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# IPA CPD **e**-Times

Indian Pharmaceutical Association-Community Pharmacy Division (IPA-CPD)

## In this Issue:

1-3 Message and Editorial

4 Lab Information

5 Drug Information

6 Consumer Dialogue

7-8 GPP Instructions

9 Pharmacy Practice  
in Hongkong

10 Brain Ticklers

11 Pharmacists make  
the difference

12-16 News and Training

17 Abbreviations

20 Upcoming Events

# HEALTH FOR ALL 12.12.16

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## Message from the Past President of Indian Pharmaceutical Association (IPA)



I have been associated with IPA for many years. In earlier years, IPA had focus only on Industry. We had brain storming many years back and made organizational changes to create Divisions to focus on all aspects of the profession. However, If we have to single out one person who gave thrust to CPD, he is Prafull Sheth. He had a vision of the future needs of the Indian pharmaceutical profession. Through his regular visits, interactions with FIP, he changed the attitude of IPA and focused on the development of CPD.

As a successor to him, I continued the focus and gave encouragement to the team. During my tenure we brought in the GPP Guidelines and the GPP Training Manual. The awareness was created all across India through training programmes. Raj Vaidya led the efforts with able support of his team. The big achievement was of course the TB Fact Card Project. Starting as a small project, it became a national project. We started getting recognition all over the country. Involvement of Community Pharmacists was so passionate that we started getting requests from non participating Pharmacists too. This was a satisfying day for IPA as it was indication of integration of Community Pharmacy into IPA. This project established relationships with other pharmacy associations and govt. bodies too. The sole credit of the project goes to Manjiri for the tireless work she did and continues to do even today.

The pharmaceutical industry in India has emerged as a global leader and India's participation in the Global Generic Business is noteworthy. The growth in the domestic market is also encouraging with CAGR in excess of 10% for next 5 years. The need of the hour is to upgrade community pharmacy in India to global levels. A pharmacist is not just a seller of medicines. He has to perform as a professional Pharmacist . Patient counselling, contraindications, drug regimen, patient compliance are important responsibilities of Pharmacists. Globally, Pharmacists perform these functions in all regulated developed regions. There is a need to comply as soon as possible. This will help to resolve the current issues like patient non-compliance, multi drug resistant TB, rampant use of antibiotics, irresponsible self medication etc. CPD is very successful in conducting the National Pharmacy Week across the nation every year.

IPA CPD is doing great work in upgrading Community Pharmacy in India. They have regular interactions with other regions and are monitoring the global developments. I wish them a great success in implementing the plans.

Regards,

**Mr Subodh Priolkar**  
Past President, IPA, Year 2004-08  
Managing Director,  
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## Message from IPA CPD Chairperson



**As we continue to work  
in the area of  
TB control, responsible  
use of medicines,  
I can foresee that  
non communicable  
diseases,  
pharmacovigilance  
and antimicrobial  
resistance will be the  
major focus areas for  
CPD to work in the  
next one year.**

Dear Pharmacists,

In India, since last several years there have been demands by certain trade bodies to train unqualified persons in pharmacy and license them so as to enable them to be “the pharmacists” to run the medical stores/pharmacies. Recently this movement became stronger in the northern part of the country but all who stand by the profession are opposing it outright. IPA has been always advocating for the lawful presence of a registered pharmacist in the pharmacies and for the role of the pharmacist in healthcare. Recently also IPA has written another letter against the demands of the trade bodies.

Presence of unqualified, but suitably trained persons in the pharmacy is perfectly acceptable only as assistants to the qualified Registered Pharmacist but not to take her/his place. Duties and responsibilities of the pharmacists and pharmacy assistants/helpers are clearly different. IPA CPD had developed the document clearly stating the role of pharmacists and that of assistants and it's a time now to convince the policy makers to review and legally adopt it. We shall work towards it in the next few months.

The 55<sup>th</sup> National Pharmacy Week with the theme “Pharmacists for a Healthy India : Role in Prevention and Management of Diabetes” was recently celebrated across the country. We bring some glimpses of it in this issue. Past President of IPA, Mr Subodh Priolkar received a great honour - “Ishidate Award” for his outstanding contribution to the pharma industry, in the opening ceremony of the FAPA Congress at Bangkok, making India and IPA very proud. Hearty Congratulations to Mr Priolkar from IPA CPD team and we are honored to have a guest message from him in this issue.

The FIP Community Pharmacy Section recently had an excellent series of 4 webinars on respiratory disorders. I am very pleased to see increasing number of community pharmacists and pharmacy students attending these webinars and getting used to this novel way of continuing professional development. I congratulate and thank the FIP Community Pharmacy Section and FIP Secretariat for the successful conduct of these highly useful webinars which are setting new trends in pharmacists' education the world over.

We have few more days left to end the year 2016. It has been very productive and busy year for IPA and the CPD as well. CPD continues to work with enthusiasm as the previous years and is marching ahead in pharmacists' educational activities, consumer education, advocacy with policy makers, presence at the local-global conferences and policy level meetings as well as presence in the media. Efforts to develop new roles for pharmacists in public health continue and as we continue to work in the area of TB control, responsible use of medicines, I can foresee that non communicable diseases, pharmacovigilance and antimicrobial resistance will be the major focus areas for CPD to work in the next one year.

The Indian Pharmaceutical Congress is taking place from 16<sup>th</sup> to 18<sup>th</sup> December, 2016 in the beautiful city of Visakhapatnam in Andhra Pradesh, and we are all excited to attend this mega event. That's all for now. I look forward to your suggestions and inputs to the eTimes.

