



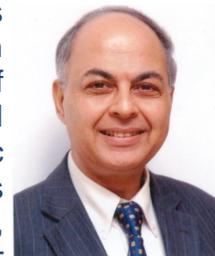
Indian Pharmaceutical Association—Community Pharmacy
Division (IPA-CPD)

IPA CPD E–Times

Editor: Dixon Thomas, IPA CPD

Message from President, Organization of Pharmaceutical Producers of India (OPPI)

The healthcare industry forms the backbone of a growing economy for it is only healthy people who can contribute in a meaningful way. My association with the pharmaceutical industry goes a long way and I have had the good fortune of seeing many students of pharmacy rise to great heights. The pharmacist is tipped to play an increasingly important role as India moves higher up the economic value chain. Even though currently, effectively all medicines tend to be sold as OTC as no one cares enough to insist on a prescription before dispensing a drug, I am sure that the day is not far off when people will rely on the pharmacist to a far greater extent than they do today. IPA CPD E-times is doing a great job of serving as a bridge between the pharmacists and the pharmaceutical industry. The information the magazine provides is particularly useful to not just budding pharmacists but also to those who need to keep abreast of pharmaceutical advancement. The dialogue with the consumer is especially valuable in raising the value of the pharmacist in the eyes of the consumer. My good wishes to the team that produces this magazine and encouragement to pharmacists to use the great content to upgrade their knowledge. **(Ranjit Shahani)**



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Message from the Vice-President and Chairperson, IPA CPD

Dear Pharmacists, It has been a confusing time at the Pharmacy counters due to banning and then revoking ban on sale of some common molecules. The new drug price control regulations had added to this confusion further. Lack of robust, quick mechanisms to disseminate the regulatory decisions effectively causes such type of lack of clarity, not only among the pharmacists but also among all other stakeholders including medical professionals, consumers and even among the state drugs controllers. In the era of Information Technology it surely is not a difficult task and the working out of such mechanisms needs to be prioritized.

The FIP Congress in Dublin is approaching fast and we will certainly bring you the highlights of this Congress in the next issue. On behalf of IPA CPD, I take this opportunity to congratulate and wish good luck to Mr. Luc Besancon who has taken over as the new CEO of FIP after the sad demise of Mr. Ton Hoek.

Hope you find this issue of IPA CPD E-Times useful. Do send in your suggestions and inputs. Happy reading! **(Manjiri Gharat)**



Editorial

Dear fellow pharmacists, in this issue we have two exciting articles about overviews of community pharmacies in Australia and Indonesia. Earlier we did publish such articles from Scotland, Portugal, and Switzerland. We hope these international exposures to community pharmacies would help you improve the standards of local practice. On experiences from India, we would like to share an innovative example of a specialized health shoppe for Diabetes and about initiatives from Maharashtra State Pharmacy Council. Also, we have the regular continuing pharmacy education series with drug information, lab test information, and patient counselling. We thank all readers for their regular feedbacks and distribution of E-Times to fellow colleagues. **(Dixon Thomas)**



Drug information: Alprazolam

Few examples of common Brands: Restyl, Alprax etc

Pharmacological class and Indication:

Benzodiazepine; for anxiety, panic disorder

Tab: 0.25mg,
0.5mg, 1mg
SR tab : 1.5mg

Prescription Only
Medicine

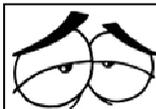
Route	Onset	Peak	Duration
Oral	15-30min	1-2hr	Unknown

Counselling the patient:

- Swallow alprazolam tablet with a full glass (200ml) of water. Can be given with food if gastric upset occurs.
- For SR tablets: Do not chew, cut, crush or break sustain release (SR) tablet, swallow intact, breaking of tablet might result in release of large amount of drug resulting in toxicity.
- Alprazolam is contraindicated in patients with hypersensitivity to it or other benzodiazepines, or with psychoses or acute narrow-angle glaucoma.
- Avoid use of alprazolam during pregnancy or lactation.
- Do not stop using alprazolam suddenly without consulting your doctor.
- Abrupt stopping may lead to withdrawal reactions, especially if it has been used regularly for a long time or in high doses.
- Alprazolam is a habit forming drug. Take it ONLY for prescribed period and in prescribed dose. Do not take this medication in large doses or for a longer time, unless specifically instructed by the doctor. Do not exceed prescribed dose.
- Alprazolam may impair thinking or reactions. Avoid driving or do anything that requires being alert.
- Do not drink alcohol while taking alprazolam, as it may increase the effects of alcohol.
- Safety and efficacy of alprazolam in children under 18 years is not established.

