

World  
AIDS  
Day  
2017  
1<sup>st</sup> December

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# IPA CPD **e**-Times

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

## In this Issue:

1 Message and Editorial

4 Drug Information

5 Drug Watch

6 Lab Information

8 Brain Ticklers

7 GPP Instructions

8 Abbreviations

9 Psychiatric  
Pharmacy-VI

11 OTC Corner and  
minor ailments

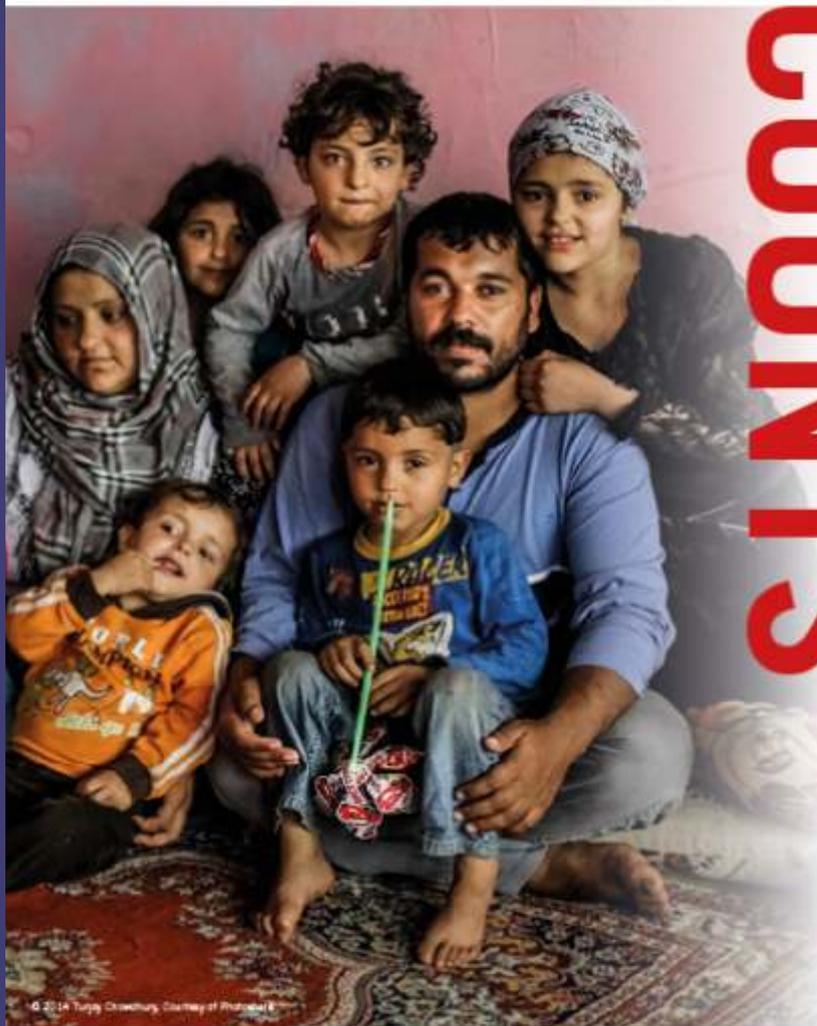
12 Pharmacy Practice  
in Nigeria

15 News and Training

18 Upcoming Events



 **WORLD AIDS DAY**  
1 DECEMBER 2017



# EVERYBODY COUNTS

### Universal Health Coverage in HIV means:

- leaving no one behind
- integrated care for HIV, TB, hepatitis and broader health
- access to good quality services
- affordable and long-term care for people living with HIV
- building stronger HIV response for stronger health systems

**#everybodycounts #myrighttohealth**

## Message from Executive Director of Commonwealth Pharmacists Association (CPA)



Dear President and Pharmacist Colleagues,

Greetings from the Commonwealth Pharmacists Association (CPA) as India celebrates National Pharmacy Week 2017. This is an important opportunity to amplify awareness amongst the public, healthcare providers and the authorities of the good work that the profession is doing in India. It has been fantastic to see pharmacists around the Commonwealth represented so strongly on social media during recent awareness weeks. We thank Dr Rao Vadlamudi, your President, and you the members of the IPA for your continued support.

As an affiliated organization of the Commonwealth, the CPA shares in a vision to work towards Universal Health Coverage for all. This is a huge challenge, especially upon a backdrop of an aging population, coupled with the epidemic scale increase in non-communicable diseases (NCDs) that we are now witnessing. It is also important to acknowledge very present global health threats such as antimicrobial resistance and the recent Zika and Ebola outbreaks. With the current global health challenges our world faces, never has it been so vital for us to be working together to improve the health and wellbeing of our nations through striving for better access to quality medicines and improving the standards of pharmaceutical care. To facilitate this, it is our vision that a pharmacist should be present wherever there is a medicine – at every level of the medicines use process, and whatever that may involve in the future as technologies around specialty medicines and new niche services unfold.

Your theme of India's National Pharmacy Week 2017 'Know your medicines: ask your pharmacist' highlights not only how pharmacists are the experts in medicines, but also the opportunity for pharmacists to be the accessible, well-trained and highly skilled healthcare professionals at the heart of communities. In order to see progress, we need to own this niche with confidence. With medicines being the most frequently employed health intervention, pharmacists are in an excellent position to be part of the solution in managing the NCD epidemic we are facing.

As the world of pharmaceutical care rapidly and continually evolves, as a profession we must be committed to lifelong continuing professional development to ensure that we can keep abreast of change, innovate effective new services for the benefit of our communities and continue to provide excellence in pharmaceutical care to the people that we serve.

With warmest regards from myself and the team,

Victoria Rutter, Executive Director

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## Message IPA CPD Chairperson



**IPA has been advocating with policy makers and regulators for various professional issues right from the basic and chronic issue of absence of pharmacists in pharmacies to such newer trends for which country situation is not yet ripe enough.**

Dear Pharmacists,

It is already the last month of the year 2017, another year full of activities and happenings for IPA CPD. We continued our journey in continuing professional development of pharmacists, consumer education and professional advocacy issues.

The TB Treatment policies in the country are changing and there is already a shift from intermittent DOTS therapy to daily DOTS. Use of Fixed Dose Combinations and IT enabled medication adherence tracking will start soon all over the country. Universal Access to anti TB Drugs policy will provide free treatment to the patients not only from public sector but from the private sector as well. Role of community pharmacists will be crucial in this changing scenario. In the pilot projects, pharmacists have stocked the TB FDCs for private sector patients and the model is working very well. IPA is already working with the Government TB and regulatory authorities to facilitate the pharmacists' engagements for these newer treatment modalities. IPA is very happy and satisfied to see that its efforts in engaging the pharmacists in the national TB control programme since the year 2006 and its modest contribution has brought pharmacists to forefront in combating TB.

