

AU InforMed

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Key Inforbits

- Plump ground for new doggie drug
- Could obesity be made illegal?
- Modern malady of overdiagnosis?
- Folate in women is decreasing!
- Are you living in a germ farm?
- National Birth Defects Prevention Month

NEW DRUGS, and other related stuff ...

New Drug ... 'Solution' for Porky Pooch ... The FDA approved **dirlotapide (Slentrol™** by Pfizer), a prescription drug for obesity in dogs, on January 5, 2007. Dirlotapide reduces appetite and fat absorption to produce weight loss. Veterinarians generally define a dog that weighs 20% more than its ideal weight as obese. Surveys have found that approximately 5% of dogs in the United States are obese, and another 20-30% are overweight. Dirlotapide is a selective microsomal triglyceride transfer protein inhibitor, which blocks the assembly and release of lipoproteins into the bloodstream. The mechanism for producing weight loss is not completely understood, but seems to result from reduced fat absorption and a satiety signal from lipid-filled cells lining the intestine. To discourage human use, the label of dirlotapide includes the standard warning, "Not for use in humans. Keep this and all drugs out of reach of children," and cites adverse reactions associated with human use, including abdominal distention, abdominal pain, diarrhea, flatulence, headache, nausea and vomiting. For more information on dirlotapide, please see www.fda.gov/OHRMS/DOCKETS/98fr/2006-141-260-fois001.pdf and www.fda.gov/OHRMS/DOCKETS/98fr/E6-22542.htm.

FDA approves the first drug for obese dogs. *FDA News*. 2007 Jan 5; P07-01.

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01542.html>

http://www.pfizerah.com/slentrol/sl_pi.pdf [package labeling from Pfizer]

MedWatch ... Roche notified healthcare professionals of a correction to a Dear Healthcare professional letter issued on November 13, 2006. The original letter referenced changes to the PRECAUTIONS Section of prescribing information for Tamiflu about post marketing reports of self-injury and delirium with the use of Tamiflu in patients with influenza. **The prescribing information that accompanied the letter contained an incorrect dosing chart for the Standard Dosage of Tamiflu Oral Suspension for prophylaxis of influenza in pediatric patients.** The chart incorrectly specified twice daily instead of once daily dosing under "Recommended Dose" for 10 days. Healthcare professionals should discard the incorrect version of the package insert included in the November 13 mailing and refer to the new dosing chart included in the December 26 letter.

Read the complete MedWatch Safety summary, including a link to the manufacturer's Dear Healthcare Professional Letter at:

<http://www.fda.gov/medwatch/safety/2007/safety07.htm#Tamiflu>

FROM THE MEDICAL LITERATURE ...

Your mother was right ... A recent study demonstrated that attention to the basics (common sense?) can significantly, and directly, impact patient care. In addition to creating a culture of safety and team-work, rigorous attention to hand-washing, full-barrier protection when inserting central venous catheters, cleaning the skin with chlorhexidine, avoiding the femoral site and removing unnecessary catheters virtually eliminated bloodstream infections in ICU patients. It's easy to gloss over some of the basics in a busy unit, but a price will be paid. These basic concepts of team approach and hygiene can be applied to most healthcare situations.



Pronovost P, Needham D, Berenholtz S, Sinopoli D, Chu H, Cosgrove S, et al. An intervention to decrease catheter-related bloodstream infections in the ICU. *N Engl J Med.* 2006 Dec 28;355(26):2725-32.

Wenzel RP, Edmond MB. Team-based prevention of catheter-related infections. *N Engl J Med.* 2006 Dec 28;355(26):2781-83.

Obesity is illegal ... Not really, but how far are we, and perhaps it should be? New York City recently banned trans-fats in cooking in restaurants, but this is only the most recent salvo in government regulation. After reading this commentary, you may more fully appreciate just how much your diet is regulated and how hard food companies try to win you over to the “dark side.” For example, American children are exposed to approximately 40,000 food advertisements per year (>100 per day); how much of it do you think is “good for them?”



Gostin LO. Law as a tool to facilitate healthier lifestyles and prevent obesity. *JAMA.* 2007 Jan 3;297(1):87-90.

Homesickness, it's not always so simple ... Most of us are young enough to remember the pangs of homesickness on those first trips away from home. For most, its uncomfortable, but not a big problem. For approximately 20% of young and older children, they experience moderate to severe homesickness; and although a small percent are severe or “psychiatric,” it can have a big impact on daily functioning. This article offers several step-by-step guides, depending on age and circumstance of how to prepare and combat the problem. One interesting point in common is the “no deal” option; “Under no circumstances of planned, recreational separations from home should parents ever make a ‘pick-up deal’ with their son or daughter.” These tips can apply to young children, camper's, hospitalizations, first trip to college, military service, etc.

Thurber CA, Walton E, and the Council on School Health. Preventing and treating homesickness. *Pediatrics.* 2007 Jan;119(1):192-201.

Folate is down ... A set back in the fight against birth defects. A recent study published by the CDC reveals that the gains made over the last few years concerning increasing folic acid intake by women of childbearing age are reversing. Using the National Health and Nutrition Examination Survey (NHANES), of 1999-2000 compared to 2003-2004 serum folate has decreased 16%. After rising due to mandated cereal-grain products, it is now decreasing; recommendations that all women capable of 400mcg of folic acid daily. There is good data to show such supplementation can prevent a large percentage of neural tube defects in newborns; however, a direct comparison in this study was not possible.



