

# HOLLADAY HAPPENINGS

VOLUME 14, ISSUE 2      SPRING 2014

## JNC8 - THE LATEST IN HTN TREATMENT

By G. Bryan

In December 2013, the Eight Joint National Committee (JNC8) released the latest Evidence Based Guidelines for the Management of High Blood Pressure in Adults.

One of the biggest changes in these updated guidelines is the recommended BP goals. For the patient aged 60 years or older (who does NOT have diabetes or chronic kidney disease), the BP goal is now less than 150/90 mm Hg. Patients less than 60 years old OR over 60 years old with diabetes or kidney

disease should maintain their BP at less than 140/90 mm Hg.

Another difference is in which classes of medications should be started first for HTN. For the African American population, a thiazide diuretic or calcium-channel blocker (CCB) is now recommended as first-line treatment. In the non-African American population, treatment for HTN may be initiated with a thiazide diuretic, CCB, Angiotensin-Converting Enzyme Inhibitor (ACEI), or Angiotensin Receptor Blocker (ARB).



New blood pressure goals have been set in the new guidelines.

More information, including dosing guidelines, can be found online at the Journal of the American Medical Association website at [jama.com](http://jama.com)

*Gianna Bryan, Pharm.D., CGP, is Director of Clinical Services for Holladay Healthcare Pharmacy.*

## SPECIAL POINTS OF INTEREST:

- *What famous figure did our Director of Operations name her son after? Find out on page 2.*
- *Need help understanding the new anticoagulants on the market? We have what you need on page 3.*
- *Check out page 4 if you like word puzzles.*
- *If you like cool medical apps you will love the American Red Cross app featured on page 5.*

## SEE YOU AT LEADING AGE

By A. Shea

Holladay Healthcare Pharmacy will be participating in the LeadingAge NC Conference this spring. The theme for this year's conference is [re]defining age.

The event will be held May 12<sup>th</sup> – May 15<sup>th</sup> at the Marriott Resort and Spa at Grand Dunes in Myrtle Beach, S.C

As always, the Holladay team will be supporting this event and

the LeadingAge organization as a vendor. Please visit the Holladay booth at the vendor trade show for some great prizes and information!

*Ann Shea is a Marketing Consultant and Account Manager with Holladay Healthcare Pharmacy.*

## INSIDE THIS ISSUE:

AMITIZA	2
STAFF BIO	2
NEW DRUGS	3
SEEK & FIND	4
PAD	5
FIRST AID APP	5
H.E.L.P. RECAP	6

## DRUG UPDATE: AMITIZA (LUBIPROSTONE)

By C. Teeter



Amitiza offers an alternative for patients with severe constipation.

Amitiza is a chloride channel blocker indicated for the treatment of chronic idiopathic constipation in adults (CIC), treatment of opioid-induced constipation in adults with non-cancer pain (OIC) and treatment of irritable bowel syndrome with constipation in women (IBS-C).

The dose of Amitiza for chronic constipation and for opioid-induced constipation is 24 mcg twice a day with food and water and for IBS with constipation, the dose is 8 mcg twice a day. The dose should be reduced in pa-

tients with moderate to severe hepatic impairment.

The most common adverse reactions in the CIC studies were nausea (29%), diarrhea (12%), abdominal pain (8%), abdominal distension (6%) and flatulence (6%). The nausea experienced may be minimized by taking with food. Another adverse reaction that should be noted: dyspnea was experienced by 3% of patients taking Amitiza which was described as a chest tightness and/or difficulty in breathing. This reaction generally occurs 30-60 minutes after the first dose and resolves within 3

hours, but can be experienced after subsequent doses.

There have been no drug interaction studies done with Amitiza and there is low likelihood of pharmacokinetic drug-drug interactions since Amitiza is not metabolized by CYP450. Of note in the studies, laxatives were used only as rescue medications when a patient had not had a bowel movements for 3 days.

