

January 2008
Volume 3, Issue 1

Rapid Rx



I know you want 'em... Prizes!!!

Remember if you ask a question that ends up in Rapid Rx, I owe you a coffee (similar beverages may be substituted) or chocolate – your choice!



Keep scrolling down for a special treat!



New Pharmacists Are Coming...

Please join me in welcoming **Jane Jurcic-Vrataric** and **Beena Kuriakose** to the McMaster FHT pharmacy team. **Jane** will be seeing patients on **Mondays at Stonechurch** and will be getting started the week of January 21st. She'll also be available for answering urgent drug-related questions for MFP clinicians with a quick call to SC if there is no pharmacist on-site.

Stay posted for news about Beena's start date (likely March 2008)...

And...

Cheryl Walters, a PharmD student from U of T, will be joining **MFP** full-time for **4 weeks** starting **January 28th**. Her focus will be providing direct patient care. Please start to send along your consults and questions so I can keep her very busy ☺...

What's the deal with Duralith®? Is it going off the market for any good reason? *Pam Thompson from SC was the 1st to pose this one!*

It was discontinued due to lack of market share, not safety concerns. Many provinces consider it interchangeable with a generic product, Apo-Lithium Carbonate SR 300 mg®.

But Ontario hasn't deemed them interchangeable so pharmacies can't substitute one for another and need a new Rx. While the products are very similar, since Li has a narrow therapeutic window, it might be worthwhile to order a trough level after one week.

All of that said, unfortunately the generic was not available from the manufacturer (back ordered) when we started getting requests from pharmacies. When I called the manufacturer, they expected it to be back in Ontario by Dec 31st.

In case of a future back order, you can divide the Duralith® dose into BID-TID and use a short-acting preparation without changing your total daily dose.

Lisa McCarthy BScPhm PharmD
Clinical Pharmacist, McMaster Family Health Team
Hamilton ON

Your special treat is A BONUS PAGE!!

Since Rapid Rx has been gone for so long...thanks for your understanding!

Remind me...what's the difference between the oral iron preparations?

Kudos to Nancy Fowler from MFP for this refresher

The amount of elemental iron they contain and hence tolerability (more iron per dose likely means more adverse effects). The key to tolerability is starting low and slow.

For many patients, starting with one ferrous fumarate daily (usually at bedtime) is just fine and you can work up from there as needed. If a patient is not tolerating that, I would roll back to ferrous gluconate at bedtime and slowly increase your dose (BID then TID). Your target total daily dose is usually 100-200 mg.

Here's a table for quick reference...

Preparation	Dose	Availability
Ferrous Fumarate (Palafer®, generics)	100 mg elemental Fe in one 300 mg ferrous fumarate tab	Available over-the-counter (OTC) but covered by ODB with a prescription
Ferrous sulfate (Fer-in-sol®, Slow-Fe®, generics)	60 mg elemental Fe in one 300 mg ferrous sulfate tab Note: Slow-Fe is an extended release prep of dried ferrous sulfate containing 50 mg elemental Fe per tab	Available OTC, not covered by ODB
Ferrous Gluconate, generics	35 mg elemental Fe in one 300 mg ferrous gluconate tab	Available OTC, covered by ODB with a prescription
Polysaccharide-iron complex (Niferex®)	150 mg elemental Fe in one 150 mg polysaccharide iron complex	Available OTC, not covered, ~\$100 for 100 tabs

Metformin can cause vitamin B12 deficiency...really? What do I do about it?

This one came up during Family Medicine Rounds at MFP during Dash's great presentation about anemia in the elderly...

Really. There are many postulated mechanisms - the most commonly cited being that metformin interferes with intestinal calcium availability which leads to reduced absorption of B₁₂ (a calcium-dependent process).

Use for 3 years or more and higher doses were shown to be risk factors in a small nested case-control study. Other suspected contributors are advancing age and a vegetarian diet.

There is controversy about how to treat it.

The efficacy of folic acid and vitamin B₁₂ supplementation is debatable though malabsorption of vitamin B₁₂ is likely reversible within 2-8 weeks after stopping metformin.

Monitoring of vitamin B₁₂ levels in patients on metformin should be done annually or every 2-3 years according to opinions of various authors. This should continue for at least 10 years after cessation according to one study since symptoms may be delayed.

For more check out the references listed at:
<http://www.clinicalanswers.nhs.uk/index.cfm?question=6128>