

MEET OUR NEW RESIDENTS



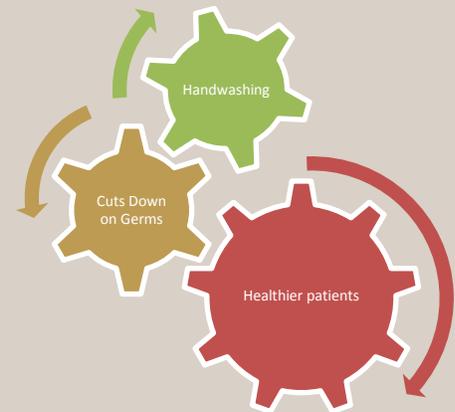
We welcome our four new pharmacy residents for the 2017-2018 year.

These residents have each graduated from an accredited pharmacy school and are licensed to practice pharmacy in Pennsylvania. They will spend a year in various pharmacy practice settings at our institution, including the Anticoagulation Clinic.

When coming to the clinic, please welcome the new faces you may see at the 30 Hope Drive Fingerstick Clinic.

Pictured above (l-r): Maria Heaney (University of the Sciences in Philadelphia), Meghin Cocca (D'Youville College), Lauren Schmidt (Temple University), Kyle Sukanick (West Virginia University)

HANDWASHING AT THE CLINIC



When you come to our clinic for a fingerstick, we will ask that you wash your hands. Why, you may ask, if we are swabbing your finger with alcohol prior to testing?

Frequent hand washing cuts down on germs, including bacteria and viruses. This decreases the spread of those germs throughout the clinic and washes away the germs you may have picked up. It makes for a cleaner, healthier clinic.

Also, running your hands under warm water will help with the fingerstick process. Circulation will be improved allowing the blood to radiate close to the surface and make for a good stick.

IT'S TIME FOR THE FLU SHOT!

As we approach the fall season, it is time to think about getting the flu shot. Flu season begins around October, peaks between December and February, and ends around April. Each year, scientists research which viruses will cause the flu and formulate a vaccine to protect you from them. After administration, the flu shot stimulates an immune response in your body, which creates antibodies. Antibodies work to protect you from getting sick when you are exposed to the infection. This process takes about two weeks. Therefore, it is important to get vaccinated early so you are covered for the entire flu season! Please consider getting your flu shot at your next visit to the doctor's office or Coumadin Clinic. The pharmacists at the Coumadin Clinic are happy to answer any questions you may have!

A common misperception is that the flu shot will give you the flu. This is simply not true because the viruses in the flu shot are killed (inactivated). Certainly, there are side effects that may be associated with getting the flu shot such as soreness or swelling where the shot was given, body aches and/or a low fever. However, these side effects are mild and don't last long, especially when compared to actually having the flu! Actual flu symptoms include fever, chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headache and feeling very tired. Hospitalization may be required for treatment; and, at times, the flu can be deadly.

Most people will receive a regular trivalent vaccine which covers three strains of virus. For those over 65, it is recommended to receive the high-dose trivalent vaccine. As you get older, the immune system does not work as well. The higher dose allows the body to mount a better immune response to ensure protection from the flu.

It is important for everyone to get a flu shot, including patients taking Coumadin, which means YOU! Contracting an illness such as the flu is cause for concern for several reasons: First, it is never fun to be sick! Next, having the flu can have a negative effect on your quality of life, lead to absences from work and regular activities, and can take a long time to recover. Finally, any sickness (flu or otherwise) can have a significant impact on your INR. The follow symptoms and conditions may affect your INR:

-  Fever
-  Diarrhea
-  Vomiting
-  Changes in vitamin K intake
-  Decreased appetite
-  Antibiotics
-  Over-the-counter medications

Remember: Always inform your health care providers you are taking Coumadin! Keep in mind that Tylenol (acetaminophen) is the preferred pain/fever-reducing agent for those on Coumadin and the Coumadin Clinic recommends no more than 2 grams (2000 mg) per day. Please avoid ibuprofen (Advil), naproxen (Aleve) and other anti-inflammatory medications.

Finally, please contact the clinic when you are sick so that we can make any necessary changes to keep the INR in range until you are back to your healthy self!

For more information about the flu shot: <https://www.cdc.gov/flu/protect/keyfacts.htm>

DID YOU KNOW?

At 30 HOPE DRIVE, Entrance B, Suite 1003, we will be offering flu clinics EVERY Friday from September 29 through October 27, 9:00am-3:00pm.
Please schedule your flu vaccine with us.

Please call us if interested
717-531-5312
Toll-free: 800-243-1455, ext. 5312
Option 3: Scheduling

OR Please let us know if you would like to be immunized during your appointment at 30 Hope Dr. or at Nyes Rd. with your INR check. This can be done with ANY fingerstick appointment.