Happy Reading!

**Mrs Manjiri Gharat**

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## Editorial



**Like in many countries of the world, it is time for our country also to add on a category of medicines - "Pharmacist Only Medicines", which can be recommended only by a pharmacist (or by a physician).**

### **OTC, Pharmacist Only and Prescription Medicines :**

In India, there is no listed provision for any category called as OTC or non-prescription medicines. It is just that there are various categories for prescription medicines in the drug laws. By which most of us imply that those that are not listed under prescription category can be sold without a prescription. Of course, with implementation of drug laws being not successful, it is common knowledge to one and all, regulators included that even prescription medicines are sold without a prescription; and unfortunately has not been an issue which has been taken seriously.

The issue of OTC medicines came to the fore during the past one year or so because various online pharmacies entered into the fray of retail medicine supply. The drug regulators have largely been silent over the issue, and so far we have not seen action being taken against such online sales of prescription medicines (which have been continuing till date), even after the rap and directives received by the regulators from the high court on more than one occasion. People continue to receive ads and offers by online medicine suppliers on their emails, handsets, and through the media.

A couple of statements to media from the regulators state that online pharmacies could sell OTC medicines (of course this statement has no legal standing).

Just a couple of days ago, a news item disclosed that the CDSCO is working on coming out with an OTC list for India. This is a welcome step, but along with it should come clear cut guidelines whether these OTC drugs can be advertised to the public or not, whether they can be sold only at premises having a drug license or they can be sold even at a general store!!! It is important to ensure that barring a few medicines (which could be listed under a general sales category), OTC medicines are permitted to be sold only through retail pharmacies with due presence of a pharmacist. Suggestions from the stakeholders before finalizing any such list and norms is very important.

Like in many countries of the world, it is time for our country also to add on a category of medicines - "Pharmacist Only Medicines", which can be recommended only by a pharmacist (or by a physician). In a situation like India where there is a huge shortage of doctors, especially in the rural areas, pharmacists can play a big role in alleviating minor ailments by use of medicines in this new category (currently such medicines are in the prescription only category), without the need to go to a physician. It is of course that in order to do justice to such a category, pharmacists across the country be sufficiently trained in handling such ailments across the counter and in choosing the right medicines and dosages and taking into consideration contraindications, ADRs, etc.

We have to move forward, and appropriate planning, continuing education and law implementation hold the key to betterment of patients.

**Raj Vaidya**

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## Lab information: D-Dimer Test

D-dimer tests are used to check for blood clotting problems. Blood clots can cause health problems, such as:

- Deep vein thrombosis (DVT)
- Pulmonary embolism (PE)
- Stroke
- Disseminated intravascular coagulation (DIC)

A D-dimer test may be done :

- ♦ if the patient shows symptoms of blood clots, such as:
- Swelling, pain, warmth, and changes in skin color of the leg
- Sharp chest pain, trouble breathing, coughing up blood, and fast heart beat
- Bleeding gums, nausea and vomiting, seizures, severe stomach and muscle pain, and decreased urine to see if treatment for DIC is working.

A normal test is negative. D-dimer is most valid and useful when the test is done for people who are considered to be at low to moderate risk for thrombosis. The test is used to help rule out clotting as the cause of symptoms.

A positive test may be caused by other factors, (and the patient may not have any clots). D-dimer levels can be positive due to:

- Pregnancy
- Liver disease
- Recent surgery or trauma
- High lipid or triglyceride levels
- Heart disease
- Being over 80 years old

This makes the test mostly useful when it is negative, when many of the above causes can be ruled out.

Limitations: Elevated D-dimer levels may be seen in conditions in which fibrin is formed and then broken down, such as recent surgery, trauma, infection, heart attack, and some cancers or conditions in which fibrin is not cleared normally, such as liver disease. Therefore, D-dimer is typically not used to rule out VTE in hospitalized patients (inpatient setting). If DIC is suspected in a woman who is pregnant or is in the immediate postpartum period, then the D-dimer test may be used, along with a PT, PTT, fibrinogen, and platelet count to help diagnose her condition. If the woman has DIC, her D-dimer level will be very elevated.

### References/Further reading:

Medlineplus: <https://medlineplus.gov/ency/article/007620.htm>

Lab tests online: <https://labtestsonline.org/understanding/analytes/d-dimer/tab/test/>

## Drug Information: Repaglinide

**Brands available:** Rapilin, Novonorm, Eurepa etc

**Pharmacological class:** Antidiabetic (Meglitinide, secretagogue)

**Indications:** Treatment of type 2 diabetes mellitus

| Route | Onset              | Peak | Duration of action |
|-------|--------------------|------|--------------------|
| Oral  | Rapid, within 1 hr | 1 hr | Short              |

**Contraindications:** Diabetic ketoacidosis, with or without coma, Type 1 diabetes, should not be co-administered with gemfibrozil, known hypersensitivity to the drug or its inactive ingredients

