Message from President of International Pharmaceutical Federation (FIP)

Distinguished Colleagues from India,

It is my pleasure, my honor and my privilege to address you.

In my candidacy speech to the FIP Council last year, I outlined what my goals for my four-year tenure as President of FIP would be under the motto “Trust, solidarity and actions”, I consider it my mission to ensure the future of FIP by modernisation and change. Building on the work of my predecessors, I want to increase the added-value of FIP for member organisations. Through efficient collaborations, the time has come for implementation and concrete actions according to the specific needs of your nation, your region, your locality.

Our vision: “A world where everyone benefits from access to safe and effective medicines and pharmaceutical care”, our mission: “FIP improves global health by supporting the advancement of pharmaceutical practice, sciences and education”, and the six strategic outcomes, agreed on by the FIP Bureau, set the frame to modernise our federation.

Under the maxim of “ONE FIP”, we have started to break down the silos and unify FIP, with all structures working together. We are all dependent on each other. If I speak a lot about practice, it is not only because I am a practitioner myself, but also because it is the most visible part of pharmacy to the public and to governments. Community pharmacy and hospital pharmacy are the visible part of pharmacy. However, let me be clear: In order to consolidate the position of pharmacists in the different health systems and to be able to take new roles and provide new services, all three domains of pharmacy — science, education and practice — are crucial. Practice cannot exist without science or education and only this interdependency and the collaboration of these three domains can ensure universal health coverage.

FIP’s role as the global leader of pharmacy is to help member organisations meet challenges of the future and to support pharmacists in their needs to achieve their goals. FIP is the ideal platform that pulls together member organisations, partners and corporates, creating relationships that are mutually beneficial to all. We have member organisations with specific needs and member organisations, partners or providers with corresponding skills. FIP will lead and coordinate the different actions and define standards as well as recommend FIP-approved tools and projects.

On a tactical level, we reinforced our collaboration with partners over the past 12 months. During the World Health Assembly in Geneva, we signed a Memorandum of Understanding with the World Health Organization to support their initiatives in human resources for health, primary health care and universal health coverage. When we consider the 10 threats in 2019, identified by the WHO, it is evident that pharmacists can play an active role in all of them. Joining the WHO in action in these fields, we will be able to prove, by 2022, that pharmacists are important players in making a difference in a region or country. FIP is planning a Ministers’ Summit for 2022. In Geneva, we also discussed with Dr Tedros, the WHO Director-General, fair pricing, medicine shortages, the sustainability of the pharmacists’ services to the people and the importance of having the right remuneration for these services. These are current issues in most of the countries and they are on our agenda.

Being at the Global Conference on Primary Health Care in October last year in Astana, Kazakhstan, was a pivotal moment for FIP.
In Astana, political commitment to strengthen primary health care was reinvigorated through the Astana Declaration on Primary Health Care, to which FIP contributed. Clearly, pharmacists, who practise at the hearts of the world's communities, make huge contributions to primary care. In Astana, FIP strongly promoted the value of pharmacists as primary healthcare providers. However, we also followed up with action. It is well known that the implementation of concrete projects bringing a benefit for the people can only happen on a national or regional level, and according to the region's needs.

In the “ONE FIP” strategy, FIP wants to support and motivate all of our member organisations to be pro-active and to be part of the evolution of our profession all over the world. Because, in the end, pharmacists will make the difference; as it is pharmacists who are working at the heart of their communities and, thanks to pharmacists, everyone benefits from access to safe and effective medicines and pharmaceutical care.

My ambition is, in collaboration with you, to develop community and hospital pharmacy in India. Universal health coverage and the reinforced role of pharmacists are in line with the goal of WHO and the Astana declaration. I am convinced that if we are working together in a pragmatic way, using the same tactic I applied in my home country of Switzerland, we will be successful. We first need a clear and simple strategy, which is easy to communicate. The first step is to adapt education (we have the Nanjing Statements) in order to provide the pharmacist with the necessary skills for the future. With an adequate postgraduate education (for example, a title of specialist in community pharmacy and in hospital pharmacy) and mandatory continuous education, we will make sure that every pharmacist has the competencies to become an even greater support for national or regional health systems. Quality and patient safety are the priorities. Parallel to this, we have to work with the government and policymakers to adapt the legislation. Well-educated pharmacists should be authorised to provide pharmaceutical services for chronic and acute patients as well as to play a crucial role in health promotion and illness prevention (vaccination is an issue all over the world). To assure the sustainability of new services, it is essential to give pharmacists adequate remuneration. A margin is definitively not the right way to remunerate services. Safe and affordable medicines will complete the tools that practitioners will need to consolidate their place in the health system. As you see, all domains of pharmacy (science, education and practice) have to work together for the pharmacists to succeed and benefit our people as well as our health systems.

This undertaking is ambitious, but I know it is possible to be successful. We achieved it in Switzerland, so it is also possible in India. As President of FIP, I will be happy and honoured if we can work together in achieving the priorities you decide on for your country. FIP is planning a Ministers’ Summit for 2022. Let us prove that pharmacists are important players in making a difference in a region or country. It would be wonderful to present first results we achieved in India at this summit.

Long live pharmacy, Long live Indian pharmacy, Long live FIP!

Yours sincerely,
Dominique Jordan
FIP President
Dear Pharmacists,

As we approach the month of November, it is time for the National Pharmacy Week, the historic tradition started by visionary IPA stalwarts almost 6 decades back. The theme of this year’s NPW is “Pharmacist: Your Medication Counsellor”. The main objective of the NPW is to make the public and all stakeholders aware about the pharmacy profession and role of the pharmacist in particular. IPA has planned for various activities and competitions for the NPW for pharmacy students and practicing pharmacists. May I appeal to all IPA Branches, Divisions, other pharmacy associations, pharmacy colleges, and other pharmacy professionals to plan and celebrate NPW focused only on the theme and make it very meaningful as well as visible in the media and social media.

