



## Rx Focus

### Sunburn Treatment

A sunburn is a painful skin condition that occurs with overexposure to the harmful rays of the sun. These burns are typically first-degree burns that only affect the outer layer of the skin. With each sunburn a person receives, he or she is significantly increasing the risk of developing skin cancer in the future. Over 1 million people are diagnosed with skin cancer each year and over 7,000 people will die as a result.

In an attempt to escape a sunburn initially, try to avoid the sun between the hours of 10am to 2pm, at which point the sun's radiation is its strongest. If exposure is unavoidable, try to wear appropriate sunscreen and cover up, paying special attention to face (especially nose and lips), shoulders, back, feet and eyes.

Sunscreen is formulated to protect against UVA and UVB radiation. Choose an agent that will cover the broadest range of UVA and UVB radiation for optimal protection. To find this, look for the sunscreen to contain ingredients which provide broad-spectrum protection such as: benzophenones (avobenzene and oxybenzone), cinnamates (octylmethyl cinnamate and cinoxate), or octyl salicylate. It

is important to reapply sunscreen every hour and a half and to choose a waterproof agent for optimal sun defense.

SPF (sun protection factor) corresponds to the degree of defense provided from UVB rays, which are known to be the major cause of sunburns and cancer. The higher the SPF of a sunscreen, the higher the degree of protection one will get from the sun. For example, if a person normally burns after 20 minutes in the sun, an SPF of 6 would increase the time until burn to 120 minutes. An SPF of 30 would increase the time until burn to 180 minutes. A minimal SPF of 15 is recommended for every individual and should be increased with the existence of any risk factors.

Factors that can increase risk of sunburns are: lack of sunscreen, young age, fair skin, location to the sun, reflection of water, ice or snow, time of day, sunlamps or tanning beds, ethnicity, alcohol use, and medications.

Drugs that can sensitize your skin to a sunburn include: antihistamines (common ingredient in over-the-counter cold and allergy medications), diuretics, non-steroidal anti-inflammatory agents, antibiotics (tetracyclines, quinolones), and sulfur-contained drugs. If a patient is taking any of these medications and sun exposure is unavoidable, it is important that he or she give the skin extra protection with a higher SPF sunscreen.

Symptoms of a sunburn usually appear within 24-48 hours of exposure. Symptoms are red and tender skin that is warm to touch, often appearing swollen. The skin may be itchy at times, and the person may experience a slight headache and/or a low-grade fever. In the worst instances, blistering may occur. Peeling may follow up to a week later. If flu-like symptoms occur, it may be sun poisoning or a second degree burn, in which case, one should seek medical attention.

When experiencing a sunburn, immediately move out of the sun and avoid further sun exposure until the burn has healed. Soak the affected area with a cold compress or damp cloth, or take a cool bath, in order to help reduce the inflammation.

Aspirin, ibuprofen or acetaminophen may be taken orally to help with the inflammation as well, so long as the patient has no medical contraindications to taking any of these

### July Health Observances

#### *Eye Injury Prevention Month*

Sponsor: American Academy of Ophthalmology

Website: [www.aao.org](http://www.aao.org)

#### *Hemochromatosis Screening Awareness Month*

Sponsor: Hemochromatosis Foundation

Website: [www.hemochromatosis.org](http://www.hemochromatosis.org)

#### *International Group B Strep Awareness Month*

Sponsor: The Jesse Cause

Website: [www.groupbstrep.com](http://www.groupbstrep.com)

medications. Do not give aspirin to children under 18 years of age, due to the risk of Reye's Syndrome.

Drink plenty of water, and apply a bland moisturizer, free of dyes and perfumes, to the burned area several times a day. Stay away from lotions, baby oil and petroleum jelly because these products may block pores and make symptoms more uncomfortable. Aloe-containing products and cooling gels may also help soothe the burned area, as well as topical antiseptics (numbing agents) for short-term use.

#### References:

1. "Sunburns." [www.healthcentral.com](http://www.healthcentral.com).
2. "APA Summer Tips Series on Common Ailments." [www.pharmacyandyou.com](http://www.pharmacyandyou.com).
3. "Photoaging to Carcinoma: Continuing Education." *America's Pharmacist*. 6/04.
4. "Reducing the Risk of Skin Cancer." [www.cancer.org](http://www.cancer.org).



## Industry Report

### Guidelines for Treatment of ADHD

The AAP (American Academy of Pediatrics) recently released new guidelines for treating school-aged children with A.D.H.D. (attention-deficit/hyperactivity disorder). They have recommended non-stimulant Strattera™ in combination with behavioral therapy as an additional first-line therapy.

A.D.H.D. is a brain disorder that generally presents as behavioral and social problems in children. It presently affects approximately 4-12% of all children. By adding Strattera™ to the list of first-line agents, there is now the option for a non-controlled substance when deciding on the most appropriate drug therapy.

Until now, standard treatment was limited to a central nervous system stimulant such as Ritalin, Adderall, or Concerta, which are all controlled substances. It is believed that Strattera™ has safer long-term effects than the CNS stimulants, which are believed to have potential for abuse or lead to drug abuse.

Strattera™ is a norepinephrine re-uptake inhibitor that works to increase the stimulation of the brain by maintaining increased levels of norepinephrine. Side effects of Strattera™ are decreased appetite, upset stomach, nausea or vomiting and tiredness.

Resources: "Guidelines Include Strattera as First-line ADHD Therapy Option." [www.medicalnewstoday.com](http://www.medicalnewstoday.com)

### Risperdal and Diabetes

The Food and Drug Administration (FDA) has recently found that Risperdal may elevate blood sugar levels, putting diabetics at risk. Risperdal is agent that works to keep neurotransmitters dopamine and serotonin in balance

in the brain in order to treat Bipolar Type I disorder, with or without mania.

The FDA has also sent letters to the manufacturers of Seroquel (quetiapine), Abilify (aripiprazole), Zyprexa (olanzapine), Clozaril (clozapine), and Geodon (ziprasidone) due the risk of these drugs as well. Diabetic patients who are taking or who wish to take Risperdal, are urged to monitor blood sugar regularly and to keep all medical appointments.

Resources: "News and Updates", Doctor's Guide. [www.docguide.com](http://www.docguide.com)



## New Drug Approvals

### Spiriva™

Approved: 05/25/04

Chemical Name: Tiotropium bromide

Manufacturer: Boehringer Ingelheim and Pfizer

Therapeutic Class: Bronchodilator

Approved Indications: Chronic Obstructive Pulmonary Disease

### Xifaxan™

Approved: 05/26/04

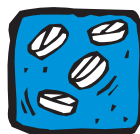
Chemical Name: Rifaximin

Manufacturer: Salix Pharmaceuticals

Therapeutic Class: Antibiotic

Approved Indication: Traveler's Diarrhea

Special Notes: Xifaxan is non-systemic, only 0.4% of the drug is absorbed by the body.



## New Generic Approvals

### Benazepril

Approved: 2/11/2004

Brand Name Equivalent: Lotensin

Approved Indication: High Blood Pressure

### Metronidazole Topical Cream

Approved: 06/01/2004

Brand Name Equivalent: Metro Cream

Approved Indication: Inflammatory papules and pustules of rosacea.

Manufacturer: Eon



CBCA Rx  
675 Foxon Road, Suite 204  
East Haven CT 06513  
Phone: (800) 936-1193  
Fax: (203) 468-8416