FIP recently released the report on "Reducing harm associated with drugs of abuse: The role of pharmacists" It discusses the value of involving pharmacists in reducing harm from drugs of abuse including marijuana. The report describes harm reduction services in different regions and countries, including Europe, the USA, Canada, central Asia and the Middle East. Pharmacists' efforts help in prevention of infection by HIV and hepatitis C, fewer overdoses and less drug-related criminal activity. The report specifies that a comprehensive service by pharmacists should include syringe and needle exchange, opioid substitution therapy, naloxone supply for overdoses, and health promotion. I recommend you all to read the report at <http://bit.ly/2iAvFrW>

CPD will be soon signing an MoU with the Indian Cancer Society to work together to train pharmacists for cancer awareness and referrals. CPD is very happy and excited to work to explore and develop a role for the pharmacist in Cancer, the disease which has become kind of an epidemic in the modern world.

In this issue, we bring to you few glimpses of the recently concluded 56th National Pharmacy Week which had the theme "Know Your Medicines: Ask Your Pharmacist"

The passing year saw continuation of disturbing trend of increasing online sale of medicines in the country though the country is still waiting to get the clear legal status for the internet pharmacies. IPA has been advocating for various professional issues right from the basics and chronic issue of absence of pharmacists in pharmacies to such newer trends for which the country situation is not yet ripe enough.

It's a time to say good bye to 2017. We lost some stalwarts from pharmacy profession like Mr. Devinder Pal, Dr. P R Pabrai, Dr. J K Lalla, Dr. B D Miglani during this year. CPD pays its tribute to these legendary pharma personalities.

I wish all my local global colleagues Merry X'mas and happy holidays. Meet you again in a new year! Happy Reading!

**Mrs Manjiri Gharat**

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## Editorial



**There are various cautions, warnings, storage conditions, and even instructions for use which are printed on the label, but again many a times, they are unreadable.**

Laws compel for a lot of information to be included on medicine labels. Alas, the sizes of the labels are so small, that fitting the material compromises with the readability. Even eyes of young pharmacy personnel have to strain and tweak their eyes to read the label contents, and many times need to take help of a magnifying glass. It is then evident that the elderly and those with vision defects will give up reading even before they try.

Of special difficulty, is reading labels on small ampoules (even if flag labels are put), on small aluminium as well as blister pack strips, and on small tablet bottles. Even pharmacy personnel who handle medicines every moment have a tough time to read even the trade name, the generic name, even the batch no. and expiry date.

Not only precious time is lost in deciphering what is printed, there is always a fear in the back of the mind whether the right medicine is being dispensed, and whether it has expired! Because of the 1.5 + lakhs brand names that exist in the market, a slight change in a letter or two makes a completely different product. Adding to this the urgency and lack of patience which clients in India always have, all leads to increased risk of dispensing errors.

There are various cautions, warnings, storage conditions, and even instructions for use which are printed on the label, but again many a times, they are unreadable. These important aspects are included for the benefit of the patient, and if in no way is it possible for the patient to read the information, what is the use of putting it there in the first place? And of course, this information is almost always in English, in a country with about 25% illiteracy levels, and a population of only around 10% being able to read in English.

This was for drugs. Similar or even worse situations exist for dietary supplements which are so often prescribed and dispensed through pharmacies. A whole lot of information is printed on the label, reading which is very difficult. Also, the date of expiry is never written on the label. Only the date of manufacturing is written. The information about expiry is in the line "Use within \_\_\_ months of the date of manufacture". The tragedy is that this line is so tiny, and also almost always never written below the date of manufacturing. It is a herculean task to find the line and then calculate the date of expiry!

This is just the tip of the iceberg, the genuine problem of the pharmacies and public, the drug authorities and the manufacturers fail to understand or even make an attempt to understand.

We still have a very long way to go for patient safety.

**Raj Vaidya**

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## Drug Information: Tramadol

**Brand available:** Tramazac, Contramal etc.

**Pharmacological class:** Narcotic analgesic

**Indications:** Moderate to moderately severe and chronic pain

Route	Onset	Peak	Duration of action
Oral	1 to 3 hrs	Immediate release, 9 hrs 1 and ½ hr; extended release, 12 hr	Unknown

**Contraindication:** suicidal patients; acute intoxication with hypnotics, centrally acting analgesics, opioids, psychotropic drugs or alcohol; uncontrolled epilepsy, acute or severe bronchial asthma, hypercapnia or significant respiratory depression in unmonitored settings or absence of resuscitative equipment. Not intended for narcotic withdrawal treatment. Severe renal and hepatic impairment. Concomitant use with MAOIs or within 2 weeks after withdrawal of MAOIs.

Tramadol should not be given to a child younger than 12 years old. Extended release tablets should not be given to anyone younger than 18 years old.

**Pregnancy and breastfeeding:** Category C, use of tramadol is not recommended in breast feeding as it is secreted in breastmilk.

### Patient counseling

- Take this medication by mouth as directed by your doctor, usually every 4 to 6 hours as needed for pain relief. You may take this drug with or without food. If you have nausea, it may help to take this drug with food.
- Do not crush, break, or open an extended-release tablet or capsule. Swallow it whole to avoid exposure to a potentially fatal dose.
- Do not stop using tramadol suddenly, or you could have unpleasant withdrawal symptoms. Ask your doctor how to safely stop using this medicine.
- Tramadol may be habit-forming, even at regular doses. Never share this medicine with another person, especially someone with a history of drug abuse or addiction. MISUSE OF PAIN MEDICATION CAN CAUSE ADDICTION, OVERDOSE, OR DEATH, especially in a child or other person using the medicine without a prescription. Selling or giving away this medicine is against the law.
- Keep track of the amount of medicine used from each new bottle. Tramadol is a drug of abuse and you should be aware if anyone is using your medicine improperly or without a prescription.
- Seek medical attention right away if you have symptoms of serotonin syndrome, such as: agitation, hallucinations, fever, sweating, shivering, fast heart rate, muscle stiffness, twitching, loss of coordination, nausea, vomiting, or diarrhea
- This medication may cause withdrawal reactions, especially if it has been used regularly for a long time or in high doses. In such cases, withdrawal symptoms (such as restlessness, watering eyes, runny nose, nausea, sweating, muscle aches) may occur if you suddenly stop using this medication. To prevent withdrawal reactions, your doctor may reduce your dose gradually. Consult your doctor or pharmacist for more details, and report any withdrawal reactions right away.
- When this medication is used for a long time, it may not work as well. Talk with your doctor if this medication stops working well.
- This drug may make you dizzy or drowsy. Do not drive, use machinery, or do any activity that requires alertness until you are sure you can perform such activities safely. Avoid alcoholic beverages.
- Tell your doctor if you are pregnant or if you plan to become pregnant. Do not take this drug if you are breastfeeding this medication passes into breastmilk and may rarely have undesirable effects on a nursing infant.

