

HIV Patients Gain Another Treatment Alternative

The FDA has approved a new protease inhibitor, darunavir (Prezista), for treating patients with HIV who aren't helped by other antiretroviral drugs.

HIV patients should take darunavir with a low dose of another protease inhibitor, ritonavir (Norvir), which slows the breakdown of darunavir, thus increasing the concentration of the new drug in the patient's blood. In clinical trials that included patients taking various combinations of HIV drugs, 70% of patients on a darunavir and ritonavir regimen experienced a virologic response

(at least 90% reduction in their HIV viral load from baseline), compared to 21% who received ritonavir and a different protease inhibitor.

The most common side effects are diarrhea, headache, and nausea, while 7% experience a rash. Patients should take darunavir and ritonavir with food and should not take this combination with St. John's wort or certain anticonvulsants, antihistamines, sedatives, or protease inhibitors.



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Food & Drug Administration. "FDA approves new HIV treatment for patients who do not respond to other drugs." www.fda.gov/bbs/topics/NEWS/2006/NEW01395.html (28 June 2006).

Error Watch

Take These Steps To Avoid Neuromuscular Blocking Agent Errors

Errors that involve neuromuscular blocking agents (NMBAs), which are used to relax skeletal muscles during surgery under general anesthesia, can lead to serious harm because they paralyze respiratory muscles.

From 2000 – 2005, 651 errors involving NMBAs were reported to the U.S. Pharmacopeia's MEDMARX program. Sixty-one errors resulted in some level of patient harm. Most caused temporary harm, but 11 were sentinel events, including one fatality.

The most common types of error were improper dose/quantity and unauthorized/wrong drug. Thirty-five percent of NMBA errors occurred with vecuronium (Norcuron), followed by 17% with cisatracurium (Nimbex), and 16% with succinylcholine (Anectine).

In one case, a nurse inadvertently gave a patient IV vecuronium after mistaking it for IV penicillin G that was stored in the same refrigerator. The patient's heart rate increased and his BP dropped, but there was no long-term damage as a result of the error.

Among the USP's recommendations for avoiding NMBA errors are to store NMBAs separately from other medications, limit availability of NMBAs to areas where mechanically ventilated patients are treated, and use programmable IV pumps ("smart pumps") to administer NMBAs whenever possible.

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A Longer-Lasting Option For Chronic Pain Patients

An extended-release formulation of the synthetic opioid tramadol (Ultram ER) that can give patients 24-hour pain relief is available in the United States. Until now, the drug was available only as an immediate-release tablet that had to be taken once every four to six hours.

Ultram ER is indicated for patients with moderate to moderately severe chronic pain who require constant analgesia for an extended period. It's available in 100 mg, 200 mg, and 300 mg dosages and is taken orally once a day. The maximum dose is 300 mg per day.

The most common side effects are similar to those of other opioids and include dizziness, nausea, constipation, and sleepiness. Some patients taking tramadol have experienced seizures. The risk of seizures may be increased for patients who take tricyclic antidepressants, MAO inhibitors, selective serotonin reuptake inhibitors, neuroleptics, or other opioids, as well as those who have epilepsy or a history of seizures. Patients with severe renal or hepatic impairment should not use Ultram ER.

PriCara. "Once daily Ultram ER extended-release tablets now available in the United States." 2006. www.ultram-er.com (28 Feb. 2006).

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