

More Than Meds

Pharmacists & Communities Partnering for Better Mental Health

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Tell Us What You Think!?!

We would love to get some feedback on our newsletter. The newsletter goes out every 2 weeks, and to date we've published 11 newsletters, all posted and archived on the MTM website. With our limited resources, we want to put our energy into items that you will actually use and find useful in your day-to-day work lives. To this end, we would appreciate if you could respond simply to the 4 questions [here](#).

Web Feature: Right By You

Suicide is the #1 cause of non-accidental deaths in young people in Canada. The **Right By You** campaign wants to make this fact a call to action. Canadians are invited to start by signing an online petition, which you are encouraged to do. The website provides a list of useful resources for youth and families as well as a poignant 30 second video. **Right By You** makes it clear that more needs to be done to get youth and families the help they need when they need it. The campaign is calling on the provincial and territorial governments to make mental health-related services, treatment, and support available to all children and youth, not just to those whose families can afford to pay for them. To learn more and to participate in the petition, or to donate to [Partners For Mental Health](#) (our national, non-profit organization dedicated to improving the way we think about, act towards, and treat mental health) please visit [Right By You](#).

See **'Newsworthy'** for a related story.

In the Know: Z-drug Hypnotics and Falls in the Elderly

The so-called z-drug hypnotics, including zopiclone and zolpidem in Canada, have been promoted as safer alternatives for treating insomnia in elderly patients compared to benzodiazepines (BZDs). The arguments made for z-drugs over BZDs typically refer to less drug accumulation with repeated use thereby reducing next-day impairment and lower risk of dependence and withdrawal. But when examined beyond the rhetoric, do these claims hold true?

Finkle and colleagues completed a retrospective cohort [study](#) that examined non-vertebral and hip fractures rates in the time periods before and after zolpidem or benzodiazepine starts. In the 90 days following the initial prescription of zolpidem the risk for non-vertebral and hip fractures increased (RR=2.5 and 3.1, respectively). These rates were similar or higher than those seen with benzodiazepines. Risk with zolpidem was increased for the first 60 days of treatment whereas the increase with BZDs lasted 30 days or less.

Another [study](#) of elderly inpatients compared the rates of falls in those who were prescribed and received zolpidem with those who were prescribed zolpidem but did not receive it. The study showed that those who received zolpidem for insomnia were over 4 times more likely (OR=4.37, p<0.001) to experience a fall within 24 hours of receiving the medication compared to patients who did not receive it. This resulted in a 2.3% absolute increase in the rate of falls (3.04% vs 0.71%).

A case-crossover [study](#) of nursing home residents found that older patients taking one of the available z-drugs were 1.7 times more likely to experience a hip fracture within 30 days of starting the z-drug compared to when not taking it. Risk was higher in new users (OR=2.2) compared to return users.

The findings of falls associated with the z-drugs indicate that this group of psychotropics is not safer than BZDs. Both groups appear to carry a similar risk on [par](#) with antidepressants and antipsychotics in this population.

Falls in the elderly, regardless of the contributing factors, are of great concern to patients, families, health providers, and service providers. About 30% of people aged 65 years or older who live in the community and 50% of those who live in residential care facilities experience a fall [every year](#). In Nova Scotia, 7.5% of hospitalizations of seniors were related to an unintentional fall, and 43% of these hospitalizations involved [hip fracture](#). Hip fractures increase short-term mortality in elderly men and women 3- to 4-fold.

Self-imposed isolation, despair, anxiety, and depression are frequent but less well recognized consequences of injurious falls in the elderly. As such, falls that result in injury but not necessarily bone fracture can directly impact an elderly person's quality of life and independence. As such, any fall, whether causing injury or not, attributable to a medication, whether a z-drug, BZD, or other psychotropic agent, is of concern. Pharmacists should routinely discuss with their elderly patients their experiences and concerns regarding falls and consider changes in pharmacotherapy to minimize this risk.

Fall prevention programs can be effective but are also costly. Since zopiclone and zolpidem are associated with an increased risk of falls and fractures, decreasing their use could be a cost-effective strategy to decrease the risk of falls and fractures in institutionalized and community dwelling elderly persons. Employing other strategies for treating insomnia in the elderly and not relying on the use of z-drugs, or any sedatives, could decrease the incidence of falls and fractures within the elderly population. Other strategies such as cognitive behavioural therapy and sleep hygiene should be considered first-line treatment options in contrast to hypnotics in this patient population.

For more information regarding falls and fall prevention strategies in the elderly refer to the following resources:

Seniors' Falls in Nova Scotia ([2007 report](#))

Preventing Fall-Related Injuries Among Older Nova Scotians ([2007 report](#))

Insomnia management without medications ([MTM newsletter #5](#))

Contributor: Rachel Mullen

Newsworthy: Canada's two-tiered mental health care

On October 28, 2013 in the [National Post](#), the Hon. Michael Kirby, former Senator and author of the pivotal Senate report [Out of the Shadows at Last](#), wrote about his concerns about youth mental health care in Canada, "Most Canadians would be surprised to learn that every year, an estimated 1.2 million Canadian children and youth are affected by mental illness — yet only 25% will receive appropriate treatment. We are failing to meet the mental health needs of almost a million children and youth in this country, with all too often tragic consequences." In his Comment he describes the [Right By You](#) campaign as "the most important campaign I've ever undertaken". He characterizes the mental health system as a two-tier system in which people with means get rapid access to necessary services, such as private psychological services offered by a psychologist or social worker, while those without private insurance or sufficient discretionary funds are put on waiting lists that can be as long as a year or more before seeing a government funded specialist, such as a psychiatrist.

See **Web Feature** for a related story.

Contributor: Amanda Sockett

Note: The views expressed in this newsletter are for information only. The information is not meant to replace or substitute for information from your health care provider (s).

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