

HOLLADAY HAPPENINGS

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NEW CHOLESTEROL GUIDELINES

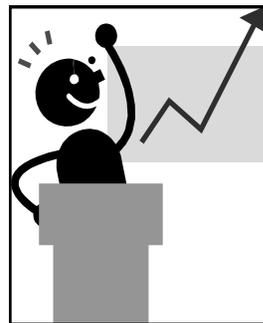
Recently, the American College of Cardiology (ACCP) & American Heart Association (AHA) released new guidelines for the management of high cholesterol. There are several changes in the new recommendations.

One of the biggest changes is that there is no longer a set numeric goal for low density lipoproteins (LDL). In previous guidelines, for example, it was recommended that if a patient had diabetes the LDL should be < 70 mg/dL. Now, based on an individual's risk factors, the LDL cholesterol should be reduced by a

percentage from the initial result. The risk factors are based on current cardiovascular disease, a baseline LDL that is \geq 190 mg/dL, and patients 40-75 years old with diabetes or a 10 year risk of cardiovascular events \geq 7.5%.

Patients are assigned to "high-intensity" or "moderate-intensity" doses of statins based on their risk factors and baseline LDL.

Medications other than statins that lower LDL are no longer recommended for first line therapy. Thus ezetimibe, bile-acid se-



New recommendations are out for cholesterol management. Are you up to date?

questrants, fibrates, niacin, omega-3 fatty acids & dietary supplements are nonpreferred therapy.

More information can be found at the AHA website www.heart.org

SPECIAL POINTS OF INTEREST:

- Check out the update on Ranexa® on page 2.
- We're going to be at the NCHCFA Expo in February. Details on page 2.
- Are there any drugs that can help with Huntington's Disease? Answers on page 3.
- Prescription drugs can no longer contain more than 325mg/dose of Acetaminophen. Find out more on page 3.

A YEAR TO CELEBRATE

By S. Tickle

As 2013 came to a close, I reflected on what the year had meant to Holladay Healthcare as we celebrated 30 years of business. During the year I was fortunate enough to travel the state hosting

birthday parties in each of our client's facilities and at each stop I was blown away by the talented and caring staff members I met. Watching you interact with your residents and each other reinforced why Holladay and I do

what we do every day. Thank you for welcoming me into your facilities and sharing a glimpse of your day. **Here's to 30 more years of Holladay Healthcare!!!!**

Susie Tickle is Director of Operations for Holladay Pharmacy.

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RANEXA® FOR TREATMENT OF CHRONIC ANGINA

By C. Teeter

Ranexa® (ranolazine) extended release tablets are indicated for the treatment of chronic angina in adults and can be used with beta-blockers, nitrates, calcium channel blockers, antiplatelet therapy, lipid lowering therapy or nitrates.

Ranexa® is contraindicated in patients taking strong inducers of CYP3A including phenobarbital, phenytoin, and carbamazepine or with strong inhibitors of CYP3A (e.g. ketoconazole, clarithromycin, nefazadone, nelfinavir, ritonavir, and saquinavir.) It is also contraindicated in patients with cirrhosis of the liver. Additionally, Ranexa® prolongs the QTc interval in a dose related manner.

The initial dose of Ranexa® is 500mg twice a

day and increased to 1000mg twice a day based on clinical symptoms. Ranexa® is metabolized mainly by CYP3A and, to a lesser extent, by CYP2D6. Therefore, the potential for drug interactions is significant. If the patient is taking a moderate CYP3A inhibitor, the dose should be limited to 500mg twice a day. These include several drugs that are commonly used in geriatric patients, including diltiazem, verapamil, fluconazole, and erythromycin. Since grapefruit containing foods are moderate inhibitors of CYP3A, these products should not be given to patients on Ranexa®. The dose of simvastatin should be limited to 20mg when given with Ranexa® at any dose and the dose of metformin should be limited to 1700 mg daily when used

with Ranexa® 1000 mg twice daily. Also, the doses of antipsychotics, tricyclic antidepressants and digoxin may need to be reduced when given with Ranexa®. Ranexa® increases digoxin concentrations by 50% in volunteers receiving Ranexa® 1000mg twice daily. Therefore, serum digoxin levels should be monitored frequently. Patients with severe renal impairment may be at risk of renal failure while on Ranexa®.

The most common adverse reactions are dizziness, headache, constipation and nausea. Since Ranexa® is an extended-release tablet it should not be crushed, broken or chewed.

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

THERE ARE
SEVERAL DRUG
INTERACTIONS
WITH RANEXA®

SEE YOU AT THE EXPO!

