



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

# IPA CPD E–Times

Editor: Dixon Thomas, IPA CPD

## Message from the CEO of the International Pharmaceutical Federation (FIP)

My dear fellow Pharmacists,

Greetings from the FIP headquarters. Our organisation represents over 3 million pharmacists and pharmaceutical scientists, whose role is to provide innovation and expertise on medicines and their use at the heart of our community and healthcare teams.

Our mission is even more important today. With the expansion of health insurance to cover medicines, policy makers are scrutinizing whether their investments in medicines produce expected health outcomes.

This investment is secured when medicines are safe and authentic. To that end, the World Health Professions Alliance (WHPA) has teamed up with the main associations of healthcare professionals in India, including IPA to organise a campaign on spurious medicines.

Another important component in ensuring that medicines lead to positive health outcomes is through their responsible use of medicines, as defined by FIP. Over 500 billion dollars could be saved every year worldwide if responsible use of medicines was achieved. For India only, it would represent more than 3.5% of total healthcare expenditures. Pharmacists have been identified by independent research organisations as one of the main enablers for the responsible use of medicines. I call on all of you to play an active role to achieve this vision, for the benefits of patients. **(Mr Luc Besançon)**



### In this Issue

### Message from the Vice-President and Chairperson, IPA CPD

Messages	1	Dear Pharmacists,	
Editorial	2	The last two months have been filled with travel, starting with Zimbabwe for their national conference and ending with a trip to Brazil for a WHO Conference. Zimbabwe is a small country with few pharmacies and just two pharmacy colleges! Every pharmacy has a pharmacist present for all the open hours of the pharmacy. I was impressed with the strict law enforcement. There is lots to learn for us from this African example. You can read more about pharmacy practice in Zimbabwe on page 7.	
Dosage form Tips	2	Back home, we are celebrating the 52 <sup>nd</sup> National Pharmacy Week (NPW). We also had 2 successful pilot training programmes for pharmacists, with Pfizer Ltd, and are now looking forward to its national roll out next year. We are also preparing to work for WHPA's Campaign against spurious medicines. CPD will be working in the New Year for national expansion of DOTS TB Pharmacists Project with the support of Lilly MDR TB partnership. And last but not the least, IPA soon enters its platinum jubilee year by the end of 2013 and we are gearing up to celebrate it in 2014. So we already have a full calendar for 2014!	
Drug Information	3	This is our last issue for the year 2013. I thank all our local and global readers. I take this opportunity to mention that E-Times has been a great team efforts with CPD colleagues, editor Dixon Thomas, Raj Vaidya and others. I also thank CPD colleague Pradeep Mishra for his constant support in helping us to design various educational materials. I wish you all a very happy new year, and meet you all again in 2014! <b>(Mrs Manjiri Gharat)</b>	
Lab Information	4		
Consumer Dialogue	5		
Patient Instructions	6		
Zimbabwean Practice	7		
Karnataka Council	9		
Conferences & NPW	10		
CPD with Pfizer	11		
WPD in India	12		
HIV/AIDS Poster	13		
Crossword	14		
Upcoming events	15		
NPW Poster	15		
Contact us	15		

## Editorial

Happy to say that E-Times is improving issue by issue. Thank you for your valuable readership and comments. It is our attempt to make E-Times a professional aid to practicing pharmacists. From this issue we are happy to start counseling points related to different dosage forms as well as counseling tips for one prescription. Being a platform for professional news, we are happy to bring the updates and exposures internationally. It is interesting that the international readership of E-Times is increasing. From the editorial board, we convey thanks to all who are associated with us and contribute to the profession of pharmacy. We welcome you to go through the 8th issue of E-Times packed with regulatory, professional and academic write-ups. Please see HIV/AIDS and NPW model posters, on page 13 and 15. For full size posters feel free to E-mail us or please visit IPA website <http://www.ipapharma.org/>. (Dr Dixon Thomas)



## Dosage form instructions: Liquid oral medications

- Always use the dosing device that comes with the medicine, such as a syringe or a dosing cup. If a dosing device does not come with the product, ask your pharmacist to recommend one.
- Before measuring the proper dose of liquid medication, make sure to shake the bottle well as some of the medication may have “settled” at the bottom.
- When measuring the liquid medicine, always be sure to look at it at eye level. With dosing cups measure on a flat surface.
- Never measure liquid medicine in a dim room or when you are distracted.
- After measuring liquid medicine, immediately replace the cap. If small children either live in your home, or visiting, keep it outside the reach of children.
- Always store adult and child preparations of liquid medicine in separate areas. This will decrease the chance of mixing up the containers by accident.
- Some liquids, especially prescription liquids, will require refrigeration. Be sure to read the label carefully to find out how your medicine should be stored. If your medicine must be stored in the refrigerator, always be sure to store it on a high shelf towards the back so that a child can't reach it.
- After administering the medicine, always be sure to wash the dosing device. If you fail to do so, bacteria can grow and cause contamination during any future use.
- If you wash a dosing device immediately before administration, be sure to dry it well. Leaving liquid residue on the device can interfere with dosing accuracy.
- If you overfill a cup or dosing syringe when measuring, discard the excess medicine down the sink. Don't try to pour any excess or unused medicine back into the container. Doing so will contaminate the medicine that is left in the container.
- To ensure accurate dosing, don't combine more than one liquid medicine in a dosing device at the same time. The medicines may not be compatible.
- Do not combine any medicine with foods or drinks unless product labelling specifically says it is OK.

