

WORLD BREASTFEEDING WEEK 2016

1-7th August

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IPA CPD e-Times

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

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Do you care about people, the planet, prosperity and peace?
Join the many who believe in sustainable development — living in a way that does not harm the generations to come.

ENVIRONMENT AND CLIMATE CHANGE

To think about:

What can you say to young people in your community about breastfeeding and the environment?



NUTRITION, FOOD SECURITY AND POVERTY REDUCTION

To think about:

What role does breastfeeding have in promoting good nutrition and food security in your community?



SUSTAINABLE PARTNERSHIP AND THE RULE OF LAW

To think about:

What could you do to protect, promote and support breastfeeding? Who would you work with and how?



SURVIVAL, HEALTH, AND WELLBEING

To think about:

What does breastfeeding look like in your community? How many hospitals or maternity facilities are Baby-Friendly?

Picture Credit: <http://worldbreastfeedingweek.org/pdf/wbw2016-poster-eng.pdf>

WOMEN'S PRODUCTIVITY AND EMPLOYMENT

To think about:

What support do women receive for breastfeeding once they return to work in your community?





Message from the President of the Commonwealth Pharmacists Association



The Commonwealth Pharmacists Association (CPA) has a long-standing relationship with the IPA, and I would like to thank Manjiri Gharat for the opportunity to send you this message of support.

The CPA has been in existence since 1970 and exists primarily to benefit the public by, 'empowering pharmacists to improve health and well being throughout the Commonwealth'. We now have a major new strategy to help deliver on our key goals, which include:

- Building a strong and diverse collaborative network across the profession
- Partnering with member organizations to improve the quality of pharmacy practice
- Creating a platform to share knowledge

As pharmacists we have much to offer our citizens in order to help them live long and healthy lives. This is the case particularly in the areas of health promotion, disease prevention, medicines advice and supporting the growing number patients diagnosed with a chronic disease. It is well recognized that four lifestyle choices can have a major effect on our long-term health: smoking, alcohol, diet and exercise. We all have a part to play in encouraging our patients to: stop smoking, manage/reduce our alcohol intake, encourage a healthy diet and take daily exercise. These four actions can have a profoundly positive effect on the quality of long-term health.

As a profession we have a major role in supporting patients with long-term conditions, by encouraging the safe and effective use of medicines. To do this optimally we need to ensure we remain up to date through the continual professional development (CPD) of our knowledge and skills. The CPA would encourage all pharmacists, whether required by legislation or professional responsibility to engage in CPD to ensure that we each provide the best possible care to patients. To support our members in this, we continue to seek out reputable online CPD resources. Over the coming months, we plan to add to the two online CPD modules that are currently available to members: 'Evidence Based Management of Diabetes' and 'Patient Safety'.

Antimicrobial resistance (AMR) is a global priority and pharmacists have been identified as having a key role in reducing the inappropriate use of antimicrobials. If you have not yet become an Antibiotic Guardian, may I encourage you to join us in making this pledge: <http://antibioticguardian.com>.

We would also encourage you to take advantage of the last facilitated FREE Massive Open Online Course on Antimicrobial Stewardship, beginning on 19th September. You can sign up at the following link: <https://www.futurelearn.com/courses/antimicrobial-stewardship>

May I wish you all enjoyment in your learning and every success as you continue to develop in your chosen career.

With our warmest regards,

A handwritten signature in black ink.

Raymond Anderson, President CPA

www.commonwealthpharmacy.org

Message from President of Federation of Asian Pharmaceutical Association (FAPA)



Welcome to the FAPA Family Biggest Biennial Reunion
2016 FAPA Congress
11/08~13, BITEC, Bangkok, Thailand

Dear Colleagues and Friends from IPA,

On behalf Federation of Asian Pharmaceutical Associations (FAPA), in representing our 18 member associations around Asia, I thank you for IPA's invitation for this article to address to our pharmacists and pharmaceutical scientists in India. I've taken over since the last FAPA Congress in Kota Kinabalu, Malaysia (which was also 50th anniversary celebration of FAPA, in 2014) and together with our FAPA Bureau, Sections, and Council we've achieved a lot for the past years in our term. I am proud to share with you since IPA is also our strongest member in FAPA, and our achievement is also IPA's achievement.

In my inauguration speech, I shared my three targets to all the congress participants as we open a new decade for FAPA. The first is, we will make FAPA – Bigger! Second, we will make FAPA – Better! And third, we will make FAPA – Stronger! Together with our FAPA family, I believe we've achieved much progress in witnessing all these happening.

For being a bigger FAPA, in this year FAPA Congress (2016 FAPA Congress in Bangkok, Thailand), we will welcome three full FAPA new members and one observer to join in FAPA. You must witness and welcome them joining in our FAPA family in the Opening Ceremony of 2016 FAPA Congress!

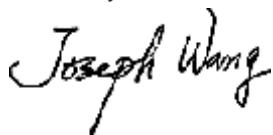
For being a better FAPA, our FAPA Foundation keeps hosting a Good Pharmacy Practice international training programme for the 5th year in succession, and we've trained nearly 100 Asian pharmacists from around 20 countries; furthermore, we also hosted a Community Pharmacy Workshop in Fukuoka, Japan and invited member associations to join in the community pharmacy fieldtrips. Ten member associations joined with us this year.

For being a stronger FAPA, we've officially visited WHO-WPRO, and WHO-EMRO since last year; and we also have many communications with WHO-SEARO; we've not only contacted those WHO regional offices, we also proposed and hosted Antimicrobial Resistance Campaign in echoing WHO's Antibiotic Awareness Week (2015), in which we've invited all FAPA Members and Presidents to join in the seminar held in last September (Manila, Philippines) and we all signed on the commitment to fight against antimicrobial resistance. Other FAPA campaigns, including Twibbon® campaign, 4-frame Comic Competition and etc, were all successfully supported by our member associations, including IPA. Dear colleagues and friends from India, we can't achieve these all mentioned above without your awareness and strong support. To promote the pharmacy profession, while we are discussing Good Pharmacy Practice (GPP) and also separation of Dispensing and Prescribing, we cannot ignore

professional development in community pharmacies and keep improving our professional practicing for our community pharmacists! Moreover, while we are participating in combating with the prevalent non-communicable diseases (NCD), the role of pharmacists, especially in the community pharmacy, we cannot overemphasize the importance and crucial key role.

We sincerely appreciate of your hard efforts and contribution to the community pharmacy professional development, especially of having such high-quality e-bulletin provided for all pharmacists around India. We urge you together with FAPA to work for a bright future for pharmacy! You surely cannot miss this year FAPA Congress (Bangkok, Thailand; www.fapa2016.com) and the early-bird registration will soon be closed by the end of this month (July 31st; however, you could also consider group registration, with special early-bird registration fee and extension deadline until the end of August 31st). We look forward to seeing you in person very soon. With FAPA, we will be bigger! With FAPA, we will be better! With FAPA, we will be stronger! Joint us and let's work together.