**Pregnancy:** Category C : safety not established

### Counselling the patient:

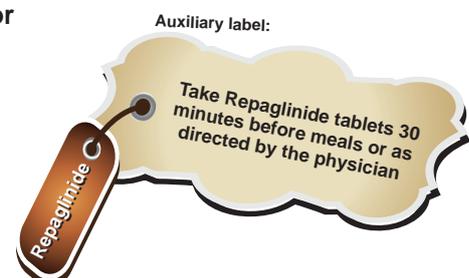
- Repaglinide comes as a tablet to take by mouth
- The tablets are taken before meals, any time from 30 minutes before a meal to just before the meal. If you skip a meal, you need to skip the dose of repaglinide. If you have just begun to eat a meal, take the missed dose as soon as you remember it. However, if you have finished eating, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one
- Before taking repaglinide, tell your doctor or pharmacist if you are allergic to it; or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details
- Before using this medication, tell your doctor or pharmacist your medical history, especially of: kidney disease, liver disease
- You may experience blurred vision, dizziness, or drowsiness due to extremely low or high blood sugar levels. Do not drive, use machinery, or do any activity that requires alertness or clear vision until you are sure you can perform such activities safely
- Limit alcohol while taking this medication because it can increase the risk of developing low blood sugar
- During times of stress, such as fever, infection, injury, or surgery, it may be more difficult to control your blood sugar. Consult your doctor because increased stress may require a change in your treatment plan, medications, or blood sugar testing
- Tell your doctor if you are pregnant, planning to become pregnant or breast feeding before taking repaglinide
- Some medicines may interact with repaglinide. Tell your health care provider if you are taking any other medicines, dietary supplements
- Tell your doctor if you have or have ever had liver or kidney disease or if you have been told you have type I diabetes mellitus
- Be sure to follow all exercise and dietary recommendations made by your doctor or dietitian. It is important to eat a healthful diet
- Repaglinide may lower your blood sugar levels than normal level. Low blood sugar may be more likely to occur if you skip a meal, exercise heavily, or drink alcohol. Low blood sugar may make you anxious, sweaty, weak, dizzy, drowsy, or faint. It is advisable to carry a reliable source of glucose to treat low blood sugar. If this is not available, you should eat or drink a quick source of sugar like table sugar, honey, candy, orange juice. This will raise your blood sugar level quickly

**Dose: Initial dose:** 0.5 mg orally with each meal

**For patients previously treated with antidiabetic agents or whose HbA1c is 8% or higher:** Initial dose: 1 or 2 mg orally with each meal

**Recommended Dose Range:** 0.5 to 4 mg orally

**Maximum Daily Dose:** 16 mg per day



## CONSUMER DIALOGUE: Deep Vein Thrombosis

**Pharmacist:** Good morning, my name is xxx, I am the pharmacist at your service. How can I help you?

**Patient:** Hi, myself yyy and I am suffering from pain, tenderness and swelling of the calf. The doctor has diagnosed it as DVT. What is DVT? Could you give me some medicines for this?

**Pharmacist:** Deep Vein Thrombosis (DVT) is blood clot that forms in a deep leg vein. Veins are blood vessels that take blood towards the heart.

Deep leg veins are the larger veins that go through the muscles of the calf and thighs. They are not the veins that you can see just below the skin. When you have a DVT, the blood clot may travel through blood vessels and block blood supply at some places, even to the lungs.

**Patient:** Why do blood clots form in leg veins?

**Pharmacist:** Blood flow in leg veins is helped along by leg movements, because muscle action squeezes the veins. So, many times a clot is formed due to long immobility. Sometimes a DVT occurs for no apparent reason.

**Patient:** What are the symptoms of a deep vein thrombosis (DVT)?

**Pharmacist:** A DVT most commonly develops in a deep vein below the knee in the calf. Typical DVT symptoms include:

- Pain and tenderness of the calf.
- Swelling of the calf.
- Colour and temperature changes of the calf. Blood that would normally go through the blocked vein is diverted to outer veins. The calf may then become warm and red.
- Sometimes there are no symptoms and a DVT is only diagnosed if a complication occurs, such as a pulmonary embolus.

**Patient:** Do I need any tests?

**Pharmacist:** If you have a suspected DVT, you will normally be advised to have tests done urgently to confirm or rule out the diagnosis. Two commonly used tests are:

- **D-dimer blood test.** This detects fragments of breakdown products of a blood clot. The higher the level, the more likely you have a blood clot in a vein.
- A special type of ultrasound called a duplex Doppler is used to show blood flow in the leg veins and any blockage to blood flow. Ultrasound is useful because it is an easy, non-invasive test.

**Patient:** What is the treatment?

**Pharmacist:** Treatment includes anticoagulation medicines, compression stockings, leg elevation when sitting, and keeping active. Prevention is important if you have an increased risk of DVT - for example, when you travel on long journeys it is important to move legs/walk in between.

**Patient:** Is there anything else I could do about it?

**Pharmacist:** Yes;

- If swelling is a problem, keep your legs resting above your heart. When sleeping, make the foot of the bed a few inches higher than the head of the bed.
- DO NOT wear tight clothing on your legs or around your waist. If your clothes leave a mark in your skin, they are too tight.
- DO NOT sit or lie down in the same position for long periods
- DO NOT smoke. If you do, your doctor or we could help you quitting.
- Drink at least 6 to 8 cups (1.5 to 2 liters) of liquid a day, if your doctor says it is OK.
- Use less salt in your diet.

**Patient:** Oh, I never knew this. Thank you very much for this information. I will consider this option very much. And also will keep in mind in case anyone else requires it.

