



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

IPA CPD E–Times

Editor: Dixon Thomas, IPA CPD

Message from International Pharmaceutical Federation (FIP) Pharmabridge Coordinator

I have had the privilege to watch pharmacy development in India since early 1980s (first as a WHO staff member and later as FIP Pharmabridge Coordinator), a time when pharmacists were educated primarily for the pharmaceutical industry. Since then important progress has been made in developing community pharmacy and with the introduction of the clinical Pharm.D curriculum. The Indian government has acknowledged the importance of the role of the pharmacist by the recently signed agreement with the IPA on the role of the pharmacist in TB therapy. The regular publication of IPA CPD E-times is yet another proof of progress. Pharmabridge, a programme of the International Pharmaceutical Federation aiming to strengthen pharmacy services and education in developing countries, has supported pharmacy education in India over many years by offering books and also by pharmacy practice exposure to pharmacists in India in affluent countries with front line pharmacy practice. There can be no one to one translation of what they see, but the objective is to get ideas and inspiration for adapting some new concepts to local conditions. I am eager to watch further progress and to continue offering support in the development of pharmacy services in India for the benefit of its people and I wish all involved success! **(Agathe Wehrli)**



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Message from the Vice-President and Chairperson, IPA CPD

Dear Pharmacists, FIP is putting the care of complex patients at the top of the agenda for 2013. Complex patients is the term generally used for those who require an extra amount of care as a consequence of complicated and extensive medicine regimes compounded by physical and mental limitations. FIP Congress, to be held at Dublin from 31st August to 5th Sept 2013 has the theme "Towards a future vision for complex patients: Integrated care in a dynamic continuum". In this issue we bring you the write up "Connecting to complex patients: How pharmacists can take the lead" on this theme which describes well the valuable impact that pharmacists have in the lives of complex patients. Well, the world is rapidly moving towards more advanced role of the pharmacist in patient care. Back home, a LOT is required to be done to correct the pharmacy practice situation and we urgently need a national debate to define the role and scope of the pharmacist and need to come up with a white paper on pharmacy practice and education in India. All stakeholders need to work together to resolve the challenges we face today in our country. **(Manjiri Gharat)**



Editorial

Monsoon has started in India. It is the season of fevers and related acute illnesses. Hope the pharmacists are ready to provide timely health care services. Pharmacists in India are invited to send us any practice related queries. We will be happy to answer them with the use of experts from academia and pharmacy practice. Selected topics of discussion shall be published in E-Times for the benefit of fellow pharmacists. In this issue, read about practices in pharmacies in Switzerland, comments of pharmacists on drug laws in the country, and a brief report of CPD activities. All support and vibrant practice of pharmacists are called for. Improving quality of service is the only way forward. **(Dixon Thomas)**



Drug information: FLUOXETINE

Tab/cap: 10mg,
20mg, 60mg
Syrup: 20mg/5ml

Few examples of common Brands : *Prodep, Fludac etc*

Pharmacological class and Indication :

Selective serotonin reuptake inhibitor (SSRI), for mental depression and obsessive compulsive disorder (OCD)

Prescription Only
Medicine

Route	Onset	Peak	Duration
Oral	Unknown	Unknown	Unknown

Counselling the patient :

- Fluoxetine is contraindicated in patients with hypersensitivity to it and in patients taking Monoamine Oxidase (MAO) inhibitors within 14 days of starting fluoxetine therapy.
- Caution is advised in patient with high risk of suicide or in those with history of seizures, diabetes mellitus, renal, hepatic or Cardiovascular disease.
- Fluoxetine should not be used during pregnancy and lactation.
- Take fluoxetine after food with a glass full of water to minimise gastric irritation.
- It may take up to 4 weeks before symptoms improve. Keep using the medication as directed and inform doctor if symptoms do not improve after 4 weeks of treatment.
- Do not stop using fluoxetine suddenly, as it may lead to unpleasant withdrawal symptoms (Nausea, dizziness, abdominal cramping, restlessness, talkativeness).
- Fluoxetine may cause dizziness or drowsiness and may impair thinking or reaction. Care needs to be taken while driving or anything that requires alertness.
- Avoid getting up too fast from a sitting or lying position, or you may feel dizzy. Get up slowly and steady yourself to prevent a fall.
- Avoid alcohol while on fluoxetine therapy, as it increases certain side effects of it.
- Store fluoxetine in a cool (8 – 30 deg C) dry place, protected from light.