Sincerely,



Joseph Wang,

President of FAPA (2015~2018)



Hearty Congratulations!

Mr. Subodh Priolkar, past President of IPA has been selected for the prestigious 2016 Ishidate Award for Pharmaceutical Industry by the 14th FAPA Bureau for his exemplary contribution to the local and global pharmaceutical industry. The award will be given on November 10th, 2016 during the Opening Ceremony of the 26th FAPA Congress at Bangkok International Trade and Exhibition Centre, Bangkok, Thailand. Mr Priolkar is currently the Managing Director of Colorcon Asia Ltd. Mr Priolkar was the President of IPA (2004 to 2008) and during his term and with his great support, IPA CPD started its journey in area of TB Control efforts. CPD team congratulates Mr. Priolkar for this international recognition and wishes him many more such laurels in future.

Message from IPA CPD Chairperson



IPA started with a Case Study Competition for pharmacists on the occasion of last year's Pharmacists Day and will continue with the same trend this year too. I appeal all the practicing pharmacists to submit the cases for this competition before 10th Sept,2016

Dear Pharmacists,

25th September is Pharmacists Day and is approaching fast. This year FIP has declared the theme "Pharmacists : Caring for You". IPA has geared up for the day and has prepared the related posters and infographics which will soon be on the IPA website. IPA started with a Case Study Competition for pharmacists on the occasion of last year's Pharmacists Day and will continue with the same trend this year too. I appeal all the practicing pharmacists to submit the cases for this competition before 10th Sept and win the attractive prizes (detail announcement on Page 27).

It is a pleasure to inform you that Pharmacists Day now has been listed in the Health and Wellness Calendar on the National Health Portal of Ministry of Health and Family Welfare. IPA had been pursuing this matter and is thankful to the NHP for this inclusion which will certainly help make the Pharmacist Day more visible across the country.

Hon'ble Prime Minister of India Mr Narendra Modi during his "Maan Ki Baat" (dialogue with the countrymen through radio) appealed to the people not to self-medicate with antibiotics and take it only when prescribed. He explained in simple words how antibiotics are becoming ineffective due to wrong use. This mention of Antimicrobial Resistance by the Prime Minister will certainly help to create more awareness among the masses and it also indicates the seriousness with which Government is dealing with this threat.

We have recently received some more good news. IPA President Dr Rao Vadlamudi has been selected as the Vice-President of the Commonwealth Pharmacists Association (CPA). Another very happy news is that past president of IPA, Mr Subodh Priolkar has been conferred the prestigious 2016 Ishidate Award by the Federation of Asian Pharmaceutical Associations (FAPA) for his exemplary contribution to the local and global pharmaceutical industry. These positive developments have made IPA and the pharmacy profession in India very proud.

55th National Pharmacy Week(NPW) theme is decided and its "Pharmacists for Healthy India: Role in prevention and management of Diabetes Mellitus" and it emphasises IPA's commitment to establish the role of the pharmacist in Non-Communicable diseases which is increasing in the country in epidemic proportion. I request all to keep checking IPA website for NPW updates.

I appeal to one and all to register for the Indian Pharmaceutical Congress (IPC) coming up from 16th to 18th December, 2016 (more details on Page 26) which will be an excellent opportunity for networking and will certainly be an enriching experience.

Right now,it is time to get ready for FIP Congress at Buenos Aires from 28th to 2nd September, 2016 and I look forward to meeting our global colleagues.

In this issue we have started with a new column "Minor ailments and OTCs" and we are sure pharmacists will find it very useful. Please send in your comments and suggestions.

Happy Reading!

Mrs Manjiri Gharat

manjirigharat@ipapharma.org

Editorial



**Campaign of
Pharmacists in
Awareness
Prevention
Early Detection
&
Management
of Diabetes**

IPA has announced the theme for this year's NPW (National Pharmacy Week) well in advance - "Pharmacists for Healthy India: Role in Prevention and Management of Diabetes Mellitus". It gives all of us sufficient time to reflect on it and prepare ourselves to execute it with commitment and enthusiasm. The number of diabetic patients in the country has been increasing alarmingly, with estimated 65 million diabetics (from around 12 million in 1980), across income groups, and has also not spared the rural population. Many millions are not aware that they are diabetic. On a pilot scale, the Government did launch an adult screening programme in 100 districts for diabetes and hypertension, but like many government services, it has not been able to perform too well.

In diabetes, the areas of focus are awareness, prevention, early detection, and management. This gives a very large scope for the 0.7+ million community and hospital pharmacists in the country to step in to fill in the spaces where the Government services have not been able to fulfil. People trust pharmacists, they are easily accessible, and friendly. This is a great opportunity to pharmacists to step up their services in serving the nation in diabetes control (besides other lifestyle diseases).

Creating awareness amongst the people is the key. About diabetes, and the importance of prevention, and early detection, and of course good glycemic control and complications if uncontrolled.

Awareness : Pharmacists are in strategic positions, spread into the nooks and corners of the country to generate awareness through their pharmacies – by means of posters, pamphlets, videos, smart phone messages and pictures, as well as one to one communication about the various aspects of diabetes. Information technology now can be put to good use in this.

Prevention : Those at risk for diabetes need special attention from pharmacists, and need to be counselled on lifestyle modifications to delay the onset of diabetes.

Early detection: This is very crucial to get the patient into action to bring down the blood glucose levels and keep them in good control, reduce the risks of complications. A glucometer is a simple and inexpensive tool which all pharmacists should keep handy to check the blood glucose of their clients. Based on the results, further guidance can be done.

Management : Most diabetics come to pharmacies for their medication. It is upto the pharmacists to use their skills in convincing patients to take their medications regularly and correctly, visit their doctor regularly, check their blood sugar levels regularly and monitor it. Guidance in diet and exercise are important cornerstones of diabetes management and pharmacists have a huge role to play in this too.

Having known all this, what the pharmacists need is to build up their knowledge to be prepared to dwell into the campaign for **APEM** of diabetes and the will and commitment to implement it wholeheartedly. IPA, on its part will put its best foot forward to prepare pharmacists in this country to be part of this campaign through various IEC (Information Education & Communication) materials. Watch out for the IPA website over the next few months to help you prepare for this big event this year, and throughout your professional career.

Raj Vaidya
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Dosage form instructions: The Vaginal Pessary

Inserting the Pessary:

1. Wash your hands with warm water and soap.
2. Remove the pessary from any foil or plastic wrappings.
3. Hold the pessary on either side of the knob and use your fingers to fold the ring in half.