**Pharmacist:** Ok, take care and let me know if you need information.

## Good Pharmacy Practice (GPP) Instructions: Case 17

Prescription received from Dr. S.A.B (Orthopaedic) to the pharmacy:

**Patient name:** A.H

**Age:** 67 Years

**Gender:** Male

**Reg. no.:** xxxx

**Diagnosis:** Unilateral primary osteoarthritis, Vitamin D deficiency, Idiopathic gout.

| Sl. No. | Medication   | Frequency | Days    | Remarks    |
|---------|--|-----------|---------|------------|
| 1       | ETORICOXIB 60mg TAB                                  | 60mg      | 28 days | Morning    |
| 2       | PARACETAMOL 665mg TAB                                | 1 Tab     | 20 days | After food |
| 3       | NAHCO <sub>3</sub> +TARTARIC ACID + CITRATE GRANULES | 1         | 20 days | After food |
| 4       | DICLOFENAC GEL                                       | t/u       | 14 days | 2 Box      |
| 5       | COLLAGEN HYDROSYLATE LIQUID                          | 1         | 30 days | After food |

| Original prescription | Missing information   | Update-after discussion with the doctor |
|-----------------------|---|---|
| Etoricoxib            | In Remarks it is not mentioned with or without food.                  | After food                              |
| Paracetamol           | In Remarks it is not mentioned what time of the day it is to be taken | Morning and evening after food          |

**Drug interactions:** No interactions found.<sup>1</sup>

### Instructions to patient:

**Etoricoxib 60mg tablet**—Belongs to a group of medicines called cyclooxygenase-2 (COX-2) specific inhibitors (also known as coxibs). Etoricoxib relieves pain and inflammation with less risk of stomach ulcers.<sup>2</sup>

**Paracetamol 665mg tablet**—Paracetamol can be used to relieve pain in mild arthritis.<sup>3</sup>

**NaHCO<sub>3</sub>+Tartaric Acid+ Citrate Granules**—It is indicated for the relief of symptoms due to cystitis.<sup>7</sup>

**Diclofenac Gel**— It is a non-steroidal anti-inflammatory drug (NSAID) for topical use only, is indicated for the relief of the pain of Osteoarthritis of joints amenable to topical treatment, such as the knees and those of the hands.<sup>4</sup>

**Collagen Hydrolysate**—Liquid Collagen is rich in essential amino acids and proteins. Collagen assists the movement of the cartilage, allowing for the joints to move smoothly, it helps by improving strength and aiding aching joints.<sup>5</sup>

**Medication schedule:**

| Sl. no. | Medication  | When to take   | Do not take with  |
|---------|---|--|---|
| 1       | Etoricoxib 60mg TAB                                 | To be taken once daily before or after food                              |   |
| 2       | Paracetamol 665mg TAB                               | 1 tab twice daily once in the morning and once in the evening after food | <b>Cabbage-</b> decreases the effectiveness of paracetamol.                             |
| 3       | NAHCO <sub>3</sub> +Tartaric acid+ Citrate Granules | 1 sachet to be taken twice daily   | <b>Alcohol-</b> Increased risk of hepatotoxicity <sup>6</sup>                           |
| 4       | Diclofenac gel                                      | Topical application at the dedicated site, to be applied twice daily.    | Avoid high salt in diet as this product contain high amounts of sodium. <sup>7</sup>    |
| 5       | Collagen Hydrolysate Liquid                         | To be taken once a day.  | Excessive exposure to sunlight can increase incidence of photosensitivity. <sup>6</sup> |

**Possible side effects of the prescribed medications:**

**Etoricoxib**—Dizziness, headache, palpitations, arrhythmia, Edema/Fluid retention, Hypertension, Bronchospasm, Constipation, flatulence, gastritis, heartburn/acid reflux, diarrhea, dyspepsia/epigastric discomfort, nausea, vomiting, oesophagitis, oral ulcer, ALT increased, AST increased.<sup>8</sup>

**Paracetamol**—Nausea, Vomiting, Pruritus, Headache, insomnia, Agitation.<sup>6</sup>

**NAHCO<sub>3</sub>+Tartaric Acid+Citrate** —Flatulence, Mild diuresis.<sup>7</sup>

**Diclofenac Gel**—Local irritation, erythema, pruritis or dermatitis, Skin photosensitivity, desquamation, discoloration and bullous or vesicular eruptions have been reported in isolated cases.<sup>9</sup>

**Collagen Hydrolysate**—unpleasant taste, sensation of heaviness in the stomach, bloating, heartburn, and belching. Gelatin can cause allergic reactions in some people.<sup>10</sup>

**References:**

1. Drug interaction checker (2016) Available at: <http://reference.medscape.com/drug-interactionchecker> 2. Arcoxia uses, dosage, side effects & warnings (2000) Available at: <https://www.drugs.com/arcoxia.html> 3. Paracetamol: Uses, dosage & side effects (2000) Available at: <https://www.drugs.com/paracetamol.html> 4. Voltaren gel (Diclofenac sodium gel) drug information: Indications, dosage and how supplied - prescribing information at RxList (2016) Available at: <http://www.rxlist.com/voltaren-gel-drug/indications-dosage.htm> 5. Hydrolysed liquid collagen (2015) Available at: <http://naturem.co.uk/2015/11/09/hydrolysed-liquid-collagen/> 6. DRUGDEX® System (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: <http://www.micromedexsolutions.com/> 7. Cymalon (2016a) - summary of product characteristics (SPC) - (eMC). Available at: <https://www.medicines.org.uk/emc/medicine/21182> 8. Arcoxia 30 60 90 120mg film-coated tablets (2016a) - summary of product characteristics (SPC) - (eMC). Available at: <https://www.medicines.org.uk/emc/medicine/29136> 9. Voltarol Emulgel P - (2016d) summary of product characteristics (SPC) - (eMC). Available at: <https://www.medicines.org.uk/emc/medicine/21038/SPC/Voltarol+Emulgel+P/> 10. GELATIN: Uses, side effects, interactions and warnings (2005) Available at: <http://www.webmd.com/vitaminssupplements/ingredientmono-1051-gelatin.aspx?activeingredientid=1051>

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## Community Pharmacy Practice in Hong Kong

In Hong Kong, Community pharmacy is the general term used to refer to the pharmacy services provided in the retail sector.