FIP’s 2019 Health Promotion Campaign Award went to the Brazilian Federal Council of Pharmacy (CFF) in recognition of its work with Brazil’s biggest media network to communicate the value of pharmacists. This project is a role model to us in India where we are struggling to improve and demonstrate value of the pharmacist. You can read more about this wonderful Health Campaign on page 26 in the News section of this issue.

Heartiest Congratulations to IPA President Dr. T V Narayana for being elected as the President of SEARPharm Forum (SPF). With President Dr. Narayana and Professional Secretary, Dr. Rao Vadlamudi, immediate past President of IPA and President of Commonwealth Pharmacist Association, I am sure SPF will be an active and vibrant Forum of FIP.

The Pharmacist Day was celebrated with enthusiasm throughout the country. I was happy and consider myself lucky to be part of the global gathering of pharmacists in Abu Dhabi at the 79th FIP Congress on the Pharmacist Day. As always it was a learning, sharing, networking experience which inspires you to do more and more for the profession. It was great to have several members of IPA CPD team attending this FIP Congress. I had an opportunity to speak in one of the sessions on “FIP and Indian Pharmacists” and I tried to summarize all that FIP does for the pharmacy profession from FIP Pharmabridge to educational Webinars to initiating World Pharmacist Day, to the knowledge packed inspiring annual FIP Congress and much more. You can read the message from FIP President Dominique Jordan to IPA in this issue which is extremely motivating. I thank Dominique Jordan for his leadership and his interest and encouragement to improve pharmacy practice in India. We have got a detailed report of the FIP Congress in this issue and I appeal all my local-global colleagues to start planning for the 80th FIP Congress to be held in Seville, Spain in September 2020.

IPA’s national flagship event the IPA Convention was held in Vigyan Bhavan, New Delhi on 11th and 12th September 2019. It was a very well planned and well organized Convention with scientific sessions of very high quality and interesting panel discussions. Heartiest Congratulations to IPA Delhi Branch and IPA DB Students Forum for making the Convention happen in a very successful manner.

I encourage all the pharmacists and the pharmacy students to participate in NPW competitions. Stay tuned to Announcements on IPA website www.ipapharma.org for the updates. That’s all for now. Happy Reading. Wish you all very Happy Diwali! Enjoy the festive time.

Manjiri Gharat
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Besides an overhaul of the curriculum to make it practice oriented, with hands on practice exposure in the curriculum, there is also a serious need to look into the professional development of the existing community pharmacists.

Well-equipped community pharmacists

Community pharmacists are the true face of the pharmacy profession. Not only is their presence and visibility at the pharmacy very important, but so also is the way they present themselves, their knowledge base, how they utilize their knowledge – in the practical situations that they encounter.

Community pharmacists in India yearn for recognition. Not only from the community that they have served, the other healthcare providers, the governmental authorities, but also from the pharmacy community itself. While the community pharmacists form the largest chunk of pharmacists in the country, they still remain the most underpaid, most underutilized, and least recognized as valuable resource amongst all. A two-year Diploma in Pharmacy (with an outdated curriculum developed almost 30 years ago) is what the nation offers as a minimum qualification to practice pharmacy. A large majority of the community pharmacists in the country are equipped with this Diploma, though we do find several community pharmacists equipped with a 4 year degree in pharmacy (which actually consists of a largely industry-focused curriculum). Neither the curriculum, nor the teaching exposure thus equips the pharmacists in India to play the true role that pharmacists across the world are expected to play (and successfully playing - showing excellent results). There is a serious lack of sufficient thrust in the regulatory authorities which regulate pharmacy education, as well as the regulatory authorities which have the bounden duty to enforce the laws in community pharmacy.

With minimum clinical and practice exposure in their curriculum, pharmacists with either of these qualifications are left to fend for themselves to brace doctors' prescriptions, patients seeking remedies to all sorts of ailments from the pharmacist (and expecting him/her to provide wonder-cures for situations/cases beyond her/his legal jurisdiction), and even to dole out prescription medicines against verbal orders even though s/he is not permitted to dispense by law.

In spite of such serious deficient circumstances, a large number of community pharmacists are making personal attempts to serve their community in a more professional manner. Many community pharmacists today provide blood pressure, blood sugar checks, and other screening facilities in their pharmacies, accompanied by suitable guidance and advice to the patients regarding continuing their therapy, lifestyle modifications, providing patient information leaflets. A large number of community pharmacists also provide instructions to patients about how and when to use their medications, and many also provide markings or paste stickers on the medication strips or bottles a to when the medication should be taken. This is a big help especially to patients with no or low literacy and/or low socio-economic background, who more often than not cannot interpret what is written in the prescriptions. At least a basic conveyance (in simple language) of when to take the medications does go a long way in increasing the adherence.

In order to go beyond this, into scrutinizing prescriptions for adequacy, drug interactions, and communicate with the prescriber, provide basic information to the patient about possible ADRs, precautions to take, etc – we have a long way to go. There is a strong need to increase the confidence in the prescribers about the importance and value of the pharmacists –but mere talking at seminars and writing about it won't help. It needs SERIOUS intent and implementation. The whole pharmacy education system needs an overhaul. We need to lay down a clear blueprint as to how our pharmacy education system needs to mould into. There is an urgent need to overhaul the pharmacy curricula to provide options to students to groom into practice oriented, knowledgeable pharmacists. No doubt the clinical oriented 6 year Pharm. D
curriculum is up and running – but how many of these Pharm.Ds are actually going to end up practicing in the community is a serious question to deeply ponder over. Besides an overhaul of the curriculum to make it practice oriented, with hands on practice exposure in the curriculum, there is also a serious need to look into the professional development of the existing community pharmacists. There is an urgent need to tap the pharmacists and provide them continuing education programmes which can be delivered to them through online modules, so that they can upgrade their knowledge, skills and confidence at their own pace. The onus ultimately lies with professional pharmacy associations, and they need to step up and shoulder the responsibility.