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

FLUOXETINE Xmg
Take orally as directed by your doctor
Caution : This medication may cause dizziness / drowsiness, caution is advised while driving or doing anything that requires alertness

Source: AHFS Drug Information 2010

For more details and comments, e-mail to ipacpdetimes@gmail.com

Lab information: serum bilirubin test

Bilirubin is a yellowish pigment found in bile, a fluid made by the liver.

A small amount of older red blood cells are replaced by new blood cells every day. Bilirubin is left after these older blood cells are removed. The liver helps break down bilirubin so that it can be removed from the body in the stool.

Need of testing bilirubin

Large amounts of bilirubin in the blood can lead to jaundice. Jaundice is a yellow color in the skin, mucus membranes, or eyes. Jaundice is the most common reason to check bilirubin levels. Most newborns show signs of jaundice.

The test may also be done in older infants, children, and adults who develop jaundice. A bilirubin test is also done in case of suspected liver or gallbladder problems.

Normal range

It is normal to have some bilirubin in the blood. Normal levels are:

- Direct (also called conjugated) bilirubin: 0 to 0.3 mg/dL
- Total bilirubin: upto 1.2 mg/dL

(Note: mg/dL = milligrams per deciliter)

Normal value ranges may vary slightly among different laboratories.

Abnormal levels

In newborns, bilirubin levels are higher for the first few days of life. Doctors do consider the following when deciding whether the baby's bilirubin levels are too high:

- How fast the level has been rising
- Whether the baby was born early
- How old the baby is

Jaundice can also occur when more red blood cells than normal are broken down. This can be caused by:

- Erythroblastosis fetalis (A severe hemolytic disease of a fetus or newborn infant caused by the production of maternal antibodies against the fetal red blood cells, usually involving Rh incompatibility between the mother and fetus.)
- Hemolytic anemia
- Transfusion reaction

The following liver problems may also cause jaundice or high bilirubin levels:

- Cirrhosis (scarring of the liver)
- Hepatitis
- Liver disease
- Gilbert's disease (is the most common hereditary cause of increased bilirubin)

The following problems with gallbladder or bile ducts may cause higher bilirubin levels:

- Biliary stricture
- Cancer of the pancreas or gallbladder
- Gallstones

Reference: Medlineplus, <http://www.nlm.nih.gov/medlineplus/ency/article/003479.htm>

Consumer dialogue: TB

Pharmacist: Hello sir I'm xxx, a pharmacist working over here. How can I help you?

Patient: Can you please dispense me these medications?

Pharmacist: (checks prescription) Do you know what these are for?

Patient: Doctor said that I am suffering from Tuberculosis (TB).

Pharmacist: Yes, and you need to take all these medications regularly for 6 months or more as prescribed by the doctor. The doctor has also asked you to go for follow up check up after one month and then doctor will continue treatment for a further period. He will also ask you to do a sputum test again. You know what it is?

Patient: Yes, initially sputum and X-ray, blood tests have been done. I had a lot of cough and used to get fever sometimes.

Pharmacist: Do you know why one should take these medicines regularly?

Patient: Doctor did tell me not to forget my tablets. But there are so many tablets. It may happen that I skip them at times.

Pharmacist: See, the Tuberculosis is caused by a germ, a bacterium - *Mycobacterium tuberculosis*. This infection can be completely cured. But these bacteria can only be completely killed if treatment is taken for the entire duration and without missing the doses. If we skip the doses or stop treatment halfway then these bacteria do not get killed, but can become even stronger and lead to a serious form of TB known as Multi-Drug Resistant TB (MDR TB).

Patient: What about the side effects?

Pharmacist: There could be nausea, vomiting, stomach upset. There could be joint pain. If you feel any problem, please immediately discuss with your doctor or me. But don't stop taking medicines without consulting the doctor. Also, your urine colour may change to orange/red but don't worry, that is normal with these medicines.

Patient: Ok, I understand.

Pharmacist: Let me also tell you some precautions. TB of lungs (the type that you have) spreads from one person to the other. TB germs spread through air when a patient with active TB infection coughs, sneezes, talks. So care has to be taken while coughing. Use handkerchief or tissue paper. Do not spit at public places. Spend as little time as possible on public transport and in places where large numbers of people gather together. Try to be in well ventilated room. Eat a balanced diet and protein rich food. I will give you a leaflet on recommended diet. I hope you do not smoke (if you do, please stop).