**Dose:** Moderate to severe pain

**Adult:** 50-100 mg 4-6 hourly. Extended-release tab: 50-100 mg once or twice daily. Max: 400 mg/day.

**Elderly:** >75 year - Increase dosing interval.

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## Drug Watch: Insulin induced Hypoglycemia

### Background

Insulin is an anabolic and anticatabolic hormone which plays a major role in protein, carbohydrate, and fat metabolism. Insulin is one of the most commonly used agent in Diabetes Mellitus. Hypoglycemia is the major and most worrisome adverse reaction with insulin therapy and is the primary barrier to safe attainment of optimal glycemia in both type 1 and type 2 DM.

### Risk factors

Hypoglycemia is more common in patients on intensive insulin therapy than those on less-intensive regimens. Patients with type 1 DM have more hypoglycemic events compared to type 2 DM patients. Other risk factors include mismatch in the timing, amount, or type of insulin, renal failure, advanced age, excessive alcohol intake, concomitant use of other hypoglycaemic agents, delayed or skipping meals and sudden increase in physical activity than usual.

### Clinical presentation

The main symptoms associated with hypoglycemia are sweating, fatigue, dizziness, fine tremor, hunger, palpitations and anxiety. Other symptoms include confusion or slow mentation, blurred vision. Severe hypoglycemia can lead to convulsions, loss of consciousness, coma and death.

### Prevention and Management

Patients can prevent hypoglycemia by close monitoring of blood glucose, taking insulin as prescribed, taking meals on time, maintaining consistency in carbohydrate intake and physical activity. Patients and caregivers need to be educated about the signs and symptoms of hypoglycemia and its management. Treatment of hypoglycemia includes ingestion of carbohydrates (preferably glucose). In an unconscious patient, either IV glucose, or glucagon injection can be given.

### Role of the Community Pharmacist

The community pharmacist should make sure that he dispenses the right insulin as prescribed, educate the patients to maintain timing of Insulin with respect to timing of meals, eat regular meals and not skip meals, maintain consistency in carbohydrate content of diet, avoid sudden increase in physical activity, avoid taking too much of alcohol. The Pharmacist should educate the patient regarding close self-monitoring of blood glucose, the factors that trigger hypoglycemia, identification and management of hypoglycemia. Patients should be advised to always carry carbohydrates (chocolate, biscuit etc) with them. Patients who have experienced hypoglycemic episodes may often be fearful of trying to reach their desired glycemic levels (which are needed to prevent microvascular problems). The pharmacist can help alleviate anxiety by educating patients about their condition.

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## Lab Information: PCR (Polymerase Chain Reaction)

Polymerase Chain Reaction (PCR) test is used to detect certain genes in a person's DNA, such as those associated with cancer or genetic disorders, or it may be used to detect genetic material of bacteria or viruses that are causing an infection. It is commonly used to differentiate between bacterial or viral infections. PCR method make a very large number of copies of short sections of DNA from a very small sample of genetic material. It enables specific genes of interest to be detected or measured.

The PCR is the most sensitive of the existing rapid methods to detect microbial pathogens in clinical specimens. In particular, when specific pathogens that are difficult to culture in vitro or require a long cultivation period are expected to be present in specimens, the diagnostic value of PCR is known to be significant.

Some common diagnostic PCR tests are for

- Pertussis
- HPV
- CMV
- Gonorrhoea
- Chlamydia
- HIV viral load
- HCV

The PCR is a technique used in the lab to make millions of copies of a particular section of DNA. It was first developed in the 1980s. The PCR was originally developed in 1983 by the American biochemist Kary Mullis. He was awarded the Nobel Prize in Chemistry in 1993 for his pioneering work. The advent of the polymerase chain reaction (PCR) radically transformed biological science from the time it was first discovered. For the first time, it allowed for specific detection and production of large amounts of DNA. PCR-based strategies have propelled huge scientific endeavors such as the Human Genome Project. The technique is currently widely used by clinicians and researchers to diagnose diseases, clone and sequence genes, and carry out sophisticated quantitative and genomic studies in a rapid and very sensitive manner.

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## Brain Ticklers

(Please find answers in page 8)

### 1) What are the symptoms of Parkinsonism?

- A) Tremor
- B) Slowness of movement
- C) Muscle rigidity
- D) All of the above

### 2) Symptoms of Parkinsonism generally develop after the age of:

- A) 30
- B) 40
- C) 50
- D) 60

### 3) Which of the following drugs used in Parkinsonism is rapidly absorbed from the small intestine?

- A) Levodopa
- B) Carbidopa
- C) Bromocriptine
- D) Selegiline

### 4) Combination of Levodopa with Carbidopa is commonly called as:

- A) Levo-carbidopa
- B) Carbi-levodopa
- C) Co-careldopa
- D) None of the above

### 5) Amantadine, besides being used in Parkinsonism, is also used as an:

- A) Antiviral
- B) Antiepileptic
- C) Antipsychotic
- D) Antidepressant

### 6) Combination of levodopa with \_\_\_\_\_ is the standard therapy for Parkinsonism.

- A) Dopaminergic agonists
- B) Decarboxylase inhibitors
- C) COMT inhibitors
- D) MAO-B inhibitors

### 7) Orphenadrine has mild \_\_\_\_\_ action.

- A) Euphoriant
- B) Sedative
- C) Depressant
- D) Emetic

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## GPP INSTRUCTIONS:

### Good Pharmacy Practices: Prescription Analysis and Instructions - Case 22

#### Prescription received by pharmacist

<b>Patient details</b>	1 year, Female, No history of allergies		
<b>Diagnosis</b>	Insect bite allergy with secondary infection		
	<b>Medication</b>	<b>Dosage</b>	<b>Frequency</b>
1	Fexofenadine Susp	300mg/5ml	1-0-1
2	Cephalexin 250mg Susp (premixed)	250mg/5ml	1-1-1