References: [www.patient.co.uk](http://www.patient.co.uk)  
[http://drugs.about.com/od/howtouseyourmedications/a/oral\\_meds.htm](http://drugs.about.com/od/howtouseyourmedications/a/oral_meds.htm)

Contributed by: **Dr L. Britto Duraisingh**, Clinical Pharmacist & Assistant Professor,  
 PSG College of Pharmacy, Coimbatore.

## Drug information: Amoxicillin

**Few examples of common Brands:** *Novamox, Wymox, Blumox* etc.

**Pharmacological class and Indication:**

Aminopenicillin/Antibiotic for treatment of respiratory tract, urinary tract infections, gonococcal infections (Bacterial infections susceptible to amoxicillin)

Disp. Tab :  
125mg, 250mg  
Capsule : 250,  
500mg  
Suspension  
125mg/5ml,  
250mg/5ml

Route	Onset	Peak	Duration
Oral	Unknown	1-2 hr	6-8 hr

Prescription Only  
Medicine

**Counselling the patient:**

- Take amoxicillin preferably on an empty stomach (1hr before or 2hr after food) at regular intervals. Can be taken with food if gastric irritation occurs.
- When using a dispersible tablet, dissolve a tablet in a small glass full of water to make a uniform dispersion & then swallow the dispersion.
- Amoxicillin is contraindicated in patients with hypersensitivity to penicillins or cephalosporins or imipenem. Should be used cautiously in patients with mononucleosis.
- Antibiotics work best when the amount of medicine in the body is kept at a therapeutic level. Therefore, take this drug at evenly spaced intervals.
- Do not miss any dose. If you miss, take the medicine as soon as you remember, but if it is already time for the next dose, skip the missed dose and go back to the original dosing schedule. **Do not double the dose.**
- Take amoxicillin for the full prescribed length of time. Symptoms may improve before the infection is completely cleared. Skipping doses may also increase risk of further infection that is resistant to antibiotics.
- Amoxicillin can cause diarrhoea, which may be a sign of a new infection. If you have diarrhoea that is watery or bloody, stop taking amoxicillin and consult a doctor. Do not use anti-diarrhoea medicine unless advised by the doctor.
- Amoxicillin will not treat a viral infection such as the common cold or flu.
- Do not share this medication with another person, even if they have the same symptoms you have.
- If you are using the oral suspension or liquid form of this medication, shake it well before measuring a dose. Use a dose-measuring spoon, cup, or dropper (not a regular tablespoon) to ensure that you measure the correct dose of medication.
- Store this medication in a cool place (8 – 30 deg C), protected from heat, direct sun light and moisture.

*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**

**AMOXICILLIN CAPSULE X MG**  
Take orally as directed, preferably on an empty stomach.  
Complete the full course of antibiotics therapy, incomplete treatment may lead to development of drug resistance

Reference: AHFS Drug Information 2010

For more details and comments, e-mail to [ipacpdetimes@gmail.com](mailto:ipacpdetimes@gmail.com)

## Lab information: C-reactive protein

### Theory:

A C-reactive protein (CRP) test is a blood test that measures the amount of a protein called C-reactive protein in blood. C-reactive protein measures general levels of inflammation in the body.

### Normal values:

Normal: 0-1.0 mg/L or less than 10 mg/L (SI units)

High-sensitivity C-reactive protein (hs-CRP) levels (determines the risk for heart disease):

- Less than 1.0 mg/L - Lowest risk
- 1.0 to 3.0 mg/L - Average risk
- More than 3.0 mg/L - Highest risk

### Importance:

CRP may be a risk factor for heart disease. It's thought that as coronary arteries narrow, there will be more CRP in blood. A CRP test determines exactly where the inflammation is, though, so it's possible that a high CRP level could mean there's inflammation somewhere in the body other than heart. According to the American Heart Association, a CRP test is most useful for people who have an intermediate risk (a 10 to 20 percent chance) of having a heart attack within the next 10 years.

### Interpretation:

A positive test means you have inflammation in the body. This may be due to a variety of different conditions, including:

- Cancer
- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Systemic lupus erythematosus
- Pneumococcal pneumonia
- Rheumatoid arthritis
- Rheumatic fever
- Tuberculosis

Some medications — such as birth control pills; statins; nonsteroidal anti-inflammatory drugs (NSAIDs), including ibuprofen; paracetamol — can affect the CRP level.