Examine the pessary closely. If you're using an open ring pessary, you should see notches along the inside. If you're using a ring-with-support pessary, you should see openings along the centre support structure. Both of these areas are the flexible points you will need to fold, and you should grab the ring in between these points. The pessary should only be able to fold in these areas.

4. Use your fingers to apply a small dab of lubricant to the end of the ring without the knob.
5. Stand, sit, or lie down with your legs apart. The pessary can be inserted from any of these positions, so use whichever feels most comfortable to you.
6. Use the fingers of your non-dominant hand to spread apart the lips of the vagina.
7. Carefully push the folded, lubricated end of the pessary into the vagina. Push it back as far as possible without causing discomfort.
8. Let go of the pessary. As you do, it should unfold and return to its normal shape.
9. Remove your hands from your vagina and wash them again with soap and warm water.
10. Dry well with clean paper towels.

Caring for the Pessary:

- Check the fit :You should also check the fit by bearing down or attempting to use the bathroom.
- Clean the pessary regularly :You should remove the pessary at least once a week and clean it before inserting it back into place.
 1. Clean the pessary if it falls out.
 2. Schedule frequent appointments with your doctor.

Removing the Pessary:

1. Wash your hands.
2. Hold your legs apart.
3. Insert your finger.
4. Tilt and pull down.
5. Wash your hands again.

Clean or discard the pessary as needed after removing it.

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Lab information: Vitamin B12

Vitamin B12 is assessed by a blood test. The test is used to help diagnose one cause of anaemia or neuropathy; to evaluate nutritional status in some people. Vitamin B12 and folate test are usually performed together. They are necessary for normal red blood cell (RBC) formation, repair of tissues and cells, and synthesis of DNA, the genetic material in cells.

Preparation for the test

Patient should not eat or drink for about 6 to 8 hours before the test.

Certain medicines may affect the results of this test. Your doctor will tell you if you need to stop taking any medicines. Do not stop any medicine before talking to your doctor.

Some medicines that can affect the test result include:

- Colchicine
- Neomycin
- Para-aminosalicylic acid
- Phenytoin

{Normal values of Vitamin B12 are 200 - 900 picograms per millilitre (pg/mL).}

Causes of vitamin B12 deficiency include:

- Not enough vitamin B12 in the diet (rare, except with a strict vegetarian diet)
- Diseases that cause malabsorption (for example, celiac disease and Crohn's disease)
- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)
- Pregnancy

A Schilling test can find the cause of a vitamin B12 deficiency.

An increased vitamin B12 level is uncommon. Usually, excess vitamin B12 is removed in the urine. Conditions that can increase B12 level include:

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

References

- Medline Plus: <https://medlineplus.gov/ency/article/003705.htm>
- Lab Tests Online: <https://labtestsonline.org/understanding/analytes/vitamin-b12/tab/sample>

Drug Information: Telmisartan

Common Brands: : Telsartan, Tazloc, Telsar etc.

Pharmacological Class of drug: Angiotensin Receptor Blocker (ARB).

Indications: Hypertension, Reduction of cardiovascular risk.

20mg, 40mg, 80mg
Prescription
Only Medicine

Route	Onset	Peak	Duration
Oral	Within 3 hrs	4hrs	24hrs

Contraindications:

- Patients with hypersensitivity to the drug, and it should not be co-administered with aliskiren in patients with diabetes. Use cautiously in patients with biliary obstruction disorders, renal stenosis, or renal or hepatic insufficiency.
- Pregnancy:** Risk Category C.
- Lactation:** Safety and efficacy not established
- Children :** Safety and efficacy not established

ADRs Dizziness, drowsiness, fatigue, peripheral oedema, abdominal pain, dyspepsia, nausea, diarrhoea, back pain, myalgia, elevated liver enzymes, cough.,

Counseling the patient :

- Take this medication by mouth with or without food as directed by your doctor
- Use this medication regularly to get the most benefit from it. To help you remember, take it at the same time each day. It is important to continue taking this medication even if you feel well. Most people with high blood pressure do not feel sick. For the treatment of high blood pressure, it may take up to 4 weeks before you get the full benefit of this drug
- Tell your doctor if your condition does not improve or if it worsens (such as your blood pressure readings remain high or increase)
- It may cause dizziness or drowsiness. Do not drive a car or operate machinery during initiation of therapy or changes in doses.
- Avoid alcohol consumption while taking this medication.
- It may cause diarrhoea, dehydration, excessive sweating, vomiting which may lead to low blood pressure, in such case consult your doctor.
- Telmisartan may cause dizziness, light-headedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects.
- Do not change your dose of telmisartan without checking with your doctor
- Telmisartan may cause a serious side effect called angioedema. Contact your doctor at once if you develop swelling of the hands, face, lips, eyes, throat, or tongue; difficulty swallowing or breathing; or hoarseness
- Check with your doctor before you use a salt substitute or a product that has potassium in it
- Tell your doctor or dentist that you take telmisartan before you receive any medical or dental care, emergency care, or surgery.
- Patients who take medicine for high blood pressure often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms
- Some medical conditions may interact with telmisartan. Tell your doctor or pharmacist if you have any medical conditions. If you are pregnant, planning to become pregnant, or are breast-feeding
- If you miss a dose of telmisartan, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once

Dose: Usual Adult Dose for Hypertension:

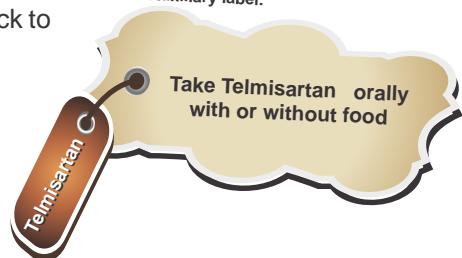
Initial dose: 40 mg orally once a day

Maintenance dose: 40 to 80 mg orally once a day

Usual Adult Dose for Cardiovascular Risk Reduction

80 mg orally once a day

Auxiliary label:



Consumer dialogue: Depression in hypothyroid patient

Pharmacist: Hi good morning. I am XYZ, the pharmacist working here, how I may help you.

Patient: (Weak, and moody) I need these medicines.

Pharmacist: Ok, you look weak and sad, may I help you with some information on your health?.

Patient: Ok. I am not feeling good. It started 6 weeks ago - I wake up tired and all I want to do is go back to bed. My doctor said my thyroid gland is not making enough hormones.

Pharmacist: That's the first thing we have to work on, because low thyroid levels can affect a lot of things and make you feel very tired and depressed.

Patient: Could you explain more about the thyroid gland?

Pharmacist: Sure, The thyroid is a butterfly-shaped gland in the front of your neck that produces hormones that control how your body uses energy and a lot of other things, like body temperature and weight.

