



Panel of Peers – Reflections From Select Panel Members June 3, 2022



Question 1

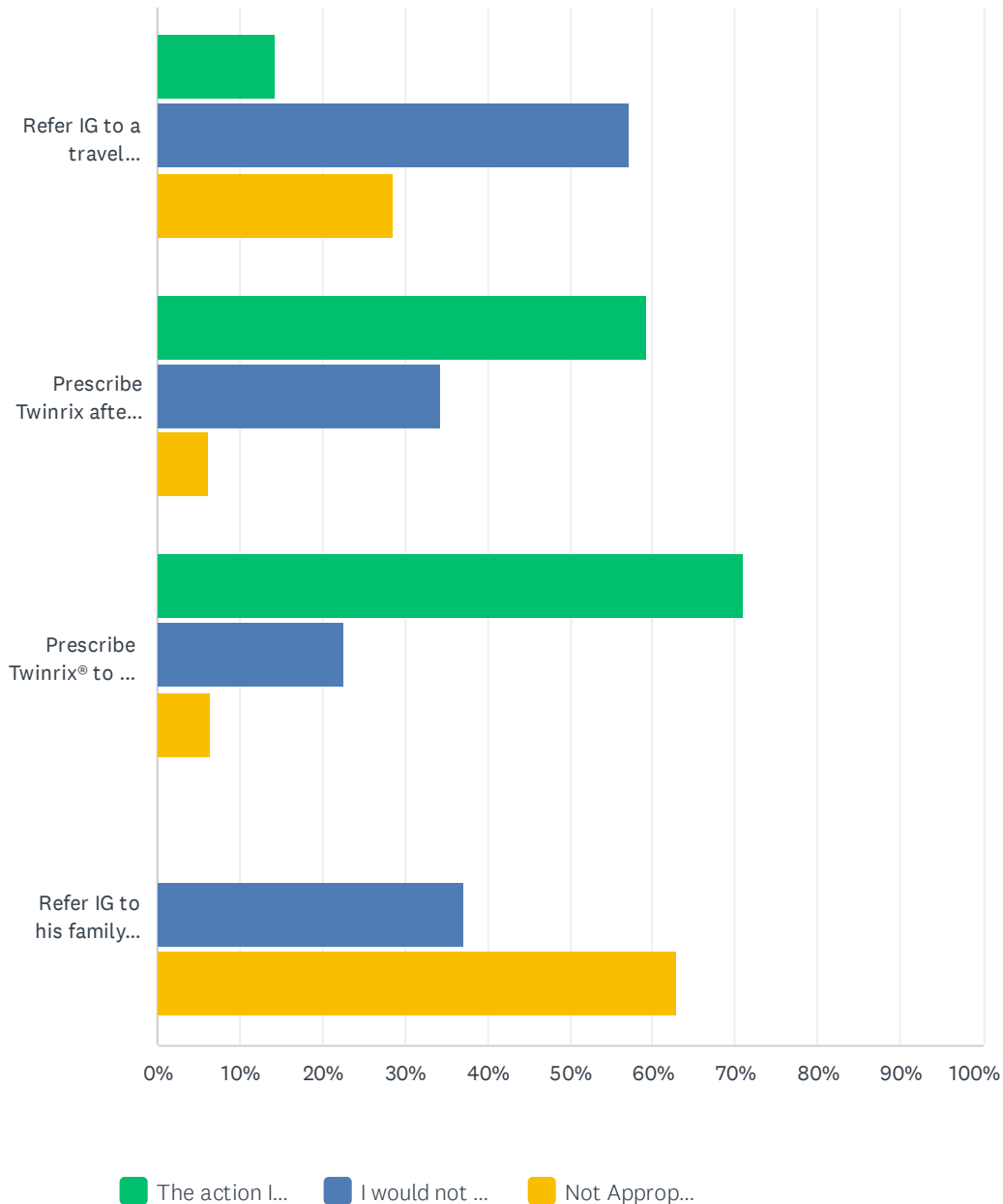
- Fairly consistent approach for prescribing Twinrix® for those not travel-certified. Most would prescribe, notify the patient they may need to consult with a travel specialist and provide travel information as well. I do wonder if Travel Consultants answered differently.
 - Prescribe and provide additional travel info from CDC – 71% Action I would take, 6% Not appropriate
 - Prescribe and advise that additional consultation with a travel specialist is advised – 59% Action I would take, 6% Not appropriate
 - Refer to a travel specialist – 14% Action I would take, 29% Not appropriate
 - Refer to a family doctor – 0% Action I would take, 63% Not appropriate

Comments

- Would verify if IG was already immunized with Hep B (completed in schools since October 1984)
- Hard to refer in rural areas
- Also offer influenza as it is influenza season year-round in Caribbean plus air travel risk
- I would recommend consulting with a travel consultant even if I prescribed Twinrix if it was to a country that presented other risks.
- I'm confident on this but we have a travel consultant in our organization, so I refer

Q1 (Your Submission) IG is a 32 yo male who presents looking for Twinrix® as he plans on going to Cuba. His medical background is unremarkable. The pharmacist has not received specialized training and credentials in travel medicine. How should a pharmacist respond?