Drug information service is a vital part of the functioning of pharmacies. A computer with internet connection could help in providing authentic and unbiased information to health care professionals.

AUXILLARY LABEL



Alprazolam tablet Xmg
Take a tablet orally daily
Caution : This medication may cause drowsiness or dizziness. Do not operate heavy machinery or drive a vehicle after taking it.

Lab information: Serum creatinine test

Theory

A serum creatinine test reveals important information about kidneys. Serum creatinine test is an indicator of kidney function. Creatine is formed during the metabolism of proteins. This creatine is further broken down into creatinine. The kidneys filter the blood and throw creatinine out of the body through urine. If the kidneys fail to do so effectively due to some kidney disease, the creatinine level in the urine decreases and that in the blood increases.

Normal Values

The reference range for serum creatinine is as follows:

- 0-18 years- 0.4-1.0 mg/dL
- Adult female- 0.6-1.2 mg/dL
- Adult male- 0.8-1.5 mg/dL

Females usually have a lower creatinine than males, because they usually have less muscle mass.

Interpretation

Higher than normal levels may be due to:

Acute tubular necrosis, dehydration, diabetic nephropathy, eclampsia (a condition of pregnancy that includes seizures), glomerulonephritis, kidney failure, muscular dystrophy, preeclampsia (pregnancy-induced hypertension), pyelonephritis, reduced kidney blood flow (shock, congestive heart failure), rhabdomyolysis, urinary tract obstruction.

Lower than normal levels may be due to:

Muscular dystrophy (late stage), myasthenia gravis.

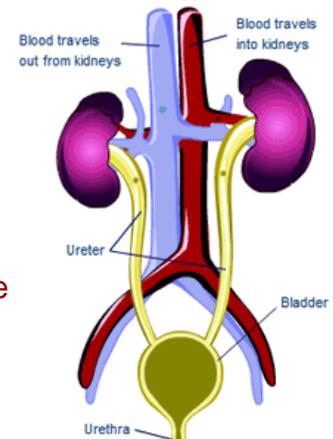
Drugs that elevate creatinine levels by inhibiting the creatinine secretion:

- The antimicrobial trimethoprim (which is most often given in combination with sulfamethoxazole).
- The antiarrhythmic drug dronedarone
- The H2-blockers cimetidine, ranitidine, and famotidine.
- Tenofovir disoproxil fumarate (TDF), a drug used to treat chronic hepatitis B infection and HIV infection, has been reported to acutely increase the serum creatinine, thereby decreasing the estimated GFR.
- Cefoxitin

Sensitivity

A study showed that the sensitivity of serum creatinine test in detection of chronic renal failure was 69%.

Reference: Medlineplus; <http://www.nlm.nih.gov/medlineplus/ency/article/003475.htm>



Consumer dialogue: Malaria

Patient: Hello I am xxx. Can you please give me these medicines?

Pharmacist: Yes, sure, do you know why are these medicines for?

Patient: Yes, doctor explained to me that I have symptoms of malaria. I was having fever and sometimes I used to shiver a lot. Doctor did a blood test too.

Pharmacist: Where do you live? And what do you do for a living?

Patient: I live in the old town and I am a driver.

Pharmacist: Whether anyone in your family or neighbourhood has or had malaria recently?

Patient: No one in my family had malaria but one of my neighbours was treated for malaria last week. I know malaria has some connection with mosquitoes, isn't it? Can you tell me little more about it?

Pharmacist: Malaria is a completely curable disease and is caused by the germs (parasites) which are transmitted through mosquito bites to humans, and symptoms may appear in few days. The main symptoms are fever, chills with sweating, headache, muscle pain, weakness, and/or vomiting. In the early stages, the symptoms may resemble influenza (the flu). Unclean surroundings such as stagnant water, open canal etc may aid in the spread of malaria by providing breeding grounds for mosquitoes. So cleaner the surrounding lesser chances of malaria.