- ✓ Fexofenadine is an H1-antagonist.
- ✓ Cephalexin is a cephalosporin antibiotic.
- ✓ No prescription errors was found
- ✓ Drug-interactions: None were found

#### Common Adverse Drug Reactions

- ✓ Fexofenadine      Nausea, upset stomach, drowsiness, tired feeling, muscle or back pain, cough, fever, fatigue, diarrhea, insomnia
- ✓ Cephalexin        Severe stomach pain, jaundice, easy bruising, unusual bleeding, purple or red pinpoint spots under the skin, little or no urination, fever, irritation or inflammation of stomach lining indigestion, diarrhoea, nausea, abdominal pain, vomiting, headaches, dizziness

#### Instructions to the patient

- ✓ **Fexofenadine:**
  - This suspension, fexofenadine is an antihistaminic drug – with anti-allergic properties. It works by blocking a certain natural substance (histamine) that your body makes during a reaction. It is given to your child for the allergy caused by the insect bite.
  - The dosage is based on your child's age, weight, and response to treatment. Do not increase the dose or give this medication more often than directed.
  - Store the medicines at a temperature below 25°C. Keep it protected from light
  - Shake well before administering it.
  - Give 5ml of this medication with food (after breakfast and dinner) to avoid GI upset.
- ✓ **Cephalexin:**
  - This is an antibiotic. It is used to treat bacterial infections. It works by stopping the growth of bacteria.
  - Give 5 ml of this medication three times a day to your child. Give it for 5 days without missing the dose. Do not stop giving even if your child feels better. The antibiotic course has to be completed.
  - This medication will not work for viral infections (such as common cold, flu). Unnecessary use or misuse of any antibiotic can lead to its decreased effectiveness.
  - Store below 25°C. Do not refrigerate.
  - Shake well before use.
  - Do not mix it with water.

#### Instructions to the Pharmacist

- Both medications are SCHEDULE H DRUG.
- The measuring cup which comes along with the bottle has markings only 2.5, 5 and 10 ml. You may provide 2 syringes to the parent and explain how to withdraw 4ml of fexofenadine and 3.5 ml of Cephalexin and administer them orally to the child.

#### Medication Schedule

Medication	How to take
Fexofenadine Susp	Administer 4ml of syrup in the morning and again in the evening for 14 days, so patient will require to take 2 bottles of syrup.
Cephalexin 250mg Susp	Administer 3.5ml of syrup thrice a day for 6 days, so patient will require to take 2 bottles of suspension.

NOTE: if you experience any allergic reaction (rashes, itchy patches on skin) PLEASE CONTACT THE DOCTOR/PHARMACIST immediately.

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## Know the Abbreviations and Clinical Terms

Abbreviations/Acronym	Full form
ALL	Acute lymphoblastic leukemia.
B-ALL	B-cell acute lymphoblastic leukemia
BPD	Borderline personality disorder
BSO	Bilateral salpingo-oophorectomy
CDE	Complete dental (oral) evaluation
DCIS	Ductal Carcinoma In Situ
DDX	Differential diagnosis
DJD	Degenerative joint disease
FFP	Fresh Frozen Plasma
HAPE	High altitude pulmonary edema
HPS.	Hantavirus pulmonary syndrome
IVPB	Intravenous Piggyback
IPF	Idiopathic pulmonary fibrosis
LCIS	Lobular Carcinoma In Situ
LBP	Low back pain
LLQ	Left lower quadrant
LUQ	Left upper quadrant
MCL	Medial collateral ligament
MDS	Myelo dysplastic syndrome
NBCCS	Nevoid basal cell carcinoma syndrome
NSR	Normal sinus rhythm of the heart
PE	Pulmonary embolism
PERRLA	Pupils equal, round, and reactive to light and accommodation
PMH	Past Medical History
PTSD	Post-traumatic stress syndrome
PTT	Partial Thromboplastin Time
RDS	Respiratory distress syndrome
RLQ	Right lower quadrant
RUQ	Right upper quadrant
SAD	Season affective disorder
SIDS	Sudden infant death syndrome
T&A	Tonsillectomy and adenoidectomy
TAH	Total abdominal hysterectomy
THR	Total hip replacement
TIA	Transient Ischemic Attack
TKR	Total knee replacement
TMJ	Tempo mandibular joint

### Solution of Brain Ticklers

1— D) All of the above.

The Parkinson's disease is an extrapyramidal motor disorder which is characterized by tremor, slowness of movement and muscle rigidity.

2--- C) 5

Symptoms generally develop after the age of 50 because ageing induces defects in mitochondrial electron transport chain.

3--- A) Levodopa

**Levodopa is absorbed rapidly from the small intestine** because it utilizes the active transport process meant for aromatic amino acids.

4--- C) Co-careldopa

5--- A) Amantadine

Amantadine was developed as an antiviral drug for prophylaxis of influenza A2. It was found serendipitously to benefit Parkinsonism.

6--- B) Decarboxylase inhibitors

Because it increases efficacy and reduces early but not late complications.

7— A) Euphoriant

## PSYCHIATRIC PHARMACY-VI- ANXIETY AND PANIC ATTACKS



Abhijit Nadkarni

Most of us feel anxious in a situation that we find threatening or difficult. However, the anxiety goes away when we get used to the situation, when the situation changes, or if we just move away from the difficult situation. But if we feel anxious all the time, or for no obvious reason, it can start affecting our daily functioning. This is what happens in an anxiety disorder.

Although worry, fear and anxiety are generally unpleasant, they can all be helpful in small amounts as they can help to solve a problem or overcome the stressful situation causing these feelings. However these emotions become abnormal if they are out of proportion to the stressful situation, persist when a stressful situation has gone, are present even when the stress is minor, or appear for no apparent reason even when there is no stressful situation.

A panic attack is a type of acute anxiety when our body experiences a sudden rush of intense psychological and physical symptoms. One may feel an overwhelming sense of fear, apprehension, and anxiety. Additionally, one may also experience physical symptoms, such as nausea, sweating, trembling, and a sensation that one's heart is beating irregularly and fast.

