



# The GeriJournal

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## Thyroid Cum Cibo

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Time for a Latin lesson. When the prescriber adds “cc” to an Rx, they indicate that the drug should be taken cum cibo (with food). This Latin abbreviation would never accompany a thyroid hormone Rx since food reduces levothyroxine absorption. Pharmacists dutifully add “Take On Empty Stomach” warnings to all thyroid Rx labels as per the drug monograph. Compliant patients roll out of bed early to take their thyroid or skip breakfast entirely. In LTC, nurses spend valuable time needlessly (keep reading) rousing groggy residents.

Of course, in the real world, it doesn't happen this way. Taking AM medications super early is super inconvenient. A study I read a few weeks ago resolves the thyroid timing issue, and I have awarded it the Goodman Prize for Pharmacy Journalism (equivalent to the Giller Prize for Canadian Literature). *INFINITY* was a randomized study comparing two groups of community-dwelling adults. One group took their thyroid hormone an hour before breakfast. The other group took a 14% higher

dose (which equates to one 100 mcg tablet vs. one 88 mcg tab) with breakfast. After 24 weeks the groups switched routines.

The results! No difference in TSH, T<sub>3</sub>, and T<sub>4</sub> between the fasting and non-fasting groups. Not surprisingly, 89% of *INFINITY* patients chose to take their thyroid hormone with food. As long as our residents take their thyroid hormone at the same time each day and their TSH is in range (T<sub>3</sub> and T<sub>4</sub> as well, if tested), all is well.

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## Hearing and Dementia

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Hearing and vision loss are isolating and have been linked to the development of dementia. Can improved hearing protect seniors from severe cognitive decline?

An Australian study assessed data from 2774 dementia-free adults (average age 75) over seven years. Participants (664 used hearing aids) underwent cognitive testing twice yearly. The improvement in cognition amongst hearing aid users was not significant, but 33% fewer developed dementia! More frequent hearing aid use conferred the greatest benefit.

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## GLP-1 vs SGLT2 for Kidney

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These two “new” drug classes have produced striking results in the treatment of several disorders. GLP-1s and SGLT2s (Jardiance®, Forxiga®, and Invokana®) have each shown the ability to

slow renal decline. A Danish study (no Greenlanders involved) sought to determine which class, if any, is superior.

Two groups of 18,000-plus type 2 diabetics were compared using records from a nationwide database. All patients received metformin leading into the study period (2014 – 2020). The five-year risk of new chronic kidney disease (CKD) was significantly lower in the SGLT2 group. The key benefit was a slower rate of eGFR decline with SGLT2s and fewer acute kidney injuries.

GLP-1s, however, fared better in reducing renal protein loss and mortality relative to SGLT2s. Since each class showed different relative benefits, the authors propose investigating the effectiveness of dual therapy. Each of these drug classes shows vast potential.

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## GLPs for Vision

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Age-related macular degeneration (AMD) causes progressive, and in some cases, rapid vision loss. Retinal damage has been reported in some diabetics taking GLP-1 drugs. An Oregon study, however, showed an 87% reduction in the development of dry AMD (the more common form, affecting >30% of seniors over 80) in non-diabetics after ten years of use. This is another promising finding for this class.

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