Pharmacist: Do you have small children at home?

Patient: Yes, my son - 6 years old.

Pharmacist: Please try to keep away from him as much as possible, at least for first couple of months of treatment. Also consult your doctor if the child needs any prophylactic treatment. Also, if the child or any family members develop any symptoms of TB such as cough for more than 2 weeks, fever, weakness, loss of weight, night sweats etc then immediately get the check up done.

Patient: Oh, I will surely follow this.

Pharmacist: Do you know that these medicines and diagnosis is free of charge at Government hospitals? This treatment is called Directly Observed Treatment, Short course (DOTS). It is an excellent way of treating patient under the observation of a DOTS provider and I could have treated you right in the Pharmacy. You could still think of this option and I can help you for the process.

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

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

An overview on community pharmacies in Switzerland



There are certain legal basics that make community pharmacy practice in Switzerland different. While many of them are a hindrance to pharmaceutical care for the broad population, there are also opportunities that

can make pharmacy indispensable part of health care.

The Swiss health system is on the second rank among the most expensive health systems of the world. While the availability of medical care is excellent and quality is fairly good, the system in total is inefficient since some regions are highly over-covered with medical services.

The most important points of legislation for pharmacies:

- Doctors are allowed to dispense medicines in most areas.
- Pharmacists are allowed to dispense prescribable medicines in cases of emergency.
- Chains and internet sale of Rx-Meds is allowed.
- Health insurance is mandatory for every citizen, insurance companies are private, and reimbursement of services and medicines is regulated by the government.

Due to the tradition of pharmacy in Europe, the business of a pharmacy can be divided into three units: Rx-medication with related counselling, Over The Counter (OTC)-medication with related counselling and health products like cosmetics, bandages, etc. The economic importance of these sectors can vary for every pharmacy. Pharmaceutical Technicians, who take a three years' education consisting of a mix of work in the pharmacy and professional school (2-3 days a week), cover the cosmetics and OTC sectors as well as a supportive role for the pharmacist in the dispensation of Rx medication. Pharmacists predominantly work with the patients in Rx and OTC dispensation and counselling.

The fact that doctors can dispense medicine and consider this as the better system requires the pharmacists to be highly competitive. Thus, pharmacists have to prove their significance in terms of knowledge, cost efficiency, accessibility and value for the patient.

This means that it's rather embarrassing for a pharmacist to dispense a drug without saying a word about dosing and side effects or asking about the patient's general conditions. Pharmacists do have the lead in patient safety by proofreading prescriptions and explaining everything necessary to the patient in order to make a therapy effective.

A fair base of knowledge in pharmacology, clinical pharmacy and pharmaceutical care is included in the five years' pharmacy

curriculum since about 15 years. Additionally, the Swiss Pharmacists Association (pharmaSuisse) has evolved several education programs that allow pharmacists to extend their knowledge in specific areas like community pharmacy, clinical pharmacy, counselling doctor's prescribing or, since 2012, vaccination.

Nowadays a lot of family doctors in rural areas retire without finding a successor. This gives community pharmacy a chance to show its importance in primary care. A newly up come project allows pharmacists to analyse a patient's disease by using algorithms approved by doctors to find appropriate therapy for acute health problems. Furthermore, a doctor can be contacted in uncertain situations through a video terminal. In this way, a patient can receive the complete care for acute complaints in a pharmacy!

The quality and importance of community pharmacy practice in Switzerland is steadily growing. On the other hand, pharmacists face a low appreciation in political terms and are often overpowered by physicians in legal matters. It's a long way to overcome these points. The most important means are: Effort in the daily work with patients, never ending education, providing more information to the community what pharmacists are actually doing and to take responsibility in order to make decisions on the clinical care level.

(Contributed by **Florian Sarkar**, Jura Apotheke, Switzerland, Email: apo.sarkar@ggs.ch)



Indian Pharmaceutical Association-Community Pharmacy Division (IPA CPD) Brief Activity Report (April 2012 – May 2013)

IPA CPD is working with various stakeholders and is working at national and international level. This year has been full of professional activities and new initiatives.