Raj Vaidya
Email: rajxvaidya@gmail.com

New President of SEARPharm Forum - Congratulations

Hearty Congratulations to IPA President Dr. T V Narayana for being elected as the President of the SEARPharm Forum. In an Executive Committee Meeting of SEARPharm Forum on 25th September, 2019, during the 79th FIP Congress at Abu Dhabi, he was elected to this post. IPA CPD team congratulates Dr. Narayana and wishes him all the best in his new assignment.
Generic Name: Canagliflozin (pronounced as KAN-a-gli-FLOE-zin).

Common Brands available: Invokana, Sulisent etc

Pharmacological Classification: Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitor.

Therapeutic Classification: Oral Antidiabetic

Indications:
- Management of type 2 diabetes mellitus.
- Reducing the risk of cardiovascular events in patients diagnosed with type 2 diabetes mellitus.

MoA: It works by reducing the renal re-absorption of glucose (by inhibiting the SGLT2). This thus increases the urinary excretion of glucose, thus decreasing its concentration in the blood and improving glycemic control.

Contraindications:
- In severe kidney disease or if the person is on dialysis.
- It may increase risk of lower leg amputation, especially in the case of prior amputation, a foot ulcer, heart disease, circulation problems, or nerve damage.
- Not to be used during the second or third trimester of pregnancy.
- Not to be used while breastfeeding.
- Not approved for use by anyone younger than 18 years of age.
- NOT to be used in Type 1 diabetes mellitus or diabetic ketoacidosis.

Adverse Effects:
- Signs of an allergic reaction- hives, difficult breathing, swelling of face, lips, tongue, or throat.
- Patient should seek medical attention right away if:
  - Any signs of a genital infection-burning, itching, discharge, pain, tenderness, redness or swelling of the genital or rectal area, fever;
  - A light-headed feeling, feeling of passing out;
  - Little or no urination and pain or burning sensation while urinating;
  - Pain, tenderness, sores, ulcers, or infections in your legs or feet;
  - Irregular heartbeats, weakness, loss of movement;
  - Ketoacidosis (too much acid in the blood)—nausea, vomiting, stomach pain, confusion, unusual drowsiness, or trouble breathing; or
  - Dehydration symptoms—dizziness, weakness, feeling light-headed.

**DRUG INFORMATION**

**CANAGLIFLOZIN**

<table>
<thead>
<tr>
<th>Route</th>
<th>Bioavailability</th>
<th>Elimination half-life</th>
<th>Metabolism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>65%</td>
<td>11.8</td>
<td>O-glucuronidation</td>
</tr>
</tbody>
</table>

**Warnings: as circulated by USFDA, Health Canada, UK and also CDSCO:**
- Potential risk of inflammation of the pancreas.
- Cases of rare but serious infection of and around the area of the genitals have been reported.
- Necrotizing fasciitis of the perineum also called Fournier’s gangrene.
- Increased risk of lower limb amputations.
Drug-Drug Interactions: Not to be given with the following drugs:
- Insulin, Diuretic, Digoxin, Digitalis, Rifampin, Ritonavir, Phenobarbital, Phenytoin.
- Other drugs including prescription and OTC medicines, vitamins, and herbal products etc. may also affect Canagliflozin hence it is advised that the patient informs this to their doctor. There are no such Drug-Food interactions identified as yet.

Dose: Initially 100 mg orally once a day. Can be increased to 300 mg orally once a day for additional glycemic control but only in patients who have tolerated lower dose. **Maximum dose - 300 mg/day**

Counseling of patient:

1. Take this medication orally as directed by your doctor, usually once daily before the first meal of the day. The dosage is based on your medical condition and response to treatment.
2. If a dose is missed, it should be taken as soon as it is remembered; however, double dosing to make up for a missed dose is not recommended.
3. In case of overdosing, try emitting the drug out of your body and contact the Poison Information Center or your physician immediately.
4. Tell your doctor if your condition does not improve or if it worsens (such as if your blood sugar remains high or increases).
5. It is advised to the patient that they quit smoking and alcohol when on this medication.
6. If you have any history of allergy to the drug then please bring it to the doctor’s or pharmacist’s notice.
7. Read the warnings carefully and inform the doctor about any cardiovascular diseases or a diabetic foot ulcer which can cause lower limb amputations (rare) if the patient ingests the drug.
8. Ensure adequate fluid intake to avoid adverse reactions related to volume depletion such as orthostatic hypotension.
9. Patients should be informed that use of this drug may increase their risk of bone fractures hence the right dose prescribed by the doctor should be taken.
10. Should be kept out of reach of children.
11. There are chances that the patient’s urine will show presence of glucose.
12. Maintain a healthy lifestyle that consists of a proper balanced diet, regular exercises and an optimistic outlook towards life.

References:

- [www.webmd.com](http://www.webmd.com)
- [www.drugbank.com](http://www.drugbank.com)
- [www.drugs.com](http://www.drugs.com)
Background
The term gout describes a heterogeneous clinical spectrum of diseases with elevated serum urate concentration. The underlying metabolic disorder of gout is Hyperuricemia. Hyperuricemia is defined statistically as serum urate concentrations greater than 2 standard deviations above the population means for age- and sex-matched healthy populations, usually 7.0 mg/dL for men and 6.0 mg/dL for women. Diuretics, Ethambutol, Nicotinic acid, Pyrazinamide, Cytotoxic drugs, Salicylates (<2 g/day) Levodopa and Cyclosporine are drugs that can induce Hyperuricemia.

