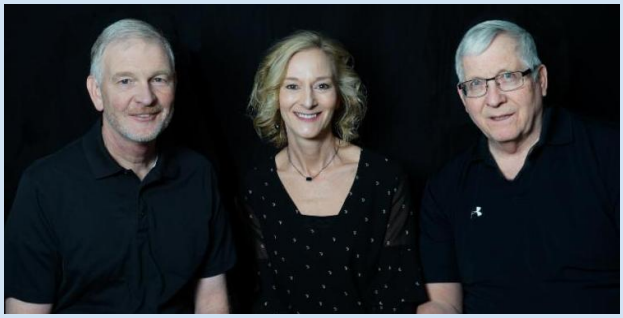
NOTE: NEW Summer Hours - Monday - Friday 8:30am - 5:30pm and Saturday 8:30am - 1pm

News from Good Life



Thank you for entrusting in the compounding services at Good Life Pharmacies to help meet the unique medication needs of your patients. We are excited to share our monthly newsletter with you and look forward to continuing to be your medication problem solvers.

Be sure to visit our new website at **www.goodliferx.com.** You or your patients can contact us via our HIPAA-compliant forms and learn how compounding can provide solutions for your medication challenges.

Please don't hesitate to let us know how we can be of further assistance to you and your practice.

Sincerely,
Jim Andreesen, R.Ph.
Angie Svoboda, Pharm.D. FIACP
Ray Scott, R.Ph.

Intranasal Ketamine for Treatment-Resistant Depression

Growing evidence of the rapid antidepressant effects of intranasal ketamine represents a promising advance in treatment-resistant depression (TRD) therapeutics. Most studies report a duration of response up to 7 days and remission up to 3-5 days after a single dose. Investigators enrolled more than 200 patients aged 18 to 64 years at 39 sites in the United States, Germany, Poland, Spain, and the Czech Republic. All of the participants had not responded to at least two previous antidepressants. Between August 2015 and June 2017, patients were randomly assigned to receive daily for 4 weeks a newly initiated open-label antidepressant plus intranasal esketamine or placebo. The mean age for each treatment group was 44.9 and 46.4 years, respectively; women constituted 65.8% and 57.8% of the groups, respectively. All of the participants had moderate to severe TRD, with mean baseline MADRS scores of 37.0 and 37.3, respectively.

The primary efficacy endpoint (change from baseline to day 28 on the MADRS total score) was significantly greater for the treatment group compared with the placebo group (adjusted mean difference, -4.0; 95% confidence interval [CI], -7.31 to -0.64; 1-sided P = .01). "Response was rapid in onset and increased over time during repeated dosing," per the investigators.

More of the patients who received esketamine achieved remission, defined as a MADRS total score of 12 or less at day 28, than those who received placebo (52.5% vs 31.0%, respectively; P = .001). Response rate, defined as achieving at least a 50% improvement over baseline on the MADRS, was achieved by 69.3% vs 52.0% of the groups, respectively.

"Most adverse events ... subsided spontaneously by 60 to 90 minutes post dose," said presenting author Vanina Popova, MD. In addition, "there was no pushback" in regards to the nasal delivery system. "The route of administration was well received, and it was certainly more convenient than intravenous administration," she said.

While this study used an isomer of ketamine (eskatamine), intranasal ketamine has been shown to be effective with minimal side effects. Ask our pharmacist for more information about compounded intranasal ketamine.

American Psychiatric Association (APA) 2018. Abstracts P7-065 and P8-054, presented May 8, 2018.
Psychiatry Clin Neurosci. 2018 May 10.

Emerging Unconventional Therapies for Alopecia Areata

Natasha Mesinkovska, MD, of the Department of Dermatology, University of California, Irvine, notes that alopecia areata is a prevalent autoimmune skin disease with no cure or indicated treatment options. In the absence of an approved treatment, some patients are eager to try unconventional therapies, despite the very limited research evaluating their safety and efficacy. Recently emerging unconventional therapies for alopecia areata discussed include low-dose naltrexone.

J Investig Dermatol Symp Proc. 2018 Jan;19(1):S32-S33.

Topical Propranolol Ointment for Treatment of Pyogenic Granulomas

Pyogenic granuloma (PG) is a common, acquired, benign vascular neoplasm of the skin and mucous membranes. It occurs most often in children and adolescents. First-line treatment options for PG are based on destructive approaches. Pain, permanent scarring, and pigmentation are potential complications of these therapies. A single-arm, open-label, prospective study evaluated the efficacy of topical propranolol for treatment of PGs in children with clinically diagnosed with cutaneous PG. Topical propranolol 1% ointment with occlusion was found to be effective in consecutive patients; 59.0% completely regressed in a mean of 66 days, 18.2% remained stable, and 22.7% did not respond. No side effects (e.g., skin irritation, allergy, bleeding) were observed. Early treatment was associated with a more favorable outcome.