CPD's ongoing Project: DOTS TB Pharmacist Project

This public private partnership project of IPA CPD with SEARPharm Forum, Maharashtra State Chemist and Druggists Association, Government TB Authorities and Lilly MDR TB Partnership is very well established in the state of Maharashtra. It is spread in nine Corporation areas and more than 400 pharmacists are trained under the project and these pharmacists are now participating in the Revised National Tuberculosis Control Programme (RNTCP) There have been many historic developments and several milestones have been achieved in this project during last year.

- Signing of Memorandum of Understanding (MoU) between Central TB Division, Ministry of Health and Family Welfare and other stakeholders for engaging community pharmacies in TB Care and Control in April 2012. **This marked the first footprints of the pharmacists in any national health programme.**
- **Visit by Vietnamese Health Ministry Delegates** to IPA and DOTS Pharmacies, in July 2012.
- **Release of TB Training Module:** Central TB Division and IPA jointly developed and released Pharmacists Training Module for the nationwide implementation of the Pharmacists TB model. Available on www.tbcindia.nic.in

FIP Community Pharmacy Section (FIP CPS) Executive Council Elections at FIP Congress, Amsterdam, Oct 2012

CPD Chairperson Mrs. Manjiri Gharat won the election and is elected as FIP CPS Executive Council member for the term of 4 years, 2012-16.

CPD's New Initiatives

1) IPA CPD E-Times

To reach out to large number of community pharmacists on regular basis, IPA CPD has started a bimonthly bulletin, IPA CPD E-Times. Till now 4 issues have been released and there is a great response from Pharmacists. The E-Times reaches thousands of pharmacists in India as well as across the globe. It is also included by FIP CPS in their newsletter ZOOM and hence reaches more than 130 countries. Some national pharmaceutical associations upload it on their website for easy access to their country pharmacists. The Editorial team includes Mr. Dixon Thomas as Editor with Mr. Raj Vaidya and Mrs. Manjiri.

2) Projects with Industry for training of practicing pharmacists

This is the very first time CPD is collaborating with pharmaceutical industry for developing educational contents for training of pharmacists. All the projects are PILOT projects. They will help in taking forward the CPD's aim of educating the pharmacists as well as will help in some revenue generation for CPD.

Till date, Service agreements have been signed between IPA and two multinational pharmaceutical companies.

IPA CPD Convention at Farmagudi, Goa - 28th Oct 2012

This convention was successfully organized in collaboration with IPA Goa State Branch, with 300 plus pharmacists attending from Goa, Maharashtra, Karnataka, and Gujarat. IPA CPD Executive Member Mr. Ratnadeep Kurtarkar was the Convener of this successful Convention.

Preparation of IPA National Pharmacy Week (NPW) material

NPW theme for year 2013 was “Pharmacist in Public Health”. CPD developed all the NPW material, i.e. Posters, leaflets, Power Point and Activity Guide, well ahead of time and sent to IPA website and to all IPA branches/Executive members.

Participation of Community Pharmacists in Conferences

CPD is in constant touch with a large pool of pharmacists across the country through email, phone, project participation, attendance at training programmes etc. Since last 2 years CPD is encouraging pharmacists for participation in national and international conferences. This year, CPD encouraged and guided the pharmacists for poster presentation at FIP Amsterdam Congress. Two community pharmacists from Mumbai attended this Congress and presented their posters. They were supported by Maharashtra State Chemist and Druggist Association.

CPD also encouraged pharmacists to participate in “I am a Pharmacist “project of FIP and has submitted videos of 2 pharmacists to FIP for uploading on FIP website.

Invited Speaker at International Congresses

Mrs. Manjiri was invited speaker and delivered a talk in different sessions in FIP Amsterdam Congress, Oct 2012. Other International talks were in The Union (International Union against TB and Lung Diseases) Conference, Kuala Lumpur (KL) Malaysia, Nov 2012 and at WHO Public Private Mix (PPM) Subgroup meeting at Kuala Lumpur (KL), Malaysia, Nov 2012.

Training Programmes conducted by CPD

Good Pharmacy Practices (GPP) Training Programmes

CPD conducted total 3 GPP training programmes in state of Maharashtra and Andhra Pradesh and more than 300 pharmacists were trained for GPP. On behalf of CPD, Dr. Madhusudan Joshi and Dr. Atmaram Pawar conducted the training.