Cyclooxygenase inhibitors (aspirin, celecoxib), platelet aggregation inhibitors (clopidogrel, abciximab), lipid lowering agents (statins, ezetimibe, fenofibrate, niacin, diets), beta-adrenoreceptor antagonists and antioxidants (vitamin E), as well as angiotensin converting enzyme (ACE) inhibitors (ramipril, captopril, fosinopril), reduce serum levels of CRP.

### Clinical decisions:

Exercise and weight loss where appropriate, since both can help lower CRP. In general, physicians recommend the same lifestyle changes shown to reduce heart disease - diet, exercise, not smoking, drinking less alcohol, following a heart-healthy diet - to lower levels of CRP.

**References:** Webmed; <http://www.webmd.com/a-to-z-guides/c-reactive-protein>  
 Mayoclinic: <http://www.mayoclinic.com/health/c-reactive-protein>  
 Medline plus: <http://www.nlm.nih.gov/medlineplus/ency>

## Consumer dialogue: Dengue fever

**Pharmacist:** Hello Sir, I'm xxx the pharmacist at your service. How can I help you?

**Patient:** Hello I'm yyy and I have been recently diagnosed with dengue fever, was admitted in hospital for the last two days. Can you please dispense me these medications?

**Pharmacist:** Ok Sir. You look tired, please be seated, while my fellow pharmacist fill your prescription, shall we talk about your disease?

**Patient:** Sure, thank you. I have been suffering with fever and body pain. No one in my family had dengue but two of my neighbours have suffered from dengue. Can I know how people usually get infected with dengue?

**Pharmacist:** Dengue fever is transmitted by the dengue virus through *Aedes aegypti* mosquito. This mosquito bites mainly during the daytime, unlike the malaria-carrying mosquitoes that bite at evening and during the night.

**Patient:** Ok, no wonder that me and my neighbours are suffering from dengue. We do have lot of mosquitoes around us. What are all the symptoms usually seen in patients with dengue fever?

**Pharmacist:** After 3-14 days on an infective bite dengue symptoms start ranging from mild fever, to high fever with severe weakness, with severe headache, pain behind the eyes, muscle and joint pain, and rash.

**Patient:** Is there any test to find out dengue fever? how people die due to dengue, I used to read it in the newspapers.

**Pharmacist:** Well, you may not remember these test names, but let me tell you. There are some laboratory tests such as antibody titre and polymerase chain reaction for dengue virus types. And complete blood count (CBC), is also used. Severe dengue (also known as dengue hemorrhagic fever) is characterized by fever, abdominal pain, persistent vomiting, bleeding and breathing difficulty and is a potentially lethal complication, affecting mainly children. Early clinical diagnosis and careful clinical management increase survival of patients.

**Patient:** What sort of measures should I follow so as to protect my family members from dengue?

**Pharmacist:** As of now there are no vaccines available to prevent dengue fever. The best method of prevention is to avoid being bitten by mosquitoes. Wear proper clothing (long trousers/pants, long sleeved shirts, and socks.), using mosquito repellents, traps and nets, use structural barriers for windows like nets, removing stagnant water in and around house - the *Aedes* mosquito prefers to breed in clean, stagnant water.

**Patient:** Should I follow any diet or life style modifications?

**Pharmacist:** Eating a well balanced diet with emphasis on green leafy vegetables can provide the essential vitamins and minerals, Chewing two cloves of garlic or drinking hot garlic vegetable soup can decrease the multiplication of viruses. Drinking hot soup, herbal teas, amla juice can promote antibody production. Try to avoid junk sugary products, and fried foods. Oh, here are your medicines.

**Patient:** What are these medications?

**Pharmacist:** It is paracetamol for controlling your fever and oral rehydration salts (ORS) for preventing dehydration. Mix ORS with boiled and cooled water as specified on the label and take as recommended by your doctor. You should avoid taking painkillers such as aspirin, ibuprofen, and naproxen. They may increase bleeding problems.

**Patient:** Ok, thank you for providing me all the valuable information and I will contact you further if any other information is required.

**Pharmacist:** Thank you Sir for spending your valuable time. Please contact me for any related information.

References: World Health Organization <http://www.who.int/topics/dengue/en/>  
Medline Plus: <http://www.nlm.nih.gov/medlineplus/ency/article/001374.htm>

## GPP Patient instructions: Case 1

The community pharmacy receives a prescription on the letterhead of a doctor:

Rx

For Mr Sitaram (name changed for confidentiality)

1. Tab Brand A: 1 bd x 5 days (10) - containing: **Diclofenac 50 mg** (a NSAID), **Methocarbamol – 400 mg** (a muscle relaxant) & **Paracetamol – 325mg** (Analgesic)
2. Gel Brand B: 1 tube - containing: **Ketoprofen 2.5% w/w**

### Analyzing the Prescription:

- Quick check to confirm that the doctor is qualified – YES
- Quick check to see the date – YES. Fresh date,

That means the prescription is valid.

