G+1 Share Tweet Share this Page: powered by iContact

Pharmacy Benefit News

Issue # 284 | July 28th, 2016

Stay in Touch!

Specialty Spotlight

Xerostomia: Not as Dry a Topic as You'd Think

Xerostomia (dry mouth resulting from reduced or absent saliva flow) affects up to half the elderly population and can be due to medication, medical conditions, alcohol, smoking, or even excessive caffeine or spicy foods intake. While there are a host of OTC products that can help with the symptoms, none are curative. Given the varying reasons why xerostomia can occur, it is important that a more careful assessment of the patient be done before recommending a product. Oftentimes it is a discomfort that can lead to dental caries or periodontal infections, but it can also be an indicator of a more serious underlying medical condition, such as Sjogren's syndrome, uncontrolled diabetes or hypertension, hepatitis C, to name a few. In such cases, a referral to the primary care physician is warranted.

Dry Mouth: More Common and Less Benign Than Thought. Pharmacy Times. February 2016.
1 http://www.cdc.gov/diabetes/ndep/pdfs/ppod-guide-dental-professionals.pdf. Accessed May 27, 2016.

COMMENT:
The US population is facing an epidemic of chronic diseases such as type 2 diabetes and heart disease, both of which xerostomia may be one indicator of poor disease management.[1] Thus, it behooves the pharmacist to evaluate the patient before concluding that the patient's dry mouth syndrome is a simple and common issue that accompanies the aging population, cigarette smoking, or inadequate water intake. The consequences of not assessing the patient's medication use and current medical conditions can result in harm to the patient. This is true in those with uncontrolled diabetes and heart disease, but even more so in the elderly population with these chronic diseases.

Find out more

Prostate Cancer:

ADHD: A Disorder of the Brain

Actively Forgoing Treatment

Nearly half of the men faced with the diagnosis of prostate cancer today are opting to forgo treatment for active surveillance or watchful waiting, which is simply regular monitoring. Why the dramatic shift away from treatment within recent years? First, prostate cancer is typically a slow-progressing cancer and around half are low-risk tumors rated as Gleason 6 or lower on a cancer scale. The Gleason score rates the risk of the prostate tumor, with 2 being lowest risk and 10 being highest risk. The risk of dying from this disease within 10 years is less than 1 percent and this applies to both the group that gets treatment as well as the active surveillance group.

Furthermore, treatment entails adverse effects such as impotence and incontinence, both of which can greatly diminish quality of life (QOL), especially in the younger patient population who are more likely to have life expectancy exceeding 10 or 15 years. Lastly, there have been more practitioners and major organizations, including the National Institute of Health and the American Society of Clinical Oncology, supporting active surveillance as the "preferred course."[1]

1 More Men With Early Prostate Cancer Are Choosing to Avoid Treatment. Kolata, G. Health. May 2016.

2 SEER Stat Fact Sheets: Prostate Cancer. National Cancer Institute. http://seer.cancer.gov/statfacts/html/prost.html. Accessed May 29, 2016.

3 Cancer Among Men. CDC. http://www.cdc.gov/cancer/dcpc/data/men.htm. Accessed May 29, 2016

Commentary

The side effects associated with prostate cancer treatment makes active surveillance a very appealing option; but given the lack of long-term evidence, is it too soon to recommend it as the preferred course? Prostate cancer is still a cancer and cancers are unpredictable in their ability to mutate. A mutation that results in a fast-growing, malignant form can drastically limit the patient's treatment options. The incidence of prostate cancer in 2016 is estimated to exceed 180,000 new cases, which accounts for more than 10% of all new cancer cases.[2] As benign as many prostate tumors may be, prostate cancer is still the second leading cause of cancer death among white, black, and Hispanic men.[3]

Yet despite the lack of long-term data to support its use, active surveillance is still being recommended by the American Urological Association, the National Comprehensive Cancer Network, and the American Cancer Society. This fact, along with the upward trend of patients choosing active surveillance over treatment side effects, reminds us that the patient should be at the center of the treatment decision process. As health care providers, we are here not to treat the disease, but rather the patient.

or the Diagnosis?

The diagnosis of Attention Defecit Hyperactivity Disorder (ADHD) requires a multifactorial assessment and treatment as defined by the American Psychiatric Association (APA) which includes behavior therapy, stimulants and/or nonstimulants, or both. However, the etiology of this neurodevelopmental disorder is poorly understood. Studies point towards possible involvement of prenatal exposure to tobacco, alcohol, illicit drugs, stimulant drugs, or environmental toxins (i.e. lead, mercury, organochlorines).[1] There are also studies suggesting ADHD having a possible association with the mother being obese or overweight during pregnancy or the child being born prematurely or with a low birth weight.

1 Catton BJ. ADHD Is It the Brain or Something Else? Pharmacy Times. 2016:54-55.

2 ADHD. CDC. http://www.cdc.gov/ncbddd/adhd/index.html. Accessed May 28, 2016.

3 Dealing With ADHD: What You Need to Know. FDA. http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm269188.htm#Treatments. Accessed May 28, 2016.

Commentary

ADHD is one of the most commonly diagnosed disorders in children but this may be due to an improper adherence to the diagnostic guideline. The CDC reported an average increase of 5% per year in the number of ADHD diagnoses.[2] This increase in parent-reported ADHD diagnoses correlates with the first national survey on ADHD that was issued in 1997. Unlike ADHD, diseases such as hypertension and diabetes can be diagnosed and monitored for clinical outcomes using measurable variables such as blood pressure and hemoglobin A1c (HgA1c), respectively. ADHD lacks such measurable markers and is based off of behavior observations by parents, teachers, and clinicians. Observations can be subjective and thus can affect how ADHD is diagnosed.

The CDC even notes that the wide variation in ADHD prevalence across states may be "based on variations on how the diagnostic criteria were applied."[2] This variation in how the diagnostic criteria are applied may be why this is a poorly diagnosed disorder. Improper diagnoses can lead to unnecessary treatments that can lead to serious adverse events such as arrhythmia, exacerbation of psychosis, drug abuse, and so on. However, there are also consequences to non-treatment.

According to the American Academy of Child and Adolescent Psychiatry, serious consequences of not treating ADHD include the child falling behind in school, encounter difficulties in friendships, and conflicts with parents.[3] While we do not want to over diagnose, we also want to avoid under diagnosing the children population who can truly benefit from proper treatment.

.

Operational Strategy and Strategic Implementation™

PRO PHARMA uses its sophisticated data analytical capabilities to formulate strategies which enhance process, performance and financial efficiencies in the following areas:

- ***Business Strategy***
- ***Analysis of Data***
- ***Modeling of Current Processes and Alternative Options***
- ***Forecasting***

Our experience has shown that the above strategies result in increased productivity, focus and decreased costs downstream.

PRO PHARMA's unique consulting approach encompasses implementation, and/or validation of in-house resources prior to implementation to ensure a smooth transition from inception to implementation.

For more information about Pro Pharma contact:
Carol Stern, CEO
(888) 701-5438
carol.stern@propharmaconsultants.com

.

Pro Pharma Pharmaceutical Consultants, Inc. has assisted payer and providers for over 29 years to maintain quality while controlling costs.

Pro Pharma Pharmaceutical Consultants, Inc.

P.O. Box 280130
Northridge, CA 91328-0130
Phone No. 888.107.5438 | www.propharmaconsultants.com

.
.
.
.
.

Copyright © 2016 Pro Pharma Pharmaceutical Consultants, Inc