- When your thyroid is underactive (hypothyroidism), your symptoms might include: Fatigue, Weight gain, Constipation, Fuzzy thinking, Low blood pressure, Bloating, Depression, Slow reflexes.

- When your thyroid is overactive (hyperthyroidism), symptoms include: Anxiety, Insomnia, Weight loss, Diarrhea, High heart rate, High blood pressure.

Patient: Say more about mental health problems please.

Pharmacist: Mental health, or cognitive problems that can occur, most often with thyroid under-activity, include:

- Difficulties with concentration
- Short-term memory lapses
- Lack of interest and mental alertness

Patient: What about treatment?

Pharmacist: Fortunately, in the great majority of cases, if the thyroid is the cause of the problem, psychological symptoms improve as the thyroid disorder is brought under control by treatment. But this improvement may not be as rapid as you hope. Please try other methods to deal with depression until your hormone levels normalize, e.g. meditation, pleasant sports, watching funny movies etc.

Patient: Thank you for providing all this information.

Pharmacist: It was my pleasure, Hope you feel well soon and you are always welcome on phone or in person with any query.

Good Pharmacy Practice (GPP) Instructions: Case 15

Prescription received from Dr MKI MD (Internal Medicine) in the pharmacy as follows:

Patient name: SMA **Age:** 63 Years **Gender:** Male
Reg. no.: xxxx

Diagnosis: Hyperprolactinemia, Hyperthyroidism and Hyperlipidemia

No.	Medication	Dose	Frequency	Days	Remark
1	Tab. Euthyrox (Levothyroxine)	50 mcg	Once a day	60 days	Morning, Before Food
2	Tab. Euthyrox (Levothyroxine)	25 mcg	Once a day	60 days	Morning, Before Food
3	Tab. Dostinex (Cabergoline)	-	Once a day	60 days	With or without food
4	Tab. Crestor (Rosuvastatin)	20 mg	Once a day	60 days	At Bed Time, with or without food
5	Cap. Euro D (Vitamin D3)	10,000 IU	Once a day	60 days	After Food

Original prescription	Error Found	Updated- after discussion with the doctor
Tab. Dostinex (Cabergoline)	Dose (potency) not mentioned. When to take was not mentioned.	Tab. Dostinex 0.5 mg, take at bed time with food as it decreases nausea. If patient is taking already in the morning he can continue it in the morning.
Cap. Euro D (Cholecalciferol) 10,000IU/day	For a dose at a frequency of once a day, 10,000 IU is high. The maximum dose taken for adult and old age is 800 to 1000 IU/day. ¹	Cap. Euro D 10,000 IU/Weekly

Drug Interaction Checked No drug interactions were found.²

Instructions to the patient:

Tablet Euthyrox 50 mcg and 25 mcg is levothyroxine: it is a synthetic thyroid hormone for the treatment of diseases and dysfunctions of the thyroid gland. It has the same effect as the naturally occurring thyroid hormones.³

Tablet Dostinex is cabergoline: It belongs to a class of medicines called 'dopamine agonists'. Dopamine is produced naturally in the body and helps to transmit messages to the brain. It is used to treat other conditions caused by hormonal disturbance which can result in high levels of prolactin being produced.⁴

Tablet Crestor is rosuvastatin: It belongs to a group of medicines called statins. It is used for your high cholesterol level.⁵

Capsule Euro D is cholecalciferol: Cholecalciferol is a form of vitamin D used in the prevention and treatment of vitamin D deficiency conditions.⁶

Pill schedule:

S.No.	Medications	Take all medicines once daily as follows	Do Not Take with
1	Tab. Euthyrox (Levothyroxine)	Morning, Empty stomach 30-60 minutes before food ⁷	Walnut, High fibre food, Soybean flour ¹
2	Tab. Dostinex (Cabergoline)	At bed time, With Food is preferred  	Alcohol 
3	Tab. Crestor (Rosuvastatin)	At bed time, with or without food, but with food is preferred as it is easy to remember  	Pomegranate juice ⁸  Alcohol 
4	Cap. Euro D (Vitamin D3)	With main meal of the day ⁶ Preferred to take with milk ⁹	Alcohol 

Possible side effects of the prescribed medications:

Tablet Euthyrox 50 mcg and 25 mcg is levothyroxine; Irregular or rapid heartbeat, chest pain, headache, muscle weakness or cramps, flushing (warmth and redness of the face), fever, vomiting, increased pressure in the head with eye swelling, trembling, restlessness, sleep disturbances, sweating, weight loss, diarrhoea.³

Tablet Crestor is rosuvastatin; Headache, stomach pain, constipation, feeling sick, muscle pain, feeling weak.⁵

Tablet Dostinex is cabergoline; Strong impulse to gamble excessively despite serious personal or family consequences, aggression and altered or increased sexual interest, uncontrollable excessive shopping or spending, eating large amounts of food in a short time period or eating more food than normal and more than is needed to satisfy your hunger.⁴

Capsule Euro D is cholecalciferol; High calcium levels in the blood and high calcium levels in the urine, gastrointestinal complaints such as constipation, flatulence, nausea, abdominal pain or diarrhoea, reactions such as itching, skin rash or nettle rash.⁶

If you experience any of these side effects, contact your doctor or pharmacist.

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Brain Ticklers

(Please find answers in page 17)

1. Hydiazide diuretics are to be used cautiously in patients suffering from cholesterol and gout true or false?

- A. True
- B. False
- C. True only for cholesterol
- D. True only for gout

2. What would be the first choice of drug in a hypertensive patient also suffering from diabetes?

- A. Prazosin
- B. Nifedipine
- C. Diazoxide
- D. Enalapril

3. Adverse effects associated with loop diuretics include

- A. Potassium depletion
- B. Gout
- C. Ototoxicity
- D. A and C
- E. A, B and C

4. Which is a potent vasoconstrictor?

- A. Renin
- B. Angiotensin 1
- C. Angiotensin 2
- D. Aliskiren

5. Adverse effect(s) associated with captopril include

- A. Postural hypotension
- B. Cough and skin rash
- C. Edema
- D. Dyslipidaemia



Exploring OTCs & Minor Ailments - I

TINCTURE IODINE

For External Use Only

Synonym : Iodine Tincture, Weak Iodine Solution, Alcoholic Iodine Solution

Contents : Iodine – 2 %, along with potassium iodide/ sodium iodide, in ethanol and water (Dark brown, clear liquid).

Pharmacological class and Indications : Antiseptic for use on minor cuts, wounds and abrasions (for broad microbiocidal effects – against bacteria, fungi, viruses, spores, protozoa, and yeasts). The product is suitable for use by adults, children and the elderly.