- Patient Mr Sitaram – Check whether the person who had brought the prescription is the patient. Confirm him he is an adult.
- Tablet Brand A contains both diclofenac and methocarbamol – each of them can cause GI irritation. The tablet therefore has to be taken on a full stomach/after food.
- Gel Brand B – for local application – contains ketoprofen 2.5w/w in hydroalcoholic gel base.

**Basic patient instructions to be given irrespective of patient asking or not (use a language the patient understands):**

- Tablet Brand A is to be taken (or please take) two times a day (or every 12 hours), after breakfast & after dinner (to be taken on a full stomach). Along with a glass of water.
- Gel Brand B is to be applied to the affected part. Take a small quantity and rub it in gently. (How many times a day – in this case, patient has to be asked how often the doctor told to apply. If not told, and the patient wants to know – it could be recommended that it should be used two times a day).
- Please DO NOT use Tablet Brand A more than the dose, more often than recommended by the doctor, and for longer duration than recommended by the doctor.

**Additional information which could be provided if the patient asks/wants to know (one or more of the following information can be shared):**

- Tablet Brand A contains an anti-inflammatory drug and a muscle-relaxant drug. Your doctor has prescribed it to reduce pain, inflammation and relax a painful muscle.
- Taking it on full stomach is recommended as otherwise it could cause GI irritation.
- If you still get GI irritation/burning/acidity, please discuss with your doctor.
- Taking the medicine for more than the recommended dose/period is not recommended as it can cause GI irritation/ulceration. Too long usage could lead to kidney problems.
- If at all you experience any side effects during the treatment, please contact your doctor immediately.
- In some patients methocarbamol can cause drowsiness, dizziness, upset stomach, flushing, blurred vision. DO NOT drive a vehicle or operate heavy machinery if you experience drowsiness/dizziness/blurred vision.
- Tablet Brand A contains diclofenac, methocarbamol & paracetamol, while Gel Brand B contains ketoprofen. If you are allergic to any of these, please discuss with your doctor.
- If you have a history of peptic ulcer, I hope you have informed your doctor about it.
- If you have any other question about your medicines, please feel to discuss the same.

Contributed by: **Mr Raj Vaidya**, Community Pharmacist, Hindu Pharmacy, Goa

## Community pharmacy practice in Zimbabwe

### Setting the scene

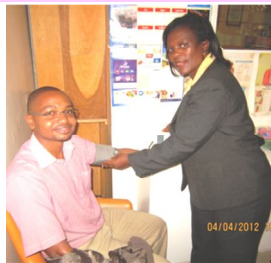
Zimbabwe is in the southern part of Africa, with an estimated population of thirteen million. This population is served by about 800 pharmacists, distributed in all the sectors of pharmacy practice, namely hospital pharmacy, community pharmacy, industrial and distribution services. Approximately 70% of the pharmacists carry out their profession in the community pharmacy sector, commonly referred to as “Retail Pharmacies”. Most of the pharmacies are privately owned by individuals. There are a few chains pharmacies. We have seen an increase over the past ten years in the number of pharmacies which are owned by healthcare funders. The distribution of retail pharmacies in Zimbabwe is skewed towards major cities and towns, with very few pharmacies in small towns. Pharmaceutical services in the rural areas are provided by nurses at Rural Health Centres. The economic setting does not support rural pharmacy enterprise, since patients have to pay for their medicines from their own resources. Unfortunately, the rural cannot afford subscribing to medical insurance cover and there is no national health insurance cover either.

### Dispensary: Prescription medicines only

#### *The Legal Framework:*

Community pharmacies in Zimbabwe are licensed by several statutory bodies, each with a specific role to play. The Health Professions Council registers all health institutions, where healthcare practitioners work, including community pharmacies. This is in addition to a trading license which is issued by local authorities or municipal government.

Then, there is the Pharmacists Council of Zimbabwe (PCZ), which registers the pharmacist. The pharmacist must renew his/her practicing certificate or license annually, subject to attaining a prescribed number of Continuing Education or Continuing Professional Development points. PCZ is also responsible for verification of shareholding in the ownership of pharmacies. In terms of the law, Pharmacists must own at least 51% shares in a community



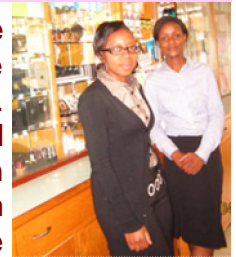
pharmacy, so as to give the professional a controlling stake in the pharmacy business. Finally, the Medicine Control Authority of Zimbabwe is concerned with minimum standards for premises where medicines are stored or distributed from. The community pharmacy should also have a private room where patients can receive counselling in privacy. The pharmacy should be under the continuous supervision of a pharmacist, otherwise the supervising pharmacist would be guilty of unprofessional conduct if he/she does not provide such supervision.