Patient: Ok. We have lot of mosquitoes around. It means we MUST take care.

Pharmacist: Yes, you must. Try to keep house as well as the surroundings clean. Do not leave any places unattended in the house. You see, in our house balconies etc we dump the unwanted stuff. Such places are favourite for mosquitoes to breed. Use mosquito net at night. You can use window screens to prevent entry of mosquitoes. Keep yourself fully covered and especially small children. Use mosquito repellent creams when required. I have some if you need. Also, nowadays many devices are available which you can use to keep mosquitoes away.

Patient: Oh, now I understand how much ignorant I was in this matter. I will surely take care. But, tell me now, will these medicines fully cure me?

Pharmacist: To treat this infection, take these medicines as prescribed by the doctor. It is compulsory that you should complete the course otherwise you may have malaria coming back to you, which may be difficult to treat. Don't leave the treatment halfway even if you start feeling better in few days. Usually you will have no problems with the medicines. But possibly, you may face some side effects, like vomiting, stomach upset or you may see hazy. Take tablets after food. These side effects are very temporary and will go away. But still, if you have doubts, please call me or your doctor.

Patient: What are the possible complications of malaria?

Pharmacist: The most common complications of malaria are anaemia which will cause lot of weakness, enlargement of organs such as liver and spleen, Jaundice etc. Some forms of malaria are very severe. Hence best is to take the doctor's opinion anytime when one has fever.

Patient: Thank you so much. I will certainly take my medicines properly and will take care to keep mosquitoes away. Thanks again for the information.

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

An overview on community pharmacies in Australia

There are more than 5000 community pharmacies in Australia, spread across our vast land from the largest cities to the most remote townships.



Pharmacists complete a four year undergraduate degree or a two year post graduate masters course. All graduate pharmacists wishing to practise must then complete a one year internship in either a community pharmacy or hospital setting before sitting further oral and written exams before they are registered to practice. One of the emerging issues in Australia is the increasing number of graduates which are being produced by the universities. Ten years ago there were only seven pharmacy schools in Australia, today there are nineteen producing more than two thousand graduates per year. While there is still a relative shortage of registered pharmacists in rural and remote areas, we are now starting to experience an oversupply in the larger cities and urban areas.

The principle activity of community pharmacy is the distribution of prescription medications under the pharmaceutical benefits scheme (PBS), to citizens of Australia. The PBS provides subsidised medications to all citizens. Depending on a person's social security status, they may pay a contribution from as little as \$5.90 per prescription to a maximum of \$36.10 per prescription. The government pays the balance of the cost on



the person's behalf. The annual cost of the PBS in Australia is approximately \$10 billion. The Pharmacy Guild of Australia and the Commonwealth Government negotiate the Community Pharmacy Agreement every five years. This agreement formalises the remuneration to Pharmacy for supply of medications under the PBS and also for professional services provided by community pharmacy.

In recent years the Government has looked to reduce the cost it pays for medication on the PBS. It has achieved this by a process of price disclosure, which by referencing the cost it pays to the actual cost of medication to the pharmacist, has allowed for savings of more than \$1billion to be achieved. This has had a direct effect on many pharmacies' profitability, and has forced many pharmacy owners to look to provision of "in pharmacy" professional services to offset these losses. The Community Pharmacy Agreement funds a number of in pharmacy services and also medication management reviews – these include:



Cont'd on Page 6

MedsCheck: A pharmacist initiated non-clinical review of an eligible patient’s medication. This review is designed to better inform a patient of their medication, what it is and how it works. Patient compliance is also established. This review is designed to be done in the pharmacy, in a private consultation area and should take approximately 45 minutes. The Government pays the pharmacist a fee of \$60.00 for this service.

Diabetes MedsCheck: Similar to a MedsCheck, but specifically targeted at Type 2 diabetics. This is a slightly more detailed review which may take one hour for which the Pharmacist is paid \$90 by the government.

Home Medication Reviews (HMR): These are a detailed *clinical review* of a patient’s medication which must be requested by the patient’s doctor. The review involves an interview with the patient, *in the patient’s home*, followed by a detailed report written by the pharmacist which is returned to both the patient’s Doctor and Community Pharmacist. An HMR can only be performed (both interview and report) by an Accredited Pharmacist. This is a pharmacist who has been specially accredited to perform these reviews.