The capsules must be administered whole and should not be broken apart or chewed.

*Candice Teeter, R.Ph., is a consultant pharmacist with Holladay Healthcare Pharmacy.*

## SPOTLIGHT: SUSIE TICKLE, DIRECTOR OF OPERATIONS

In each *Holladay Happenings* we will highlight one of the dedicated staff at Holladay Pharmacy starting in this issue with Susie Tickle, Director of Operations.

Susie graduated from UNC-Chapel Hill with a Bachelors in Business Administration. She and her husband David will celebrate their 20 year anniversary this year. They have a 15 year old son, Dean, and a very sweet cat, Dixie. Susie is an avid reader and always has at

least one book with her at all times. "You just never know when the opportunity to read a few pages will present itself." Susie also enjoys watching any sporting event where either the Tar Heels or Dean are competing.

Susie has been employed by Holladay 26 wonderful years. From day one she was hooked and knew there was no other place she would want to pursue a career. Susie has worked in practically every

department and her experiences benefit her every day. "What makes Holladay such a great place to work is the employees. Everyone is extremely dedicated and hard working. Holladay is truly a family and that is the business approach we use." Our clients know the staff at Holladay are partners with them in providing the highest level of service." Susie feels very blessed to have been a part of Holladay for 26 years and looks forward to at least 26 more!

SUSIE ENJOYS SPORTS - ESPECIALLY THE TAR HEELS OR ANYTHING HER SON DEAN PLAYS (YES, HE'S NAMED AFTER DEAN SMITH!)

## NOVEL ORAL ANTICOAGULANTS

By M. Jones

Until recently, Coumadin<sup>®</sup> (warfarin) was the only available oral anticoagulant. This medication requires frequent monitoring and has numerous drug and food interactions. Now there are new oral anticoagulants available, and more being developed. Eliquis<sup>®</sup>, Xarelto<sup>®</sup>, and Pradaxa<sup>®</sup> have all been recently approved by the FDA. They work by inhibiting parts of the natural clotting cascade, which helps prevent the formation of blood clots. These medications do not require any routine monitoring and have fewer drug interactions than Coumadin<sup>®</sup>. Patients should be observed closely for signs and symptoms of bleeding, because bleeding is such a common and serious adverse effect of any anticoagulant, including these new agents. Any signs or symptoms of bleeding should be reported immediately to the prescriber. It is also important to remember that unlike Coumadin<sup>®</sup>, which has vitamin K, an antidote is not yet available to reverse these new medications if there is an overdose or bleed.

	<b>Eliquis<sup>®</sup> (apixaban)</b>	<b>Xarelto<sup>®</sup> (rivaroxaban)</b>	<b>Pradaxa<sup>®</sup> (dabigatran)</b>
<b>Mechanism of action</b>	Factor Xa inhibitor	Factor Xa inhibitor	Direct thrombin inhibitor
<b>Indications</b>	Thromboembolism prevention in nonvalvular A-fib	<ul style="list-style-type: none"> <li>• DVT/PE treatment</li> <li>• Thromboembolism prevention in nonvalvular A-fib</li> <li>• VTE prevention post hip/knee replacement surgery</li> </ul>	Thromboembolism prevention in nonvalvular A-fib
<b>Common adverse effects</b>	Bleeding, nausea, anemia	Bleeding, peripheral edema, diarrhea, dizziness	Bleeding, dyspepsia
<b>Price (30-day supply)</b>	\$318.47	\$318.46	\$349.99

A-fib – atrial fibrillation; DVT – deep venous thrombosis; PE – pulmonary embolism; VTE – venous thromboembolism

Prices based on AWP and obtained from Lexicomp online (subscription required)