#### *Education of Pharmacists:*

The minimum qualification for a pharmacist to be registered to practice in Zimbabwe is a Bachelor of Pharmacy (Hons) Degree or equivalent, plus a period of twelve months internship in registered premises. The premises and supervisor must be accredited by the Pharmacists Council of Zimbabwe. The interns would have to write a qualifying examination before they are admitted onto the register of pharmacists. There are two schools which train pharmacists, with an output of sixty pharmacists per annum from the School of Pharmacy at the University of Zimbabwe which has been in existence since 1976. The other one is newly established. Harare Institute of Technology is still to produce its first batch of students. It opened its doors for the undergraduate pharmacy training in 2012.

#### *Practice Framework:*

The traditional role of pharmacists in the community pharmacy setting has been the dispensing of medicines. This role has been changing over the years, where the pharmacists are involved in pharmaceutical care and monitoring medicine use. In this regard, pharmacists have been carrying out the following services, but not limited to, blood pressure monitoring, blood glucose and cholesterol testing, screening for malaria parasite prior to initiating the recommended first-line treatment, patient education on proper use of medical devices such as inhalers. Dispensing of antibiotics is strictly on a doctor's prescription.



**Cont on Page 8**

Concern has been raised whereby antibiotics may have been dispensed without prescription for various reasons. This is in an endeavour to minimize development of antibacterial resistance, which is often associated with indiscriminate and overuse of antibiotics.

### **Front shop: “over-the-counter stock and cosmetics”**

Some of the challenges faced by community pharmacists are medicine shortages and high prices of medicine. This reduces access to medicines for our population. The local manufacturing industry is unable to meet the local demands in terms of pharmaceutical products; hence most of the products are imported. In fact, we import a lot of medicines from India. We also have a shortage of pharmacists, such that most public institutions are supervised by non-pharmacists. Strengthening of public sector pharmacists will have a positive impact on the role of pharmacist as the ‘medicine experts’.

In terms of public health issues, pharmacists in community pharmacies are not fully integrated into the public health programs which are run under the Ministry of Health and Child Care. There is sometimes a gap in implementation of National Medicine Policies between the two sectors. The Pharmaceutical Society of Zimbabwe has been advocating for more cooperation through private-public partnerships. Fortunately, we have a good relationship between the Retail Pharmacists Association, PSZ and the Ministry of Health and Child Care. The ministry recognizes the role played by community pharmacies in the healthcare provision.

### **Future of Community Pharmacy**

The advent of new technologies and new medicines is a motivator for continuing professional development (CPD); hence the proof of CPD or continuing education (CE) is mandatory for annual renewal of practicing certificates for pharmacists and pharmacy technicians. Pharmacist should be adequately trained in order to provide pharmaceutical care. There is continued collaboration between practitioners, legislators and educators, in order to meet the challenge. Some of the suggested service areas are provision and administration of vaccines, HIV counselling and testing, distribution of TB Medicines (India is already doing that!) and strengthening of private-public-partnerships. Currently, community pharmacists carry out

blood pressure and blood sugar monitoring, but there is no standardization of the service provided, and how the data could be effectively used in medication use monitoring. There is no accreditation of the services providers. The provision of these extended services depends on the pharmacist’s initiative and intrinsic motivation. In this regards, there is no remuneration model for the service provided.

Having been said all this, the introduction of these “extended” services has sort of created some tensions between pharmacists and other healthcare professionals, such as doctors, medical laboratory scientists and technicians, and nurses to some extent. The issue here is that pharmacist are taking away their turf. The Pharmaceutical society of Zimbabwe has thus taken steps to address these concerns by holding collaborative meetings with the legislators (PCZ) and Health Professional Alliance, and with the College of Primary Care Physicians. The intention is to create trust between doctors and pharmacists. Secondly, the collaboration aims to improve the quality of service to the patients, by all concerned.

### **International and Regional Relations**

On the international scene, Zimbabwe is a member of FIP and APF, whereby we subscribe to the statutes and recommendations of these international bodies. FIP has come up with Vision 2020 for community pharmacy, which is meant to strengthen GPP and ethics in pharmacy practice. I foresee this as a way to strengthen the role of community pharmacy practice in Zimbabwe. Zimbabwe is also a member of IPSF. The World Pharmacists day was well celebrated in Zimbabwe, followed by National Medicines week, held in the last of October. The pharmacists and undergraduate pharmacy students participated in the event, whereby they provided free blood pressure checks, blood sugar testing and BMI calculations for members of the public. The public are also given advice on adherence, proper medicine use, nutrition, Pharmacovigilance, and poison prevention. Pharmacists were also on both radio and television to promote pharmaceutical care and public awareness on the role of pharmacists as healthcare professionals.

Contributed by: **Jocelyn M. Chaibva**,  
Community Pharmacist, Zimbabwe  
E-mail: jmchaibva@gmail.com



## The Karnataka State Pharmacy Council- A review

The "Mysore State Pharmacy Registration Tribunal" was formed by the then Government of Mysore in 1967.

