

The Prudent Prescriber

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Pharm Reps ≠ Rational Prescribing

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Electronic Cigarettes

A couple weeks ago I received an email, touting the advantages of blu, an e-cig. I knew nothing about electronic cigarettes. Here is a summary of what I found out about electronic cigarettes.

- Electronic cigarettes (*Njoy, blu ecigs*) are battery operated devices with replaceable cartridges. They vaporize the liquid nicotine solution in the cartridge. The solution is often sold (Wal-Mart, Walgreens) in a bottle or in pre-filled disposable cartridges.
- Many manufacturers offer dozens of flavors which resemble the taste of regular tobacco, menthol, vanilla, coffee, cola and various fruits (kiwi, anyone?), but nicotine concentrations vary by manufacturer.
- In the United States, as of 2011, about **one in five adults who smoke** have tried electronic cigarettes. Sales have increased from 50,000 units in 2008 to 3.5 million units in 2012.
- The FDA has identified that some e-cigs contain tobacco-specific nitrosamines, known cancer-causing agents. The FDA's analysis also detected diethylene glycol, a poisonous and hygroscopic liquid, in one of the cartridges manufactured by Smoking Everywhere and nicotine in some cartridges claimed to be nicotine-free.
- Trace amounts of 'volatile organic compounds', namely formaldehyde, as well as traces of ketones, mercury and tetramethylpyrazine, have been found in electronic cigarette vapor, but the quantities are significantly smaller than the quantities found in tobacco smoke and do not pose a significant health risk.

Antibiotics do **NOT**

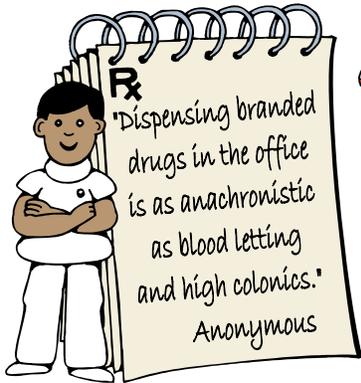


help acute bronchitis

β-blockers in post-MI save lives



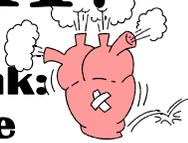
Pill splitters save BIG



CHE?

Think:

Ace
Aldactone
B-blocker
Dig
Diuretic



Avoid these expensive "me-too" drugs:

Intermezzo
Vimovo
Livalo
Pristiq
Viibyrd
Edarbi
Daliresp



Treat diabetics
BP to 130/80



NOW AVAILABLE
ON THE
GENERIC MARQUEE

Prandin → repaglinide
Tricor → fenofibrate micronized
Niaspan → niacin extended release
Diovan HCT → valsartan/HCTZ
Atacand → candesartan
Maxalt → rizatriptan
Lidoderm Patch → lidocaine topical patch

Take Home:

- A number of organizations, WHO (2013), National Institute for Health and Care Excellence (2013) and the British Medical Association have concluded that there is **limited or no evidence** to support the use of electronic cigarettes for stopping smoking or decreasing the amount smoked.
- Look for the lawyers to spend a lot of time arguing whether e-cigs are a tobacco product or a medication device.
- Watch for studies that are in the works that will attempt to prove the efficacy of e-cigs in smoking cessation.

Flu vaccine 2013-2014

Basic recommendations are the same as last year: **Immunize every one over 6 months of age who does not have a contraindication.**

- What's new: quadrivalent vaccines, available for all ages 6 months and up, plus FluMist this year is quadrivalent, available for patients 2 years-49 years.
- The constituents of the 2013-2014 influenza vaccines are:
A/California/7/2009 (H1N1); A (H3N2)
B/Massachusetts/2/2012; B/Brisbane/60/2008 (4th component of quadrivalents)

How to respond to your patient's refusal to be vaccinated:

- 1) **"It causes the flu."** No vaccine available now can cause the flu. Current flu vaccines do not cause any more systemic reactions (fever, aching) than placebo injections.
- 2) **"It doesn't work."** Like all vaccines, flu vaccine does not offer 100% protection, but in an average year about two thirds of those vaccinated are protected. Even when the match between the vaccines and the flu virus is not perfect, the vaccine is helpful in protecting against the illness.
- 3) **"I never get the flu. / I am healthy."** Healthy adults may not develop classical severe influenza when infected, but even those with minimal or no symptoms may transmit the virus to others. This is one of the major reasons that widespread vaccination is recommended. Refusing vaccination because you believe you are at low risk ignores the potential threat to close contacts, especially those who cannot get vaccinated or those who may not be protected by the vaccine.

Shamefully, last year one third of all healthcare providers did not get the flu vaccine. I believe we have an ethical obligation to our patients to be vaccinated against influenza.

Johnny

- Johnny, a healthy 5-year-old underwent an uneventful tonsillectomy and adenoidectomy.
- Two days later Johnny developed respiratory distress and nausea and vomiting.
- Johnny died on the 3rd postoperative day.
- Why did Johnny die?



- In April 2012, a case series reported two deaths and one severe respiratory depression in children aged 3 to 5 years who had typical doses of codeine after tonsillectomy. Postmortem morphine levels were very much higher than the therapeutic range.

- The New England Journal of Medicine June 6, 2013, literature review found 13 cases involving 10 deaths and 3 cases of severe respiratory depression in children ages 21 months – 9 years. All had T&A or severe URI. Of those who were tested, nine of the 13 had the ultra-rapid metabolizer gene. The literature suggests that 2-5% of patients are ultra-rapid metabolizers.

My Take:

- Don't take codeine. Don't prescribe codeine to anyone.
- Metabolism aside, codeine is a lousy drug because nausea won't usually let you get the doses high enough to get good analgesia.
- It is not clear whether or not these case reports have implications beyond kids who had T&As. It is known that kids with obstructive sleep disorders are more sensitive to narcotics.
- Remind your favorite ENT doc not to prescribe codeine to your patients.
- There is no recommendation to do genotype screening.

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

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