Training programme for Government Hospital Pharmacists, Goa, April 2012

Two day training programme was designed and successfully delivered by CPD for Hospital pharmacists of Government hospitals in Goa.

DOTS TB Training Programmes : Maharashtra, Goa and Gujarat

CPD in collaboration with local Chemist Associations and Government TB Authorities, conducted total seven one day training programmes at different locations in State of Maharashtra, Goa and Gujarat.

CPD in Media

CPD work had excellent visibility at local & global level. Articles/write ups based on TB project were published in national/international journals. CPD Chairperson Mrs. Manjiri, immediate past Chairman Mr. Raj Vaidya, were interviewed by news media on several occasions. Local newspapers covered TB project and GPP training news items.

Drug banned

Govt. of India has banned "Dextropropoxyphene and formulations containing Dextropropoxyphene for Human use. Dextropropoxyphene is likely to involve risk to human beings and whereas safer alternatives to the said drugs are available; the Central Government suspend of manufacture, sale, and distribution of the drugs in the country in public interest by a notification released on May 23, 2013, in exercise of the powers conferred by section 26A of the Drugs and Cosmetic Act, 1940), with immediate effect.

Suggestions to change in drug laws: what do the pharmacists say?

- New Drug License to be issued only to a person who is a Pharmacist.
- Trade margin should not be decreased, should be increased keeping in mind the rate of inflation & rising cost of operation.
- Right of Brand selection should be given to the pharmacist.
- Home delivery of medicines should be allowed only under specific conditions with stringent clauses.
- Prescription of Schedule H, X medicines should bear name, address of patient & doctor as well as doctor's registration number & stamp.
- For renewal of pharmacist's registration, continuing education should be mandatory.
- Good Pharmacy Practices should be made part of the law.

(Mahadev Patel, Patel Medical, Mumbai)



Mahadev Patel

- The full list of Schedule H drugs should be made available on various websites so that it is easily available to pharmacists and the public.
- Codeine and all other habit forming drugs should be under Narcotics drugs–NRx.
- There should be a centralised drug register and centralised complaint system to report problems related to drug products.
- Provision needed for thorough sampling system for analysis of ayurvedic products (to check overall quality and if any allopathic drugs or other chemicals are mixed with ayurvedic /herbal drugs).
- Percentage of Sodium lauryl sulphate should be mentioned on cosmetics.
- Irrational combinations especially of antibiotics should be banned with immediate effect.

(Deepak Barai, Shreeji Medical, Dombivli, Maharashtra)



Deepak Barai

Announcement : British National Formulary (BNF) copies available

Commonwealth Pharmacists' Association, UK has donated few copies of BNF (British National Formulary) to Indian Pharmaceutical Association (IPA) for distribution to the healthcare professionals within India. These copies are available at IPA Headquarters, Mumbai. BNF is an extremely useful source of authentic drug information which pharmacists can use for patient counseling. If you are interested in having a copy of BNF for your reference, please book your complimentary copy with IPA office (contact details on back page) by sending a cheque/DD payable at Mumbai against postage charges (Rs. 250/- per copy) drawn in favor of IPA.

DOTS TB training of community pharmacists

Indian Pharmaceutical Association-Community Pharmacy Division, Gujarat State TB Office, with Federation of Gujarat Chemists and Druggists Association organized training of community pharmacists on 17th May, 2013 at Ahmedabad Chemist Association Hall.

Pharmacists were trained for participation in Revised National Tuberculosis Control Programme (RNTCP) and were trained for the role of pharmacists in TB care and control. They were made familiar with DOTS (Directly Observed Treatment, Short Course) treatment protocols. Total 37 pharmacists participated in this training. They will now act as partners of RNTCP and will act as DOTS providers, will refer the TB suspects for diagnosis and will create community awareness about TB and DOTS.



DOTS training in Gujarat

ASHP publications

The American Society of Health-System Pharmacists (ASHP) is the US national professional organization whose 40,000 members include pharmacists, pharmacy technicians, and pharmacy students who provide patient care services in hospitals, health systems, and ambulatory clinics. For 70 years, the Society has been on the forefront of efforts to improve medication use and enhance patient safety. ASHP is a leading developer of innovative publications on drug information and clinical resources for pharmacy professionals.



