

Summer 2008

PharmaSource Healthcare, Inc.
100 E. RiverCenter Blvd, Suite 1600
Covington, KY 41011

THE RX QUARTERLY

Topics in this Issue:

- Warfarin Induced Skin Necrosis
- Pharmacy Director and Hospital Receive Grant
- Major Depressive Disorder
- Current Drug Shortages

PharmaSource
Clinical Services
Robert Haneke,
PharmD, BCPS,
FACA
620-486-2432

FAX:
620-486-2431

E-Mail:
robert.haneke
@omnicare.com

A Pharmacy Department communication for the pharmacists, physicians, nurses, and administrators at PharmaSource Healthcare associated facilities.

Warfarin Induced Skin Necrosis

With the increasing number of anti-coagulation clinics and JCO's National Patient Safety Goal 3E, it becomes important to have knowledge of, and monitor for warfarin induced skin necrosis (WISN). Its incidence ranges from 1:100 to 1:10,000 in the literature and can be a serious adverse effect with significant morbidity. Men and women appear to be at equal risk, but women who are

obese, middle age and with an underlying venous thromboembolic event are four times more likely to have complications from WISN. Lesions usually occur in subcutaneous fatty tissue (breasts, thighs, buttocks) but can occur on the trunk, extremities, face and male genitalia. The first skin symptoms usually occur within 3-7 days after warfarin is started

and can be extremely painful. Treatment includes discontinuing the warfarin, administering phytonadione IV if indicated and starting unfractionated heparin (UFH) until the lesions heal. After lesions heal, warfarin may be restarted at a low dosage (1mg/day) and gradually increased by 1-2mg/day every 3 to 4 days. This should be done with concurrent (UFH) administration.

PharmaSource Pharmacy Director and Hospital Receive Grant

Pam Letzkus, PharmD, BCPS, and Dr. John Warner Hospital have received a grant from Health Resources and Services Administration (HRSA). Pam is PharmaSource's Director of Pharmacy at the hospital, which is located in Clinton, IL. This grant is to enable Pam and the hospital to develop a program to improve outcomes in patients with diabetes, in a rural healthcare setting. This is a one year grant with a one year renewal. The renewal will be for developing a program to improve outcomes in patients with cardiovascular diseases. In addition to her duties as Director of the Inpatient Pharmacy, she also directs a pharmacist run outpatient Coumadin Clinic. Congratulations Pam!

Major Depressive Disorder

Results from the National Comorbidity Survey Replication demonstrated prevalence estimates of DSM-IV MDD were 16.2% lifetime and approximately 6.6% in the year before the study. This equates to national population projections of about 33 million adults developing MDD in their lifetime and 13 million with MDD in a given year.

Kessler RC, Berglund P, Demler O, et al. The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). JAMA 2003;289:3095-3105 Abstract

Major depressive disorder (MDD) is characterized by a combination of a number of symptoms that interfere with the person's ability to interact, work, sleep, study, eat and enjoy pleasurable activities. It may occur only once during a lifetime, but often is recurrent throughout a lifetime. It is almost twice as prevalent in women than men. MDD is the leading cause of disability in the US and carries with it a high mortality rate (up to 15%). Appropriate treatment is through careful patient assessment and a three phase treatment program: 1) acute phase, 2) continuation phase and 3) maintenance phase.

Pharmacological treatment choices, include factors such as prior medication response, side effects, safety and tolerability, patient preference, trial data and cost. Medications most likely to be optimal for patients with MDD include SSRI's, desipramine, nortriptyline, bupropion and venlafaxine. Some studies have indicated that atypical antipsychotics may be useful as augmentation medications. These include risperidone, olanzapine, ziprasidone, quetiapine and aripiprazole. Of these, aripiprazole has been approved for the augmentation of antidepressant medications in nonresponding patients with depression

Current Drug Shortages

Acyclovir Inj
Albumin Human
Amiodarone HCL Inj
Aztreonam Inj
Calcium Chloride Inj
Calcium Gluconate Inj
Cefazolin Inj
Cyclophosphamide tabs
Digoxin oral products
Doxycycline Hyclate Inj

Ephedrine Inj
Esomeprazole Inj
Hepatitis A Vac
(inactivated)
Hepatitis B Vac
(recombinant)
Imipenem /Cilastatin Inj
Immune Globulin Inj
Ipecac Syrup
Isradipine Caps/ER tab
Labetolol Inj
Levothyroxine Inj
MMR Vac

Methylprednisolone Na
Succinate Inj
Morpine PCA Syringes
Phytonadione Inj
Prednisolone tabs
Selegiline Caps/Tabs
NaCl tabs
Thyroid tabs
Torsemide Inj

See
www.ashp.org/drgshortages/current
for more
information