### How does anxiety and panic disorder manifest?

Anxiety generally presents with one or more of the following symptoms and signs:

Constant unexplainable worry	Inability to concentrate
Feeling irritable	Insomnia
Palpitations	Dry mouth
Tremors	Numbness or tingling in fingers, toes or lips
Indigestion	Nausea
Stomach cramps	Diarrhoea
Headaches	Light-headedness
Difficulty in breathing or breathing fast	Change in appetite
Getting startled easily	Restlessness
Muscle tension	Fatigue

### Symptoms of a panic attack may include:

Palpitations	Numbness or tingling in fingers or toes
Sweating	Feeling faint or dizzy
Trembling or hot flushes	Nausea
Breathlessness	Diarrhoea
Choking sensations	Feelings of dread and terror
Chest pain	Irrational thoughts about dying

The symptoms of anxiety are more persistent while the panic attacks start suddenly, peak over a few minutes and generally subside after 20-30 minutes.

Many times, for understandable reasons, these experiences of anxiety and panic are mistaken as signs of a serious physical illness (e.g. acute attack of asthma, heart attack) - and this can make the symptoms even worse. When anxiety and panic attacks go on for a while, it's easy to start to develop secondary depression. Conversely, many times depression can also present with co-morbid anxiety symptoms and panic attacks.

### What are the causes of anxiety and panic attacks?

About 1 in every 10 people will have troublesome anxiety or panic attacks at some point in their lives. The exact cause is generally difficult to pinpoint. In some people it can run in the family. Some people start to believe that the physical symptoms of mild anxiety are symptoms of serious physical disease. This makes them worry more, so the symptoms get worse, and this becomes a vicious cycle. Sometimes one goes through certain circumstances that are so upsetting and threatening that the anxiety they cause can go on long after the event has ended. Some physical problems, like thyroid disease, can present with anxiety like symptoms. Sometimes it can be a mixture of all of these and other times it may not be clear at all why one develops anxiety.

When faced with a perceived threat, the body normally prepares itself to cope with it by producing adrenaline. In people suffering from panic attacks this coping system is faulty and triggers the reaction with minimal or without any source of danger. Thus, a panic attack is an exaggeration of the body's normal response to fear, stress or excitement. The symptoms

of a panic attack can be so sudden and intense that it can make one feel like one is having a heart attack. The fear of having a heart attack can then add to one's sense of panic. Some people have panic attacks in response to specific situations while others may find it difficult to identify a triggering factor.

What can be done to reduce and stop this anxiety and panic attacks?

Sometimes, simple remedies can help reduce anxiety and panic attacks and this obviates the need for more intensive treatment. Self-help that can be advised to the patient includes the following:

- Sometimes it helps to talk about the anxiety with a friend or relative whom the patient trusts and respects, and who is a good listener.
- Learning to relax through Yoga or meditation helps to bring a bit more control to one's anxiety and panic attacks.
- One can also get books, audio tapes, videos, etc., on relaxation training. They teach simple deep-breathing techniques and other measures to relieve stress, help one to relax, and ease anxiety symptoms.
- Exercise can help cope with anxiety and feelings of tension, and make one sleep better. Exercise uses up some of the chemicals that are produced under stress, allowing muscles to relax. Also, certain neurotransmitters released during exercise, can enhance mood.
- Eating a healthy diet and getting plenty of sleep can also make a big difference to the ability to cope with anxiety.
- Finally coffee, cigarettes and alcohol should be avoided as they can make anxiety worse.

**Psychological therapy:** This can be provided by a psychiatrist, psychologist, or a trained counsellor. Cognitive behavioural therapy (CBT) is one type of psychological treatment with extensive evidence of effectiveness in treatment of anxiety and panic disorders. It helps to understand how some of our ways of thinking can make anxiety worse - or even cause it. It also helps in examining the way one reacts and thinks when one is experiencing a panic attack. Once the patient and the therapist have identified such maladaptive thoughts and beliefs, they can work on replacing them with more realistic and helpful ones. The therapist can also teach the patient ways to change undesirable behaviours, which in turn would make it easier to deal with future panic attacks. For example, rapid shallow breathing during panic attacks increases distress and hence learning favourable breathing techniques help to keep one calm during a panic attack.

**Medication:** Medications are effective in helping patients with anxiety and panic attacks by working on the key neurotransmitters that are affected in these conditions. The medicines generally take 2 to 6 weeks to start acting and the one needs to be informed to be patient even if in the first few weeks of starting the medications there appears to be no improvement.

The most commonly used medications for anxiety and panic disorder are selective serotonin re-uptake inhibitors (SSRIs). They can relieve anxiety symptoms and help reduce the symptoms of depression that often accompany anxiety disorders. Common examples of SSRIs include Fluoxetine, Sertraline, Citalopram, Escitalopram, Fluvoxamine and Paroxetine. Some possible side effects of SSRIs include nausea, insomnia and sexual dysfunction. SSRIs can lead to an increase in anxiety in the first few days after starting treatment but this gradually subsides. SSRIs are generally safe drugs and most people do not have any side effects after taking them.

There are a number of other medications that can be used to treat anxiety and panic disorder but they should only be considered if treatment with SSRIs does not work or is not indicated for particular reasons. These include drugs such as buspirone and SNRIs (selective norepinephrine re-uptake inhibitors). Very few studies have directly compared these drugs with each other and there is no evidence that any of the drugs has significant advantages over the others.

Finally, sometimes well-meaning or inexperienced doctors may advise use of medications like benzodiazepines (e.g. alprazolam). These medications are very effective in short term management of anxiety and panic attacks. However these medications are not usually indicated, as they lead to dependence after a relatively short period of time. If prescribed in extreme circumstances (e.g. severe anxiety with immense distress) they should not be continued for more than 4-6 weeks.

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## OTC CORNER and MINOR AILMENTS

### CLOTRIMAZOLE:- STRENGTHS: 1%

**COMMON BRAND NAMES:** Candid, Canesten

**DOSAGE FORMS:** Ointment and Cream

#### INDICATIONS:

Topical use: Treatment of tinea pedis (athlete's foot), tinea cruris (jock itch), tinea corporis (ringworm), candidiasis, and tinea versicolor, keratitis.

**CONTRAINDICATIONS:** Contraindicated in patients hypersensitive to drug. Also contraindicated for ophthalmic use.

#### ADVERSE EFFECTS:

**Skin:** - Erythema, stinging, blistering, peeling, edema, pruritus, urticaria, burning, general skin irritation, rash, skin fissures, itching, hypersensitivity reactions.