Risk factors
Gout is influenced by several dietary factors, including obesity, alcohol intake, hyperlipidemia, and the insulin resistance syndrome.

Pathogenesis
Normally, uric acid does not accumulate as long as production is balanced with elimination. About two thirds of the daily uric acid production is excreted in the urine and the remainder is eliminated through the gastrointestinal tract after enzymatic degradation by colonic bacteria. A decline in the urinary excretion of uric acid to a level below the rate of production leads to Hyperuricemia. The above listed drugs decrease renal clearance of uric acid through modification of filtered load or altering tubular reabsorption or tubular secretion.

Clinical presentation
Hyperuricemia can be asymptomatic. Symptoms include fever, intense pain, erythema, warmth, swelling, and inflammation of involved joints.

Prevention and Management
Risk factors should be identified and managed. Weight loss through caloric restriction and exercise, restriction of alcohol intake is of great important. Asymptomatic Hyperuricemia requires no therapy, but patients should still be encouraged to implement lifestyle measures to reduce serum urate concentrations. Drug inducing Hyperuricemia should be discontinued and alternative chosen.

Role of Pharmacist
Patients suffering from acute gouty arthritis should be advised to reduce their dietary intake of saturated fats and meats high in purines (e.g., organ meats). Because of the increased risk of developing nephrolithiasis, pharmacist should counsel patients with gout to increase fluid intake and decrease salt consumption. Patients with hyperuricemia or gout should be educated to undergo comprehensive evaluation for signs and symptoms of cardiovascular disease, and aggressive management of cardiovascular risk factors (i.e., weight loss, reduction of alcohol intake, control of blood pressure, glucose, and lipids) should be undertaken as indicated.

References

Contributed by:
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Pharmacon Society for Pharmacy Practice
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CA 125 (cancer antigen 125)

- **Body Systems and Functions:**
  Oncology system

- **Description:**
  Serum CA 125 is the most commonly used laboratory test for the evaluation of adnexal masses for Epithelial ovarian cancer. It is the only tumor marker recommended by the National Academy for Clinical Biochemistry for clinical use in patients with ovarian cancer. CA 125 is often used off-label for evaluation of an adnexal mass alone or combined with other serum biomarkers and/or pelvic ultrasound.

- **Clinical significance:**
  CA 125 or Muc16 is a glycoprotein member of the mucin family and is present in normal endometrial tissue. It appears in the blood when natural endometrial protective barriers are destroyed, as occurs in cancer or endometriosis. CA 125 is most useful in monitoring the progression or recurrence of known ovarian cancer. It is not useful as a screening test because elevations can occur with numerous other conditions, such as endometriosis, other diseases of the ovary, menstruation, pregnancy, and uterine fibroids. Persistently rising levels indicate a poor prognosis. Levels may also rise in pancreatic, liver, colon, breast, and lung cancers.

- **Indication:**
  CA 125 is the only tumor marker recommended for clinical use in the diagnosis and management of ovarian cancer. There are 5 main indications in which the determination of CA 125 levels is recommended. Table 1 summarizes the recommendations from different societies in both Europe and the United States.

Table 1: Recommendations for CA 125 Testing in Ovarian Cancer by Different Expert Groups

<table>
<thead>
<tr>
<th>Early detection in hereditary cancer syndromes</th>
<th>NCCN</th>
<th>NIH</th>
<th>NACB</th>
<th>EGTM</th>
<th>ESMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differential diagnosis of pelvic mass</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>None</td>
</tr>
<tr>
<td>Monitoring response to therapy</td>
<td>Yes</td>
<td>None</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Detection of recurrence</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Prognosis</td>
<td>None</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Abbreviations: NCCN, National Comprehensive Cancer Network; NIH, National Institutes of Health; NACB, National Academy for Clinical Biochemistry; EGTM, European Group on Tumor Markers; ESMO, European Society for Medical Oncology.

- **Other Clinical Implications and Indications:**
  Increased in ovarian cancer, endometriosis, fibroids, benign ovarian cysts, menstruation, ovulation, pregnancy, liver disease, pancreatitis.

- **Conditions associated with an elevated serum CA 125 concentration**
  **Gynecologic malignancies**
  - Epithelial ovarian, fallopian tube, and primary peritoneal cancers
  - Endometrial cancers
  - Endometrial cancer

  **Benign gynecologic conditions**
  - Benign ovarian neoplasms
  - Functional ovarian cysts
  - Endometriosis
  - Meig syndrome
  - Adenomyosis
  - Uterine leiomyomas
  - Pelvic inflammatory disease
  - Ovarian hyperstimulation
  - Pregnancy
  - Menstruation

  **Nongynecologic conditions**
  - Cirrhosis and other liver disease
  - Ascites
  - Colitis
  - Diverticulitis
  - Appendicular abscess
  - Tuberculosis peritonitis
  - Pancreatitis
  - Pleural effusion
  - Pulmonary embolism
  - Pneumonia
  - Cystic fibrosis
  - Heart failure
  - Myocardiopathy
  - Myocardial infarction
  - Pericardial disease
  - Renal insufficiency
  - Urinary tract infection
  - Recent surgery
  - Systemic lupus erythematosus
  - Sarcoidosis

  **Nongynecologic cancers**
  - Breast
  - Colon
  - Liver
  - Gallbladder
  - Pancreas
  - Lung
  - Hematologic malignancies

- **Test time frame:**
  Within 24 hr

- **Sample collection:**
  Ideally, the blood for testing should be obtained during the first half of the cycle to minimize the fluctuation, but as long as subsequent testing is done at the same time of the cycle, serial monitoring will not be affected regardless of when the blood is drawn.