THYROID FUNCTION: YES, THIS CAN IMPACT YOUR INR

If you ask any of the pharmacists at our clinic the seemingly simple question, “What medications can interact with warfarin?”, it would be far easier to list medications that do **not** interact. Drug interaction screens are a very important part of warfarin management. This is why we are always asking the questions about new medications or changed doses. This allows us to adjust your warfarin plan.

Drug interactions and the impact on warfarin therapy can be one of two types. The first type is the interaction that makes warfarin more powerful. If an interaction increases the strength of normal warfarin dose, then the INR will be high and increase the risk of bleeding and bruising. The second type is interaction that makes warfarin less powerful. If an interaction decreases the potency of normal warfarin dose, then the INR will be low, almost as if somebody had forgotten a dose or two. Many medications can impact warfarin and the INR.

Diseases of the thyroid gland and the medications used to treat them are included in the list of drugs that affect warfarin therapy. Many patients have underactive thyroid, or hypothyroidism. We can also see occasional patients that have overactive thyroid, or hyperthyroidism. We use different medications and approaches to treat each. What both have in common, however, is that when a patient is started on medication to correct a thyroid disorder, we will see an impact in the amount of warfarin that is required to maintain INRs that are in range.

Many patients are on medications to treat hypothyroidism. These medications aim to replace thyroid hormone and they include Synthroid®, levothyroxine, Armour Thyroid®, Levoxyl®, and others. Blood tests are done every 4 - 8 weeks to see if the dose of one of these medications is having the desired effect on thyroid function. The doses are usually moved up or down accordingly, but when the blood work is stable, these are usually life-long medications. When thyroid status is stable, there is no impact on warfarin. The problem lies when thyroid status and the medications are changing. Patients on warfarin that are started on a medication for underactive thyroid will require less warfarin per day to maintain INRs in range. The same is true if a patient has a thyroid medication dose increased after a long period of stability. When started on a new thyroid replacement medication or the dose is increased, please let us know so we can make the necessary adjustments.

Less common are the patients that require treatment for hyperthyroidism. These medications aim to decrease the amount of thyroid hormone being made by the body. These medications include propylthiouracil and methimazole. Blood tests drive the need for these medications and are usually not used in the long-term, but as a bridge to something else to permanently decrease the body's overproduction of thyroid hormone. However, just as in hypothyroidism, the impacts on warfarin can be significant, especially when starting these treatments or adjusting the doses. Patients on warfarin that undergo treatment for overactive thyroid will likely require warfarin dose increases, which is the opposite of treatment for underactive thyroid. Again, when therapy for any thyroid disorder is being started, discontinued, or changed in any way, it is important to let us know.

To recap, many medications impact warfarin and the INR. Drug interactions can make the INR increase and heighten the risk of bleeding, or make the INR decrease and heighten the risk of clotting, stroke, or other conditions that warrant warfarin use. Please let us know if your thyroid medication is started or adjusted, as we will want to review your warfarin plan and testing date for INR.

Help us to help you!

HAPPY ANNIVERSARY, ACC!

Did you know that the Penn State Hershey Anticoagulation Clinic (ACC) will celebrate their 20 year anniversary this year?

The ACC was started at the Penn State Hershey Medical Center in December 1997. The list of patients that we followed was only 20 patients long.

Today, the ACC patient population has grown to over 1,500 patients. Approximately 400 patients are seen at the clinic for a fingerstick evaluation. The remainder of our patients is managed via telephone. These patients go to the lab for a venipuncture specimen and the ACC follows up with the patients when their results are ready.

The staff has grown as well. Our original pharmacist was Frank Herrmann who continues to work at the clinic today. In addition, Lisa Braccini-Barletta was our original leader and continues to serve in that role. Currently, we have two assistants and six pharmacists, as well as four pharmacy residents who routinely work at the ACC (pictured on page one of this newsletter). With all the pharmacists on staff, there is an accumulation of 65 years of anticoagulation experience at our clinic.

The ACC expanded to two locations for fingerstick appointments in 2014. Patients can be seen at 30 Hope Dr, Suite 1003 in Hershey as well as 121 Nyes Rd, Suite E in Harrisburg.

20th

Anniversary

BLACK CHERRY YOGURT CREAM DIP

6 servings (1mcg of vitamin K per serving)

8 oz. Yogurt, black cherry, lowfat
3 oz. Cream cheese softened*
1Tbsp Sugar, Confectioners
¼ tsp Vanilla Extract

* OR substitute nonfat to reduce calories and fat content

In a blender, combine all the ingredients. Process 1-2 minutes or until smooth. Pour into a small serving bowl, refrigerate for two hours or until slightly thickened.

Serve with fresh fruit dippers.

(Change the dip flavor by changing the type of fruit yogurt.)

NUTRITION PER SERVING:

Calories 62
Fat 5.1 g
Cholesterol 15
Sodium 43 mg
Protein 1.1
Carbohydrates 3.2 gm
Fiber 0.8

Cherry

Cherry

CHERRY

**CHERRY
TIME!**

ANTIBIOTICS PRIOR TO DENTAL PROCEDURES IN THE CARDIAC PATIENT

Certain cardiac patients are instructed to take an antibiotic before dental procedures. Are you one of them?