Mechanism of action :

1. Oxidation of bacterial protoplasm
2. Denaturation of bacterial proteins including enzymes.

Contraindications:- Contraindicated in patients hypersensitive to iodine or iodides, in patients with thyroid disorders or those receiving lithium therapy, and in newborn infants.

Special warnings and precautions for use : Avoid prolonged use (more than 7 days). Solutions of iodine applied to the skin should not be covered with occlusive dressings or bandages.

Adverse Drug Reactions : May be irritating to the tissue. In susceptible individuals, it may cause blisters, crusting, and irritation, itching/reddening of skin.

Patient Counselling :-

- This is for external use/application only. Avoid contacts with eyes and mucous membranes. If contact occurs, immediately flush with water.
- Do not apply over large areas of the body or in large quantities.
- Clean the affected area with water or spirit and allow it to dry.
- Apply to the affected part with cotton wool or a small brush, two or three times a day.
- It may stain skin and clothing or fabrics.
- Consult your doctor if redness, irritation, swelling or pain develops.
- Stop use and consult your doctor if condition worsens or if symptoms persist for more than 7 days or clear up and occur again within a few days.
- Use in children may cause skin in infants.
- Consult doctor before use if you have deeper puncture wounds, animal bites or serious burns.
- Keep all medicines out of the reach and sight of children.

Symptoms in case of oral ingestion : (Highly toxic if ingested)

- Abdominal/ stomach pain • Diarrhoea • Fever • Nausea • Not been able to pass urine • Thirst, severe • Vomiting • Metallic taste • Rashes and acne

Also available as: Strong iodine tincture (7% Iodine)

COUGH THOSE COUGHS AWAY!!!



A cough is one of the body's protective mechanisms and is a vital player in the body's defence against disease. Coughing, which is the sudden expulsion of air, mucus, microbes and foreign particles from the respiratory tract, helps clear the airways and protects the lungs from infection and inflammation. Broadly speaking, there are two main types of cough with different causes and treatments.

Dry Cough	Wet Cough
<ul style="list-style-type: none"> • Non-productive or dry cough resulting from an inflammation of the upper airways can be caused by dry air, allergies, post nasal drip, dusty environments or even in the aftermath of a cold. • There is no mucus or phlegm produced. • The irritated area in the throat produces a tickly sensation causing you to cough. • A sore throat can also be experienced with a tickly cough, as the constant coughing may irritate the throat. <p>How to treat it??</p> <p>a. Demulcents are medicines which form a soothing film over the mucous membrane thereby easing the irritated membranes.</p> <p>Examples: Lozenges, Honey and lemon, Glycerin syrup, Simple linctus,.</p> <p>b. Suppressants work by suppressing the cough reflex in the brain.</p> <p>Examples: Dextromethorphan, Pholcodeine, Codeine.</p>	<ul style="list-style-type: none"> • Chesty or wet coughs are caused by a build-up of phlegm in the lungs and result in chest congestion. • It is known as productive or mucous cough, because it results in expelling mucus from the chest caused by the inflammation. • This cough should not be suppressed as the body needs to get rid of the phlegm in the chest and lungs. <p>How to treat it?</p> <p>Expectorants that loosen the mucus and make it easier for the body to get rid of the phlegm is the best choice.</p> <p>Examples: Guaifenesin</p>

**Non-pharmacological measures are also very important
WHAT YOU CAN TELL YOUR PATIENT...**



Rest as much as you can



Drink plenty of water. It acts as an expectorant and prevents dehydration caused by coughing.



Steam, steam, steam! Steam inhalations make the mucus in your chest more liquid and helps get rid of it.



Take a walk in fresh air. Fresh air tends to clear up airways and releases feel good endorphins in the body.



Avoid smoking and smoky environments as they could be triggers which exacerbate asthmatic conditions and worsen coughs.

Sly Trigger

Dry cough worse at night could be triggered by stomach acid. Avoid spicy, fatty food, alcohol and caffeine.

Swap a Med

ACE inhibitors have 35% more risk of causing a cough as compared to 3% with an angiotensin II receptor blocker (ARB).

Tell the patient to discuss a switch with your doctor.

Recipe Magic – Honey coffee

Honey soothes the throat and reduces inflammation. Along with caffeinated coffee it stimulates breathing and suppresses coughing.

When to worry about a cough?

A cough may require medical attention if it is associated with the following symptoms: -

- High or prolonged fever
- Cough with blood, yellow or green mucous
- Copious sputum with the cough
- Weight loss-
- Weakness, fatigue
- Shortness of breath
- Wheezing
- Chest pain not caused by the cough itself
- New lumps or swellings above the collarbone
- Voice changes or hoarseness of voice persisting even after cough has settled
- Cough of more than 2 weeks with no improvement

Different coughs, different remedies....

Help your patients get the right treatment with the best advice.

By

Ms Arlene Xavier, MRPhams, Community Pharmacist, Birmingham, U.K.

Psychiatric Pharmacy – 4

Depression

Major Depressive Disorder (MDD) or clinical depression is more than just sadness.

MDD is a serious medical illness which affects the body, mood and thoughts for more than two weeks.

Some of the common symptoms of MDD are:

- Dysphoria (abnormal depressed mood most of the day, nearly every day, for at least two weeks)
- Anhedonia (abnormal loss of all interest and pleasure most of the day, nearly every day, for at least two weeks)
- Agitation or slowing
- Lethargy
- Thoughts of suicide
- Change in sleep pattern
- Change in appetite (increase or decrease) and weight (increase or decrease)
- Feeling of guilt or worthlessness Poor concentration
- Pessimist behaviour of the patient towards the society and environment, he or she living in
- Difficult to give any responsibility to the patient
- Affects family members mentally and physically and also neighbours to some extent

The disturbance is to such extent that people tend to give in to the disease, refuse to take treatment or discontinue the treatment due to the burden of the disorder. Though, there is no doubt that MDD can be treated effectively, it is still considered as a lifelong condition in which episodes of depression recur with time.

Difference between sadness and MDD

Sadness is just sad mood only for time being and the person does not sit with it for the whole day and every day in future also.

MDD or clinical depression includes depressed mood or loss of all pleasure and interest along with the other five symptoms of MDD mentioned above, for at least two weeks during the same depression period.

According to WHO:

- Over 350 million people suffer from depression.
- At its worst, depression can lead to suicides.
- Over 8, 00,000 people commit suicide every year; which is the second leading cause of death among 15 - 29 year olds.
- MDD is the leading cause of disability worldwide, and is a major contributor to the

Male v/s female:

- Females are more susceptible to depression in comparison to males.
- Life time risk of all depressions in males is 10% to 12% and in females, 15% to 20%.
- Depression in males is most likely due to the responsibilities rendered by the male dominating societies whereas, females fall prey due to their hormonal changes which can lead to PMDD (premenstrual dysphoric disorder) or due to gender discrimination, lack of respect, workload, abuse etc.
- Women experience twice the rate of depression as men, regardless of race or ethnic background. When it comes to age, depression in elderly is found to be 10%, in youngsters 5% and 20% in medically ill patients.
- Children, who have mothers having MDD, are more vulnerable to the ailment.