- **Reference Range:**
  - CA 125 – ≤35 U/mL
  - CA 125 II – <20 U/mL

*The original CA 125 test reacts with OC125, and the newer CA 125 II test utilizes both the OC125 and M11 moieties. Both tests are commonly used in clinical practice. While CA 125 II may be more specific, there are no data to support the superiority of one test over the other.*
**Interpretation:**
Figure 1. Box plots showing CA-125 serum levels by histologic diagnosis of adnexal masses.

*Box:* range of the middle 50 percent of the CA-125 levels;  
*line inside the box:* median;  
*whiskers:* the 5th and 95th percentile;  
*: data points that lie outside the whiskers.

**Note:** Absence of detectable levels of CA 125 does not rule out the presence of tumor.

Absolute CA 125 cutoffs remain clinically arbitrary, particularly for premenopausal women. Normal values may also range from 20 to 200 U/mL; these variations take into consideration elevations in serum due to benign indications common in premenopausal women, such as menses, fibroids, endometriosis, or ovulation.

CA 125 values may increase during the menses, but this increase is likely to be clinically insignificant.

**Interactions:**
Heparin and oxalate may interfere with testing; these should be avoided.

**Disadvantage:**
The test has several shortcomings. The diagnostic performance of CA 125 is limited, particularly for early-stage disease. In addition, it is mainly useful in postmenopausal women.

**Reference**

**Contributed by:**
Mr. Ansuman Machahary  
Mr. N. Satyavardhan Rao  
Members of, Pharmacon Society for Pharmacy Practice.
Q1 Which of the following is not an ADP receptor inhibitor?
   a. Clopidogrel
   b. Prasugrel
   c. Tirofiban
   d. Ticagrelor

Q2. Antiplatelet effect may be decreased by drugs such as
   a. Erythromycin
   b. Dipyridamole
   c. Tirofiban
   d. Aspirin

Q3. Aspirin acts by
   a. Inhibition of ADP receptor
   b. Inhibition of COX
   c. Inhibition of adenosine receptor
   d. Inhibition of Gp IIb/IIIa

Q4. Which of the following is an adenosine reuptake inhibitor
   a. Clopidogrel
   b. Tirofiban
   c. Dipyridamole
   d. Aspirin

Q5. Antiplatelet drugs are also called as
   a. Antithrombotic drugs
   b. Anticoagulants
   c. Antifibrinolytics
   d. Local Haemostatics

Q6. Which of the following is the latest, most potent and faster acting P2Y12 purinergic receptor blocker?
   a. Eptifibatide
   b. Aspirin
   c. Prasugrel
   d. Clopidogrel

ANSWERS on Page No. 13
<table>
<thead>
<tr>
<th>Abbreviations/Acronym</th>
<th>Full form</th>
</tr>
</thead>
<tbody>
<tr>
<td>%EA</td>
<td>Exact agreement percentages</td>
</tr>
<tr>
<td>%ED</td>
<td>Percentage of extreme disagreement</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>Accident and Emergency</td>
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<tr>
<td>AAT</td>
<td>Avoidability Assessment Tool</td>
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<tr>
<td>ADE</td>
<td>Adverse Drug Event</td>
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<tr>
<td>ADR</td>
<td>Adverse Drug Reaction</td>
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<tr>
<td>ADRIC</td>
<td>Adverse Drug Reactions In Children</td>
</tr>
<tr>
<td>AE</td>
<td>Adverse Event</td>
</tr>
<tr>
<td>CAT</td>
<td>Causality Assessment Tool</td>
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<tr>
<td>CI</td>
<td>Confidence Interval</td>
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<tr>
<td>EMC</td>
<td>Electronic Medicines Compendium</td>
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<tr>
<td>GA</td>
<td>General Anaesthesia</td>
</tr>
<tr>
<td>HDU</td>
<td>High-Dependency Unit</td>
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<tr>
<td>HR</td>
<td>Hazard Ratio</td>
</tr>
<tr>
<td>IMD</td>
<td>Index of Multiple Deprivation</td>
</tr>
<tr>
<td>PICU</td>
<td>Paediatric Intensive Care Unit</td>
</tr>
<tr>
<td>PK/PD</td>
<td>Pharmacokinetic/Pharmacodynamic</td>
</tr>
<tr>
<td>PONV</td>
<td>Postoperative Nausea and Vomiting</td>
</tr>
</tbody>
</table>

Brain Ticklers: Answers
Q 1 : C - Tirofiban
Q 2 : A - Erythromycin
Q 3 : B - Inhibition of COX
Q 4 : C - Dipyridamole
Q 5 : A - Antithrombtic drugs
Q 6 : C - Prasugrel
CONSUMER DIALOGUE: ALENDRONATE PRESCRIBED FOR OSTEOPOROSIS

Pharmacist: Good morning Ma’am, My name is XXX, I am the pharmacist at your service. How can I help you?

Patient - Hello, good morning, my name is YYYY, I am suffering from osteoporosis. My physician has prescribed me Alendronate. Can you please dispense it to me?

Pharmacist: Sure. Can I ask you some questions so that I can dispense this medicine with a few instructions for your benefit?

Patient - Yes sure. Please proceed.

Pharmacist: Are you taking any other medicines on a regular basis?

Patient: I am taking some calcium and iron supplements which are prescribed by my physician. I am taking them from last year. But the calcium does not have seemed to help. The doctor said that my bones have become porous.

Pharmacist: Calcium and iron supplements, vitamins, antacids can decrease absorption of the medicine prescribed for you. You should take this medication on an empty stomach... 1st thing in the morning, after brushing your teeth. Also take your supplements after at least 1-2 hours after taking medicine.

Patient - What care should I take during the course of treatment?