By B. Cross

Holladay Healthcare Pharmacy and Holladay Surgical will be exhibiting at the upcoming NC Health Care Facility Association (NCHCFA) trade show on February 25, 2014. The annual convention and tradeshow will be held February 23 -26, 2014, at the Sheraton Greensboro

Hotel at Four Seasons/ Joseph S. Koury Convention Center. This event is always a great opportunity to meet up with old friends, network with other professionals, and check out the newest innovations in long-term care.

This year's theme, "Let the Games Begin",

represents the Sochi 2014 Olympic Winter Games being held in Sochi, Russia. Stop by the Holladay Booth to learn more about why Holladay is The Gold Medal Winner!

Becky Cross, RN, BSN, is the Director of Customer Relations for Holladay Healthcare Pharmacy.



This year's theme is
"Let the Games Begin"

HUNTINGTON'S DISEASE

By Jerry D. Evans, PA, Pharm.D.

Huntington's Disease (HD) is an inherited, genetic disease that causes the progressive degeneration of nerve cells in the brain.

The signs and symptoms of HD vary greatly. Movement disorders such as involuntary jerking and writhing movements (chorea) and dystonias are classic symptoms. Cognitive disorders such as lack of impulse control and psychiatric disorders such as depression are also common.

HD is a progressive and eventually fatal disease. However, medications can help with symptoms. Tetrabenazine (Xenazine) may suppress the choreiform movements. Antipsychotic drugs may reduce violent outbursts, agitation, and other psychiatric symptoms. These meds may also suppress movements caused by HD, but can also worsen rigidity and involuntary muscle contractions. Mood stabilizing drugs like Lithium,

and anticonvulsants such as Valproic Acid (Depakote) and Lamotrigine (Lamictal) may help prevent the emotional highs and lows of HD. Antidepressant medications are also helpful for treating depression symptoms. Psychotherapy, Speech Therapy, Physical Therapy, and Occupational Therapy help to provide independence, improve functionality, and slow the progression of HD.

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



Physical Therapy can help with the treatment of Huntington's Disease.

ACETAMINOPHEN DOSE MAXIMUMS

Effective January 14, 2014, the FDA mandated that prescription products sold in the US may not contain more than 325mg of Acetaminophen (Tylenol) per tablet, capsule, or dosage unit. This change was due to the risks

of severe liver failure and allergic reactions.

All orders for prescription products will need to be changed to alternate products that contain ≥ 325 mg of Acetaminophen. Holladay Pharmacy has been working to

proactively get these changes made and eliminate delays for obtaining medication. Over-the-counter products are not affected by this mandate and can still be sold in strengths > 325 mg (i.e. Tylenol 500mg tablets).

THESE CHANGES ONLY APPLY TO PRESCRIPTION PRODUCTS. OTC PRODUCTS ARE UNAFFECTED.

DEMENTIA & BEHAVIORS

TRUE or FALSE?

1. Triggers for behavioral issues in a person with dementia could be: physical, emotional, psychiatric or environmental.
2. Emotional triggers include: boredom, fear and socialization.
3. Some examples of physical triggers include: pain, constipation and hunger.
4. A successful way to intervene with a behavior could be to speak softly and mumble.
5. Another intervention that might work is to offer a daily routine with limited choices & simple tasks.
6. For those with psychiatric triggers, eliminating misleading stimuli (such as radio, TV, mirrors, wall decoration) can be beneficial.
7. If the behavioral trigger is physical, you should treat the issue at hand (i.e. constipation, pain).
8. Pet therapy has been known to help those with dementia with related behaviors.





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HOLLADAY HEALTHCARE
PHARMACY



H.E.L.P. IN 2014

By A. Shea

Holladay Healthcare Pharmacy is pleased to announce the date of our 5th annual Holladay Educational Learning Program (H.E.L.P.). Join us in Greensboro at the Proximity Hotel on March 20th and 21st. New this year is a one day option for participants. Attend either day for 4-5 CE hours or both days for 8-10 CE hours.

This year the H.E.L.P. symposium will explore exciting topics ranging from management

and leadership techniques to clinical information pertinent to long term care today. Starting off the program on Thursday, March 20th will be Melanie Bunn from the Alzheimer's Association speaking on "Making Your Helping Helpful: Improving Your Care of People with Dementia".

Also headlining the conference will be Susan Markham from Insignium Consulting. Susan has worked with numerous, prestigious fortune 500 and healthcare companies.

She will assist the attendees with becoming successful leaders by achieving breakthrough results. Visit our website at holladaycare.com for a complete list of topics.

Do not miss out on CE hours, fun and networking opportunities! Space is limited. Register today by submitting the enclosed registration form or contact Susie Tickle at

1-800-848-3446 or
susie.tickle@triadgroupinc.com for more information.

Ann Shea is an Account Manager and Marketing Consultant with Holladay.



With H.E.L.P., everyone can succeed!