



SUPERVALU Pharmacies Intern Express

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COMPANY NEWS

OSTEOARTHRITIS

Also known as degenerative joint disease, osteoarthritis (OA) is the most common form of arthritis affecting about 27 million people in the United States 25 years and older. Before the age of 55, OA more frequently affects men, however after the age of 55, women are affected more. General risk factors for OA include female gender, advanced age, obesity, joint trauma or defect, family history, muscle weakness, and repetitive stress.

OA predominantly affects cartilage, which covers the ends of bones at the joints and normally functions to allow smooth movement at the joints. As this disease progresses, the cartilage protecting the bones wears away until the bones start to rub together; this can cause pain, inflammation, and stiffness at the joint ultimately resulting in joint deformity. Additionally, small bits of bone or cartilage that break off the edges of the joint can remain and float around in the joint space causing even further damage. The hands, spine, knees, and hips are most commonly affected.

Warning signs of OA include stiffness in a particular joint after a time of immobility, swelling in ≥ 1 joints, and a feeling or sound of bones rubbing together at a joint. Affected individuals often present with symptoms like joint pain and limitations to movement. However, if erythema is seen at the joint, this is more likely a symptom of rheumatoid arthritis, which involves the immune system.

Nonpharmacologic treatment

- **Exercise:** Exercise can increase flexibility and range of motion; examples include walking, water aerobics, and swimming. Patient should discuss an appropriate exercise regimen with their doctor or physical therapist.
- **Weight loss:** Overweight patients should lose weight through exercise and a healthy diet to reduce stress on weight-bearing joints.
- **Rest the joints:** Prevent overexerting joints by using assistive devices such as canes, splints, and braces to take some pressure off of painful joints and provide support.
- **Thermal therapy:** Heat (e.g. with hot packs, warm towels, or baths) increases blood flow, eases pain, and decreases stiffness. Cooling (e.g. with ice bags, cold packs, or frozen

vegetable packages) decreases inflammation and relieves pain.

Pharmacologic treatment

- *Acetaminophen (APAP)*: APAP is considered first line treatment for its excellent analgesic properties and is available over-the-counter.
- *Nonsteroidal anti-inflammatory drugs (NSAIDs)*: This class of drugs is indicated when treatment with APAP is inadequate. NSAIDs are useful against pain as well as inflammation and include aspirin, ibuprofen, and naproxen among others.
- *Other oral analgesics*: Tramadol, opiate analgesics, propoxyphene, and topical analgesics are alternative treatment options that may be considered.
- *Glucosamine and Chondroitin*: Patients commonly take these as adjunctive treatments; these agents may help rebuild and protect cartilage, however their efficacy is questionable.
- *Intra-articular injections and surgical interventions*: These procedures may be useful when pain is severe and other treatment options have failed.

ANNOUNCEMENTS

PHOTOSENSITIVITY

With summer just around the corner, the sun is going to be shining at its brightest. It is important to remind patients when counseling about their medication to be proactive in preventing sunburns.

DRUGS THAT CAUSE PHOTOSENSITIVITY

Drug-induced photosensitivity reactions are divided into two categories: phototoxicity and the less common photoallergic reactions. Phototoxicity is a nonimmunologic reaction in which there is a chemically-induced increase in skin reactivity to UV and/or visible light, which may be dose-related. It typically presents acutely as exaggerated sunburn that occurs upon first exposure to a chemical agent or drug. Reactions such as these may result from the use of medications associated with photosensitivity; however, certain soaps and cosmetics may also result in a similar reaction.

Drug-induced photoallergy, on the other hand, is an immunologic reaction where UV radiation activates an antigenic reaction in the skin. This reaction commonly presents itself as urticaria (hives), bullae (blisters), and/or sunburn. Because it is not dose-related, it usually occurs after at least one prior exposure to the medication or chemical.

Discontinuing the causative medication or chemical agent will usually result in resolution of the photosensitivity reaction. Other treatment options include topical corticosteroids, oral antihistamines, and cool compresses, which may have some benefit by minimizing itchiness and providing relief. However, systemic corticosteroids such as oral prednisone are generally found to be a more effective treatment option.

Medications Associated with Photosensitivity Reactions:

Fluoroquinolones

Sulfonamides

Tetracyclines
Nonsteroidal anti-inflammatory drugs
Phenothiazines
Antihistamines (diphenhydramine)
Estrogens
Progestins
Sulfonylureas
Thiazide diuretics
Tricyclic antidepressants
Acne medications
Coal Tar and derivatives

Pharmacists should be sure to counsel patients receiving medications known to cause sun sensitivity to minimize sun exposure by avoiding sunlight or decreasing total duration in the sun. In addition, wear protective clothes such as hats, long-sleeves, and light colors in addition to applying sunscreen liberally.

EVENTS

Pharmacy Campus Events

SUPERVALU Pharmacy wants to congratulate all of our 2010 graduates. We hope each of you has a great time at your graduation ceremony. Best wishes on reaching all of your professional goals.

Effective June 7, 2010 all interns currently employed by SVU will have their yearly intern rate increase and status updated automatically. You will receive the increase in your check for weekending 6-12-10. Please let your pharmacy recruiter know if there are any discrepancies immediately.