**MODE OF ACTION:** It inhibits yeast growth by increasing cell membrane permeability in susceptible yeast.

#### WARNINGS:

1. For external use only: Avoid contact with the eyes, eyelids, and mucous membranes.
2. Pregnancy: Category B-{No risk in other studies: Animal reproduction studies have failed to demonstrate a risk to the fetus and there are no adequate and well-controlled studies in pregnant women OR Animal studies have shown an adverse effect, but adequate and well-controlled studies in pregnant women have failed to demonstrate a risk to the fetus in any trimester.}- write only from Pharmacist handbook (red one) – it is only 1 line
3. Lactation: Undetermined
4. Children: Safety not established in children under 3 years.
5. Recurrent infections: May indicate underlying medical cause, including diabetes or HIV infection
6. Systemic or ophthalmic infections: Do not use for these conditions.

**ADMINISTRATION AND DOSAGE:** Gently massage into affected and surrounding skin areas twice daily, morning and evening. Clinical improvement, with relief of pruritus, usually occurs within the first week of treatment. If patient shows no clinical improvement after 4 weeks, reevaluate the diagnosis.

#### PATIENT INFORMATION:

1. For external use only. Avoid contact with the eyes, eyelids, and mucous membranes.
2. Apply after cleansing affected area unless directed otherwise.
3. Do not apply to blistered, oozing, or raw skin.
4. If condition persists or worsens, or if irritation occurs, discontinue use, and notify a pharmacist or physician.
5. It is preferable to treat the entire trunk, including the neck, arms and legs, down to the knees, even when small areas are affected.
6. Use only as directed. Do not put bandages, dressings, cosmetics, or other skin products over the treated area, unless directed by a physician.
7. If you forget an application, apply it as soon as you remember and continue on your regular schedule. If it is almost time for the next application, wait and continue on your regular schedule. Do not apply double application.
8. Depigmented spots may remain after tinea versicolor is treated.
9. Use the medication for the full 4-week treatment time even though the symptoms may have improved. Notify a pharmacist or physician if no improvement is observed after 4 weeks of treatment.
10. Inform a pharmacist or physician if the area of application shows signs of increased irritation (e.g. redness, itching, burning, blistering, swelling, oozing) indicative of possible sensitization.
11. Do not use in children younger than 2 years of age unless directed by a physician.
12. Apply topical cream or solution to affected and surrounding areas. Wear latex gloves for application.
13. Store in a cool place (8 – 25o C). Do not freeze.
14. Assess for blistering, edema, pruritus, burning or rash.
15. Tell patient to complete the full course of therapy. Improvement usually will be noted within 1 week. Patient should call if no improvement occurs in 4weeks or if condition worsens.
16. Advise patient to watch for and report irritation or sensitivity and, if this occurs, to discontinue use.
17. If irritation, burning, itching, redness or other signs of sensitivity develop, discontinue use, contact a pharmacist or physician, and institute appropriate first aid therapy.
18. There are no adequate and well controlled studies in pregnant women during the first trimester of pregnancy. Use only if clearly indicated during the first trimester.
19. Wear well-fitting ventilated shoes. Change shoes and socks at least once daily.

#### REFERENCE:

- A To Z Drug Facts, 4th edition.
- Pharmacist's Drug Handbook.
- BNF 71(March-September 2016).
- Nonprescription Drug Therapy: Guiding Patient Self-Care, 3rd edition.

**Contributed by:**  
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## RINGWORM INFECTIONS:-



Tinea corporis (also known as ringworm, tinea circinata, and tinea glabrosa) is a superficial fungal infection (dermatophytosis) of the arms and legs, especially on glabrous skin; however, it may occur on any part of the body. It is similar to other forms of tinea.

### Signs and symptoms:-

It may have a variety of appearances; most easily identifiable are the enlarging raised red rings with a central area of clearing (ringworm). The same appearances of ringworm may also occur on the scalp (tinea capitis), beard area (tinea barbae) or the groin (tinea cruris, known as jock itch or dhobi itch).

### Other classic features of tinea corporis include:

- The edge of the rash appears elevated and is scaly to touch.
- Sometimes the skin surrounding the rash may be dry and flaky.
- Almost invariably, there will be hair loss in areas of the infection.

### Causes:-

Tinea corporis is caused by a tiny fungus known as dermatophyte. These tiny organisms normally live on the superficial skin surface, and when the opportunity is right, they can induce a rash or infection.

The disease can also be acquired by person-to-person transfer usually via direct skin contact with an infected individual. Animal-to-human transmission is also common. Ringworm commonly occurs on pets (dogs, cats) and the fungus can be acquired while petting or grooming an animal. Ringworm can also be acquired from other animals such as horses, pigs, ferrets and cows. The fungus can also be spread by touching inanimate objects like personal care products, bed linen, combs, athletic gear, or hair brushes contaminated by an affected person.

### Individuals at high risk of acquiring ringworm include those who:

- Live in crowded, humid conditions.
- Sweat excessively, as sweat can produce a humid wet environment where the pathogenic fungi can thrive. This is most common in the armpits, groin creases and skin folds of the abdomen.
- Participate in close contact sports like soccer, rugby, or wrestling.
- Wear tight, constrictive clothing with poor aeration.
- Have a weakened immune system (e.g., those infected with HIV or taking immunosuppressive drugs).

### Prevention:-

Because fungi prefer warm, moist environments, preventing ringworm involves keeping skin dry and

avoiding contact with infectious material. Basic prevention measures include:

- Washing hands after handling animals, soil, and plants.
- Avoiding touching characteristic lesions on other people.
- Wearing loose-fitting clothing.
- Practicing good hygiene when participating in sports that involve physical contact with other people.

### Treatment:-

Most cases are treated by application of topical antifungal creams/lotions to the skin.

In extensive or difficult to treat cases systemic treatment with oral medication may be required. The over-the-counter options include Tlnaftate, Clotrimazole, Miconazole, etc.

Topical antifungals are applied to the lesion twice a day for at least 3 weeks. The lesion usually resolves within 2 weeks, but therapy should be continued for another week to ensure the fungus is completely eradicated. If there are several ringworm lesions, the lesions are extensive, complications such as secondary infection exist, or the patient is immunocompromised, oral antifungal medications may have to be used.

The effect of Whitfield's ointment is also unclear.

### Prognosis:-

Tinea corporis is moderately contagious and can affect both humans and pets. If a person acquires it, the proper measures must be taken to prevent it from spreading. Young children in particular should be educated about the infection and preventive measures: avoid skin to skin contact with infected persons and animals, wear clothing that allows the skin to breathe, and don't share towels, clothing or combs with others. If pets are kept in the household or premises, they should get the animal checked for tinea. Especially if hair loss in patches is noticed or the pet is scratching excessively. The majority of people who have acquired tinea know how uncomfortable the infection can be. However, the fungus can easily be treated and prevented in individuals with a healthy immune system.

