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Change to Methadone Formulation

Methadone patients in BC will be switched from compounded methadone 1 mg/ml to the commercial product Methadose 10 mg/ml during February 2014. The new product is red, cherry flavored and does not require refrigeration. Patients will receive the same dose of methadone, but the amount of liquid will be one-tenth as much as what they receive with the current formula.

Patient information resources are being designed and will be distributed by the College of Pharmacists, Pharmacare, College of Physicians and Surgeons, BCCDC Harm Reduction group, and patient advocate groups. Further information can be found at <http://towardtheheart.com/news/changes-to-methadone>.

The Drug and Poison Information Centre (DPIC) has agreed to collect and collate reported methadone errors, poisonings, and overdoses in persons who are prescribed methadone, their family/children, and people using diverted methadone. Therefore please report unintended consequences/harms related to the new methadone formulation to DPIC through their 24 hour telephone line (1-800-567-8911).

Healthy From the Start Expands IH Wide

Effective Oct 15, [Healthy From the Start](http://www.interiorhealth.ca/HealthyFromTheStart) (formerly known as the Prenatal Registry) program expanded IH wide. Healthy From The Start is a toll-free, confidential phone line service that offers health screening, information and referrals. Healthy From the Start connects pregnant women with appropriate services in their communities to help them have a healthy pregnancy. All women are encouraged to call early in pregnancy.

Physicians are asked to promote Healthy From the Start by sharing the contact information with all pregnant women using the business card and display information that was sent to all family and delivering physicians in October 2013. Clients can register by calling 1-855-868-7710, or online at www.interiorhealth.ca/HealthyFromTheStart. The service is offered Monday-Friday 8:30-4 PM PST. Referral forms are available if you have concerns that a woman may not call in but you would like her to be connected with this program.

For more information please contact Nadine Johnson, Practice Lead, Prevention and Promotion at Nadine.johnson@interiorhealth.ca.

Glucagon Administration Training for Schools

To ensure children with Type 1 Diabetes (T1D) are attending school in a safe environment, the Ministry of Health has introduced additional supports for these students. New this year, Public Health School Nurses will train designated school staff in the administration of glucagon for emergency treatment of children with T1D. Parents will be responsible for supplying glucagon emergency kits to their child's school if they wish to have this medication administered to their child. Currently there are two glucagon emergency kits on the market, Glucagon from Eli Lilly and GlucaGen from Novo Nordisk. Training for Public Health Nurses will begin in January 2014, with school staff training to follow. School Districts have been informed. Contact Brenda.Marsman@interiorhealth.ca for more information.

Maternal Codeine Use in Breastfeeding (Material provided by Dr. Virginia Clark, IH Breastfeeding Advisory Council)

Recent evidence regarding adverse events associated with maternal codeine use postpartum in breastfeeding Moms has prompted this reminder regarding analgesic prescribing.

The Canadian Family Physician November 2009 published "Guidelines for maternal codeine use during breastfeeding" but recent reviews of prescribing practices suggest this information has not been widely disseminated.

Codeine is metabolized to morphine via the cytochrome P450 2D6 enzyme but there is wide variation world wide in individual capacity to make this transformation. About 8% of individuals in Europe are not able to receive any analgesia from codeine as they lack active gene copies to permit this process while anywhere from 2 to 40% of individuals have duplications in the CYP 2D6 gene that enhances the biotransformation from codeine with subsequent adverse events¹. Maternal genotype is often an unknown entity.

Opioids can cause CNS depression, an effect that newborn infants are more sensitive to than older infants. These effects can manifest after three to four days of continuous codeine by the breastfeeding mother as a result of the accumulation of the morphine.

Caesarean delivery and episiotomies warrant pain control and many women leave the hospital before signs of CNS depression may occur. Follow-up does not always occur. Mothers need to be educated prior to discharge that symptoms of grogginess, poor feeding, poor weight gain or not rousing to feed necessitates examination by a physician or midwife. If a mother herself feels groggy or sedated, her baby should also be examined. Alternatives to codeine containing medications like Tylenol #3 such as NSAIDS should be considered in breastfeeding women who require pain control beyond the first four days².

Motherisk has produced guidelines for the safe use of medications that contain codeine during breastfeeding which reflect the above information³.

References

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2. Nauta M, Landsmeer M, Korean G. Effectiveness and safety of NSAIDS versus acetaminophen/codeine in the treatment of maternal post partum pain: a systemic review. *Am J Surg* 2009; 19825661. [Cross Ref](#) [Medline](#)
3. Mafadada P, Moretti M, Djokanovic N, Bozzo P, Nulman I, Ito S, Koren G. Guidelines for maternal codeine use during breastfeeding. *Canadian Family Physician* Nov 2009; vol 55 no.11 1077-1078