Some key best sellers from ASHP include:

- AHFS Drug Information
- Handbook on Injectable Drugs
- Basic Skills in Interpreting Laboratory Data
- Pediatric Injectable Drugs
- Extended Stability for Parenteral Drugs
- Manual for Pharmacy Technicians
- Compounding Sterile Preparations
- Competence Assessment for Health-System Pharmacies
- Best Practices for Hospital and Health-System Pharmacies
- Demystifying Opioid Conversion Calculations
- Clinical Pharmacokinetics

Most titles are available in both print and eBook formats. For more information on ASHP publications, visit <http://store.ashp.org>.

MoU signed for participation for pharmacists in TB care and control

A Memorandum of Understanding (MoU) for "Engaging pharmacists in TB care and Control" was signed by Central TB Division, Ministry of Health and Family Welfare with Indian Pharmaceutical Association, SEARPharm Forum, All India Organization of Chemists and Druggists, Pharmacy Council of India on 20th May 2013. This is two years extension of the same MoU which was signed earlier on 27th April 2012 and now has been extended for two more years. The MoU will further facilitate process of engaging the community pharmacists in Revised National Tuberculosis Control Programme throughout the country.



Officials at the meeting, for Signing MoU

TB awareness campaign by IPA Students Forum

The Indian Pharmaceutical Association Students Forum (IPA–SF), in association with St. Peter's Institute of Pharmaceutical Sciences organized a Tuberculosis (TB) awareness campaign on 23rd March, 2013 at the Rohini super speciality hospital, Hanamkonda, Warangal, A.P. with the theme of "Stop TB in my life time". The objective of the campaign was to raise public awareness on TB, a contagious disease which is treatable and preventable. The



Volunteers in TB awareness campaign

campaign was inaugurated by Dr. K. Butchi Reddy, Chairman, Dr. G. Kranthi Rao Managing Director and Dr. J Sudhakar Reddy Medical Superintendent of Rohini super speciality hospitals along with Dr. Suresh Bandari, Principal, B. Venkateswarlu, NSS program officer, and Dr. K. Venkateswarlu of St Peter's.

On this occasion prizes were distributed to the winners of the best painting (Navya Likhita Pharm. D IV year) and best slogan (Manna Susan Rajan and Sharon Sagar, Pharm. D III year) competitions conducted on 22nd March, 2013 by IPA-SF. Students forum volunteers were actively involved in mobilizing the general public in and around the hospital area and educated them through posters and slogans about modes of transmission, signs, symptoms, diagnosis and treatment of TB.

FIP World Congress 2013; connecting to complex patients pharmacists take the lead

In daily life, complexity results from countless factors. Culture, environment, social and economic status and physical ability all contribute, and all complicate managing ill health. Pharmacists bear witness to many of these complexities and increasingly must care for what have come to be known as 'complex patients'. Recognising the valuable impact that pharmacists have in the lives of such individuals, FIP is putting the care of complex patients at the top of the agenda for 2013.



Who are *your* complex patients?

The issue of 'complex patients' is one that has been addressed by health care professionals for some time, yet as the general population ages and chronic disease becomes more prevalent, it is an issue that continues to escalate. It is difficult to define a complex patient, yet it is generally understood that the term applies to those who require an extra amount of care and consideration as a consequence of complicated and extensive medicine regimes compounded by physical and mental limitations.

Current statistics suggest that complex patients comprise upwards of 25% of individuals in primary care practices who fulfil one or more of the following criteria:

- Multiple, well-defined chronic illness with various complications
- Highly treatment involving invasive procedures both for diagnosis and therapy
- A peculiar combination of resiliency and fragility
- Unexpected responses to common medications and minor illnesses
- Longevity (living highly functional lives into the 80's and 90's)

(<http://www.moderncomplexpatient.org/2010/03/30/the-modern-phenomenon-of-complex-patients/>)

These patients are a group of individuals that benefit from the extensive medicines knowledge that pharmacists possess. As the most accessible healthcare provider, pharmacists come into continual contact with complex patients in the community, putting them at the front line of care with regard to managing many issues that may or may not be medicines-related. With complex patient management demanding an ever-increasing multi-disciplinary approach, the pharmacists' main focus is medicines management in the face of other complexities.



