Residency Review





Overdosed But Not Overlooked

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Opioid overdoses have been on the rise in the state of Massachusetts over the past 10 years, and unfortunately, many of those overdoses have been fatal.¹ In March 2014, the Commonwealth declared a Public Health Emergency, and a task force was formed in order to address this matter. The Department of Public Health (DPH) put forth a series of actions to prevent opioid overdoses, to help people with opioid addictions recover, and to construct a plan to end opioid abuse in the Commonwealth. There are four key areas that need to be addressed in combating this opioid epidemic, including prevention, intervention, treatment, and recovery support.²

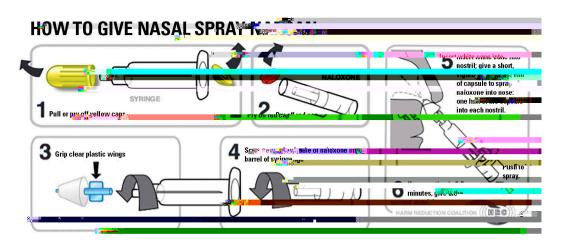
Naloxone is an opioid antagonist which displaces the opioid from the opioid receptors in the brain. Opioids include heroin, morphine, oxycodone, methadone, hydrocodone, codeine, and other prescription pain medications. Naloxone has been proven to be both safe and effective and has no potential for abuse. Naloxone can take up to 8 minutes to start working, and it lasts for 30-90 minutes. The down side to using naloxone is that most opioids last longer than 30 to 90 minutes in the body, therefore the naloxone may wear off quicker than the opioids and the person may return to an overdosed state. Naloxone kits contain two doses and naloxone can be administered a second time if necessary without harming the patient while emergency medical services are in route.³

For the intervention aspect, all first responders now carry Narcan® (naloxone). This drug is a safe and effective opioid reversal tool. The Department of Health is providing direct funding to purchase naloxone for a total of 23 communities in Massachusetts with the highest fatal opioid overdoses over a five year period. Naloxone is also available to family members or close friends of someone who might overdose, without a prescription as a "standing order" in select pharmacies.² Patients, friends, or family members may simply walk into a pharmacy and request Narcan® which is then billed to their insurance plan or processed as a cash prescription. Training is given at the pharmacy on how to administer the drug. A healthcare practitioner may also prescribe Narcan® for a patient when writing for opioid medications.

Prescribers can write a standing order with a participating pharmacy or write a prescription for a patient that can be brought to any pharmacy. The standing order must be filed with the Board of Registration in Pharmacy via email: naloxonestandingorders@massmail.state.ma.us. The standing order authorizes registered pharmacists at participating pharmacies to maintain adequate supplies and dispense naloxone rescue kits to people at risk of opiate-related overdose, or to people who are family members, friends, or other persons in a position to help people at risk of experiencing an opiate overdose. A copy of the standing order must be maintained on file and readily retrievable at each pharmacy site. It is recommended that the standing order is renewed annually. An example of a standing order can be found at http://www. mass.gov/eohhs/docs/dph/quality/boards/pharmacy/example-naloxone-standing-order-4-18-14.pdf.4

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Let's Concentrate on Insulin

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Insulin was introduced to the medical world as U-100, however, in recent months concentration adjustments have rapidly made their way into the market. New insulin concentrations are now available in rapid-acting, short-acting, and long-acting formulations. This increase in concentration has been developed in order to decrease the volume needed for each injection. Patients who are on large insulin doses, due to their insulin resistance, and frequently injecting would benefit from this concentration change.¹