Residential Medication Management Review: This is a clinical review of a patient’s medication who resides in a residential aged care facility. This review is done in collaboration with the patient’s doctor, and may only be performed by an accredited pharmacist.

Many community pharmacists now offer disease state management services and disease screening services within their pharmacies. These include blood pressure monitoring, cholesterol monitoring, INR monitoring, weight loss programmes and baby health



clinics to name a few. All of these enhance the role of the community pharmacy as a readily accessible primary health care destination, where well trained staff are always available to service patient needs.



While dispensing of prescriptions accounts for 75% of most pharmacy’s turnover, it can range from 20% to 95% in some cases. In recent years, the Australian market has seen the emergence of “big box” style discount pharmacies. These may be up to 10,000 sq m in floor space and usually have a very aggressive discount pricing strategy. These pharmacies have forced many smaller operators out of the market place or caused a dramatic change in the marketplace dynamics where they have opened up. The Government does not allow discounting of the patient contribution for NHS prescriptions.

The landscape of Community Pharmacy in Australia has changed dramatically over the past five to ten years. We have moved from an almost single dependence on supply of prescriptions to a model which embraces increasing levels of professional services provided inside and outside of the pharmacy, a more aggressive over the counter health and beauty and medicine offer, and a more efficient and competitive prescription medicine offer. With this new balance of community pharmacy offers, I am convinced that our industry will continue to prosper and to serve our patients well for all their pharmacy related needs.

(Contributed by **Paul Sinclair**,
Community Pharmacist, Sydney, Australia and
Vice-President,
FIP Community Pharmacy Section,
Email: paulgsinclair@bigpond.com)

The challenging era for community pharmacies in Indonesia

Indonesia, whose population is around 240.000.000 people, is going to have significant changes in healthcare services. Starting in early 2014, Government of Indonesia plans to implement a universal health coverage programme to protect all citizens. The implementation would be executed step by step since 2014 until 2019. For the first step, people who work for the government and army who were formerly covered by state's own insurance company would automatically be a part of the programme. The second step, for the poor people, government would take care of the premium. The numbers in both categories is approximately 130.000.000 people. The rest of the population (approximately 110.000.000 people) would be covered by the programme after 2019.



The new universal health coverage programme entails a collaboration between healthcare professionals. With limited resources, the optimum result of therapy could only be reached by good teamwork among them. Patients must be taken care of by doctors, pharmacists, and nurses. Although this phenomenon is expected to be of common practice, it happens on a very limited scale in a country like Indonesia where there is out-of-pocket system.

For the community pharmacists, those changes are very challenging. Although pharmaceutical practices have already been written in the Indonesian Health Law, practically only limited community pharmacists implement number of it. In many pharmacies, community pharmacists are absent in day to day activities in the pharmacy. The pharmacy technician or other pharmacy employees are more well known in society.

Indonesian Pharmacists Association is trying hard to convince every stakeholders regarding the role of community pharmacists in new healthcare services in the universal health coverage era. Pharmacists must stay together with other healthcare professionals in the clinic or pharmacy to serve patients directly. Some of the important roles must be



demonstrated by pharmacists like assuring quality medicine supply, managing polypharmacy, minimizing medication errors, minimizing abuse of antibiotics and

maximizing rational use of medicines.

Pharmacists play important roles in quality and cost control of medicines. It is not an easy task. From other healthcare professional (especially medical doctor) point of view, they rarely meet pharmacists even in the pharmacy. They don't feel pharmacists contribute to the process of medication. Pharmacists themselves don't really feel confident to do their responsibility as healthcare professionals. There are several reasons such as very few pharmacists who really practice like role models. Lack of practical experience during education and lack of law enforcement resulting in pharmacists getting lazy to practice.

But the show must go on. Ready or not, Indonesian Pharmacists Association sees this moment as a golden opportunity for pharmacists to change and demonstrate their real role in the healthcare system by providing direct services to the community to get the optimum positive effects of drugs. Indonesian Pharmacists Association would facilitate its members to increase their competencies through a variety of programmes.