Pharmacist - The medication prescribed for you is to be taken once a week. So, choose one day of week. For convenience/ ease of remembering, you can choose Sunday and take the Alendronate tablet on that day every week. Mark it on the space allotted for the same on the strip. Ensure that you drink at least 200 ml of plain water along with the medication. Do not lie down or bend for around 2 hours after taking the medication - as lying down could possibly cause irritation or even damage to the esophagus. Do not eat/ drink anything except water for at least 1 hour after taking the medicine.

Patient - What if I forget to take the tablet on the chosen day? Do I miss it for that week?

Pharmacist - Never miss your dose as far as possible. However, if you ever miss the dose, take on the next day in the morning and then follow your normal schedule from the next week onwards. Remember that you will get maximum benefit of therapy if you take your tablet regularly as per instructions given.

Patient - In what way will this medication help to lessen my problem?

Pharmacist: The medication prescribed for you is used to treat osteoporosis and related bone loss diseases. Alendronate restricts the natural process of bone loss in women after menopause and older people. It reduces the activity of the cells that cause bone loss and increases the amount of bone (bone density).

Patient - Does this medicine have side effects?

Pharmacist - Some patients may experience stomach pain, constipation and diarrhoea. If any of these side effects are observed contact your doctor immediately.

Patient - Does food have an effect on the medicine?

Pharmacist - Yes. Presence of food in the stomach may decrease absorption of medicine. So, the desired effect may not be achieved. Hence, this drug is to be taken on an empty stomach, in the morning with 2 glasses of water but not mineral water. Avoid taking it with juices, milk, tea or coffee. Never take this medicine at bedtime.

Patient - What other measures will help me to recover from this condition?

Pharmacist - I would advise you to read this Patient Information Leaflet that accompanies the medicine before you start taking the tablets. Eat a balanced diet. Include dairy products that can supplement calcium. Eat plenty of greens. Increasing calcium intake, general nutrition and some exercise will contribute to recovery. It is important to exercise regularly. Generally, some people with osteoporosis find it difficult to exercise. However, depending on your capability, you can exercise on a regular basis. If you find it difficult, go for a slow pace walk and do some joint exercises while sitting on a chair. Also, take care to avoid falls. Avoid going outdoor during rains.

Patient - Is there any other natural remedy available for treatment of osteoporosis?

Pharmacist - It is better to meet an ayurvedic doctor and take natural/ herbal medicines or therapy as per his/ her advice. Therapies like Acupuncture are known to help some but speak to your doctor before you start with any other therapy/ medicines.

Patient - How long is it safe to take medicine?

Pharmacist - Continue the medicine as long as the doctor has advised to take. Generally this medicine might be prescribed for a few months depending on your condition. The doctor will decide the dose and the duration of your treatment prescribed, depending on the extent of your condition and by weighing the risk factors.

Patient - Thank you for providing me so much valuable information.

Pharmacist - Thanks for spending your precious time with us and answering the questions. I will be always at your service. Our pharmacy Phone number is on the Patient Information Pamphlet provided to you. Contact us whenever you are in need. Have a speedy recovery!

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TRACKING CONFUSING BRAND NAMES

What does ‘LC’ in the trade/brand name stand for?

We tracked the trade/brand names having the term ‘LC’ in them and the observations obtained were as follows:-

Over the years, generally, the term ‘LC’ in the trade/brand name of any pharmaceutical preparation was assumed to have indicated that it contains “Levocetirizine”. However, in India it may also have other meanings/translations or depictions. Some of the examples have been noted below.

1. XXXX LC tablet - is an oral tablet containing Levocetirizine in a FDC (Fixed Dose Combination)

   XXXX LC tab
   Each tablet contains:
   • Montelukast 10 mg
   • Levocetirizine 5mg

   XXXX tab
   Each tablet contains:
   • Montelukast 10 mg

   So, here “LC” has to be interpreted as “Levocetirizine”.

2. XXXX LC tablet - is an oral tablet containing Levocarnitine in a FDC (Fixed Dose Combination)

   YYYYYY LC tab
   Each tablet contains:
   • Tocopheryl acetate 200 mg
   • L-carnitine-L-tartarate equivalent to Levocarnitine USP 150 mg

   YYYYYY capsule
   Each capsule contains:
   Tocopheryl acetate IP 200 mg

   So, here “LC” has to be interpreted as containing “Levocarnitine”. Other examples include:
   AAAA Q tablet contains CoQ10, Selenium, Arginine, Omega 3 fatty acids; AAA LC tablet contains Levocarnitine, CoQ10, Astaxanthin, Vit K27, Zinc sulphate, Omega 3 fatty acid.
   BBBB tablet contains Alpha lipoic acid, Gamma linolenic acid, Pyridoxine HCI, Mecobalamin and Chromium; BBB LC tablet contains Levocarnitine, Mecobalamin and Folic acid

3. ZZZZ LC syrup - It is an oral cough syrup containing Lysine and Cyanocobalamin in a FDC (Fixed Dose Combination)

   ZZZZ LC Syrup
   Each 5 ml contains:
   • Pyridoxine 0.75mg
   • Nicotinamide
   • Cyanocobalamin 2 mcg
   • Lysine HCI 375 mg
   • Sorbitol solution

   ZZZZ Syrup
   Each 5 ml contains:
   • Thiamine HCI 2mg
   • Riboflavin sodium phosphate 2.5ml
   • Pyridoxine HCI 0.75
   • Nicotinamide 5mg
   • D-Pantenol 3mg
   • Cyanocobalamin 2 mcg

   So, here “LC” has to be interpreted as containing “Lysine and Cyanocobalamin”.

From the above examples, it is evident that the prefixes and/ or suffixes used in brand/ trade names could indicate different things. Hence, LC though commonly known to mean “Levocetirizine”, it should not be assumed as such in all cases. LC could mean “Levocarnitine” or even “Lysine + Cyanocobalamin” as seen in the examples given above. There are no laid down Guidelines or Rules for nomenclature of Brand names, hence all this confusion.