Community pharmacy is currently the largest sector of pharmacy practice in Hong Kong. There are about 650 community pharmacies, including both chain and independent pharmacy, providing dispensing services, patient counselling, and sale of over-the-counter medicines. In Hong Kong, there is currently close to 3,000 registered pharmacists practicing in the community, hospital, industry, government, academia, and other sectors.

In Hong Kong, there is no separation of Prescribing and Dispensing. Thus, both doctors and pharmacists can dispense medicines to their patients in the community.

Over 95% of the Hong Kong public receive care at the public hospital system ( named the Hospital Authority ) which provide dispensing services of medicines to out-patients living in the community but most of the dispensing of " Self-finance items" that are not paid for by the government are dispensed at community pharmacies.

The costs of drugs used by Hospital Authority Patients totalled HKD \$ 5710 million ( USD \$ 732 million ) which accounts for about 10% of all Hospital Authority expenditure of HKD\$ 59 billion ( USD \$ 7.56 billion ) in 2015-2016.

Recently, the government issued a report highlighting concerns of potential drug wastage situations in the public hospitals due to provision of high volumes of medications for long periods of time to patients in the out-patient setting.

The government report indicated that specialist out-patients of public hospitals received prescriptions in 2015-2016 for a length of an average of 84.2 days which is an increase of 7.8 ( 10.2 % ) days from the average prescription length of 76.4 days in previous years of 2011-2012. The report further highlighted that from overseas experiences that if large quantities of drugs are provided for long periods of time, the drugs may be unused and wasted.

The pharmacy profession in Hong Kong sees the need for the community to join hands to address the problems arising from the current supply of large quantities of drugs for long periods of time by the government hospitals to out-patients.

Large amounts of medicines supplied to patients which become unused may cause a number of

serious problems to society. Firstly, unused medicines may result from patients that have medication adherence difficulties and fail to use the medicines prescribed. If patients adherence problems are undetected for long periods of time and they fail to take their medication therapy correctly, the patient's health condition may be at risk and may lead to incurring more medical costs and hospital readmission. Secondly, the costs of the medicines which have been unused wastes financial resources and becomes a heavy financial burden for the government in the long term. Thirdly, the costs of proper disposal of medicines by the environmental department for unused drugs becomes an expensive cost to the community in the long term.

Finally, if patients do not dispose of their medicines properly to the environmental department, the large volumes of unused drugs would pollute our environment and cause harm to humans, animals, and other living organisms in the habitat.

Pharmacists in the community have been providing services which assist patients to better manage their medications through our "Hong Kong Medication Check Up and Clean Up (MCUCU) Program. The service may be conducted at designated community pharmacies, in the patients homes, or in old age homes.

The Hong Kong MCUCU Program has 5 objectives

1. To regularly screen patients for any stock of unused medicines due to reasons of drug product expiry, medication no longer needed, or medication non-adherence issues.
2. To provide education to patients on how to better use their medicines and avoid wastage.
3. To make referrals for follow up healthcare services if needed.
4. To collect and dispose properly of unwanted medicines of patients through the environmental department.
5. To regularly report to the government of our findings on trends of medication non-use by patients leading to drug wastage.

The pharmacists participating in the program are provided with certification training to conduct the MCUCU service in a high quality and consistent way and are continuously monitored through our service quality assurance program.

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## Brain Ticklers

(Please find answers in page 17)

- 1. Which drug is combined with a local anaesthetic to prolong the duration of infiltration nerve block?**
  - a) Xylocaine
  - c) Epinephrine
  - c) Normal saline
  - d) Ringer lactate
  
- 2. Which of the following is not a metabolite of Diazepam ?**
  - a) Oxazepam
  - b) Lorazepam
  - c) Temazepam
  - d) Desmethyldiazepam
  
- 3. Which of the following is not applicable to Salmeterol ?**
  - a) It is used in asthma therapy
  - b) It is a potent selective beta2 agonist
  - c) It causes uterine relaxation
  - d) It stimulates heart rate, contractility and cardiac output
  
- 4. Which of the following is an alfa1- selective antagonist:**
  - a) Methyldopa
  - b) Labetalol
  - c) Isoprenaline
  - d) Prazosin
  
- 5. Which of the following Beta blocker is a non selective one ?**
  - a) Acebutolol
  - b) Propranolol
  - c) Atenolol
  - d) Metoprolol

## Pharmacists Making the Difference: Winning Entry of the Pharmacist Day Competition of IPA

**Name of the patient:** XYZ **Gender:** Female **Age:** 61years **Diagnosis:** Colon cancer



**Symptoms:** Diarrhoea owing to cancer resulted in hypokalemia.

### **Treatment –Potassium Chloride IV Infusion**

The patient was suffering from severe diarrhoea which led to hypokalemia. She was prescribed potassium chloride slow IV infusion over a period of 6hrs. The nurse who was supposed to administer the infusion to the patient was a fresh graduate from nursing college, and was not aware of the procedure for administration of high risk medication like injection potassium chloride. She filled the syringe with injection and went to the patient. Instead of mixing this injection in the IV pint to be given as infusion, she was about to inject it intravenously as a bolus when I reached there on my routine ward rounds. I asked her what was she up to and was shocked to hear that she was going to administer injection potassium chloride intravenously as a bolus which could have killed the patient of diastolic cardiac arrest. I stopped her from doing that and instructed her to prepare the infusion of potassium chloride in normal saline. I also advised her about high risk medications and double check procedure which she needed to follow in future before administering the medication.