(Contributed by **Dani Pratomo**, President, Indonesian Pharmaceutical Association and President, SEARPharm Forum, Email: dani_pratomo@yahoo.co.id)

MSPC Drug Information Centre: Focus on continuing education programs (CEPs) for registered pharmacists

Maharashtra State Pharmacy Council (MSPC) started its Drug Information Centre (DIC) in September 2003. The centre provides in-depth, unbiased drug information to healthcare professionals and consumers in India. Drug related queries are received by DIC via email, phone, post, or in person & DIC responds to it at the earliest possible. Going beyond this, the concept of DIC has flourished in allied directions, one of that is continuing education programs (CEP).

MSPC's DIC has focused on improving the professional status of the pharmacy profession. This asks us to ensure that each of the >1,40,000 pharmacists in Maharashtra are aware about their roles & responsibilities as a healthcare professionals. The DIC has been unwavering in empowering the pharmacists with current knowledge & professional skills. DIC had introduced a one day refresher course & one week patient counselling course. We have trained more than 8500 & more than 2500 registered pharmacist through refresher & patient counselling course (PCC) respectively.

In the history of CEPs for pharmacists MSPC's DIC is the first to launch an online refresher course (ORC) for practicing registered pharmacists. It is a basic course that sensitizes the pharmacists as healthcare professionals, equips them with essentials of drug storage, motivates them to improve patient safety by giving knowledge on medication errors and demands them to play a vital role in curbing antibiotic resistance along with importance of abiding to the drug laws & regulation.

DIC has also introduced a 3 days patient counselling course: A Patient Focused Approach. PCC involves classroom training with a blend of lectures, discussions, group activities, medical device demonstrations & a patient counselling competition. The first course was launched in Sangli district of Maharashtra & witnessed participation of 36 pharmacists.

We also have a quarterly issue of Drug Information Bulletin (DIB) which is bi-lingual (English & local language Marathi). DIC's range of publications include ready reference books, such as Drugs Harmful in Pregnancy & Breastfeeding, Drug Interactions Manual, Drugs to be used with caution in liver & kidney impairment (injury), WHO Model list of Essential Medicines for Children & Guide to Patient Counselling – Manual. For more information on activities of DIC visit our website www.mspsindia.org/dic/homedic.aspx. We request pharmacists participation in various activities.

(Contributed by **Kinnari Desai**, In-charge – MSPC DIC, Email: dicmspc@gmail.com)



Pharmacists participating in patient counseling course

“MADHUMITRA”
(An innovative Shoppe specialized in diabetes and health foods)

'Madhumitra', established in 2005, is a first of its kind of shop engaged in retailing of diabetes and health related products. We focus on overall health and wellbeing. At Madhumitra, we work very closely with physicians and other health care professionals. We carry a comprehensive line of health products and accessories. These specialty products are designed to enhance the quality of life for people experiencing disabilities, chronic diseases, surgeries, and aging. Our product range encloses sweeteners, biscuits, sweets & chocolates, health foods, roasted snacks, soya specials, nutritional supplements, organic foods, Ayurvedic foods, health drinks, healthy oils, glucometers, books, rehabilitation products, diabetic footwear and more.



Our services include patient counselling by pharmacist, Consultation by dietician, supply of diet information charts, reference books, free BMI calculation, in-house diabetes magazine, and health literature. We have patient counselling area, classroom for patients' educational activity, open space with natural surroundings for health awareness seminars. We promote good health through our public education and awareness programmes on a regular basis. Our activities also include educational demos for glucometers, insulin administration, estimating Indian diabetes risk score.

We conduct health food festivals with aim to create awareness about health foods. These festivals encompass live demos & free tastes of various health dishes along with education to convert 'processed foods' to 'healthy ones'. We took initiative in starting "Health Dishes" section in several restaurants and the menu comprises of more than 50 dishes and drinks for health conscious and diabetic people. These dishes are categorized in oats, soya, ragi, multigrain etc.

"Madhumitra" Idea got selected in "Power of Ideas 2011" contest, conducted by The Economic Times & Indian Institute of Management (IIM) Ahmedabad, in India's top 850 ideas amongst 16242 ideas.

Our magazine "Bigar Sakhar" ("Without Sugar") had got the recognition from International Diabetes Federation, Belgium. We are successfully operating at 6 locations in the state of Maharashtra.