What is the purpose of taking an antibiotic before a dental procedure? Certain dental procedures may allow bacteria in your mouth to enter your bloodstream. It is rare, but these bacteria can travel to and stick to the lining or valves of the heart and cause a dangerous infection called subacute bacterial endocarditis, or SBE. Taking an antibiotic prior to the procedure (called pre-medication) helps prevent this serious and life-threatening infection.

Who needs to take an antibiotic before dental procedures?

The American Heart Association has determined that only patients with specific heart conditions need to take antibiotics prior to dental procedures. Patients who have the following:

- prosthetic (artificial) heart valve repair or replacement
- a heart transplant that has developed valvulopathy (stiffness and inflammation of a heart valve)
- congenital heart disease (birth defect of the heart) without repair
- repairs made for congenital heart disease in which prosthetic (artificial) material was used
- prior history of infectious endocarditis

Do these patients need to take an antibiotic before ALL dental procedures? No, only certain dental procedures which have a higher likelihood of exposing the blood to bacteria require pre-medication with an antibiotic. These are ones that involve manipulation of your gums, such as dental cleaning (scaling), tooth extraction, root canal or draining of an abscess. You do not need to take an antibiotic before dental x-rays, placement or adjustment of removable orthodontic appliance, anesthetic injections, loss of baby teeth or bleeding from trauma to the lip or inner cheek.

If you are uncertain if and when you need to take an antibiotic, please check with your dentist's office. In addition, please inform/remind all of your healthcare providers of your medical conditions and medications, to ensure they have all the information needed to provide you with accurate instructions for preparing for a procedure.

Which antibiotics are commonly used? Two grams (or 2000 milligrams) of amoxicillin is often selected for SBE prevention. This is typically supplied in the form of four 500 mg capsules, which are taken together as a single dose about one hour before the start of your procedure. If you are allergic to amoxicillin, your doctor or dentist may alternatively select the appropriate dose of one of the following antibiotics: cephalexin, clindamycin, azithromycin, or clarithromycin.

What else can I do to reduce my risk of infection? Maintain good oral hygiene. This includes regular brushing and flossing, use of mouthwash, eating a balanced diet and attending routine professional cleanings at your dentist's office.

Where can I obtain a prescription for an antibiotic if it is determined that I should take one before my procedure? Please contact your dentist or doctor to provide you with a prescription. The Anticoagulation Clinic cannot provide prescriptions beyond those which are needed for your warfarin management.

Cancer Institute Retail Pharmacy

717-531-1272

Hours:

9:00 a.m. - 9:00 p.m. (Monday - Friday)

9:00 a.m. - 5:30 p.m. (Sat/Sun/Holidays)

UPC Retail Pharmacy 717-531-8094

Hours:

8:00 a.m. - 5:30 p.m. (Monday - Wednesday)

8:00 a.m. - 6:00 p.m. (Thursday - Friday)

8:30 a.m. - noon (Saturday)

Closed Sundays and Holidays

You can obtain a ninety-day supply of **BRAND NAME COUMADIN** at either of our pharmacies for only \$10.



CALL ANTICOAGULATION CLINIC any time at 717-531-5312 or toll-free at 1-800-243-1455, ext. 5312

Email us any time:

anticoagulationclinic@pennstatehealth.psu.edu

The Penn State Hershey Anticoagulation Clinic is available for fingerstick appointments Monday through Friday.

A simple fingerstick will give INR results right away!



Shown above is Natalie Treese, PharmD, taking a fingerstick blood sample at the Nyes Rd office.

NYES ROAD HOURS FOR POINT OF CARE (Fingersticks)

First appointment: 8:00 a.m.

Last appointment: 3:00 p.m.

HOPE DRIVE HOURS FOR POINT OF CARE (Fingersticks)

First appointment: 7:45 a.m.

Last appointment: 4:45 p.m.

Please call us if interested.

Call us any time: 717-531-5312,

Toll-free: 800-243-1455, ext. 5312



PennState Health
Milton S. Hershey Medical Center



Anticoagulation
Center of
Excellence

Anticoagulation Clinic, EC079
PO Box 859
Hershey, PA 17033-0859

PA

Nonprofit Org.
U.S. Postage
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Harrisburg, PA
Permit 1200

Return Service
Requested

ONE PATIENT AT A TIME

CONTACT US:

717-531-5312

(OR 1-800-243-1455 EXT. 5312)

Monday through Friday: 9:00 a.m. - 5:00 p.m.

In case of emergency, please call 911.

HOW ARE WE DOING?

Please send your comments to Lisa Barletta, MBA, RPh
(lbarletta@psu.edu), Director of Pharmacy, Outpatient Services

Editor: Amy Foltz, RPh

Contributors: Tracy Eckenrode, PharmD Candidate 2018,
Tracey Hilker, Pharm D, Alex Yohe, PharmD,