Injection potassium chloride is categorized as a high risk medication since incorrect dose or strength of its administration can lead to severe imbalances in serum potassium level which may prove highly detrimental or even fatal for patients. Nursing staff is supposed to take extra care in administration of high risk medications as in such medications should be administered to the patients in presence of senior nursing staff who will confirm that the medication is given to the right patient, in right dose, by right route and at right time.

The new staff was unaware of this policy and being untrained could have committed the grave mistake under work pressure. I happened to reach the site at the right time and could prevent a serious medication error.

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## News and training

Glimpses of 26th FAPA Congress 2016, Bangkok, Thailand  
 9-13 November 2016  
 “Integrating Asian Pharmacy Wisdom for Better Global Health”



Mr. Subodh Priolkar, Past President, IPA received FAPA Ishidate Award 2016

### Indian Delegation at 26th FAPA Congress 2016



### 47<sup>th</sup> Union World Conference on Lung Health, Liverpool, UK

Mrs Manjiri Gharat represented the Indian Pharmaceutical Association in the 47<sup>th</sup> Union World Conference on Lung Health, held from 26 - 29 October 2016 at Liverpool, UK

The theme of the conference was "Confronting Resistance Fundamentals to Innovations". She presented a talk on "Developing practical tools to train pharmacists for TB Care and Control in India", which was well received.



Mrs Manjiri Gharat with TB Control Programme Officers from Maharashtra State

### DOTS TB Training for Pharmacists at Sonipat, Haryana

Indian Pharmaceutical Association, District TB Society of Sonipat and Sonipat Pharmacists Forum organised DOTS TB training of community pharmacists on 9<sup>th</sup> November 2016 at Sonipat. Dr Tarun Yadav, District TB Officer, Dr Sandeep, WHO TB Consultant and Mrs. Manjiri Gharat conducted the training. Sixty pharmacists from Sonipat, Gurgaon, Panipat area of Haryana participated in the training. This was first of its kind of training in the state of Haryana. Mr Satish Vij, Executive Committee of IPA CPD along with his team made all the arrangements for this programme. The programme is a part of DOTS TB Pharmacist project of IPA supported by Lilly MDR TB Partnership.

All participants were given certificate of attendance from TB Society and IPA.



Participants and trainers at the training

### Awareness Campaign on Heart Diseases, Hanamkonda, Warangal, Telangana



Principal Dr Suresh Bhandari addressing the audience

The Indian Pharmaceutical Association Students forum (IPA –SF), in association with St. Peter's Institute of Pharmaceutical Sciences and Rohini Super Speciality Hospitals organized an awareness campaign on Heart Diseases on 29<sup>th</sup> September, 2016 at public gardens Hanamkonda, Warangal, Telangana. The objective of the campaign was to raise public awareness on heart diseases and lifestyle management in overcoming these heart related issues. The campaign was inaugurated by Mr D. VinayBhaskar, Local MLA, Dr. J Sudhakar Reddy, Medical Superintendent of Rohini Super Speciality Hospitals, Dr.Mamatha Reddy and Dr D

Srinivas, cardiologists of Rohini Super Speciality Hospitals along with Dr. Suresh Bhandari, Principal, Dr Mahender Reddy of St Peter's. On this occasion the students performed various activities like arranging stalls with posters, performed flash mob and rally, and explained to the general public regarding heart problems. Students' Forum volunteers and nursing students of Rohini Hospitals were actively involved in mobilizing the general public and educated them through posters and slogans about heart diseases.

### Pharmaceutical Care Skills Workshop at Kumarapalayam, Tamilnadu



A two day Workshop was conducted at J.K.K. Nattraja College of Pharmacy, Kumarapalayam on “**Dimensions of Pharmaceutical Care Skills**”. The seminar was sponsored by The Tamilnadu Dr. M.G.R. Medical University, Chennai. In the inaugural session, Dr. R. Sambath kumar, Principal, J.K.K. Nattraja College of Pharmacy, welcomed the resource persons and delegates and explained the theme of the workshop. Dr. V. Rajesh, Assistant Professor, Manipal College of Pharmaceutical Sciences, Karnataka, presented lecture about “**Essential Skills for Practice: Clinical Pharmacists Perspective**” and “**Patient Information Leaflet: Guidelines & Applications**”. Dr. M. Sonal Sekhar, Assistant

Professor, Manipal College of Pharmaceutical Sciences, Karnataka, presented a lecture on “**Information Retrieval and Evidence Based Pharmacy Practice**” and “**Medication Review: Concepts and Applications**” and “**Applications and Pharmacovigilance – Concepts and techniques**”. Dr. S. Sriram, Professor & Head, Sri Ramakrishna Institute of Paramedical Science, Coimbatore, presented a lecture on “**Professionalism in Pharmaceutical Care**”.

