

The Prudent Prescriber

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Pharm Reps ≠ Rational Prescribing

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Treating Depression Practical Advice

Although Spravato (nasal ketamine) and Zulresso (brexanolone, the recently approved medication for postpartum depression) have stolen the recent mood disorder treatment thunder, I suspect neither will offer the panacea initially promised.

Two studies, both published in the British Journal of Psychiatry (2019; 214 (1): 4-10 and 42-51) do offer some practical, in-the-trenches, guidelines for managing depression.

The first, a meta-analysis including 6,058 patients by DeVries et al. suggests that clinicians should not be in a hurry to change treatment in patients with severe depression who do not respond to treatment within the first two weeks. Early response to treatment predicts eventual response or remission, but the lack of early response does not predict treatment failure. Approximately 33% of patients who did not show an early response will respond by **six weeks** and 43% of them responded by **12 weeks**. This confirms the results of the large STAR*D trial of 2006 that suggested clinicians not abandon their initial antidepressant prematurely.

Antibiotics do
NOT

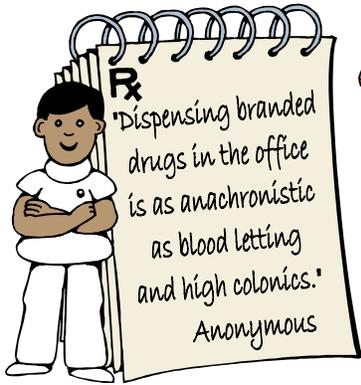


help
acute bronchitis

**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
Gralise
Viibyrd
Edarbi
Daliresp



Treat patients
> 60 years to 150/90



NOW AVAILABLE
ON THE
GENERIC MARQUEE

Advair → fluticasone/salmeterol
or Wixela Inhub
Viagra → sildenafil
Uceris → budesonide ER
Suboxone → buprenorphine/naloxone

In the second study, Strawbridge et al. reviewed 28 meta-analyses involving 5,461 patients with treatment-resistant depression (defined as depression unresponsive to two different treatments of adequate dose and length) and searched for the benefits of augmentation with psychotherapy, lithium or aripiprazole (Abilify). Most of the studies had low to moderate risk of bias. In three low quality studies, psychological treatment showed a moderate benefit. In four studies of Abilify, there was a small likelihood of benefit after short-term treatment as compared with placebo. Lithium produced an effect size similar to placebo. The bottom line is that augmentation of antidepressant treatment overall offers little clinical benefit.

Hooray for the USPSTF! HIV Screening and Preexposure Prophylaxis are Straight A's

The USPSTF in 2019 recommends that clinicians screen for HIV infection (A recommendation)

- In all adolescents and adults age 15 to 65 years.
- In adolescents younger than 15 and adults older than 65 who are at increased risk of HIV infection.
- In all pregnant women including those who present in labor and delivery with an unknown HIV status.

Persons at increased risk of HIV infection include men who have sex with men and heterosexually active women and men who have at least one of the following characteristics: having a sex partner with known HIV, inconsistently using condoms during sex with a high-risk partner whose HIV status is unknown, or having sexually transmitted syphilis or gonorrhea within the past six months. Other high-risk individuals include persons who inject drugs and share drug injection equipment and persons who engage in sex for money, drugs or housing, including commercial sex workers or persons trafficked for sex work.

The USPSTF review found:

- Currently available HIV tests are highly accurate in diagnosing HIV infection.
- Initiating antiretroviral therapy (ART) to asymptomatic individuals with CD4 counts greater than 500/cubic millimeter reduced the risk of HIV transmission and AIDS-associated mortality and morbidity.
- ART is highly effective in reducing the risk of mother to child transmission of HIV.

AAFP, ACOG, AAP and ACP all recommend routine HIV screening. The USPSTF also gave an A recommendation for encouraging physicians to consider the use of emtricitabine/tenofovir (Truvada) for pre-exposure prophylaxis (PrEP) for persons who are at high risk of HIV acquisition.

