

2018 SNPhA/Kroger National Clinical Skills Competition
Charlotte, NC
Division I

CC

“I’m not sleeping well, and this medication makes my mouth feel dry all the time.”

HPI

John Doe is a 44-year-old African-American male who presents to your Kroger Pharmacy to pick up his new medication. He was here just 3 weeks ago to pick up a prescription for amitriptyline 100 mg to treat his PTSD. He was taking it every night for about 10 days until he started experiencing dry mouth, dry eyes, and constipation. John scheduled an appointment with his psychiatrist and received a new prescription. The doctor told him that the new medication would help with his PTSD as well as some of his other medical conditions.

John has noticed a few nosebleeds recently. He also mentions that he has trouble sleeping. He frequently travels between Boston and San Francisco for his job, so he finds it difficult to have a “normal” sleep schedule with his dynamic work hours. He currently uses Benadryl as a sleep aid a few nights during the week and wonders if there is anything else he can try.

PMH

Atrial fibrillation
Depression
Diabetic neuropathy
Migraine headaches
PTSD
Vaccines: childhood series complete

Medications

Apixaban 5 mg PO BID
Metformin 500 mg PO BID
One-a-Day Men’s multivitamin PO QD
Pregabalin 50 mg PO TID
Sertraline 50 mg PO QD
Sumatriptan 100 mg PO PRN
Venlafaxine ER 37.5 mg PO QD ***NEW***

SH

Non-smoker
Drinks 1-2 beers with dinner on most nights; 1 ounce of tequila some nights “for sleep”
Generally healthy diet

FH

Father committed suicide 4 years ago
Mother alive, history of alcoholism and depression

Allergies

NKDA

Vitals

BP 120/68, HR 80, RR 18, Temp 98, Weight 125 lbs, Height 5'4"

Labs

Na	139 mEq/L	TC	191 mg/dL
K	3.9 mEq/L	LDL	94 mg/dL
Cl	107	HDL	61 mg/dL
CO ₂	27 mEq/L	TG	140 mg/dL
BUN	14 mg/dL	A1C	6.5%
SCr	1.7 mg/dL		
Glucose	99 mg/dL		
Ca	9.0 mg/dL		
Phos	4.2 mg/dL		
Mg	1.9 mg/dL		

Answer Key

1. PTSD/Depression [these may be combined as one problem or separated]

- Recommend cognitive behavioral therapy (CBT) with pharmacotherapy for added benefit
- Venlafaxine does not cause the anticholinergic, sedative, or cardiovascular adverse effects that are typical of other antidepressants. Venlafaxine can be used for depression, diabetic neuropathy (off-label), episodic migraine prevention (off-label), and PTSD (off-label).
- Venlafaxine counseling points:
 - Confirm discontinuation of amitriptyline, and not to restart it without PCP approval
 - Do not stop therapy before consulting with a physician
 - Symptomatic improvement may not be evident for a few weeks; may need to titrate up to 75 mg QAM after 7 days in order to reach therapeutic dose (should include follow-up visit in care plan; maintenance dose range for venlafaxine ER is 75 mg – 150 mg).
 - Advise patient to take QAM due to current complaint of insomnia and stress importance of taking this medication every day at the same time.
 - Store in a cool, dry place away from children
 - Swallow whole; do not crush, chew, dissolve, or divide
 - Contents of capsule may be sprinkled on a spoonful of applesauce and swallowed immediately without chewing, followed by a glass of water
[Source: *Indian J Pharm Sci.* 2011 Sep-Oct; 73 (5); 510-516.]
 - Avoid alcohol while taking this medication (high abuse potential with family history)
 - Report worsening depression, suicidal ideation, or unusual changes in behavior
 - Avoid drugs that increase bleeding risk, especially OTC products (e.g. aspirin, ibuprofen, naproxen)
- Recommend discontinuing sertraline 50 mg due to starting venlafaxine
 - Venlafaxine is recommended in both PTSD and as a first line agent for MDD
- Sertraline counseling
 - Avoid alcohol while taking this medication (high abuse potential with family history)
 - Consult with doctor/pharmacist before taking over-the-counter medications
 - Do not abruptly discontinue medication
 - If a dose is missed, skip it and return to normal dosing schedule