### Continuing Professional Development programme for Pharmacists at Ponda, Goa

The Indian Pharmaceutical Association-Community Pharmacy Division organised a one day training programme for pharmacists in Goa on 13<sup>th</sup> November 2016. Mr Raj Vaidya, immediate past chairman, IPA CPD delivered the sessions in the form of pre-made E modules on “**Nutrition**”, “**Women's health**”, and “**Opioids**”. It was very well received by the pharmacists. Total 45 pharmacists attended the programme. Mr Ratnadeep Kurtarkar, Executive Committee Member of IPA CPD made all arrangements for this programme. Participants were given attendance certificate from IPA. The programme was supported by Pfizer's educational grant.

### Continuing Professional Development programme for Pharmacists at Navi Mumbai, Maharashtra



Speakers and participant pharmacists at NPW programme

On the occasion of 55<sup>th</sup> National Pharmacy Week, Indian Pharmaceutical Association Community Pharmacy Division (IPA CPD) along with IPA Maharashtra State Branch (MSB) with the support of Navi Mumbai Retail Chemists and Wholesalers' Association (NMRCWA) arranged the training of community pharmacists at Chemist Bhavan, Sanpada Navi Mumbai on 19<sup>th</sup> November, 2016. Mr Sunil Chajed, Secretary of NMRCWA welcomed all. Mrs Manjiri Gharat delivered a lecture on **Diabetes and Role of Pharmacist**, and on

**Nutrition and Role of Pharmacist**. Dr Satish Shidore, leading dermatologist delivered a lecture on **Misuse of Topical Steroids**. Mr Rakesh Edalwar, Drug Inspector, Food and Drug Administration spoke on **Drugs and Cosmetics Act**. Seventy five pharmacists from Navi Mumbai region attended this programme. Participants were given copies of NPW material and a copy of poster by Pharmacovigilance Programme of India on Adverse Drug Reaction Helpline. During the programme, Pharmacists Mr Vijayendra Ghatge and Mr Sandip Deshmukh were felicitated for their excellent work in DOTS TB Pharmacist Project. Mr Satish Shah, Hon. Secy. of IPA CPD along with his team made all the arrangements for this programme. Mr Santosh Ghodinde, Executive Committee Member of IPA CPD was present during the programme.

## Health care professions ask consumers to identify fake medicines



Would you be able to tell a real medicine from a fake one? This important question is being posed to the public, health care professionals and policymakers by the World Health Professions Alliance (WHPA) in a video, launched recently, that exploits an interactive function of YouTube. Viewers are asked to choose between two products and then shown the consequence of their decision: the person either recovers or ends up in hospital.

The project was led by the International Pharmaceutical Federation (FIP). "We're seeing an increase in fake medicines around the world and they're becoming harder to identify due to technological advances. We wanted, through this video, to confront people with a situation to which little thought is often given. We wanted to give viewers the responsibility for what happens and, in doing so, to send home the message that there is a need to think twice about the choices they make. The aim was to enable informed decisions," said Mr Luc Besançon, Chief Executive Officer of FIP.

Consumers, for instance, are given advice on how to make sure that medicines bought online are real, and health care professionals are reminded which features of medicines to inspect. Through the third set of measures, the WHPA calls on policymakers to strengthen laws against counterfeiting and to involve health care professionals in policy decisions so that these are appropriate to real-life and more likely to be put into practice.

"This project sends a clear message that the problem of fake medicines has not gone away and that doctors, nurses, pharmacists, dentists and physical therapists continue to be concerned. We hope that the video and the measures to take are spread far and wide, particularly through social media sharing," said Professor Sir Michael Marmot, President of the World Medical Association (WMA).

The "Counter the counterfeits" video and animations can be viewed at the FIP YouTube channel: <https://www.youtube.com/user/IAmAPharmacistVideos>

### Solution of Brain Ticklers:

1. Epinephrine (Adrenaline)
2. Lorazepam
3. It stimulates heart rate, contractility and cardiac output
4. Prazosin
5. Propranolol

## FIP launches strategy to ensure that the pharmacy workforce is able to meet world's future health needs at Global Conference on Pharmacy and Pharmaceutical Sciences Education at Nanjing,China

A global vision and goals to transform pharmacy education and the pharmacy workforce were published by the International Pharmaceutical Federation (FIP) during a unique conference “The Global Conference on Pharmacy and Pharmaceutical Sciences Education” in Nanjing, China on November 7,2016. Change is vital if pharmacists and pharmaceutical scientists are to meet the challenges posed by the new and emerging needs of patients and civil society, the federation says.

FIP's Global Vision for Education and Workforce provides the leadership needed to improve patient outcomes and close the gaps in the development, distribution and responsible use of medicines. It states that this can only be achieved through supporting and developing high standards of education and training and through a workforce that is adaptable, diverse, committed to lifelong learning, and prepared to lead change in practice. “It is our vision that all patients will have access to the best pharmaceutical health care through a high quality pharmaceutical workforce. There can be no health care without a properly qualified workforce,” said Professor William Charman, Chairman of FIP Education. Full report is available at <http://fip.org/educationreports>