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**STRENGTHS:** 100mg

**COMMON BRAND NAMES:** Mebex tablet, Mebex suspension

**DOSAGE FORMS:** Chewable tablet (100mg), Suspension (100mg/5ml)

**Pharmacological class:** Benzimidazole

**Therapeutic class:** Antihelmentic, Pregnancy risk category C

**MODE OF ACTION:**

- **Anthelmintic action:** Mebendazole inhibits uptake of glucose & other low- molecular- weight nutrients in susceptible helminths, and thus depleting the glycogen stores they need for survival and reproduction.

**INDICATIONS:**

- Pinworm infestations
- Other roundworm, whipworm, and hookworm infestation, off label trichostrongylosis.
- Trichinosis
- Toxocariasis
- Capillariasis
- Dracunculiasis
- Monsonella perstans infestation
- Angiostrongylus cantonensis infestations
- Onchocerciasis
- Treatment of hydatid disease (echinococcosis)
- Angiostrongylus costaricensis

**CONTRAINDICATIONS:**

- Contraindicated in patients with hypersensitivity to drug.

**ADVERSE EFFECTS:**

- Common: Abdominal pain
- Uncommon: Diarrhoea, flatulence
- Rare: Alopecia, convulsions, dizziness, hepatitis, neutropenia, rash, Stevens –Johnson syndrome. Toxic Epidermal Necrolysis (TEN), urticaria.

**DURATION OF ACTION:**

- **Absorption:** Mebendazole is poorly absorbed. Tmax is 0.5 to 7hr and Cmax is 0.03mcg/ml. Food increases the absorption of Mebendazole.
- **Distribution:** Mebendazole is distributed in serum, cyst fluids, liver, pelvic cysts, pulmonary cyst, hepatic cysts, and muscles. Mebendazole also crosses the placenta. Protein binding is 90% to 95%.
- **Metabolism:** All metabolites are inactive. Major metabolite is 2-amino-5-benzoylbenzimidazole. Mebendazole is primarily metabolized heptically.
- **Excretion:** Mebendazole is excreted in the faeces and small amount in urine. The T ½ is 2.5 to 9 hrs.

**DRUG INTERACTIONS:**

- **Drug-drug:** Anticonvulsants including carbamazepine and phenytoin may enhance the metabolism of Mebendazole and decreases efficacy. Patient requires monitoring for clinical effect.
- Cimetidine: inhibits the Mebendazole metabolism and may result in increased plasma levels of drug. Use together cautiously.

**ADMINISTRATION AND DOSAGE:**

- Pinworm infestations: Adult and children over age 2: 100mg P.O. as a single dose. If infection persists 2 weeks later, repeat treatment.
- Other roundworm, whipworm, hookworm infestations: Adults and children over age of 2: 100mg P.O. b.i.d. for 3 days. Alternatively for treatment 500mg P.O. as a single dose.
- Trichinosis: Adults: 200-400mg P.O. t.i.d. for 10 days.
- Capillariasis: 200mg P.O. b.i.d. for 10 days.
- Toxocariasis: Adult and children: 200-400mg P.O. daily divided into 2 doses for 5 days.
- Dracunculiasis: Adults: 400-800mg P.O. daily for 6 days.

**PATIENT INFORMATION:**

1. Teach patient and family members personal hygiene measures to prevent reinfection: washing perianal area and changing undergarments and bedclothes daily; washing hands and cleaning fingernails before meals and after defecation; and sanitary disposal of faeces.
2. Advise patient to bathe often.
3. Advise patient to keep hands away from mouth, to keep fingernails short. Explain that ova are easily transmitted directly and indirectly by hands, food, or contaminated articles. Washing clothes in household washing machine will destroy ova.
4. Instruct patient to handle bedding carefully because shaking will send ova into the air, and to disinfect toilet facilities and vacuum or damp-mop floors daily to reduce number of ova.
5. Encourage patient’s family and contacts to be checked for infection and treated, if necessary.

**REFERENCE:**

- Pharmacist’s Drug Handbook.
- A To Z Drug Facts
- Patient Drug Facts
- BNF 71

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Seeing these statistical data it is the need of the hour to come up with programmes to spread awareness amongst the people - especially the health professionals about cancer and ways to deal with people suffering from it. In light of this, a one day “Continued Pharmacy Education Programme” was organised by the department of Hospital Pharmacy, GMC, on 25th August 2019 at Goa Medical College, Bambolim. The programme was named “Ummid 2019” signifying the beautiful quote “Some see hopeless ends, while some see hope at the end”.

The aim of the CPE was to provide first hand information to the pharmacy professionals to upgrade their knowledge on the leading cancers in India and to create awareness, prevention and treatment of these cancers so as to make them ideal health care providers to a cancer patient. The speakers at the CPE highlighted that cancer is the second most common cause of death in India (after cardiovascular disease). Anyone can develop cancer, however, the risk of getting it increases with certain risk factors and age.

The function began with a formal inauguration and opening remarks from the Chief Guest, Dr. Shivanand Bandekar, Dean of GMC, who brought to notice how the changing lifestyle, behavioural and eating habits could influence cancer.

This was then followed by the Oration Lecture, on the topic “Evolution of Cancer Therapies”, delivered by Dr. Anupama Borkar, Consultant and Head of Medical Oncology, GMC. She talked about how the term ‘Karkinos’ meaning a crab was first related to cancer by Hippocrates. She also illuminated about Sidney Farber, a paediatric pathologist, who is called the father of modern chemotherapy for his work using Folic acid antagonists to combat Leukemia, which led to the development of other chemotherapeutic agents. A brief information about Nitrogen mustards, Hormone Therapy, Immunotherapy also ‘VAMP’ the first ever combination chemotherapy trial using the drugs Vincristine, Amethopterin, Mercaptopurine and Prednisone was imparted. She recommended 2 books worth reading namely, ‘When breath becomes air’ and ‘The Emperor of all Maladies’.