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## Pharmacy practice in Nigeria



Pharmacists in Nigeria are found in virtually all the sectors of the economy in the country. However, the community pharmacy practice has the greatest number of pharmacists. The community pharmacy space in Nigeria consists of pharmacies manned by pharmacists which are mostly located in the urban areas and patent medicines shops mainly located in rural areas. The pharmacies are authorized to sell and dispense all medicines ranging from prescription-only medicines, over-the-counter medicines to veterinary medicines while the patent medicine shops are limited to over-the-counter medicines and some essential medicines like anti-malarials.

### Pharmacy Practice regulation

The practice of pharmacy in all its aspects and ramifications is regulated by Pharmacists of Nigeria. The Council sets the standards of the knowledge to be acquired for persons wishing to become pharmacists in Nigeria. It also licenses and maintains a register of licensed pharmacists. It also sets the standards for persons wishing to operate patent medicine shops, registers and licenses them for operation. The Council sets and enforces the rules and regulations that guide the operations of the various categories of pharmaceutical premises among other responsibilities.

### Pharmacy Education

The minimum qualification for a pharmacist in Nigeria is Bachelor of Pharmacy (B. Pharm) or Doctor of pharmacy (Pharm. D) degree obtained from any of the eighteen accredited Faculties of Pharmacy. Currently, only one of the Faculties is accredited for the Pharm.D. training programme. These Faculties are accredited by the National Universities Commission and Pharmacists Council of Nigeria. Where this degree has been obtained from institutions outside Nigeria, the graduate will undertake the Foreign Pharmacy Graduate Orientation Programme to become eligible for registration and licensure in Nigeria. Following the successful completion of any of these programmes, the graduate is inducted by the Council and receives a provisional registration status. S/he undergoes the mandatory one year internship at any of the accredited Internship centres and then sits for the pre-registration examination. After a successful exam, the required documents are forwarded to the Council for full registration and licensure. The licence is to be renewed annually to retain a professional status for practice as a pharmacist. There are currently 23,263 fully registered pharmacists in Nigeria.

### Continuing Professional Development

The Pharmacists Council of Nigeria has instituted a continuing professional programme for practicing pharmacists to update knowledge and enhance skills need for international best practices in Pharmacy. The programme commenced in 1998 making the pharmacy profession the first among the healthcare professions in the country to commence a formal professional development programme for her practitioners. The programme is made up of three modules and the pharmacist is expected to undertake these modules in five years. Every five years, the Council updates the curriculum for the programme with current and trending issues in the healthcare system. Currently the programme is hosted online and can be undertaken by pharmacists irrespective of geographical location.

### Community Pharmacy Practice

In Nigeria, the community pharmacy practice serves as the public image of the pharmacist in the society. Community Pharmacy Practice entails the setting up of pharmacy practice in retail pharmacy shops where the sale and dispensing of medicines and other patient related activities take place. These premises are under the direct supervision of a licensed pharmacist also known as the Superintendent Pharmacist. However, there may be other pharmacists who render pharmaceutical services along with the superintendent pharmacist. These outlets serve as the first port of call for the ill in the communities where they are located. There are currently 5743 registered community (retail) premises in Nigeria.

Some of the patient-centred services rendered from such outlets include monitoring of blood pressure, weight management services, medication refill, patient counselling, pregnancy testing, rapid malaria test, management of prevalent childhood diseases, that is, malaria, diarrhoea and pneumonia using the standard treatment guidelines, lifestyle medicines and counselling, family planning products refill and counselling, to mention just a few. The major issue that the profession is facing is that, it has not been given its proper place in the scheme of things in the healthcare sector of the country.

#### Contributed by:

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## My Pharmacy/Mitt Apotek



IPA CPD e-times had the opportunity to make a short interview with FIP CPS ExCo-member Lars-Åke Söderlund from Sweden, as Apoteket – the Government owned pharmacy chain – has launched a new application (app) for SmartPhones.



### What is it about?

Well, during the first week of October we launched our new app “My Pharmacy/Mitt Apotek”. It can be downloaded at Appstore and on Google Play.

### How can you use this app?

With this app, you can do everything you can do in a normal pharmacy, but with the use of your SmartPhone. With the app, you can talk to our Pharmacists at our Drug Therapeutic Centre/Customer Service Unit – 24 hours a day, 7 days a week, and this has been a huge success! You can order your prescription medicines or buy OTC-medicines or other complimentary products by the use of this app. Our pharmacists at our Drug Therapeutic Centre, are very busy – as a lot of patients contact them via the app to ask questions about their medicines and health related issues. It is convenient, as you can contact the expert pharmacist 24x7x365.

### What more can you use the app for?

You can get counselling or advice from a pharmacist, and you can check whether your medicine is available at your local pharmacy. And if not, you can check which pharmacy has your medicine in stock.

We want to make it easier for our patients to get help, support and counselling about their medicines, and their other issues regarding their health. We want to help them solve any problems with their therapy, every day. With this new application we can give our clients the same service as in the normal pharmacy (local pharmacy). And they have their pharmacy in their pockets, 24 hours a day. And the new app is part of Apoteket's campaign for improving our services to our patients/customers. And with the app, patients have access to the complete assortment of Apoteket's products.

### Can you also get in contact with a doctor, by using the app?

Yes, a new feature is that by the use of the app you can get immediate contact with one of our doctors (specialists) at “My Doctor”. It is a real doctor in the digital world, but built in, in the app. You can for example, take a photo of a skin problem, send it via the SmartPhone and the app directly to the doctor, and the doctor will give you a recommendation – it can be an OTC-medicine, or a prescription medicine. If it is a prescription medicine it can be picked up at one of Apoteket's pharmacies, your local pharmacy or sent to your work place, or your home address – everything according to your desire.

Another feature is that when your prescription on a medicine is close to expire, the app will remind you about this, as you have your personal drug/medicine profile in the app. A reminder can also be sent – if you wish so – to your doctor for renewal of the prescription.

The renewed prescription will enter directly in to your personal medicine profile, where you also have a list of all your medicines, how to take them etc. In some cases the new medicine can be picked up at a local pharmacy two hours after being ordered.

### Has this app been a success for Apoteket?

Yes, we launched this app a couple of days ago, and today 500 000 people have downloaded the app.

Is it a safe system?