Folate status in women of childbearing age, by race/ethnicity – United States, 1999-2000, 2001-2002, and 2003-2004. *MMWR.* 2007 Jan 5;55(51 & 52):1377-1380.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5551a2.htm>

Reviews of Note ...

- Singh S, Loke YK. Statins and pancreatitis: A systematic review of observational studies and spontaneous case reports. *Drug Safety*. 2006;29(12):1123-32.
- Bent S, Padula A, Moore D, Patterson M, Mehling W. Valerian for sleep: A systematic review and meta-analysis. *Am J Med*. 2006 Dec;119(12):1005-12.
- Cunha BA, ed. Antimicrobial therapy. *Med Clin N Am*. 2006 Nov;90(6):1049-1289. [12 articles]
- Bannwarth B. Drug-induced musculoskeletal disorders. *Drug Safety*. 2007;30(1):27-46.
- Smith HS, ed. Pain management, Part I. *Med Clin N Am*. 2007 Jan;91(1):1-176. [10 articles]

FROM THE LAY LITERATURE about medicine ...

Asheville Project finally in the news ... Most pharmacists know of the Asheville project, where, in Asheville, NC a study was conducted that demonstrated the benefit of pharmacist consultation to diabetic patients both in terms of patient benefit and healthcare dollar savings. The study was published in the *Journal of the American Pharmacists Association* in 2003, in several articles. Now, only 3 years later a news article appears in the *New York Times* as a follow up, again emphasizing the benefit of pharmacists (although they use the term “druggist”) in the care of diabetics. Nothing new for pharmacists, but nice to see in the national press.



Urbina I. New job title for druggists: Diabetes coach. *New York Times*. 2006 Dec 30.

http://www.nytimes.com/2006/12/30/health/30diabetes.html?_r=1&ref=health&oref=slogin

New perspective ... offered by physician's in an essay. We are not as sick as we think we are! According to this perspective, we are still a healthy bunch but we suffer from a modern malady of **overdiagnosis**. In addition to the “usual” diseases there are now many “prediseases” which require screening; also several diseases (eg, hypertension, diabetes, hypercholesterolemia) have had the threshold number “adjusted” downward several times so that (according to the authors) one-half of us are sick. This may be particularly important for children who may be diagnosed too soon or for “illnesses” that were thought to be “part of life” not that long ago. If nothing else the article is entertaining and does offer some food for thought. Welch HG, Schwartz L, Woloshin S. What's making us sick is an epidemic of diagnoses. *New York Times*. 2006 Jan 2. http://www.nytimes.com/2007/01/02/health/02essa.html?_r=1&ref=health&oref=slogin



Ask questions ... Another article as to what patients should do with their new prescription and some of the bad things that can happen if they don't. However, it does a nice job of covering the basics and raises a few uncomfortable questions (ie, what you are really signing when you receive your prescription). It may be a good article for reference for your patients, or a URL that you can recommend they read. This information on medication errors cannot be repeated too much, as so many of us know.

-- Submitted by Maggie Phillips

Brody JE. To protect against drug errors, ask questions. *New York Times*. 2007 Jan 2.

<http://www.nytimes.com/2007/01/02/health/02brody.html?ref=health>

Germ farm ... a resurrected article reminds us that your desk and workplace is a veritable primeval forest of bacteria and virus'. A comparison according to one study (sponsored by The Clorox Co.): The office toilet has 49 germs per square inch; office phones had 25,000 germs per square inch and office desks are almost as bad. Apart from working



at home, what can you do? Clean! Wipe down all potentially infectious surfaces with disinfectant.

Williams D. Is your desk making you sick? *CNN.com*. 2006 Nov 13.

<http://www.cnn.com/2004/HEALTH/12/13/cold.flu.desk/index.html>

NEW RESOURCES in the DILRC ...

- DiPiro JT, Spruill WJ, Wade WE, Blouin RA, Pruemmer JM. *Concepts in Clinical Pharmacokinetics*. 4th ed. Bethesda, MD: American Society of Health-System Pharmacists, 2005.
- Burton ME, Shaw LM, Schentag JJ, Evans WE. *Applied Pharmacokinetics & Pharmacodynamics: Principles of Therapeutic Drug Monitoring*. 4th ed. Baltimore: Lippincott Williams & Wilkins/Wolters Kluwer Health, 2006.
- *Natural Medicines Comprehensive Database 2006*. Stockton, CA: Therapeutic Research Faculty, 2005.



The last “dose” ...

National Birth Defects Prevention Month and National Folic Acid Awareness Week



January is **National Birth Defects Prevention Month**, and January 8 to 14 is **National Folic Acid Awareness Week**. Birth defects affect approximately one in 33 newborns in the U.S. The cost of lifetime care for infants born in a single year with one or more of 17 severe birth defects has been estimated at \$6 billion.

CDC has issued recommendations for all women and men of childbearing age to improve their health throughout their lifespans, especially if they are planning to have children. Health-care professionals should encourage men and women to adopt healthy behaviors, such as having regular medical check-ups, planning their pregnancy with their partner, and avoiding alcohol, tobacco, and illicit drugs.

For women, taking the B vitamin folic acid before and during early pregnancy can prevent serious birth defects of the spine and brain; however, folic acid use has not changed substantially. Information about CDC's birth defect--prevention activities is available at <http://www.cdc.gov/ncbddd>, and information about National Birth Defects Prevention Month is available at <http://www.nbdpn.org/current/resources/bdpm2007.html>.



MMWR. 2007 Jan 5;55(51):1377.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5551a1.htm>

An electronic bulletin of drug and health-related news highlights, a service of ...

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