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

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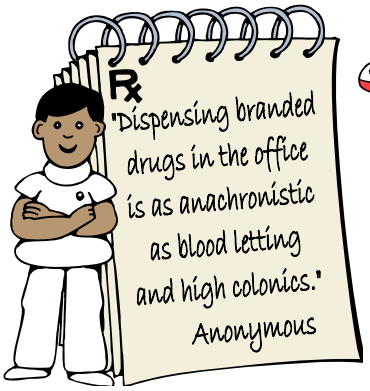
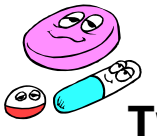




February 2016

Pharm Reps ≠ Rational Prescribing (PR) (RP)

Two Drugs to Think Twice About

Calcium & Vitamin D Supplementation

Promoting calcium and vitamin D have been a part of my well woman spiel for forty years. In the last decade, I kept a lab or two in business ordering vitamin D levels on healthy adults. Now there is evidence that my behaviors have contributed to the 30% of medical costs that DO NOT add **value** to patient care. Here are the latest recommendations from the USPSTF. Please note that these are suggestions for healthy asymptomatic persons, living in the community without a history of osteoporosis or fractures.

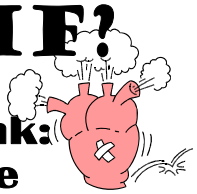
B = Offer or provide this service.

D= Discourage the use of this service.

I = If this service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Population	Recommendation	Grade
Pre-menopausal women	Insufficient evidence to balance the benefits and harms	I
Men	Insufficient evidence to balance the benefits and harms	I
Community dwelling Post-menopausal women	Insufficient evidence to balance the benefits and harms	I
Community dwelling Pre-menopausal women	Daily supplementation of vitamin D3 400 IU or less and calcium 1000 mg or less do not prevent fractures and increase risk of renal stones	D
Community dwelling adults > 65 and at risk for falls	800 IU of supplemental vitamin D is effective in preventing falls.	B

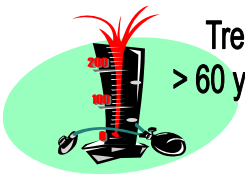
CHF?



Think:
Ace
Aldactone
B-blocker
Dig
Diuretic

Avoid these expensive "me-too" drugs:

Intermezzo
Vimovo
Livalo
Pristiq
Viibyrd
Edarbi
Daliresp



Treat patients > 60 years to 150/90

Antibiotics do NOT

help acute bronchitis

ß-blockers in post-MI save lives

Pill splitters save BIG

NOW AVAILABLE ON THE GENERIC MARQUEE

Lunesta→eszopiclone
Namenda→memantine
Axert→almotriptan
Prandimet→repaglinide/metformin
Jaylyn→dutasteride/tamsulosin
Ortho Tri-Cyclen Lo→Tri-Lo-Marzia, Tri-Lo-Spirntec, & others

How many premenopausal women have fallen into the low dose calcium and vitamin D regimens?

And what's new with elderly adults with a fall?

Bischoff-Ferrari (JAMA Int Med Feb 2016) performed a randomized controlled trial study of 200 men and women >70 years who had experienced a fall.

- 58% were vitamin D deficient (<20ng/ml) at baseline.

The participants were randomized to one of two high dose regimens (60,000 IU D3 per month or 24,000 IU D3 plus 300ug calcifediol per month) or a low dose control group (24,000 IU of D3 per month.)

Results:

Guess what?

- Serum vitamin D levels went up more in the high dose groups than with the low dose group. (82%>30ng/ml vs 55%>30ng/ml)
- After 12 months the high dose participants did not have any better lower extremity function and had a **greater** chance of falling (66% vs 48%) NNH =6
- So, the last USPSTF recommendation for vitamin D for seniors at increased risk for falls may fall by the wayside.

Quit ordering vitamin D levels

- No consensus exists on the definition of vitamin D deficiency.
- The accuracy of the tests to determine vitamin D deficiency is difficult to determine because of the lack of studies that use an internationally recognized reference standard.
- The USPSTF found no studies that evaluated the direct benefit of screening for vitamin D deficiency in adults. Grade **I**
- The American Society for Clinical Pathology **recommends against** screening for vitamin D deficiency in the Choosing Wisely campaign.

Hyaluronic Acid Injections for Knee Osteoarthritis

- Meta-analysis of 19 trials (Jevsevar et al J Bone Joint Surg Am 2015 Dec 16) that included only studies of > 30 patients and at least 4 weeks follow-up that used either the WOMAC (Western Ontario and McMasters Universities Arthritis Index) or a visual log pain scale.
- In these double blind sham-controlled trials, hyaluronic acid (HA) statistically improved function and decreased pain scores, but the treatment effects WERE NOT CLINICALLY SIGNIFICANT.
  - Pain Scale of 100 points: 8 points is clinically significant. Studies showed 2.3 points difference.
  - Function Scale 100 mm: 20 mm is clinically significant. Studies showed 9.6 mm difference.
- In contrast, in non-blinded trials that compare HA with usual care, the treatment effect exceeded the minimum important difference (i.e. HA is clinically significant).

My Take: Hyaluronic acid injections are a potent placebo. And the longer the needle, the better it works.

The 2013 Guidelines for knee arthritis of the American Academy of Orthopaedic Surgeons recommends against the use of hyaluronic acid injections.

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