Total number of Pharmacists registered with Council as on 15th November 2013 is 47722.

Uniqueness of this Council is that it has many 'FIRST' to its credit;

- The first council in India to computerize all activity including the generation of Registered Pharmacist certificate.
- The first council in India to issue Identity Cards to all registered pharmacists.
- The first council in India to provide financial assistance to the registered pharmacist intending to present research papers in International forums. Till now 48 registered pharmacists have availed this benefit.
- The first council in India to appoint Pharmacy Inspectors under section 26 (A) of the Pharmacy Act, 1948.
- The first council in India to start Drug Information Service.
- It is also the first council to organize 'First Inter-country Workshop on National Drug Information Services' for SARC countries under the sponsorship of WHO, India.
- The council was also the first one to launch public awareness program on pharmacare and medication discipline through LED scrolling board to convey TIPS to the lay public on better Domestic Drugs Management. There is a scope to extend the facility to hospitals, busy and high speed area even outside Bangalore through Global Positioning System (GPS) for public information.

### KARNATAKA REGISTERED PHARMACIST WELFARE TRUST

Social Welfare Scheme:

The trust is a novel initiative with a concern for the welfare of the pharmacist and his/her family. It was established in the year 1998

for the benefit of the registered pharmacists and their families.

### DRUG INFORMATION & RESEARCH CENTER (DIRC)

Drug Information service were established in August 1997 and is successfully running on its 17th year.

The high light of this service is that lay public too has been seeking information on various aspects of medication and to sort out their doubts and confusion.

Being a typical DIRC independent of the hospital, it is catering to about 30 to 50 queries per month.

Seminars, workshops and training programs to the pharmacists, healthcare professionals including doctors are held often in the council.

The DIRC publish a quarterly Newsletter with information on health and pharma topics of public importance, tips to the pharmacists and doctors on certain highlighted drug interactions, new drugs that are entering the market and banned and prohibited drugs.

DIRC newsletter has an accreditation from International Society of Drug Bulletins (ISDB).

The DIRC has plans to communicate the information's like banned drugs through SMS to practicing pharmacists' mobile phone and also through email.

### KSPC PUBLICATIONS

- Hand Book of Pharmasos,
- Drugs Usage in Special Population, Pregnancy & Lactation,
- Drugs Usage in Special Population Paediatrics & Geriatrics,
- Tobacco Free Future - Choice is Yours.

Contributed by:

**Dr Gundu Rao DA and Mr Baghavan PS.**

E-mail: kspcblr@gmail.com,

kspcdic@gmail.com

Web: www.kspcdic.com

### IPA CPD's participation in Zimbabwe's Conference

Mrs Manjiri Gharat, Chairperson of IPA CPD had been to Bulawayo, Zimbabwe on October 4 and 5<sup>th</sup>, 2013 for their national conference on the invitation of President, Mr Dothan Moyo of the Pharmaceutical Society of Zimbabwe (PSZ). She presented 2 talks on topics, Good Pharmacy Practice (GPP) and the Indian TB project. Professor Alex Dodo from Ghana was another foreign invitee. Mrs Manjiri visited some pharmacies in Harare and Bulawayo.

PSZ plans to collaborate with IPA CPD for developing GPP Training Manual for Zimbabwe.

### IPA CPD's participation in WHO's 3<sup>rd</sup> Global Forum on Human Resources for Health, Brazil

The 3<sup>rd</sup> global Forum on Human Resources for Health was held in Recife, Brazil from 9<sup>th</sup> to 13<sup>th</sup> November, 2013. FIP had organised a session on “**Universal health coverage – improving access and outcomes through responsible medicines use**”. The purpose of this session was to share successful pharmacists' commitments that have been made to accelerate universal health coverage, through implementing policies and programmes that increase access to medicines and support responsible use of medicines by patients.

Mrs Manjiri Gharat participated in the event along with Mr Luc Besancon, CEO of FIP and Prof Henri Manasse, Prof Ian Bates, Dr Andreia Bruno of FIP Education Initiative (FIPEd), and Dr Dejanne Oliveira representing Brazilian Pharmacists Association (CFF).

Mrs Manjiri delivered a talk on “**Integrating the private sector into national programmes – the case for TB in India**” and it was received well and Indian pharmacists' **participation in TB control and care was appreciated as a success story.**

### 52<sup>nd</sup> National Pharmacy Week inauguration at Goa

The 52<sup>nd</sup> National Pharmacy week which is celebrated throughout the country was inaugurated in Panaji, at Hotel Fidalgo by Dr Emma Andrews, Director External Medical Affairs, Pfizer Medical, Pfizer Inc, New York.

The function was organized by the Indian Pharmaceutical Association Goa State Branch. Speaking on the occasion, Dr Emma stressed the need for improving the skills of community pharmacists in India. She shared her experience of working as a pharmacist in USA. The function began with the Welcome Address by the President of the Association Mr Salim A. Veljee, followed by the address of by the Chairperson of Community Pharmacy Division of Indian Pharmaceutical Association, Mrs Manjiri Gharat. During the occasion meritorious Pharmacy students were felicitated at the hands of Dr Emma. Mr Anant Naik, Secretary of the Association proposed the vote of thanks.

