

The Prudent Prescriber

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Pharm Reps \neq Rational Prescribing

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Drug withdrawal effects

I have "joked" with patients in the past, when the patient or I suddenly discovered that a medicine I had prescribed days, weeks or months (yes, even years) ago was no longer appropriate. My comment, "I'm better at starting medications than I am at stopping them." took on new meaning a couple of weeks ago when my Pharm D colleague, Steve Nolan did a mini presentation on drug withdrawal effects. Here are Steve's ideas.

We are all aware of the withdrawal issues from chronic BZD, opioid, and oral corticosteroid therapy. Less well known are withdrawal effects from several CV drugs and PPI's. During chronic therapy an adapted state sometimes occurs. When a drug is stopped, the body clears the drug more rapidly than it corrects the adapted state.

The classic example is **beta blocker withdrawal**. Beta-1 receptors are up-regulated during chronic therapy, in response to being blocked. Upon abrupt discontinuation, a higher than normal number of cardiac beta-1 receptors are present, leading to high sensitivity to sympathetic tone. This may lead to tachycardia, angina exacerbation, MI, and death.

Another classic example is **alpha-2 agonist (clonidine) withdrawal**. CNS alpha-2 receptors are down-regulated with chronic therapy, in response to constant stimulation. Upon abrupt discontinuation, a temporary relative lack of alpha-2 receptors impairs the negative feedback necessary to "turn off" increased sympathetic tone, leading to very high blood pressure, nervousness, tachycardia and headache. Taper oral clonidine over 4 days per package insert.

Antibiotics do NOT

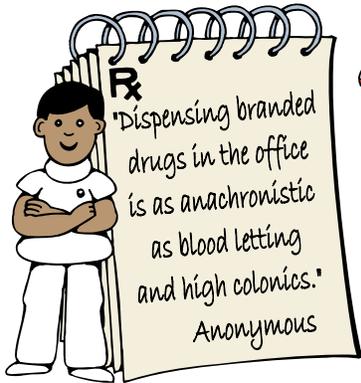


help acute bronchitis

β -blockers in post-MI save lives



Pill splitters save BIG



CHE?

Think:

- Ace
- Aldactone
- B-blocker
- Dig
- Diuretic



Avoid these expensive "me-too" drugs:

- Intermezzo
- Vimovo
- Livalo
- Pristiq
- Viibryd
- Edarbi
- Daliresp



Treat patients > 60 years to 150/90



NOW AVAILABLE ON THE GENERIC MARQUEE

- Plavix → clopidogrel
- Avapro → irbesartan
- Lunesta → eszopiclone
- Evista → raloxifene
- Cymbalta → duloxetine
- Lovaza → omega 3 fatty acid ester
- Maxalt → rizatriptan

DAWS – dopamine agonist withdrawal syndrome may occur in patients treated with Requip and Mirapex for Parkinson's or restless legs syndrome. Symptoms include anxiety, panic attacks, depression, agitation, fatigue, generalized pain, and drug craving and can last for months or years.

- Patients who experience impulse control disorders while on therapy are at highest risk for DAWS, as virtually all reported cases of DAWS indicated this adverse effect of therapy.
- Patients that experience protracted DAWS may have to resume therapy and deal with the adverse effects.
- There is no known treatment.
- Judicious use of these agents is recommended!

Aspirin & clopidogrel withdrawal

There is a growing body of evidence for rebound hypercoagulability following either sudden aspirin or clopidogrel discontinuation in patients with ACS, CAD, and diabetes.

PPI withdrawal

It is well known that about 70% of chronic PPI users (> 1 month) experience rebound hypersecretion of acid.

- Often attributed to recurrence of GERD, but this is actually caused by the sudden drug discontinuation.
- Taper over weeks if dose has been prolonged or high. Using H2 blockers can help.

New Drug

Stendra...as like a stent?

- New erectile dysfunction drug...avanafil.
- Like the other phosphodiesterase 5 inhibitors, works in 30 minutes.
- Lasts 5 hours, like Viagra, Levitra and Staxyn. Cialis lasts up to 36 hours.
- Avoid using PDE5 inhibitors in patients taking nitrates and alpha blockers.
- CYP3A4 interactions, so avoid in patients on phenytoin, itraconazole.
- Cost: Stendra (\$24/tab); Staxyl (\$14); Viagra & Levitra (\$20/tab); Cialis (\$22/tab).
- No generic PDE5 for a least a couple more years.
- ME too!

Dexamethasone: Steroid of choice for asthma exacerbations in kids

- Prednisone and prednisolone have been the steroids of choice for asthma exacerbations.
- Now evidence (Pediatrics 2014;133:493) that dexamethasone with a longer half-life, is a better choice. It works as well, shorter course (1-2 days) compared with 5 days for prednisone.
- Dexamethasone is a more potent anti-inflammatory, yet causes less nausea and vomiting than prednisone.
- Prescribe 0.3 to 0.6 mg/kg, up to 15 mg once daily, orally for two days or as one IM injection. Prolong the oral course if kids remain symptomatic.

Digoxin: New dosing options

- Lanoxin brand now available as 0.0625 and 0.1875 mg tablets (\$2.50/tab).
- Digoxin 0.125 and 0.25mg tabs used to cost a dime a piece, but are now selling for \$1 each.
- Remember dig is only appropriate for systolic heart failure for patients with persistent symptoms after optimal therapy with ACE-I or ARB, beta-blocker, diuretic and spironolactone are in place. Start low (0.125 mg) and stay low.
- In atrial fib, use digoxin for rate control only if beta-blockers, verapamil or diltiazem is not working.

You may access previous issues at <http://www.rmhp.org/providers/prudent-prescriber>.

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