(Contributed by **Devendra Khot**, Madhumitra, Sangli, Maharashtra, Email: madhumitradiabetes@gmail.com)



SEARPharm Forum regional conference on "Assessment of implementation of national medicine policies (NMPs) in South East Asia region of WHO" - A report

29th June, 2013, Colombo, Sri Lanka

SEARPharm Forum, in Partnership with Pharmaceutical Society of Sri Lanka (PSSL), organised one day conference cum workshop on "Assessment of implementation of national medicine policies (NMPs) in South East Asia region of WHO".

The objective of the conference cum workshop was to share key information related to development and update of policy and legislation to enable member organisations to play an active role whenever national pharmaceutical/medicines policy and legislations are revised. The conference was held in the backdrop of FIP/WHO workshop on pharmaceutical policies during FIP centennial congress, 2012 in Amsterdam. It explored the role of pharmacists in national medicine policies in South East Asia. The conference cum workshop was inaugurated by Dr. D. G. Maheepala, DGHS, MoH, Sri Lanka and Dr. B. V. S. H. Benaragama, Director, Medical Technology and Supplies, MoH, Sri Lanka was Guest of Honour. WHO South East Asia Regional Advisor, Dr. Kathleen Holloway delivered the Key Note Address on "International evidence for the benefit of having a coordinated health systems approach to the effective management of medicines and developing such an approach in South East Asian countries." Speakers and experts on NMP from Bangladesh, India, Indonesia, Nepal, and Thailand shared data on involvement of pharmacists in key elements of NMP. In the workshop which followed the Technical Session, delegates and experts deliberated on recommendations on key components of NMP.

The conference and workshop concluded with adopting "Colombo Declaration on National Medicine Policies and Role of Pharmacists in South East Asia." The conference cum workshop was attended by 120 delegates from Sri Lanka and South East Asia.



From L to R: **Pradeep Mishra**, Professional Secretary, SPF; **Chinta Abhayawardana**, Vice-President, SPF; **Dr Kathleen Holloway**, Regional Advisor, EDM, WHO-SEARP; **Shalutha Athauda**, President, PSSL; **Dr D G Maheepala**, DGHS, MoH, Sri Lanka; **M. Dani Pratomo**, President SPF; **Dr B V S H Benaragama**, Director, Medical Technology and Supplies, MoH, Sri Lanka & **Teera Chakajnarodom**, Former President, SPF

(Contributed By: **Pradeep Mishra**, Professional Secretary, SEARPharm Forum,
Email: pmshealth@gmail.com)

Community Pharmacists from India in FIP's project "I AM A PHARMACIST"



It is with great pleasure and pride that I have been serving the community as a community pharmacist for the past 25 years in Goa, India. In my pharmacy, we offer many services to promote good health and adherence among our patients, such as: measuring blood pressure, blood sugar, pulse, and BMI; free medical camps; and free diabetes detection camps. Through a variety of tools, we also instruct patients on how to take their medications as prescribed and how to make behavioral modifications to ensure better health outcomes. (Ratnadeep Kurtarkar, Goa)



Pharmacists in India are in a prime position to prevent, control and contain the spread of tuberculosis (TB). As a result of government-sponsored training programs and partnerships, community pharmacies are able to offer free-of-charge Tuberculosis Treatment DOTS (Directly Observed Treatment, Short-Course). In my own pharmacy in Mulund, located outside of Mumbai, India, I have successfully detected 5 cases of TB. I offer TB Treatment DOTS, TB therapy monitoring as well as other patient care services to my patients for a multitude of health conditions. I am a pharmacist! (Mahadev Patel, Mumbai)

Note: Hearty Congratulations to these pharmacists who were featured in FIP's International Pharmacy Journal's special issue. Soon the videos will be available on www.iamapharmacist.com. All pharmacists are welcome to view or submit such videos.

Report on pharmacy practice symposium in Tamilnadu

National level seminar on "Widening the Horizons for Practicing Pharmacists in Industry and Hospitals" on 5th & 6th July 2013 was organised by the Department of Pharmacy Practice, PSG College of Pharmacy, co-sponsored by Department of Science & Technology, New Delhi and The Tamilnadu Dr. M. G. R. Medical University, Chennai.



Prafull D. Sheth address the gathering

The symposium was inaugurated by Mr. Prafull D. Sheth, Vice President of FIP and founder mentor of SEARPharm Forum, a FIP-WHO forum of national associations of South East Asia. He delivered the first plenary lecture on the topic, "Challenges for practicing pharmacist in counterfeit drugs in India". Eleven speakers from community and Industry were invited to deliver talk on various themes.