Immediately after the inauguration a training programme was held for the community pharmacists in Goa which was addressed by Dr Emma Andrews, Dr Shaantanu Donde of Pfizer, Mrs Manjiri Gharat and Mr Raj Vaidya.

## IPA CPD and Pfizer collaborate on continuing professional development for practicing pharmacists



Organizing team with resource persons

Pfizer India, working with the Indian Pharmaceutical Association has piloted a new education program for community and hospital pharmacists. The program is enabled and supported by Pfizer External Medical Affairs.

A first of its kind, a training workshop was held at Panaji - Goa on 17<sup>th</sup> Nov, 2013, and it coincided with the 52<sup>nd</sup> NPW inauguration

programme organised by IPA Goa State Branch. Dr Emma Andrews, Director, External Medical Affairs, Pfizer Medical, Pfizer Inc, New York inaugurated the NPW. The inauguration was followed by the training workshop which was attended by 30 community pharmacists from different parts of Goa. Dr Shaantanu Donde of Pfizer India, Mr Raj Vaidya and Mrs Manjiri Gharat of IPA CPD and Dr Emma Andrews were the resource speakers. The workshop included lectures, interactive sessions and group activities on the topics – Global Scenario, Patient Counselling, Procurement and Inventory Management.



Dr Emma with participants

The second programme of the pilot launch was held at Chennai on 18<sup>th</sup> Nov, 2013 for 40 hospital/clinical pharmacists from the public and corporate hospitals. Dr Emma Andrews, Mr Raj Vaidya and Dr G Kannan, Professor of Pharmacy Practice at Sri Ramachandra College of Pharmacy, Chennai were the speakers, covering the topics of Global Scenario, Quality Parameters & Procurement & Inventory Management.

Both the workshops were well received by the participants and there was extensive interaction on all the relevant topics. All pharmacists were given participation certificates and written feedback of all participants was taken. The national roll out of these collaborative training workshops is being planned and will begin sometime in 2014.



Participants taking part in group work



Dr G. Kannan distributing participation certificates

### WPD: Aushadh Suraksha Abhiyaan (Safe Use of Medicine Campaign), Goa

On occasion of World Pharmacist Day, Kurtarkar Medical Stores, Ponda, Goa organized Aushadh Suraksha (Safe Use of Medicines) Abhiyan, a unique programme for detection, counselling for diabetes and hypertension and Safe Use of medicines. While inaugurating the camp, Hon. Minister for Public Works Department Mr Sudin Dhavlikar said that



Health check up camps have gained importance these days. He further promised that with the help of all the pharmacies he will develop some better health schemes for senior citizens and complimented pharmacist Mr Ratnadeep Kurtarkar for providing professional services to the customers.



About 348 patients took advantage of

the camp. A group of 25 trained pharmacy students of PES Tarabai and Rajaram Bandekar college of pharmacy counselled the patients for correct use of medicines and performed clinical measurements, such as blood pressure and Body Mass Index for the visiting patients. Students also performed street play on safe use of medicines.



### WPD at Dr L. H. Hiranandani Hospital, Mumbai

At Dr L H Hiranandani Hospital, Mumbai Department of Hospital & Clinical Pharmacy celebrated this event with lots of zeal and enthusiasm. Pharmacist Oath was recited by all the Hospital Pharmacists present. Ten Pharmacists were felicitated for their renowned services. The program started with a brief introduction about history of the profession and role of pharmacist in the community by Mr Mukesh Divakar. Narsee Monjee Institute of Management Studies (NMIMS) School of Pharmacy, Mumbai felicitated the Hospital Pharmacists for their contribution in Hospital Pharmacy services, Mr Uday Tewari of Dr L.H. Hiranandani Hospital was the lead invitee.



### WPD at Pharmacies in Navi Mumbai



**World AIDS Day  
December 1**

# PHARMACISTS IN HIV/AIDS CARE

**“SHARED RESPONSIBILITY: STRENGTHENING  
RESULTS FOR AN AIDS-FREE GENERATION.”**

## PHARMACY AND PHARMACISTS

-  Monitor Adverse Drug Reactions and Check for Drug Interactions.
-  Sale, Advice and Demo on Safe and Proper Use of Condoms.
-  Referral of Symptomatic Patients.
-  Maintain Patient Confidentially.
-  HIV/AIDS: Awareness, Prevention and Care.
-  Proper Use of Syringes and Needles and Their Safe Disposal.
-  Counsel Patients on Their Illness, Disease, Nutrition and Self Care.

