



The Remedy'sRx Press

Pharmacy Myth Busters

Myth: It is safe to use topical corticosteroids like hydrocortisone (Hyderm™) and betamethasone (Betaderm™) for an extended period of time.

Fact: Extended use of a topical corticosteroid may lead to skin thinning. Although applied externally, there is also a small risk of it being absorbed into the body, especially if it is used in a large area for a long time or if there are open areas on the skin. If the affected area of the skin has not improved despite several weeks of applying the corticosteroid, it should be reassessed by the physician and may warrant a different topical preparation to treat the condition.

Myth: Psyllium Mucilloid (Metamucil™) is an effective option for most long-term care residents to treat chronic constipation.

Fact: Psyllium mucilloid is a bulk-forming agent and there MUST be adequate fluid intake (1-1.5 L per day) in order for it to work effectively for constipation. If there is not enough fluid intake, stool impaction may occur which may further aggravate constipation. Many long-term care residents do not drink enough fluids or may have underlying conditions that require fluid-restriction such as congestive heart failure or kidney failure. Psyllium mucilloid would not be recommended for these residents. In contrast, it is actually sometimes used as a bulk-forming agent in residents with loose stools to help treat diarrhea!

Myth: The only reason to avoid using long-acting tablets or capsules is for residents that require their medication to be crushed.

Fact: Residents with an incomplete stomach or small bowel will excrete long-acting tablets or capsules unabsorbed. These residents, similar to the individuals who require crushed medications, would benefit from either a liquid or a fast-acting formulation to ensure optimal absorption of the medication.



Myth: Liver damage is a common side effect of cholesterol-lowering statin drugs (e.g.: atorvastatin [Lipitor™], rosuvastatin [Crestor™], simvastatin [Zocor™], etc.)

Fact: Liver damage associated with the statin class of drugs is very RARE (less than 1 in 100 000.) Elevation of liver enzymes (AST, ALT, ALP) is not frequent (1% risk), will often improve with time and usually does not require the discontinuation of statin therapy. Possible signs and symptoms of liver toxicity include: abdominal pain, unusual fatigue or weakness, loss of appetite, dark-coloured urine, or jaundice of the skin or eyes and should be reported to the physician if the resident experiences any of the above after starting a statin.

Myth: Vitamins do NOT interact with medications.

Fact: Certain vitamins do interact with medications. Some examples include:

- Vitamin B6 (pyridoxine) and large doses of folic acid may decrease the effectiveness of phenytoin (Dilantin™)
- Vitamin K reduces the effectiveness of warfarin
- Niacin can increase risk of muscle pain side effects when given with statins
- Large doses of Vitamin E (800 units or greater) can increase bleeding risk when given with warfarin

When obtaining a medication history of a resident, it is important to include all vitamins and herbal supplements. Among herbal supplements, St. John's Wort and Ginkgo have the largest number of documented drug interactions. When unsure of potential drug interactions, please consult your Remedy'sRx Pharmacist for more information.

Myth: Antipsychotic medications for the treatment of behavioural and psychological symptoms of dementia (BPSD) should be continued in a resident life-long.

Fact: Long-term therapy with antipsychotics carries risks of cognitive decline, falls and are associated with an increased stroke and mortality risk when used to treat BPSD in the elderly. The need for continued treatment with these medications should therefore always be reviewed because behaviours may stabilize naturally. If indicated, a gradual dose reduction (total dose decreased by 25% every 1-2 weeks,) should be attempted. Some studies suggest that antipsychotics could be withdrawn successfully in residents who have been relatively-free of behavioural symptoms for at least three months.

Myth: Oral bisphosphonates like alendronate (Fosamax™) and risedronate (Actonel™) should be continued life-long in residents with osteoporosis.

Fact: Emerging evidence suggests that in some residents, bisphosphonates should be discontinued after 3-5 years of therapy because they offer similar decreased fracture-risk compared to residents who had continued the drug for longer periods of time. Currently, the data only applies to female residents and also residents who are not at high-risk (e.g.: no history of a vertebral fracture in the past and normal bone mineral density).



Myth: Getting the flu vaccine can cause you to get the flu.

Fact: No, a flu shot cannot cause flu illness. Flu vaccines are made with viruses that have been 'inactivated' and are therefore not infectious. The most common side effects from the influenza shot are soreness, redness, tenderness or swelling where the injection was given. Low-grade fever, headache and muscle aches also may occur but these are only side effects and not the flu itself.

Myth: Vitamin D is used in falls prevention and therefore it is safe to increase the dose in the elderly, especially if they do not go outside to get sunshine.

Fact: The current guidelines for the daily requirement of vitamin D in residents over the age of 50 years is 800-2000 IU daily. Although sunlight exposure during the colder winter months may be more limited, one should be more cautious about taking more vitamin D supplements since it is a fat-soluble vitamin and can accumulate in the body and cause adverse effects. These may include high calcium levels (which can present as nausea & vomiting, appetite & weight loss, and increased urinary frequency) excess bone loss, and impaired kidney function. Health Canada recommends the tolerable upper intake of vitamin D per day to be 4000 IU but it is best to consult with the physician before increasing the dose since some residents, such as those with high parathyroid levels or kidney failure, may be more at risk of adverse effects.