The USPSTF recommends that the following persons be considered for PrEP:

1. Men who have sex with men, are sexually active, and have one of the following characteristics:
 - A sero-discordant sex partner (ie, in a sexual relationship with a partner living with HIV)
 - Inconsistent use of condoms during receptive or insertive anal sex
 - A sexually transmitted infection (STI) with syphilis, gonorrhea, or chlamydia within the past 6 months

2. Heterosexually active women and men who have one of the following characteristics:
 - A sero-discordant sex partner (ie, in a sexual relationship with a partner living with HIV)
 - Inconsistent use of condoms during sex with a partner whose HIV status is unknown and who is at high risk (eg, a person who injects drugs or a man who has sex with men and women)
 - An STI with syphilis or gonorrhea within the past 6 months
3. Persons who inject drugs and have one of the following characteristics:
 - Shared use of drug injection equipment
 - Risk of sexual acquisition of HIV (see above)

The USPSTF found convincing evidence that:

- PrEP is of substantial benefit in decreasing the risk of HIV infection in persons at high risk of HIV acquisition.
- Adherence to PrEP is highly associated with its efficacy in preventing the acquisition of HIV infection.
- PrEP is associated with small harms, including kidney and gastrointestinal adverse effects.

My Take:

- The USPSTF “A” recommendation guarantees health plans will soon cover for PrEP at no cost.
- Truvada will soon be available as a generic product.
- Primary care physicians are in an ideal position to deal with the barriers to PrEP: HIV stigma and the complexity of the health care system.
- PrEP is an important public health intervention and family physicians should be leading the charge.

Dr. Amy Davis, a family physician and the medical director of the HIV Collaborative Clinic at St. Mary’s Family Medicine Residency in Grand Junction encourages primary care physicians to take an active role in PrEP. There are user-friendly protocols (CDC website) for initiating and following patients on PrEP.

Two Strategies to Decrease Drug Prices Don’t Hold Your Breath!

Drug Prices on TV Advertisements: This short-lived tactic to make consumers more aware of drug prices (or was it really to shame Pharma?) was dead on arrival. The rule, announced by the Trump administration in May 2019, mandated drug makers to include the price for any medication that costs more than \$35 for a month’s supply or a usual course of treatment. In early July a US District Judge from the District of Columbia nixed the regulation saying the Department of Health and Human Services had overstepped its authority. The real problem with this intervention is that it does not give patients a very good idea of how much out-of-pocket expense they will suffer. Deductibles, co-pays and deals between insurers and drug companies all factor into this nightmare.

Canadian Drugs: Obtaining drugs via PharmacyChecker.com has been an option since 2002 when this reliably monitored, user-friendly website was founded by Tod Cooperman, M.D. Although currently prohibited by federal law, patients with a legitimate prescription can purchase a three month supply of non- controlled medications for personal use from Canadian pharmacies. No one has ever been prosecuted for these purchases.

In 2013, the state of Maine passed legislation allowing their residents to obtain prescription drugs from licensed pharmacies in Canada, U.K., Australia and New Zealand. U.S. Big Pharma cried foul, against Federal law to do so (yes) ... and will result in Mainers obtaining substandard, counterfeit drugs (no). In addition, Big Pharma sued the state of Maine and a court later declared Maine's foreign pharmacy law null and void.

Now Colorado is one of several states exploring importing drugs from Canada. My take is that the federal-state negotiation will take months, if not years, to complete. And don't forget our Canadian neighbors who are already expressing angst over this U.S. push. The headline in August 2019 in the Globe and Mail, one of largest Canada's newspapers, screamed, "Donald Trump, keep your hands off our drugs."

In the meantime, my personal experience and that of multiple patients is that PharmacyChecker.com is a quality, reliable alternative for expensive, chronic prescriptions.

You may access previous issues at <https://www.rmhp.org/i-am-a-provider/provider-resources/publications-for-providers>.

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