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Pharmacists Leading Care in Communities

Several years ago, in a policy shift that truly put pharmacists at the front lines of care, the Board of Pharmaceutical Specialties in the United States recognised Ambulatory Care Pharmacy Practice as a specialty practice in pharmacy. Pharmacists certified within this specialty are considered "experts in optimizing and managing the medications for patients with complex needs and who are also ambulatory". (<http://www.hwic.org/news/feb10/acpp.php>). This was a ground-breaking step for pharmacists, as it brought together the two most important aspects of pharmacy practice - medicines knowledge and accessibility, and solidified a patient-pharmacist relationship historically reserved for physicians. Such initiatives enable the efficient use of healthcare providers to their maximum capabilities, with pharmacists focussing on patient/medicines management, physicians can concentrate on diagnosis and treatment of the patient. Collaborative practice arrangements enable even more synergy among health care professionals in the care of complex patients.

A Future Vision for Complex Patients

With the aims of advocating increasing roles for pharmacists in the management of complex patients, and providing an extensive platform for learning and growth to do just that, FIP has made "Complex Patients" a priority for 2013. Taking place in the beautiful city of Dublin, Ireland, the 2013 FIP World Congress of Pharmacy and Pharmaceutical Sciences has adopted the theme of Complex Patients and will examine the issue from all standpoints: biological (emphasising the current development of systems biology), medical (demographics, genetics, smoking, alcohol, diet, multiple diseases), socio-economic (availability of resources, literacy), and cultural (beliefs, traditions, religion). Pharmacists have the ability and opportunity to support patients in every aspect of complexity.

In delivering the overall message, Programme Chairs Professors Geoff Tucker and Phil Schneider emphasise that patients are likely to become increasingly complex as they grow older and develop multiple diseases requiring treatment with several medicines. In turn, this creates the need for integrated care across medical specialties and effective collaboration within a team of health professionals. The pharmacist is an important member of this team with an important role to play in understanding and managing the complex patient, especially with respect to responsible medicines use.

Having considered why patients are complex, sessions within the Congress will address the needs of complex patients, how these needs are currently being met, and emerging and future strategies for treating the complex patient. By providing evidence-based scientific information and embracing collaborative practice the pharmacist should have a critical role in dealing with complexity in patient care.

The Challenges of Complexity - finding solutions at the FIP Congress

It is imperative that complexity is also considered from the perspective of the patient, who may or may not consider themselves "complex". For each person, their primary concern is how their illness, and secondary to that, their medicine, will affect their daily lives. With that in mind, the FIP Congress will address complex patients also from illness perspectives.

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Dr. Timothy Chen, associate professor at the University of Sydney specialising in mental health, says that it is known, for example, that pharmacists often feel more comfortable and confident contributing to the management of physical conditions, such as cardiovascular disorders, than mental disorders. He explains that the global disease burden arising from mental illness is immense. Although there are different modes of management for mental disorders (e.g. psychotherapy), drug therapy is the major modality of treatment for many conditions, such as depression, bipolar disorder, and schizophrenia. Therefore pharmacists, as experts in pharmacotherapy, should have a major role in the management of mental illness.

Equally, there are many other factors that can make the management of patients with a mental illness more complex. Examples include the high rate of medication non-adherence (estimated to be approximately 50%) in patients prescribed antidepressant and other psychotropic medicines and the burden of managing significant adverse effects, such as diabetes, weight gain and dyslipidaemia. Although there are many challenges in the management of mental illness, pharmacists should and do have a major role to play in the delivery of effective health care. Dr. Chen will address factors contributing to the complexity of mental health patients, and how pharmacists may best support these patients in the community, in a Session in Dublin.

Taking the issue of complexity from the perspective of life-threatening diseases and the medicines that treat them - both current and emerging - Professor Ross McKinnon will be leading a series of lectures that address the complexities of the cancer patient. Key factors to consider in such discussions are that cancer does not discriminate, and cancer is also a disease of ageing. This means that for many, cancer is diagnosed in the presence of a range of co-morbidities including chronic conditions such as diabetes, cardiovascular disease, and musculoskeletal conditions.

Pharmacological management in these circumstances is challenging with a host of issues including the number of medications required, the risk of drug-drug interactions and the need to minimise drug toxicity. In parallel with these pharmacological challenges, significant psychosocial issues raised by the diagnosis of cancer add further complexity. The issues are perhaps brought into sharp focus in patients with advanced cancer where surgical options are limited and drug therapy is necessarily intense and the risk of toxicity high.