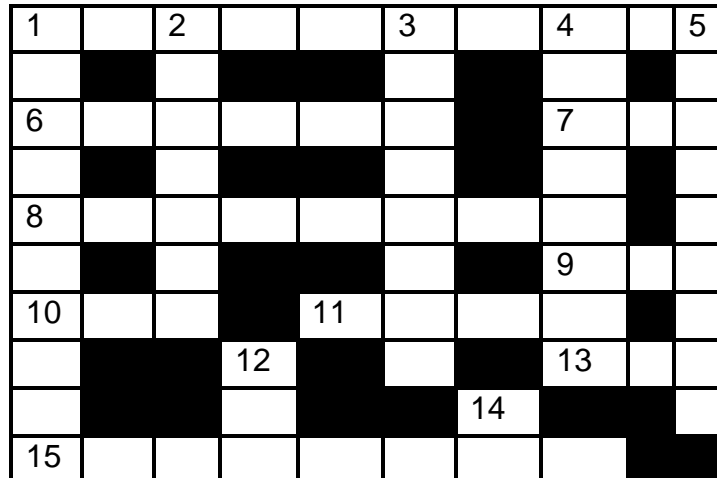
Positive or Negative we  
are All **CONNECTED** HIV  
Doesn't Discriminate and  
Neither Do We

**INFORMATION  
EQUALS  
DEFENSE**



Issued In Public Interest By:  
Indian Pharmaceutical Association - Community Pharmacy Division  
[www.ipapharma.org](http://www.ipapharma.org), [ipacpd@gmail.com](mailto:ipacpd@gmail.com)

**E-TIMES CROSSWORD # 1**



**CLUES**

ACROSS	DOWN
1. Common SSRI (10)	1. Blocks H2 famously (10)
6. A Brand – one of the earliest eye moisturiser of FDC (6)	2. Nitrofurantoin used in these infections (7)
7. Triple vaccine (1,1,1)	3. Dutasteride – used when the gland is _____ (8)
8. A Brand – ophthalmic solution which replaces the stream of cry (4,4)	3. Diuretic with potency 1.5mg (1st 8 letters) (8)
9. Classification system of blood groups (1,1,1)	5. Waiter boys are common carriers of this Genus (9)
10. In tid, d=? (3)	12. This lipid level increases when you regularly exercise (1,1,1)
11. The herbal antiseptic tree near me (4)	14. The isotonic NaCl (1,1)
13. Calculates whether weight in proportion to height is fine (1,1,1)	
15. Grand Mal (8)	

**Kindly send your answers to [ipacpdetimes@gmail.com](mailto:ipacpdetimes@gmail.com) on or before Dec 31<sup>st</sup>, 2013.**  
 Winner for Brain Ticklers 6: No one answered all correct.

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

[www.ipapharma.org](http://www.ipapharma.org)

[ipacpdetimes@gmail.com](mailto: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.

### IPA CPD Editorial team

Chairperson: Manjiri Gharat

Immediate Past Chairman:

Raj Vaidya

Editor: Dixon Thomas


Editorial Assistants: Kavita Gaonkar, Pooja Kamat, S Rubiya, Bharani Kumar, PT Priyanka

### Upcoming scientific events

- Pharmacy Practice module 4 repeat, Tirupathi, Dec 16-18, 2013. Visit: [www.iacp.org](http://www.iacp.org)
- 65<sup>th</sup> IPC, New Delhi, December 20-22, 2013. Visit: [www.scientificpca.org](http://www.scientificpca.org)
- 6<sup>th</sup> Asia Pacific Conference, Beijing, Sep 7-9, 2014. Visit: [www.lspor.org](http://www.lspor.org)
- FIP PSWC 2014, Melbourne, April 13-16, 2014. Visit [www.fip.org](http://www.fip.org)

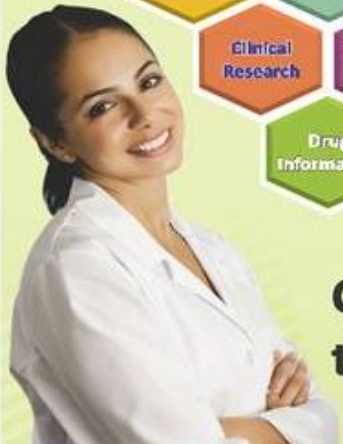

Published by:

Indian Pharmaceutical Association—Community Pharmacy Division, IPA Headquarter, Kalina, Santacruz (E), Mumbai - 400 098.



## Pharmacist A Health Care Professional

### Working in an array of fields



### Caring for the nation's health !

Issued in public interest by:  
**INDIAN PHARMACEUTICAL ASSOCIATION**  
[www.ipapharma.org](http://www.ipapharma.org)

'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.



[www.ipapharma.org](http://www.ipapharma.org)

Website: [www.ipapharma.org](http://www.ipapharma.org)

Tel : 91-22-2667 1072

Fax : 91-22-2667 0744

Email : [ipacpdetimes@gmail.com](mailto:ipacpdetimes@gmail.com)

<https://sites.google.com/site/ipacpdetimes/>