Answered: 35 Skipped: 0



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	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Refer IG to a travel consultant for all travel needs including hepatitis vaccinations.	14.29% 4	57.14% 16	28.57% 8	28
Prescribe Twinrix after advising that the pharmacist is not Travel certified and recommend additional consultation with such a specialist.	59.38% 19	34.38% 11	6.25% 2	32
Prescribe Twinrix® to the patient and provide additional travel information from CDC travel website.	70.97% 22	22.58% 7	6.45% 2	31
Refer IG to his family doctor.	0.00% 0	37.04% 10	62.96% 17	27



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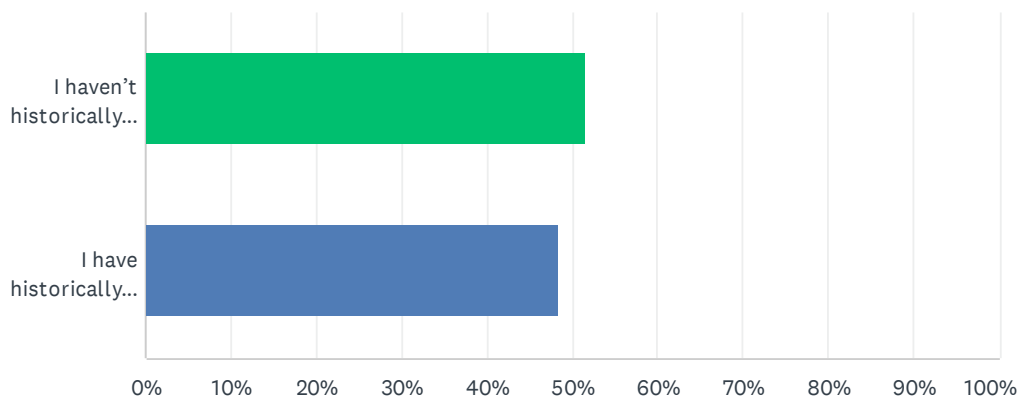


Question 2

- 52/48 split with 52% Not screening/documenting for red flags for major depressive disorder/citalopram. You can read what was screened in the results.

Q2 Renewal Red Flag Series: When providing renewal prescriptions, it is important that a pharmacist rule out and document any red flags that would warrant an urgent referral. (i.e. Patient reports no signs of). This is important not only for the patient’s well-being but to limit the liability of the pharmacist and the pharmacy. When providing renewal prescribing for citalopram for major depressive disorder, what red flags would you document in your assessment?

Answered: 31 Skipped: 4



ANSWER CHOICES	RESPONSES
I haven't historically documented this (fill in the comment if it applies)	51.61% 16
I have historically documented this (please note in the comments what you assess)	48.39% 15
TOTAL	31

#	PLEASE SPECIFY WHAT YOU ASSESS HERE. IF YOU DON'T NORMALLY DOCUMENT THIS BUT PLAN ON STARTING, INDICATE WHAT YOU WOULD ASSESS HERE ALSO.	DATE
1	suicidal ideation	6/17/2022 5:13 AM
2	How pt reports current mood - questions about perceived effectiveness of medication	6/14/2022 4:39 PM
3	No adverse effects, no cardiac issues	6/12/2022 8:39 AM
4	Compliance and emotional distress	6/11/2022 7:40 PM
5	i usually ask broad not specific questions but upon reflection i should ask specifically about the person's thoughts/feeling esp if suicidal in nature.	6/10/2022 4:52 PM
6	Mostly focus on if patient feels they are getting the desired effect/response from the medication	6/10/2022 9:05 AM
7	worsening of sx's of depression, suicidal thoughts or thoughts of self-harm	6/9/2022 6:42 PM
8	ADR- ex sleep, appetite, sexual dysfunction, suicidal ideation. Awws assess efficacy.	6/9/2022 6:00 AM
9	Mood, adverse effects, suicide risk, GI disturbances, sleep, new supplements started,	6/8/2022 9:05 PM
10	Assess for any clinical worsening, emergence of suicidal thoughts or behaviours, any unusual changes in behaviour (worsening anxiety, depression, agitation, etc), SHARE (liver,	6/8/2022 3:41 PM

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	renal,electrolytes), any recent EKG?, and patients impression of effectiveness. pk	
11	heart palpitations as well as drastic mood changes	6/8/2022 12:06 PM
12	Mood changes, BP elevation	6/8/2022 9:27 AM
13	Assess for symptoms for serotonin syndrome, and any signs of worsening depression or suicidal ideation	6/8/2022 9:09 AM
14	No new or worsening side effects of depression (worsening of symptoms, suicidality) - side effects from the med that would require being seen, like QTc prolongation	6/8/2022 9:06 AM
15	drug interactions that could affect QT	6/6/2022 3:40 PM
16	- assess for mood stability, no recent suicidal thoughts or unusual behavior changes	6/5/2022 7:55 PM
17	No sign of suicidal thoughts, agitation, irritability	6/5/2022 12:41 PM
18	Risk of QT prolongation- last time ECG was done. Suicidal thoughts/attempts. worsening of MDD. Any bothersome adverse drug events being experienced.	6/4/2022 1:32 PM
19	No suicidal thoughts, no worsening of depression/ anxiety	6/4/2022 9:38 AM
20	Thoughts of self harm, any side effects, loss of libido etc	6/3/2022 5:19 PM