

The Prudent Prescriber

Phil Mohler, M.D. • pmohler@pcpgj.com

3150 N. 12th Street • P.O. Box 10700 • Grand Junction, CO 81502-5517 • 245-1220

If you would prefer receiving The Prudent Prescriber by e-mail, send a message to pmohler@pcpgj.com

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Pharm Reps ≠ Rational Prescribing

(PR)



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What's New with Flu?

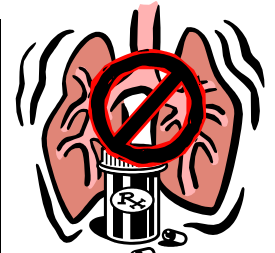


CDC: Two changes to recommendations

- 1) Annual vaccination is now recommended for all children 6 months through 18 years. (Last year 6 months through 4 years)
- 2) The live attenuated influenza vaccine (Flu Mist) can now be started at 2 years of age. (Previously age 5 years)
- 3) CDC recommendations now include 83% of the population.

Type of Vaccine	Flu Mist Live Attenuated Vaccine	Trivalent Vaccine Killed Virus
Approved age	2 to 49 years	>6 months
Interval between 2 doses for kids who are receiving for the first time	4 weeks	4 weeks
Use with other live vaccines	Simultaneously or 4 weeks apart	No restrictions
Contraindications Precautions	Chronic illness Anaphylactic sensitivity to eggs History of Guillain-Barre Pregnancy	Anaphylactic sensitivity to eggs
Cost to patient	~\$50-\$60	~\$25

Antibiotics do NOT



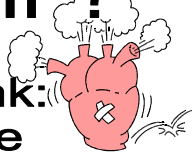
help acute bronchitis

β-blockers in post-MI save lives



CHF?

Think:



**Ace
Aldactone
B-blocker
Dig
Diuretic**

Avoid these expensive "me-too" drugs:

- Luvox CR
- Pristiq
- Omnaris
- Soma 250
- AMrix XR
- Xyzal
- Veramyst
- Ambien CR



A New Z Drug: Zingo

- Another needle-free lidocaine product to reduce pain associated with blood draws or intravenous insertions.
- It takes 1-3 minutes to numb the area. Lidocaine creams [EMLA (~\$9), LMX4] and patches [Synera (~\$12)] can take 30 minutes or longer.
- Approved for children 3 to 18 years of age. Studies are underway in adults.
- The numbing effect starts to wear off in about 10 minutes.
- It utilizes compressed gas to force powdered lidocaine into the skin.
- Cost ~\$20/unit.

Pill splitters save big



**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

Fish Oils and Cardiovascular Health: Another Urban Myth *Blown Away?*



There are long held beliefs that consumption of fish oils is associated with improved cardiovascular health. For many years, the American Heart Association has recommended fish oils for a broad spectrum of the population.

AHA Summary of Recommendations for Omega-3 Fatty Acid Intake:

- Patients without documented coronary heart disease (CHD): eat a variety of (preferably fatty) fish at least twice a week. Include oils and foods rich in alpha-linolenic acid (flaxseed, canola and soybean oils; flaxseed and walnuts). **(Evidence: level C, Consensus)**
- Patients with documented CHD: consume about 1 gram of EPA+DHA per day, preferably from fatty fish. EPA+DHA in capsule form could be considered in consultation with the physician. **(Evidence: level A, RCTs)**
- Patients who need to lower triglycerides: 2 to 4 grams of EPA+DHA per day provided as capsules. **(Evidence: level C, Consensus)**

Now a Cochrane review that creates doubt as to the efficacy of omega-3s in heart disease:

Meta-analysis: 48 RCTs with 36,913 participants + 41 cohort studies.

Objective: To assess whether dietary or supplemental omega-3 fatty acids altered total mortality, cardiovascular events or cancers.

Results: The authors sliced and diced this data a bunch of different ways (pooling all studies, looking at only the RCTs or cohort studies, restricting only to fish based omega-3 fats and looking at baseline risk of CVD).

The bottom line for all these analyses was that taking omega-3 fatty acids did not decrease the risk of death, cardiovascular events or cancers in patients with, or at high risk for, cardiovascular disease, nor in the general population.

My Take:

- ❖ **The authors conclude that there is no evidence that we should advise people to stop taking sources of omega-3 fats, but that further high quality trials are needed to confirm a protective effect of omega-3 fats on cardiovascular health.**
- ☺ **This meta-analysis has been criticized in both the British and American literature for methodological flaws, however it is the most comprehensive review we have of the effectiveness of omega-3s.**



Three New Reasons to go Slow with Prescribing Fluoroquinolones

#1 The FDA notified manufacturers of all fluoroquinolones on July 8, 2008 of a new BLACK BOX

- Increased risk with this class of drugs for development of tendinitis and tendon rupture.
- Risk is small... 1 in 10,000 or less.
- Most cases involve the Achilles tendon, but tendons in the arms, shoulders and hands can be involved.
- Risk is highest in those over 60 and those on systemic steroids.
- Injuries may occur within one day of starting the drug or several months after stopping treatment.

#2 Are fluoroquinolones better than beta-lactams for acute bacterial rhinosinusitis (ABRS)?

- **Study:** CMAJ 2008; 178:845-854. Meta-analysis of 11 randomized controlled trials comparing fluoroquinolones with the beta-lactams for acute bacterial rhinosinusitis.
- **Conclusions:** The fluoroquinolones (even the so-called respiratory ones with activity against *S.pneumonia*) have no benefit over beta-lactams (augmentin and ceftin) for acute bacterial rhinosinusitis.
- **The more relevant question** is whether we can distinguish ABRS from viral sinusitis and, more importantly, whether antibiotics are needed at all???
- **Recall the study** that showed that the NNT with ATB vs. placebo in ABRS was 8 to have the patient well 36 hours sooner.

#3 What's this prescription going to cost me, Doc?

Levaquin 500mg

#10 sig: 1 daily (see answer in bottom corner)

Cost of 10 levaquin 500mg = \$126

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