# HYPERTENSIVE MEDICATION SEEK & FIND

D P K L M R Z R E Q J X K I E K W W H N R E S N K M V K E D  
 F H S E P Y O K T E B L G N G J C L T A A D I P O G M L F U  
 E D I M E S O R U F Q Z O W I X A P X T M I A Y H G Y C H B  
 F J F A I K K A C X R T D X B M R D C R I Z I T Q F O C W A  
 X B H Z M K J S W Q C S W S G U V F M A P A C E E Q U P N Z  
 U P R P A Y W L D A W N J F J U E M I S R I T V E N B N C X  
 M P X O N R G Z L G W W R P P Q D Y L L I H R B Y P O T F M  
 M A R L S A Y O H Y D R A L A Z I N E A L T E B S B M L P B  
 I E I C L O N I D I N E M K A T L W U V N O T R D H Z I O I  
 Q G T L F O E N L A B B T V X K O N K Q Z R R L C U O Y F L  
 Y G W X R U W U C I N F H A T V L Z O L X O H I I V D I C S  
 D N G I L W A Z Q K S J L L D G U F R J K L W S M S C O R J  
 U U P F I P X Q T L H I O C A S C X C I Z H I V F L V W Z Y  
 D S P X X C N F E G Q S N I O C I U W J G C C Y N T W C T F  
 L U V Y L I R E V H A S G O Z T X H G X R O U S Z H S Z L L  
 U L I C Y U Y N E R S Q R N P S Z S F M I R W J H F N R M Q  
 J N L I W U T M T L B C F G B R D D P V Q D M G F V D E R T  
 V H V V O Y W A U M Z N T E J F I H R O Z Y Q H E B T V O A  
 J K R J P G N U F Z R W B G Q V Y L R L O H O L M O S T J J  
 E E U G J H Q K H P U A E X Z H G I H V O A P B P N K W G G  
 S E U K J P O V A E H K F E D R D I C V D G T R Y R E P T N  
 I I N F I I K Y J V E M E P P R O X O J Y P O J P K D E K R  
 F H Y I Q C T O D Y E N P C S H J Y D K B L Z Z C H K Q Y U  
 F S M C P R F H X Z X U B I O E E P B Y O J Y V Q O R X Y H  
 R T H Y X I J L A Q N P S B T S E R M L F A S Z O L S L D Y  
 W K I L G P D I P H H A W A N C T N V F R Z T T N O F Z D Z  
 K M R L W R T O R A W R O W F K M B W V I P I O Y L X U R C  
 J G E I V L O H L A Y W M K H P F P Y P V D I K M D P X L K  
 U A P T I L X F Z M T J Z O M D H A H B P J S V L Q S P G C  
 X K R D G C B F K U A E U G A O V Y Q R Q H R Q T C X E V A  
 AMLODIPINE                      ATENOLOL                      CARVEDILOL  
 CLONIDINE                      DILTIAZEM                      FUROSEMIDE  
 HYDRALAZINE                      HYDROCHLOROTHIAZIDE                      LISINOPRIL  
 LOSARTAN                      METOPROLOL                      RAMIPRIL

## PERIPHERAL ARTERIAL DISEASE MANAGEMENT

By J. Evans

Peripheral Arterial Disease (PAD) is a common circulatory problem in which narrowed arteries reduce blood flow to your limbs. Typically the legs are most often affected by pain, most notably when walking (intermittent claudication). PAD is often a sign of widespread accumulation of fatty deposits in your arteries (atherosclerosis). This condition may be reducing blood flow to your heart and brain, as well as your legs.

Factors which increase the risk of developing PAD include smoking, diabetes, obesity, high blood pressure, high cholesterol, age > 50, family history, or elevated homocysteine. People who smoke or have diabetes have the greatest risk of developing PAD.

Symptoms of PAD include painful cramping in the lower extremities (LE) after exertion, leg numbness/weakness, coldness of LE, sores on the LE that will not heal, skin

color or texture changes or hair loss of the legs, and diminished pulse or lack of pulses in the legs or feet.