The system is extremely safe, as we use the same standard as banks. You start your session by entering your bank id. There is no higher level of personal security in Sweden.

### What about the elderly – do they like this app?

Yesterday, I did myself demonstrate the application for a number of elderly patients within the main organizations for retired people - and they really liked the new app. And some of them had already downloaded the app to their SmartPhones! And some also gave us advice on how to develop the app even further!

### Can you foresee any problems?

Of course, not all elderly know how to use Internet, SmartPhones, apps etc. The local pharmacy is always the foundation for our work and our services, but the app provides lot of new opportunities for our customers. But for those who lack knowledge, educational activities will be necessary, and we will provide education for them.

I would like to conclude that healthcare is becoming more and more digital, driven by the customers. And so is community pharmacy! We need to be part of this development and innovate new services! Our customers demand it!

**Mr Lars-Åke Söderlund can be contacted at <[lars-ake.soderlund@apoteket.se](mailto:lars-ake.soderlund@apoteket.se)>**

## NEWS AND TRAINING

### DOTS TB Training of Community Pharmacists at Birla Institute of Technology, Mesra, Ranchi, Jharkhand.



IPA Community Pharmacy Division in collaboration with State TB Office, Jharkhand conducted the DOTS TB training of community pharmacists at Ranchi on 5th November 2017. It was hosted by IPA Jharkhand State Branch and Birla Institute of Technology (BIT), Mesra, Ranchi. This was the first of its kind of training in the state of Jharkhand.

Dr. Anindya Mitra, Sr. Medical Officer, T B Sanatorium, Itki, Dr V.B. Prasad, District TB Officer, Ranchi and Mrs. Manjiri Gharat were the Resource Persons. Total 24 pharmacists from Ranchi, Bokaro, and Jamshedpur area participated in this training. Pharmacists were taught about the DOTS protocols, basics of TB and their role as a pharmacist in early detection, DOTS provision, counselling and TB notification.

Dr S. Konar, Dean Faculty Affairs and officiating Vice Chancellor, BIT, Mrs. Ritu Sahay, Drugs Controller of Jharkhand State and Mr. Anjani Kumar, Ex-Director, Drugs Control, Jharkhand appealed the participants to actively get involved in this public health work. Dr. S. Samanta, Head of Department, Dept. of Pharmaceutical Sciences, BIT presented welcome address. Team of Dr. R. N. Gupta, Ex-Chairman, IPA Hospital Pharmacy Division and Vice President, IPA, Jharkhand State Branch and Secretary Dr. B. N. Sinha, Treasurer Mr. M.P. Chopra, Dr. Sujit Kumar, Joint Director, Drugs and Prof S.G. Panpalia of BIT along with the student volunteers organized this programme successfully.

### DOTS TB Training of Community Pharmacists at TKCP- Warananagar, Maharashtra

IPA Community Pharmacy Division in collaboration with District TB Office, Kolhapur conducted the DOTS TB training of community pharmacists at Warananagar, Maharashtra on 24th October 2017 and it was hosted by Tatyasaheb Kore College of Pharmacy (TKCP), Warananagar.

Dr. Manasi Kadam, Medical Officer- District TB Office and Mrs. Manjiri Gharat, Vice-President and Chairperson, IPA Community Pharmacy Division, were the Resource Persons. Total 27 pharmacists from Warananagar area participated in



this training. Pharmacists were taught about the DOTS protocols, basics of TB and their role as a pharmacist in early detection, DOTS provision, counseling and TB notification.

Dr. John Dsouza, Principal of TKCP welcomed all the participants. Team of TKCP comprising of faculty members Mr. Sachin Kumbhoje, Mrs Jaya Kamble, and Mr. Pratik Maske along with the student volunteers organized this programme successfully.

On this occasion, Memorandum of Understanding was signed between the IPA Community Pharmacy Division and TKCP to carry out collaborative activities in the area of community health and pharmacy practice.

## Pfizer launches P4B initiative for practicing pharmacists

Pfizer launches Partner4Better initiative in Panaji, Goa for practicing pharmacists

Pfizer Medical Information conducted a continuing education program for 50 practicing pharmacists from Goa, through “Partner4Better - Medical Information Learning and Educational Services (MILES)” program on November 26th, at Taj Vivanta, Panaji – Goa. Through the Partner4Better (P4B) initiative, Pfizer focuses on collaborating with stakeholder groups and internal partners to deliver educational content.

In the first pilot program, Gudrun Hubinger (Pfizer Medical Information Regional Lead for Africa, Middle East & India) provided a general overview of the initiative and Lynda Larab, Medical Information Manager for the Middle East, outlined the services provided by Pfizer Medical Information worldwide (including India) to healthcare providers and consumers.

Dr. Roopa Menon, Pfizer Medical Information Manager for the India Region, conducted an interactive session on Communication Skills.

Gudrun Hubinger, Lynda Larab, Roopa Menon and Bhagyashree Naik conducted a session on Health Literacy through presentations, group discussions and role plays. Participants were very interactive, and the program delivery was a success.

Mr. Ratnadeep Kurtarkar and Mr. Raj Vaidya of IPA’s Community Pharmacy Division coordinated to ensure the participation of pharmacists.



## NATIONAL PHARMACY WEEK, 2017



NPW at Kolkata, West Bengal



NPW at Kolkata, Pledge Board for Save Antibiotics



NPW theme lecture for Rotarians, Thane, Maharashtra



NPW at Navi Mumbai, Maharashtra



NPW at Bhandara, Maharashtra



NPW at Roorkee, Uttarakhand



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### World Health Days

**December 01**  
**World AIDS Day**

**December 2**  
**National Pollution  
Prevention Day**

**December 3**  
**International Day of Persons  
With Disabilities**

**December 9**  
**World Patient Safety Day**

**December 12**  
**Universal Health  
Coverage Day**

**January 28, 2018**  
**World Leprosy Day**

**January 31, 2018**

**World Leprosy  
Eradication Day**

**February 4, 2018**  
**World Cancer Day**

**February 6, 2018**  
**International Day of Zero  
Tolerance to Female Genital  
Mutilation**

**February 12, 2018**  
**Sexual Reproductive Health  
Awareness Day**

**February 15, 2018**  
**International Childhood  
Cancer Day**

### Upcoming Events

**Dec 22nd-24th (2017)**

**69th Indian Pharmaceutical  
Congress 2017,  
Chitkara, Punjab**

Email: [www.69ipc.com](http://www.69ipc.com)

#### 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.

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