## 55th National Pharmacy Week Celebrations



IPA Bengal Branch,Kolkata



Kurtardkar Pharmacy, Ponda, Goa



Navi Mumbai,Maharashtra

## Know the Abbreviations and Clinical Terms

| ABBREVIATION       | FULL FORM   |
|--------------------|---|
| HIV (HIV-1, HIV-2) | Human Immunodeficiency Virus  |
| AIDS               | Acquired Immunodeficiency Syndrome  |
| HAV                | Hepatitis A virus   |
| HBV                | Hepatitis B virus   |
| HCV (HepC)         | Hepatitis C virus   |
| HEV                | Hepatitis E virus   |
| HGV                | Hepatitis G virus   |
| HPV                | Human Papilloma Virus   |
| CMV                | Cytomegalovirus   |
| HSV (HSV-1, HSV-2) | Herpes Simplex Virus  |
| RSV                | Respiratory Syncytial Virus   |
| VZV                | Varicella-zoster Virus  |
| HBeAg              | Hepatitis E Antigen   |
| HHV-6              | Human herpesvirus-6   |
| EBV                | Epstein_Barr Virus  |
| UGT1A1             | UDP-glucuronosyl transferase 1A1  |
| CD4                | Cluster of differentiation 4 (glycoprotein found on the surface of immune cells, e.g. Helper T- Cells ,Backbone of the immune system) |
| HBsAg kit          | Hepatitis B virus Surface Antigen ELISA Kit   |
| NRTI               | Nucleoside/Nucleotide Reverse Transcriptase Inhibitor   |
| NNRTI              | Nonnucleoside Reverse Transcriptase Inhibitor   |
| PI                 | Protease Inhibitor  |
| SVR                | Sustained Viran Response  |
| AZT                | Zidovudine (Azidothymidine)   |
| Ddl                | Didanosine  |
| 3TC                | Lamivudine  |
| D4T                | Stavudine   |
| ddC                | Zalcitabine   |
| FTC                | Emtricitabine   |
| HAART              | Highly active antiretroviral therapy (multi-drug regimen used for treatment of HIV infection)   |

# 6th FIP Pharmaceutical Sciences World Congress (PSWC)

Stockholm, Sweden  
21-24 May 2017

## Future Medicines For One World

Systems approaches to drug  
discovery, development and  
clinical usage



**JANUARY**  
ABSTRACT  
SUBMISSION  
DEADLINE

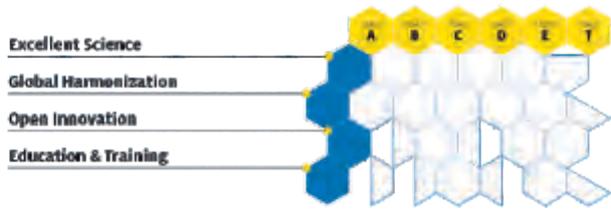
**PSWC:**  
A MUST FOR ALL  
INVOLVED IN THE  
PHARMACEUTICAL  
SCIENCES

We are at a crossroads in medicines research. In the next decade, systems biology research will yield an unprecedented wealth of novel insights in the mechanisms of disease.

This will revolutionise medicines research, leading to the introduction of novel therapeutic interventions which modify and, it is hoped, cure the disease, rather than providing symptom relief. At the same time, health systems around the globe are exploring new ways to deliver innovative treatment solutions to patients in a sustainable manner.

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- TRACK A – Drug Design: Fundamental & Translational Sciences
- TRACK B – Drug Delivery and Targeting Sciences
- TRACK C – Formulation & Manufacturing Sciences
- TRACK D – Regulatory Sciences
- TRACK E – Science-based Practice
- TRACK T – Thematic Symposia

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- Cross-fertilise ideas from all disciplines
- Learn what will happen in the future from leading experts
- Hear high level speakers share their latest research
- Attend the PSWC Young Scientists Satellite Conference, 19-21 May 2017
- Enjoy one of the most beautiful cities in Scandinavia

**PSWC YOUNG SCIENTIST SATELLITE CONFERENCE (YSC)**

*The way to scientific success in medicines research*  
Uppsala / Sweden / 19-21 May 2017  
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[www.p.org/pswc2017](http://www.p.org/pswc2017)

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# 68<sup>th</sup> INDIAN PHARMACEUTICAL CONGRESS - 2016

16 - 18 (Friday - Sunday) December

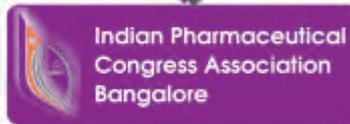
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### Health days

|                |  |
|----------------|--|
| November 10    | World Immunisation Day                         |
| November 12    | World Pneumonia Day                            |
| November 14    | World Diabetes Day                             |
| November 17    | National Epilepsy Day                          |
| November 19    | World COPD Day                                 |
| November 19    | World Toilet Day                               |
| November 15-22 | New Born Care Week                             |
| November 16-22 | World Antibiotic Awareness Week                |
| December 1     | World AIDS Day                                 |
| December 2     | National Pollution Prevention Day              |
| December 3     | International Day of persons with disabilities |
| December 9     | World Patient Safety Day                       |
| December 12    | Universal Health Coverage Day                  |

### Forthcoming Events And Meeting

**Dec 16<sup>th</sup> -18<sup>th</sup> (2016)**  
 68<sup>th</sup> IPC Visakhapatnam, Andhra Pradesh, [www.ipapharma.org/](http://www.ipapharma.org/)  
**May 21<sup>st</sup> -24<sup>th</sup> 2017**  
 6<sup>th</sup> FIP Pharmaceutical Science World Congress,  
 Stockholm, Sweden.  
[www.fip.org/pswc](http://www.fip.org/pswc)

#### JOIN

Indian Pharmaceutical Association and select Community Pharmacy Division (IPA CPD)  
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