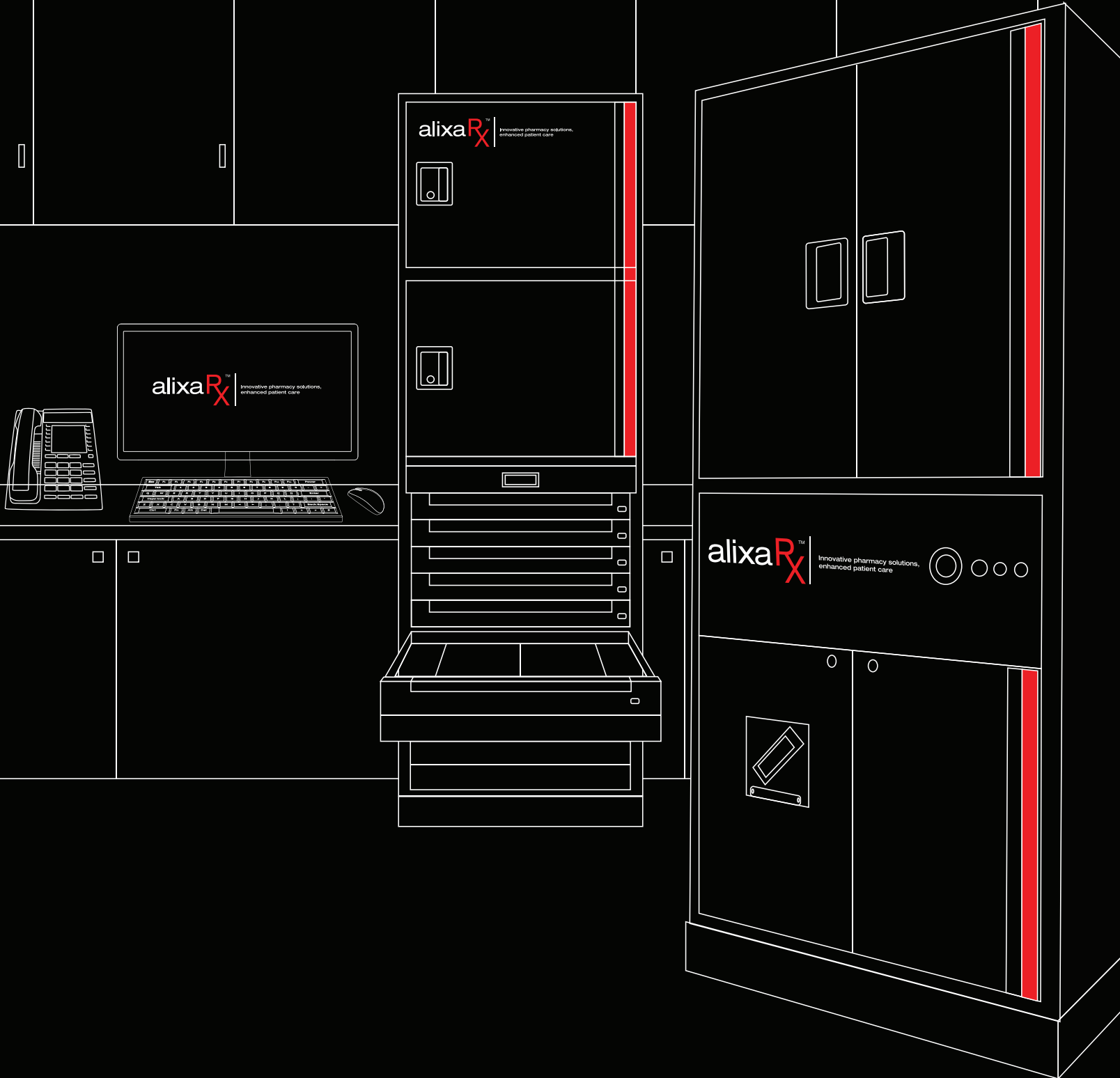
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