2. Insomnia

- Benadryl is not recommended as a sleep aid for this patient because of anticholinergic side effects (e.g. dry mouth, constipation).
- Sleep hygiene
 - Do relaxing activities before bedtime
 - Avoid rigorous exercise, alcohol/caffeine intake, and consuming large amounts of food close to bedtime
 - Minimize temperature, noise, light, and sound to create a comfortable environment for sleep
 - Limit the use of the bed to sleep and intimacy
- Melatonin is available over the counter. It shifts the circadian rhythm and can be used as a sleep regulator.
 - 3-5 mg PO 3-4 hours before sleep for 4 weeks
 - For jet lag: 0.5-2 mg before flights or 5 mg after flights for up to 4 days

3. Atrial Fibrillation, Anticoagulation, Nosebleeds *[any one or combination of these will be accepted]*
- Eliquis® (apixaban) dosing is not appropriate. Dosing is 5 mg twice daily unless the patient has any 2 of the following: age \geq 80 years, body weight \leq 60 kg, or serum creatinine \geq 1.5 mg/dL, then reduce dose to 2.5 mg twice daily.
 - General Counseling points for Eliquis®:
 - Appropriate dosing is 2.5 mg BID
 - Do not stop using this medication suddenly without consulting with your doctor; you may have a higher risk of stroke for a short time after stopping this medication
 - Side effects may include increased risk for bleeding (e.g. nosebleeds, bruises); nausea; contusion; anemia
 - Immediately report signs of blood loss or unusual bleeding
 - Missed doses: Take a dose as soon as you remember. If it is almost time for your next dose, wait until then and take a regular dose. Do not take extra medicine to make up for a missed dose.
 - Contact your doctor immediately if you notice any of the following side effects: allergic reaction (itching or hives); changes in urine frequency and/or color; numbness; tingling; muscle weakness; red or black, tarry stools
 - There are multiple significant drug-drug interactions for this drug. Consult with a healthcare professional prior to new drug use, including over-the-counter and herbal drugs.
 - General counseling points for atrial fibrillation
 - Take measures to reduce risk during motionless periods (compression stockings, movement during long flights, etc.)
 - Counsel patient on increased bleeding risk to due being on blood thinning medication; if problem persists recommend following up with PCP
 - *Optional self-care counseling points*
 - *Sit or stand while bending forward a little at the waist. DO NOT lie down or tilt your head back.*
 - *Pinch the soft area towards the bottom of your nose, below the bone. Do NOT grip the bridge of your nose between your eyes. DO NOT press on just 1 side, even if the bleeding is only on 1 side.*
 - *Squeeze your nose shut for at least 15 minutes. (In children, squeeze for only 5 minutes.) Use a clock to time yourself. Do not release the pressure before the time is up to check if the bleeding has stopped.*
 - *Use a humidifier in your bedroom*
 - *Keep the inside of your nose moist with a nasal saline spray or gel*
4. Diabetes (controlled)
- Metformin counseling points:
 - Should be taken with meals
 - Avoid excessive amounts of alcohol
 - If a dose is missed by more than a few hours, skip it and return to your dosing schedule
 - Keep well-hydrated during therapy by drinking plenty of fluids

- Side effects may include diarrhea, dyspepsia, flatulence, nausea, vomiting, headache, increased sweating, or unpleasant metallic taste
- Monitor for symptoms of hypoglycemia (increased thirst, headaches, trouble concentrating, blurred vision, frequent urination, fatigue)

5. Diabetic neuropathy

- Pregabalin counseling points:
 - May cause drowsiness; use caution while operating machinery or when mental alertness is required
 - Avoid alcohol while taking this medication
 - Do not abruptly discontinue therapy; dose should be tapered over one week
 - Store in a cool, dry place away from sunlight and children
 - Report unexplained muscle pain, tenderness, or weakness—especially if accompanied by fever or malaise

6. Migraines

- Sumatriptan counseling points:
 - Do not exceed dosage
 - Take as soon as migraine symptoms appear
 - A second dose may be given two hours after the first dose; do not exceed 200 mg in 24 hours
 - Store in a cool, dry place away from sunlight and children

7. Vaccines

- Influenza – 1 dose annually
- Tdap 1 dose + Td booster every 10 years