Factors that could lead to MDD

Biological Factors	Psychological Factors	Social Factors
Genetic, medical illness, chronic or severe pain, previous history of depression and substance abuse.	Traumatic experiences, damage to body image, fear of death, frustration due to dementia, role transitions.	Loneliness, isolation, death of someone in the family or friends, decreased mobility.

Prognosis:

The median duration of an episode of MDD is six months.

The risk of recurrence after recovery is extremely high (36% after one year following recovery, 40% after 2 years, 60% after 5 years, 65% after 10 years, 85% after 15 years and greater than 90% after 30 years).

Numerous continuation and maintenance studies found that a meaningful proportion of patients with MDD benefited substantially from long term and maintenance treatment. More than 60% of the patients recover completely after treatment with the antidepressants therapy.

- Almost 20% of the patients suffer from chronic depression.
- In 20% of these patients, the episodes of depression reoccur.
- 20% to 40% of the patients suffer from depression due to substance abuse
- 10% to 15% try to attempt suicidal acts
- 50% of them suffer due to their inadequate treatment they received earlier and the remaining 50% remain untreated

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Contributed by:

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Know the Abbreviations and Clinical Terms

Abbreviation/ACRONYM	Full Form
TSH	Thyroid Stimulating Hormone
T ₄	Thyroxine
T ₃	Triiodothyronine
PTH	Parathyroid Hormone/Parathormone/Parathyrin
TRH	Thyrotropin Releasing Hormone
CRH	Corticotropin Releasing Hormone
LH-RH	Luteinizing Hormone Releasing Hormone
FSH-RH	Follicle Stimulating Hormone Releasing Hormone
PRIH	Prolactin Releasing Inhibitory Hormone
GHRH	Growth Hormone Releasing Hormone
cAMP	3',5' Cyclic Adenosine Monophosphate
IP ₃	Inositol Triphosphate
DAG	Diacyl Glycerol
IGF	Insulin like Growth Factor-1
JAK-STAT	Janus-Kinase & Signal Transducer & Activator Of Transcription
NIS	Sodium-Iodine Symporter
RXR	Retinoid X Receptor
5'DI	5' Deiodinase
TRE	Thyroid Hormone Response Element
HOI	Hypoiodous Acid
SST	Somatostatin
E-OI	Enzyme-Linked Hypoiodate
MIT	Monoiodotyrosine
DIT	Diiodotyrosine
SHBG	Sex Hormone Binding Globulin

Solution of Brain Ticklers

1. **A** – Hydiazide belongs to the class of thiazide diuretics which tend to hinder uric acid excretion leading to hyperuricemia and also interferes with LDL, HDL and triglycerides level and is thus, contraindicated in patients suffering from gout and cholesterol
2. **D** – Enalapril is an ACE inhibitor and ACE inhibitors are considered as the first choice of drug for patients suffering from diabetes as well as hypertension.
3. **E** – Loop diuretics cause potassium depletion by increasing potassium excretion in the urine, ototoxicity is associated with their long term use and since they interfere with uric acid excretion, they can cause gout on prolonged use.
4. **C** – Renin itself does not cause vasoconstriction up to a marked extent, angiotensin 2 is a weaker vasoconstrictor compared to angiotensin 1 and Aliskiren is renin inhibitor, aids in vasodilation and not vasoconstriction.
5. **B** – Captopril's interference with bradykinin metabolism and the sulphydryl group present in its structure is responsible for the cough and skin rashes.

Community Pharmacy Practice in Korea



There are about 70,000 pharmacists in Korea and they are represented by the Korean Pharmaceutical Association (KPA). KPA was founded in 1953 when the Pharmaceutical Affairs Law was legislated, and it was authorized by the government as a non-profit organization in the following year. One of its major missions is to protect pharmacists' rights and to expand and develop the pharmacy profession.

KPA offers electronic drug information services to all the registered community pharmacies on a real time-basis at no charge. When the pharmacy profession is at stake, especially if the issue is about a community pharmacy, KPA serves as a channel towards Korean Food and Drug Administration (KFDA) and National Health Insurance Corporation (NHIC). NHIC is a single entity for health insurance in Korea and is managed by the government (Ministry of Health and Welfare). NHIC is similar to the Medicaid in the US. While Medicaid is a healthcare system for people with lower-income background in US, NHIC encompasses the entire population in Korea.

Under the umbrella of KPA, there are 16 regional divisions and 5 special overseas divisions. It is composed of 228 branch (local) pharmaceutical associations nationwide and there are about 21,000 community pharmacies as of 2015 statistics. Pharmacist members are engaged in a wide range of professions such as working in community pharmacies, medical service areas, pharmaceutical industries, government and public sectors, academia and research institutes. Among those diverse professions, community pharmacists take up about 80% of all actively registered members, accounting for about 35,000 pharmacists.

Pharmacy education was changed from a four-year to a six-year system for a professional degree program (Doctor of Pharmacy) in 2011. Final year of the education is dedicated to an on-site experiential program at various sites such as community pharmacy, hospital pharmacy, pharmaceutical industry, research centre depending on the student's choice for his/her preferred future profession. One who wants to enter a pharmacy college needs to finish at least two years of college education (major does not matter) prior to application. Currently, there are 35 colleges of pharmacy with 1,900 students.

License examination is offered by the Korea Health Personnel Licensing Examination Institute, an affiliated organization of Ministry of Health and Welfare. It is offered only once a year in the middle of January. Subjects for the examination are now four which include life science pharmacy, industrial pharmacy, clinical pharmacy, and jurisprudence (pharmacy and other related laws). Examination format is a multiple choice question (1 point for each question) and the number of the questions in the four subjects are 100, 90, 140 and 20, respectively, totalling 350 questions. Foreign pharmacists can also apply for the examination if he/she meets the requirements. Information for the requirements can be obtained at the homepage of the institute (www.kuksiwon.or.kr).

In Korea, only pharmacists can own and run a community pharmacy business, meaning no corporate pharmacy is allowed at present. There was a constitutional petition years ago and the Supreme Court judged that the ban for corporate bodies from opening the pharmacy business was against the constitution. Nevertheless, lawmakers did not

amend the related article in the Pharmaceutical Affairs Law, so corporate pharmacy such as CVS Pharmacy and Walgreen Pharmacy cannot run a community pharmacy business in Korea, which is beneficial to pharmacists.

