

# The Prudent Prescriber

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Pharm Reps ≠ Rational Prescribing

(PR)



(RP)



### What's New?

Relistor (methylnaltrexone)

- ☐ FDA approved for opioid-induced constipation in patients with advanced illness receiving palliative care.
- ☐ Selectively antagonizes peripheral opioid receptors, inhibiting opioid-induced gi hypomotility.
- ☐ Sub-Q administration based on weight and renal function, every other day
- ☐ Side-effects: diarrhea, severe abdominal pain, flatulence.
- ☐ Cost: "The world's most expensive laxative".
- ☐ Another approach: Prophylactically give 100mg ducosate sodium (Colase) for every 30 mg morphine equivalent

Astepro (azelastine)

"Me Too" or Really Better

- Nasal antihistamine
  - "Improved" version of Astelin
- Astepro
  - Tweaked Astelin to make it more palatable by adding sucralose to a sorbitol vehicle base
  - Bitter taste: Major side effect of Astelin
    - Astelin PI = 19.7% incidence
    - Astepro PI = 7% incidence
    - This side by side comparison is invalid but presented by company
  - Clinical Study, Astelin vs. Astepro: Bitter taste incidence
    - Astelin 8%
    - Astepro 7%
    - Not statistically significant
- Bottom line
  - Effective for vasomotor rhinitis and seasonal allergies.
  - Potential for better tolerability (unrealized in clinical trials).
  - Slightly cheaper than Astelin (\$84 per bottle vs. \$92).
  - Makes sense that would be better tolerated and anecdotal evidence supports.

**Antibiotics do NOT**



help

**acute bronchitis**

**β-blockers in post-MI save lives**



Pill splitters save big

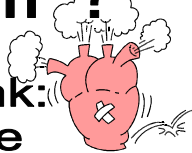


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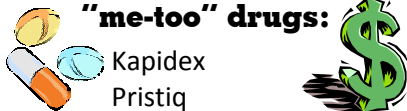
## CHF?

Think:



**Ace  
Aldactone  
B-blocker  
Dig  
Diuretic**

**Avoid these expensive "me-too" drugs:**



Kapidex  
Pristiq  
Omnaris  
Soma 250  
AMrix XR  
Xyzal  
Veramyst  
Ambien CR

**Treat diabetics  
BP to 130/80**



**now available**  
on the  
**Generic Marquee**

**Razadyne** → galantamine  
**Sonata** → zaleplon  
**Fosamax** → alendronate  
**Norvasc** → amlodipine  
**Ambien** → zolpidem  
**Flonase** → fluticasone nasal



## What's New? (continued) Kapidex

- New PPI
- Why do we need another PPI?
  - Manufacturer's response:
    - ✓ Kapidex is a "DDR" (Dual Delayed Release) PPI.
    - ✓ Other PPI's do not shut the proton pump down long enough to cover reactivation after meals later in the day.
    - ✓ This is "a new and exciting development" for GERD sufferers.
    - ✓ Dual delayed release:
      - First peak at 1-2 hours
      - Second peak at 4-5 hours

### Manufacturer's Studies

Study	Treatment	Week EE healed
1	Kapidex 60mg	87%
1	Lansoprazole (Prevacid) 30mg	85%
2	Kapidex 60mg	85%
2	Lansoprazole 30mg	79%

### My Take:

- Available clinical trial data doesn't support claims that this is more effective.
- No difference in one study, statistical but not likely clinical significance in the other.
- Gastric pH data not compelling.
- Omeprazole costs \$25 per month.
- Kapidex costs \$135 per month at Sam's Club.



## What Does Not Work! Reporting Negative Studies

Publication bias (the increased likelihood of a "positive" study being published) often skews perception of our clinical world. Here are two reasonably well done studies that point out interventions that do not work. The vitamin B paper is of particular interest in the face of the large number of patients who are taking handfuls of these products.

- 1) Do high dose folic acid, vitamin B6, and vitamin B12 have an effect on the overall risk of invasive cancer or breast cancer? (JAMA, November 5, 2008)
  - 5442 female health care professionals, aged 42 or older, were randomly assigned to receive either a daily combination of folic acid, vitamin B6, and vitamin B12 or a matching placebo. They were followed for 7.3 years. These were all women with pre-existing cardiovascular disease or three or more coronary risk factors. This study was part of a bigger study that was looking at the effect of antioxidants on CV disease. (This CV study was also negative.)
    - No effect on cancer rates. There has been some angst in the past that folic acid might have a dual role.
- 2) Does the combination of an ACE and an ARB improve outcomes in patients at high risk for renal complications? (Lancet 2008;372(9638):547-553)
  - ~26,000 patients with renal disease were blindly randomized to receive an ACE (ramipril 10 mg daily; n= 8576), an ARB (telmisartan 80 mg daily; n=8542) or both (n= 8502). The patients were evaluated every six months for 56 months.
    - At the end of the study, approximately 12% of the patients in each group died. No patients went on to renal transplant. Slightly less than 2% of the patients in each group had doubled serum creatinine levels and slightly less than 1% patients required acute dialysis. Patients taking an ACE and an ARB together were statistically more likely to require acute dialysis than those taking either ACE or ARB alone. One would need to treat 565 patients with an ACE/ARB combo compared with an ACE alone for 56 months to cause one additional patient to require acute dialysis. **The authors conclude, "Since there are no clinical benefits to using the combination, this practice should stop."**

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