Treatment of PAD has 2 goals – first to manage symptoms such as leg pain, and second to stop the progression throughout the body to reduce the risk for heart attack and stroke. Medication treatments include statins to reduce LDL to <100, blood pressure treatment to maintain BP at goal, and diabetes medications to control blood sugar. Medications to prevent blood clots: Aspirin, Plavix, Coumadin, Pradaxa - all may be used. Pletal and Trental may increase blood flow to limbs and reduce pain. Angioplasty and bypass surgery can also help achieve treatment goals.

Jerry Evans, PA, Pharm.D., is a consultant pharmacist with Holladay Healthcare Pharmacy.

SMOKING  
CESSATION,  
EXERCISE,  
A HEALTHY DIET  
AND DIABETES  
MANAGEMENT  
CAN HELP  
MANAGE PAD

## THERE'S AN APP FOR THAT: FIRST AID

By N. Brown

The American Red Cross has launched a free app for the iPhone & iPad that gives useful information on First Aid. This app covers the topic in a meaningful manner allowing even a novice to provide appropriate care when it could count the most.

With the five tabs: Learn, Prepare, Emergency, Quiz, and Hospital you can always have assistance at the palm of your hand. The Learn tab allows you to brush up on first aid procedures. The Prepare tab

gives useful tips on how to prepare for natural disasters. The Emergency tab has a concise bullet point list of how to handle an emergency for quick and easy reference. Tests are available at the Quiz tab to test your knowledge of several first aid scenarios. Finally, the Hospital tab will locate the closest hospital to current location using your phone's GPS. One other handy feature is the always present Call 911 button allowing you to contact emergency services with a single tap.

The app itself is rather large weighing in at an impressive 45 MB and as with any program, there are a few areas for improvement such as the hospital locator feature's accuracy.

Being prepared and having assurance can help you manage any emergency and the American Red Cross has provided a valuable tool to assist even a novice smartphone user in most emergency situations.

Nicole Brown, Pharm.D., is a consultant pharmacist with Holladay Healthcare Pharmacy.



This First Aid App will guide you in emergency situations.

QUALITY  
- DEDICATION -  
holladaycare.com

CLICK YOUR SMART PHONE  
HERE TO LINK TO



Toll Free: 800-848-3446  
Local: 336-760-3446  
Fax: 800-858-9372

HOLLADAY HEALTHCARE  
PHARMACY



## ANOTHER SUCCESSFUL H.E.L.P.

Thank you to all of the attendees, vendors and sponsors for making H.E.L.P. 2014 a huge success! On March 20<sup>th</sup> and 21<sup>st</sup>, long term care leaders and staff across the state joined together at the Proximity Hotel in Greensboro for education, fellowship, and fun. The event opened with Melanie Bunn delivering an interactive and passionate presentation on Improving Your Care of People with Dementia. Carol Walker with the NC Board of Nursing discussed the difference between Medication Aides/ Med Techs and The Licensed Nurse's Responsibility in Maintaining Controlled Substances. During lunch, the

participants visited the booths of our kind vendors and received information on their products and services. Concluding the H.E.L.P. program on Thursday was a presentation from Dr. Mitchell Durham discussing the Non-Drug Interventions for Behaviors in the Geriatric Population. Thursday night many of the attendees were treated to a dinner program hosted by Boehringer-Ingelheim during which James Groce from Moses Cone discussed the Reduction of Ischemic Stroke Risks.

Friday morning began with Doug Blizzard delivering tips for Interview-

ing, Retention and Recruiting success. The attendees gathered many useful ideas and tactics in the human resources area. Doug's presentation was followed by Susan Markham, discussing issues around Leading in the Face of Change and Uncertainty. Friday's program was concluded by Sarah King, OT providing our attendees with An Interdisciplinary Approach to Dementia Care and Angela Wiley demonstrating various dance therapy techniques participants could take back to their communities for some fun and exercise. H.E.L.P 2015 is already in the early planning stages so stay tuned for more information.



The Holladay Educational Learning Program hit the mark again this year!