Nowhere do pharmacists interact with complex patients more than in the community. Ms. Karin Graf supports the goal that pharmacists should be at the core of partnerships when it comes to managing diseases in the community such as asthma, monitoring patients, performing triage, advising about treatment options and preventing additional complexities. More than 300 million individuals worldwide are afflicted with asthma and they often receive care and counselling from pharmacists. Ms. Graf's Session in Dublin will focus on how the both the health and economic burdens of asthma can be reduced through these patient-pharmacist relationships.

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The examples given on previous pages illustrate only a fraction of topics that will be addressed at the 2013 FIP Congress in Dublin, all centred on how the pharmacist is ideally skilled and positioned to ensure that complex patients receive the best care possible. Thousands of pharmacists from all over the world, and from all areas of pharmacy practice and science, will convene in Dublin to work towards a future in which multi-disciplinary approaches maximise health care contributions for the full benefit of patients, despite their wide range of social, cultural, medical, biological, and medical diversity.

For more information on the FIP Congress in Dublin and its perspective on Complex Patients, visit the website at www.fip.org/dublin2013

Source: http://www.fip.org/dublin2013/Dublin/2257/Press_and_Media/

Shared by: **Pradeep Mishra**, Professional Secretary, SEARPharm Forum, for Promotion of FIP 2013 at Dublin.

E-Times BRAIN TICKLES : 4

1. Sitagliptine is a _____ inhibitor?
a. Beta2 b. DPP-4 c. SGL-3 d. Diab3
2. Which of the following therapeutic class best describes Zolpidem and Eszopiclone?
a. Opiod narcotics b. Sedative-hypnotics c. Barbiturates
d. Benzodiazepines.
3. Which of the following types of tablets is (are) used to mask the bitter taste of drugs; i) Film coating II) Sugar coating III) Mouth dissolving?
a. I b. II c. III d. II and III e. I and II
4. Grapefruit juice should be avoided in patients using which of the following drug?
a. Diclofenac b. Felodipine c. Atenolol
5. Which one of the following is not used in cancer?
a. Allopurinol b. Methotrexate c. Cyclophosphamide d. Busulphan

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 April 25, 2013. If more than 1 correct answer is received, the winner will be decided by lots.

Answers to BRAIN TICKLES: 3

1. b. 2. c. 3. b. 4. c. 5. d.

Winner for Brain Ticklers 3 is Dr. Manasa, Asst Professor, Department of Clinical Pharmacy, St. Peter's Institute of Pharmaceutical Sciences, AP.

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

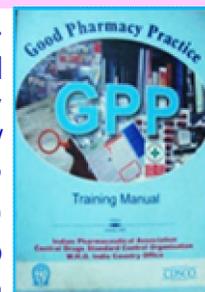
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Provide your feedback to this issue of the CPD E-Times; pass it to more pharmacists and also send in your thoughts/issues/problems faced by you in pharmacy practice.

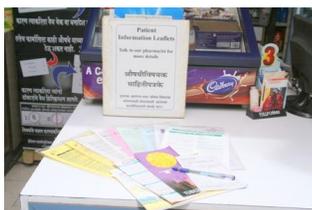
Good Pharmacy Practice

Indian Pharmaceutical Association - Community Pharmacy Division (IPA CPD) initiated the making of the first ever Good Pharmacy Practice (GPP) Training Manual for Community/Retail Pharmacists in 2005. A series of GPP training programmes were conducted by IPA CPD in different parts of the country and continues to reach maximum number of pharmacists. It is a one



day programme. Those who are interested in organizing such programmes in their city/district, please contact CPD at ipacpd@gmail.com.

GPP Training Manual (Rs. 200) is available with IPA HQ, Mumbai (address given below).



Upcoming scientific events

SEARPharm Forum, Assessment of Implementation of National Medicine Policies, Colombo, June 29, 2013.

IACP Pharmacy Practice Module 5, Kerala, July 1-3, 2013, visit: <http://www.iacp.org.in/>

PSG College of Pharmacy, Widening Horizons for Practicing Pharmacists, Coimbatore, July 5-6, 2013, visit: <http://www.psgpharma.ac.in/>

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

ISPOR Conference on PE/OR, New Delhi, Oct 9-10, visit: <http://www.ispor.org/>

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