Most community pharmacies in Korea are owned and run by two pharmacists. And one pharmacist can own only one pharmacy. Community pharmacy can be categorized depending on the size of the daily prescription filling. About two third of the pharmacy are medium sized (daily prescription filling: 30-99) and there are very small pharmacies (11.18% of all pharmacies) which fill less than 30 prescriptions a day.

Type and proportion of community pharmacies in Korea

Type of pharmacy	Proportion (%)
Extra-large	3.63
Large	18.13
Medium	66.47
Small	11.18
Others	0.60

(oriental medicine specialty, etc)

Extra-large, large, medium, and small pharmacy types are based on daily prescription filling 200, 100-199, 30-99, and <30, respectively.

During weekdays, business hours of most community pharmacies (about 90% of all pharmacies) are 10-14 hours a day. Some pharmacies run more than 14 hours a day while some pharmacies run less than 10 hours a day. During weekends, however, the business hour is very short and nine out of ten pharmacies do not even open on Sundays and holidays. Therefore, it is not easy to find a pharmacy operating on Saturday evening and the entire day of holidays. This accessibility issue has been a big complaint from customers and patient organizations in Korea.

Accessibility of community pharmacies in Korea

Daily business hour (h)	Weekdays (%)	Saturday (%)	Holidays (%)
<8	0.30	33.13	36.05
8-9.9	2.72	28.27	23.13
10-11.9	43.20	13.37	19.73
12-13.9	47.73	20.67	19.05
≥14	6.0	4.56	2.04

Community pharmacists are supposed to provide counselling and drug information services to patients (many times just a customer). The contents of the counselling and information that pharmacists may offer are restricted, by the pharmacy law, to (1) drug information approved by the Korean FDA on how to use and (2) information to assist customer's self-purchasing activity strictly without diagnostic discretion. Therefore, in fact, the counselling and drug information provision in the community pharmacy are just nominal and have no meaning. Nevertheless, the service is the basis for medication dispensing fee to claim to health insurance (NHIC). The amount that NHIC

pays pharmacists for that service reaches about a billion US dollars each year.

Medication cost and dispensing fee for prescription filling are processed by electronic billing claims, and they account for about one third of NHIC budget and constitute about 80% of community pharmacy revenue. The medication cost and



dispensing fee are expected to reach 15 billion US dollars in 2015. The billing claim is part of the functions included in the electronic pharmacy management program software. There are several program vendors available in Korea. But, more than 80% of all community pharmacies use the software named PM 2000 offered by the Korea Pharmaceutical Information Centre (KPIC, an independent foundation of KPA) at no charge.

KPA and 21,000 community pharmacies in Korea continue to work hard to develop the pharmacy profession and the growth of the public health service system, which unites the benefits of the public and pharmacists' rights.

Bong Kyu Yoo, PharmD PhD

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2nd Announcement

FAPA 2016

The 26th Federation of Asian
Pharmaceutical Associations Congress
BANGKOK THAILAND

November 9-13, 2016 BITEC Bangna, Bangkok, Thailand

"Integrating Asian Pharmacy Wisdom for Better Global Health."



Pharmacists Making the Difference: Pharmacists' Intervention Avoiding the Medication Errors



MEDICATION ERROR

A 6-week neonatal Zidovudine prophylaxis regimen, at gestational age in appropriate doses, is generally recommended for all HIV-exposed neonates to reduce perinatal transmission of HIV. This is a case of a 2 day old neonate who was started on Zidovudine for prevention of vertical transmission.

Recommended dose of Zidovudine is 2mg/kg orally every 6 hours for a duration of 6 weeks. Weight of neonate = 2.62 kg

Therefore dose to be given = $2.62 \times 2 = 5.24$ mg/dose every 6 hours.

(5.24mg four times in day)

But in this case, dose was wrongly calculated by doctor as 6.24mg/dose every 6 hours. (6.24mg four times in day)

It means the neonate was getting 1 mg of extra Zidovudine for each dose (thus 4 mg extra dose every day). This increases the risk of developing haematological toxicity especially anaemia.

This was brought to the notice of the consultant physician and the appropriate dose was administered.

This case is an example of how medication errors can happen due to errors in calculation. The pharmacist has to calculate the dose and verify them before dispensing the drug. If any error is found, it has to be reported to the doctor and necessary change has to be made in consultation with the doctor.

Contributed by:

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**WORLD 25 SEPTEMBER
PHARMACISTS DAY**

**PHARMACISTS:
CARING
FOR YOU**

“Responding to disasters: Guidelines for pharmacy” released by FIP

The first global guidelines that support continued access to medicines and pharmacy expertise during natural disasters, such as floods, heat waves and earthquakes, are released by the International Pharmaceutical Federation (FIP). The document, “Responding to disasters: Guidelines for pharmacy”, has been produced by FIP’s Pharmacy Emergency Management Working Group following extensive consultation. The document describes actions under each of the four phases of an emergency — prevention/risk mitigation, preparation/readiness, response and recovery.

In addition, the document contains practical tips and information on preparing the pharmacy in case of specific disaster types, and includes a list of medicines to stock for emergency situations. The new guidelines add to FIP’s Statement of Professional Standards on the Role of the Pharmacist in Crisis Management made in 2006.

The document is available at <http://bit.ly/2aptF3x>.

Launch of new guidance to make children's medicines safer and more effective by WHO and FIP

To address the gap in children’s medicines, the World Health Organization (WHO) and the International Pharmaceutical Federation (FIP) have released new guidelines for health care professionals prescribing or supplying medicines for children when no authorised product exists.

Paediatricians and health professionals all over the world have long struggled with the lack of authorised and commercially available child-specific medicines. They are often forced to use adult medicines when treating children. This approach poses significant risks, increasing the potential for inaccurate dosing and impacting on the quality, safety and efficacy of the medicine.

The new guidance provides advice based on the available evidence, best practices and sound scientific and therapeutic principles. For instance, if a prescribed medicine is not available in an age-appropriate formulation, using a commercially available medicine with a similar therapeutic action, which is available in a more suitable form, may be considered.

The document FIP-WHO technical guidelines is available at <http://bit.ly/1YhSdfO>

National Pharmacy Week (NPW) -2016

Dear Members,

The Indian Pharmaceutical Association has been celebrating the National Pharmacy Week every year during the third week of November. The major focus of NPW celebrations is to create awareness amongst the public, other healthcare providers and the authorities, about the NPW theme in specific and about the pharmacy profession and role of the pharmacist in general.

**The 55th National Pharmacy Week (NPW) will be celebrated from
20th to 26th November, 2016**

The theme selected for this year is:

“Pharmacists for a Healthy India: Role in Prevention and Management of Diabetes”

We look forward to receiving your innovative ideas about how NPW should be celebrated this year as well as about the educational material to be developed to make it most effective and meaningful. Your active participation is most welcome.

