



Rx Focus

Antibiotic Treatment of Ear Infection in Children

The Centers for Disease Control (CDC) and the American Academy of Pediatrics are currently evaluating an "Observation Option" in the treatment of uncomplicated acute otitis media (AOM) in children. In this approach, children aged 24 months and older with non-severe illness (mild ear pain and fever less than 102°F orally or 103°F rectally) are watched for two to three days, and antibiotics are started only if symptoms persist or worsen. (It is very important that parents are assured of telephone or office visit follow-up when this treatment option is used.)

The justification for the delayed antibiotic treatment approach for AOM is based on published reports showing spontaneous resolution of ear infection in as many as 80% of individuals. In addition, it is well known that antibiotic overuse can lead to bacterial resistance. This delayed antibiotic treatment approach is popular in the Netherlands and Scandinavia where the antibiotic prescription rate for ear infection is about 31%. (The antibiotic prescription rate for ear infection currently exceeds 96% in the United States and Canada.)

Currently, if a doctor decides to use this approach, it is recommended that the following general principles be considered:

1. Most cases of AOM resolve without antibiotics; however, initial antibiotic use does speed recovery slightly.
2. Initial treatment with antibiotics is best for children less than 2 years of age OR for children with severe illness (moderate to severe ear pain and/or high fever within the past 24 hours).
3. Initial observation for up to 72 hours is best for children aged 2 and older with non-severe illness.

Note that children with any of the following conditions are not candidates for this observation approach under any circumstances: immune deficiency; complicated AOM, relapse of AOM within 30 days; craniofacial anomalies; and co-existing sinusitis or streptococcal pharyngitis. In addition, patients who cannot be assured of telephone or office visit follow-up would also not be candidates for this approach.

References:

1. "Judicious Use of Antibiotics for Acute Otitis Media" by Kim Palacios, Pharm.D., Pharmacist's Letter, Detail-Document #190701, July 2003

Ipecac for Home Treatment of Poisonings

In 1989, the American Academy of Pediatrics published a recommendation that all households keep a 1-ounce bottle of syrup of ipecac on hand to be used on the advice of a physician, poison control center or emergency department to induce vomiting in the event of accidental poisoning. Recently, the AAP has reversed this decision. To quote, they now state that "syrup of ipecac should no longer be routinely used as a poison treatment intervention in the home". (Any syrup of ipecac at your home should be safely discarded by flushing it down the toilet.)

The reasons for this latest recommendation include the following:

- The efficacy of ipecac in preventing deaths has never been proven.
- A recent survey of 64 poison control centers showed that there was no difference in adverse outcome rate for poison control centers that more commonly recommended ipecac use compared with those that did not.

February Health Observances

American Heart Month – sponsored by American Heart Association, www.americanheart.org, or call 800-242-8721

National Children's Dental Health Month – sponsored by American Dental Association, www.ada.org, or call 312-440-2593

Kids E.N.T. (Ears, Nose, Throat) Month – sponsored by American Academy of Otolaryngology, Head and Neck Surgery, Inc., www.entnet.org/KidsENT, or call 703-836-4444

AMD/Low Vision Awareness Month – sponsored by Prevent Blindness America, www.preventblindness.org, or call 800-331-2020

Wise Health Consumer Month – sponsored by American Institute for Preventive Medicine, www.healthylife.com, or call 800-345-2476



New Drug Approvals

Alimta

Approved 2/5/2004

Chemical Name: Pemetrexed disodium

Manufacturer: Eli Lilly and Company

Therapeutic Class: Anti-cancer Treatment

Approved Indications: Treatment of malignant pleural mesothelioma (cancer of the lining of the lungs usually associated with exposure to asbestos) in combination with cisplatin.

Special Notes: Alimta is an IV injectable and thus will not be a covered service on CBCA Rx plans. It is also designated as an orphan drug (medication developed to treat a condition affecting fewer than 200,000 people in the United States.)

Spiriva® HandiHaler®

Approved 2/2/2004

Chemical Name: Tiotropium Bromide Inhalation Powder

Manufacturer: Boehringer Ingelheim Pharma GmbH

Therapeutic Class: Long-acting Antimuscarinic Agent

Approved Indication: Long-term, once daily maintenance treatment for bronchospasm associated with chronic obstructive pulmonary disease

Average Wholesale Price: Not known at this time.

Eloxatin

Approved 1/13/04

Chemical Name: Oxaliplatin for Injection

Manufacturer: Sanofi-Synthelabo Inc.

Therapeutic Class: Anti-cancer Treatment

Approved Indication: Treatment of advanced carcinoma of the colon or rectum when used in combination with infusional 5-FU/LV.

Special Notes: IV Injectable, therefore, not covered on CBCA Rx plans.

- Adverse effects of ipecac include diarrhea, lethargy and persistent vomiting. Lethargy can confuse the symptomatology of an overdose, and persistent vomiting can reduce the efficacy of other orally administered poison treatments.
- Easy availability of syrup of ipecac can lead to misuse or abuse. (It has been abused by individuals with eating disorders.)

In the event of an accidental ingestion, call your local poison control center or the National Poison Hotline (800-222-1222).

References:

1. "Ipecac Use for the Home Treatment of Poisonings" by Neeta Bahal O'Mara, Pharm.D., BCPS; Pharmacist's Letter, Detail-Document #191201, December 2003



Industry Report

Important New Drug Warning for Permax®

Permax® (pergolide mesylate), manufactured by Eli Lilly and Company, is used in conjunction with levodopa/carbidopa treatment to manage the signs and symptoms of Parkinson's disease. On December 15, 2003, Eli Lilly and the FDA notified healthcare professionals of new safety information added to the Warnings section of the professional package information for this product. Sleepiness is a common occurrence with patients receiving Permax®; however, many patients who have fallen asleep have done so with no perceived warning. If increased sleepiness or new episodes of falling asleep during activities of daily living (e.g., while eating, watching television, conversing, etc.) are experienced at any time during treatment, patients should not drive or participate in potentially dangerous activities until they have spoken with their physician.

Important New Safety Information for Viramune®

On February 2, 2004, Boehringer Ingelheim and the FDA notified healthcare professionals of new safety information added to the professional package information for Viramune® (nevirapine). Viramune® is indicated for the treatment of HIV-1 infection in combination with other antiretroviral medications. If signs or symptoms of hepatitis, severe skin reactions or hypersensitivity reactions occur, patients should discontinue Viramune® and seek medical attention immediately. Patients should be closely monitored for the first 18 weeks of treatment with Viramune®. Women with CD4+ counts greater than 250 cells/mm³ are at highest risk for hepatotoxicity.



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