Pediatr Dermatol. 2018 Jan;35(1):117-120.

Small Intestinal Bacterial Overgrowth Syndrome (SIBO): Treatment and Prevention of Recurrence, with a Focus on Patients with Parkinson's Disease

Small intestinal bacterial overgrowth (SIBO) is defined as the presence of excessive bacteria in the small intestine. SIBO is frequently implicated as the cause of chronic diarrhea and malabsorption. Patients with SIBO may also suffer from unintentional weight loss, nutritional deficiencies, and osteoporosis. A common misconception is that SIBO affects only a limited number of patients, such as those with an anatomic abnormality of the upper gastrointestinal (GI) tract or those with a motility disorder. However, SIBO may be more prevalent than previously thought. This apparent increase in prevalence may have occurred, in part, because readily available diagnostic tests have improved the ability to diagnose SIBO.

SIBO can be caused by delayed small bowel motility, such as in patients with intestinal pseudoobstruction, GI surgery, GP or medications such as steroids or opiates. Symptoms of SIBO are nonspecific and include bloating, abdominal distension, abdominal pain or discomfort, diarrhea, fatigue, and weakness. The frequency and severity of symptoms likely reflect both the degree of bacterial overgrowth along with the extent of mucosal inflammation.

SIBO can lead to nutritional deficiencies in fat-soluble vitamins and vitamin B12, and electrolyte abnormalities. Complications of SIBO range from mild, including diarrhea and minimal vitamin deficiencies, to severe, including malabsorption and neuropathies due to fat-soluble vitamin deficiencies. Therefore, deficiencies and the condition must be treated. Further studies are needed to define the role of probiotic therapy in SIBO.

Parkinson's disease (PD) affects the nerves of the entire GI tract, causing GI dysfunction leading to poor patient outcomes. Common GI disturbances in patients with PD include gastroparesis (GP), constipation and small intestinal bacterial overgrowth syndrome (SIBO). GI dysfunction, especially gastroparesis and SIBO, can cause fluctuations in the absorption of medications used to treat PD, which can further impair the treatment of PD. Patients with both SIBO and PD have longer off-time, defined as periods when the medication is not working well or does not kick in, and this may lead to worsening motor symptoms, delays in motor symptom improvement after medication intake or no improvement after medications.

Recurrence rates as high as 43% can be seen in patients with SIBO at 6 and 9 months post-treatment. Pimentel et al. of Cedars-Sinai Medical Center tested whether low-dose nocturnal erythromycin can prevent the recurrence of IBS symptoms after successful antibiotic treatment. 203 patient charts were reviewed to find IBS patients with SIBO, and treatment cycles were assessed to identify subjects with clinical and breath test resolution. The charts of those who met the inclusion criteria were reviewed to determine the method of prevention of symptom recurrence and the length of remission. 64 patients met the inclusion criteria. Subjects receiving no prevention (n=6) after successful antibiotic treatment experienced symptom recurrence after 59.7±47.4 days. Prevention using erythromycin 50 mg orally at bedtime (n=42) demonstrated 138.5±132.2 symptom-free days (P=.08 vs no prevention). This study also evaluated tegaserod (Zelnorm®) which was removed from US, Canadian, and Australian markets in 2007 due to side effects.

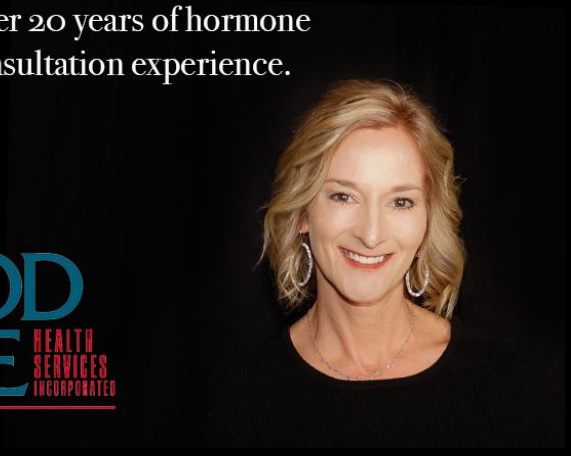
Erythromycin 50 mg is not commercially available.
This immediate release preparation must be compounded.
Ask our pharmacist for more information.

Expert Opin Pharmacother. 2015;16(16):2449-64.
Gastroenterol Hepatol (N Y). 2009 Jun; 5(6): 435-442.
Gastroenterol Hepatol (N Y). 2007 Feb; 3(2): 112-122.

Hormone Consultations

by Angie Svoboda, Pharm.D., FIACP

Over 20 years of hormone consultation experience.



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