Around 300 delegates attended the conference from different parts of the country. Seventy seven posters were presented; the first three posters were awarded with prizes. Dr. V. Sankar, Prof & Head, Department of Pharmacy Practice was the organizing secretary and Dr. M. Ramanathan, Principal, PSG College of Pharmacy was the Chairman of the conference. Mrs. Manjiri S. Gharat was the Chief guest for the valedictory function and distributed certificates and prizes to the winners.



Organizing team with speakers

Hearty Congratulations to Mr. Luc Besançon, new CEO of FIP

FIP has announced the successor of Mr. Ton Hoek, CEO of FIP, who unfortunately passed away in 2012. The result of the selection process is appointment of Mr. Luc Besançon as new General Secretary/Chief Executive Officer of FIP. He was acting General Secretary for Professional, Scientific, and External affairs of FIP. Mr. Besançon, a French national, is a pharmacist with a specialization in industrial pharmacy; he graduated from the University of Burgundy, France. After four years at the French pharmacists organization: "Ordre National des Pharmaciens" where he did support work for national and international activities (liaison with FIP, Council of Europe, WHO, anti-counterfeiting of medicines, continuing professional development, and others), he joined FIP in 2008 as Project Coordinator. A year later he became Manager, Scientific and Professional affairs. IPA CPD is pleased to congratulate Mr. Besançon and wish him great success in his new position.



Luc Besançon

E-Times BRAIN TICKLES : 5

- Only bone in our body that does not touch another bone?
 A) Clavicle B) Hyoid C) Radius D) Patella
- Deficiency of Niacin causes?
 A) Pellagra B) Beriberi C) Scurvy D) Ricket
- Which of the following drug can cause damage to the retina?
 A) Warfarin B) Phenytoin C) Verapamil
 D) Chloroquine
- What is a normal blood sodium level?
 A) 135-145 mmol/l B) 3.4-5.0 mmol/l C) 245-260 mmol/l
 D) 12.5-16.5 mmol/l
- Chewable tablet dosage form is most common for which of the following drug?
 A) Ibuprofen B) Calcium C) Diazepam
 D) Glyceryl trinitrate

Notes: Answers will be given in the next issue. Winner will get : GPP Training Manual Free of Cost.

Please Email your answers to: ipacpdetimes@gmail.com before August 25, 2013. If more than 1 correct answer is received, the winner will be decided by lots.

Answers to BRAIN TICKLES: 4

1. b. 2. b. 3. e. 4. b. 5. a.

No one answered all correct, so no winner for Brain Ticklers 4.

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

www.ipapharma.org

ipacpdetimes@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.

Upcoming scientific events

FIP World Congress 2013,
Dublin, Aug 31-Sep 5, 2013, visit:
<http://www.fip.org/dublin2013/>

Nasal & Pulmonary Drug Delivery: Global Trends,
Mumbai, Oct 24-25, 2013, visit:
<http://www.ipapharma.org/>

Methodology Development in Healthcare Research,
Anantapur, Oct 25, 2013, visit:
http://www.ispor.org/regional_chapters/India-Andhra-Pradesh/index.asp

Indian Pharmaceutical Congress, New Delhi, Dec 20-22, 2013, visit: <http://scientificipca.org/>

National Pharmacy Week– 2013

Dear Members,

The Indian Pharmaceutical Association has been celebrating the National Pharmacy Week (**NPW**) 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 pharmacist in general. The 52nd National Pharmacy Week (NPW) will be celebrated during **17th to 24th November, 2013.**

The theme selected for this year is:

“Pharmacist: A Healthcare Professional”

We look forward to receiving your ideas about the pattern of celebrating the NPW 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 / ipacpd@gmail.com

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‘For private circulation to healthcare professionals only’

Disclaimer: Drug information is for health care professionals only. We try our level best to gather updated healthcare information, but it is better advised to refer and consult other relevant resources before taking a practice decision. Views of the authors are not necessarily, the views of IPA CPD, and the association is not responsible for any damage caused due to information published in IPA CPD E-Times. Subject to Mumbai Jurisdiction only.

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