Please write your suggestions to ipacentre@ipapharma.org / ipacpdetetimes@gmail.com

Keep checking www.ipapharma.org for more details

News and training

DOTS TB Pharmacists' Training at Sangli, MH.

Indian Pharmaceutical Association-Community Pharmacy Division, District TB Society of Sangli Municipal Corporation and Sangli District Chemist and Druggists Association jointly organised a DOTS TB Training programme on 31st May at Sangli. A total of 85 pharmacists from Sangli district were trained for basics of TB and DOTS protocols. City TB Officer Dr. S. Tate and Mrs Manjiri Gharat trained the participants. Mr Vijay Patil, President, Maharashtra State Pharmacy Council appealed to all participants to be actively involved in the programme. Mr Vinayak Shete, President, Sangli District Chemist Association, Mr Sushant and the team of TB Society worked for the success of the programme. Participation certificates were given to the pharmacists from TB Society.



Pharmacists' Training programme at Kim, Gujarat

Shree Dhanvantary College of Pharmacy, Kim, near Surat, Gujarat organised a 2 days training programme on 16th and 17th July, 2016. It was sponsored by Gujarat State Pharmacy Council, Surat Chemists and Druggists Association and was supported by IPA Community Pharmacy Division. Around 200 registered pharmacists from Surat area attended the programme. IPA CPD Ex-Member Shri Pravin Vekaria was the chief guest and delivered a lecture on Pharmacy Practice Regulations of PCI. Other topics covered were Safe Disposal of medicines, Self-medication and its demerits, Role of Pharmacist in TB Control, Bioavailability and food effects. Pharmacists had excellent interaction with the faculty.





FIP Community Pharmacy Section Webinars:Take a breath: Caring for patients with respiratory disease. Register FREE of charge at <http://fip.org/CPS-Webinars>

Chronic respiratory diseases (CRDs), such as asthma and chronic obstructive pulmonary disease, kill more than four million people every year and affect millions more. These diseases erode health and well-being, and have a negative impact on families, societies and public health in all countries.

Despite the widespread assumption that the problem is one that only affects the developed world, chronic diseases are pandemic. The report by the World Health Organization, "Preventing chronic diseases: A vital investment", provides a background for pharmacists to become actively involved in educating and advocating for the resolution of this issue.

Community pharmacists are in a unique position to help patients in the management of CRDs. Repeated contact with patients, expertise in drug therapy and medication management, as well as easy accessibility mean that pharmacists are an asset for patients, payers and health systems.

Enhance your skills, confidence and ability to better serve patients suffering from chronic respiratory diseases. At the end of this series of webinars, you will be able to:

- Describe the general background for CRDs
- Explain the different therapies available
- Outline how to help patients make the most of the therapies available, effectively and safely
- Describe different potential services from community pharmacists for CRD patients



Chair:

Jaime Acosta Gómez, Webinar chair, community pharmacist and CPS ExComember, Spain
Email:j.acostapharm@gmail.com

PROGRAMME

Date	Topic	Speaker
27 September 2016	Back to basics: the respiratory system and chronic respiratory disorders	Johnathan Laird
4 October 2016	Treating patients with chronic respiratory disorders effectively and safely.	Nada Hazem Farrag
11 October 2016	Pharmacists always walk the extra mile: tips and advice to help patients make the most of their therapies.	Kristine Petrasko
18 October 2016	Let's build a service for patients with a chronic respiratory disease.	Fin McCaul

Link to register- <http://fip.org/CPS-Webinars>



68th INDIAN PHARMACEUTICAL CONGRESS - 2016

16 - 18 (Friday - Sunday) December

www.68ipc.com

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University College of
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Andhra University,
Visakhapatnam, AP - 530003

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Indian Pharmaceutical
Congress Association
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Host



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Theme Quality Pharmaceuticals and Patient Welfare



PHARMACISTS FOR
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PHARMACISTS DAY

September 25, 2016

Pharmacists: Caring for you

Competition for Practicing Community and Hospital Pharmacists

Dear Pharmacists,

Patient-pharmacist interaction for the patient care is the heart of the pharmacy practice. There must be so many instances in your career as a pharmacist where you have helped the patients to detect disease early, or complete the treatment or avoided prescription medication errors by talking to patient's doctor or counselled the patients from wrong self-medication and a lot to list on.

Send a case wherein your knowledge and position as a pharmacist made difference in the life of a patient and led to improved health for your patient. Submit details as follows along with your and your pharmacy photo.

Case Report Format

- Maximum words should be of 400 and the maximum entries are 2 per pharmacist.
- Patient name is not necessary yet the details relevant to the case should be mentioned. (e.g. Patient XYZ, age 45, Male,....)
- Patient's health problem/medication details (prescribed or self-medication)
- Your action/intervention as a pharmacist i.e. the counselling which you did, advise, any monitoring of treatment, any clinical measurements, referral, etc.
- How did your intervention made a difference? What was the improvement seen or how it avoided any medication error, risks, dangers, etc.
- Name of Pharmacist, Address, Email and Phone Numbers and Language: English/Hindi.
- Are you a IPA Member? Yes/No. If yes, please mention IPA Membership Number:

Submit your entries to ipacentre@ipapharma.org & ipacpd@gmail.com before September 10, 2016

Best cases will be judged by a panel of judges.

Winners will be announced by September 21, 2016

Prizes

Rs 3000/each for 3 best entries + One Year IPA Membership (if not a member).

Cases of all 3 winners will be published in IPA CPD eTimes and results will be displayed on IPA website



Indian Pharmaceutical Association
www.ipapharma.org



Health days

July 19th -21th
International Day against Drug Abuse and Illicit Trafficking

1st August
World Lung Cancer awareness Day

Aug 01th-07th
World Breastfeeding Week

Forthcoming Events And Meeting

76th FIP World Congress of Pharmacy and Pharmaceutical Sciences 2016

Buenos Aires, Argentina 28 August - 1 September 2016
<http://buenosaires2016.fip.org>, <http://www.fip.org>

3rd Annual GCC Pharmacy Congress Dubai, UAE Oct 30 to November 1,,2016, www.ipapharma.org

26th FAPA Congress, Bangkok, Thailand

November 9 to 13, 2016, www.fapa2016.com

68th Indian Pharmaceutical Congress (IPC), Visakhapatnam, Andhra Pradesh., Dec 16 -18 ,2016,
www.ipapharma.org

JOIN

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

www.ipapharma.org, ipacpdetimess@gmail.com

Provide your feedback to this issue of the CPD E-Times; pass it to more pharmacists and also send in your thoughts/issues/ problems faced by you in pharmacy practice.

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