The next session “Principles of Cancer therapy and new horizons in management” was by Dr. P.V. Rataboli, Professor of Pharmacology and Head of Hospital Pharmacy, GMC.
The next speaker was Dr. Pandharinath Audi, Assistant Professor, Dept. of Surgery, GMC who elaborated on the topic ‘GIT cancers’. He spoke about the causes, diagnosis and treatments of the cancers of Oesophagus, Stomach, Colon, Rectum, Anus, Liver and Pancreas.

This was then followed by Dr. Aniketh Vaidya, Lecturer in Goa Dental College, who discussed specifically about the cancers of the ‘Oral Cavity’. He mentioned about the 7 S’s recognised as the Risk factors of Oral cancer viz: Smoke/Tobacco, Spirits, Sharp tooth, Sepsis, Spices, Sunlight, Syphilis.

Prior to the lunch break a small, funny yet enlightening Role Play was enacted by the pharmacists from Hospital Pharmacy, GMC. It brought to light the way people react upon hearing about cancer, and how wrong messages are spread.

The post lunch session commenced with Dr. Anupama Borkar articulating about “Childhood cancer is curable”.

Next, a talk on “Awareness on Breast Cancer” was delivered by Dr. S Talak, Dept. of Surgery, Goa Medical College, who also showed a very informative video clip on how women can do self-examination for any lumps in their breasts.

In the next session, Dr. Ajit Nagarsekar, Associate Professor of OBG, GMC spoke about the ‘Cancer of Cervix’ In his talk he mentioned about its main cause - Human Papilloma Virus (Type 16 ,18 ,31 ,45). He strongly emphasized that females of the age group 21-65 years should undergo screening of the cervix atleast once in 3 years for early detection, and to prevent the risk of cervical cancer. The aim is to eradicate cervical cancer in the next decade.

After the talk a Panel Discussion ensued where the audience got their queries solved by the panel of speakers. The CPE was a whopping success, with a record participation from 392 pharmacists and pharmacy students attending the day long sessions. The participants were issued a participation certificate at the end of the programme.

As a listener in the audience I was gratified and inspired to be a part of the informative session. It also gave me a boost on how to deal with cancer patients and to understand them more. Finally I conclude using a beautiful quote, “You can either be a victim of cancer or a survivor of cancer. It’s just a mindset”. 

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Brief Report on 13th IPA Convention, PharmaRIA, Delhi

The 13th Indian Pharmaceutical Association (IPA) Convention 2019, i.e. Pharma RIA 2019 on the theme “Collaborating Regulators, Industry & Academia (RIA) to create a winning ecosystem” was organized by IPA - Delhi State Branch (IPA-DSB) on 11th – 12th September, 2019 at Historic Venue Vigyan Bhawan, New Delhi. More than 800 delegates across the country registered for the 2-day mega event, which included healthcare professionals; government healthcare departments & drug regulators from both centre & state; directors, CEOs and professionals from pharma, medical device, cosmetic, herbal, food & nutraceutical industries; academicians, researchers & students. Prof (Dr) T.V. Narayana, President, IPA (HQ), Mumbai, besides highlighting the activities of IPA, demanded that the mushrooming growth of pharmaceutical institutions should be monitored by the government and acute shortage of qualified and trained skill force especially teachers for this vital sector needs to be looked up by the government especially by the Pharmacy Council of India (PCI).

The Guest of Honour, Dr. V. G. Somani, the newly appointed Drugs Controller General of India (DGCI), Central Drugs Standard Control Organization (CDSCO), in his address, categorically stated that unless research projects are funded by the government agencies, drug manufacturers hardly are keen for innovation & research work in this vital field due to financial constraints or proposition. He also appealed to the Indian pharma industry to substantially raise their investment in drug research projects and thus curb India’s dependence on US manufactured drugs. He concluded, “Good educational practices as well as good regulatory practices remain a challenge, which means that we have to build confidence & competence in the system.” The Chief Guest, Sudhansh Pant, Joint Secretary, Ministry of Health & Family Welfare, Government of India, in his inaugural address, said that challenges remain in the pharmaceutical sector but private pharma players should use new technologies for end-user. He expressed hope that with many students enrolment in pharma institutes and more importantly their participation in this conference, industry’s lack of skilled force gap will be minimized in near future.

The special invitee, Dr. Kamal Midha, Past President of FIP, said that while he was President of FIP he was mandated to define the global role of pharmacists, whether it should be pharmacists, health professionals, academicians, hospital or clinical pharmacists. He added “Pharma scientists or educators should all work together to harmonize regulatory processes supported by impeccable science, whether innovator or generic company.” Praful D. Sheth, former President of IPA, former Vice President of FIP & founding Secretary of SEAR Pharm Forum, said that pharmacists with clinical background could be backbone for large & integrated healthcare delivery ecosystem under Ayushman Bharat. Therefore, IPA convention offers an excellent platform for setting a vision for pharmacy workforce. Dr. K. Bangarurajan, Joint Drugs Controller (India), CDSCO was awarded the prestigious Dr M. Venkateshwarlu Memorial lecture award. Dr K. Bangarurajan, Joint DCI, CDSCO delivered the Dr M. Venkateshwarlu Memorial lecture on introduction to Drugs & Cosmetics Act, functions & achievements of CDSCO and regulatory gaps & challenges in national regulatory authorities. The two-day technical presentations were spread over one memorial lecture, one session on Art of Living, one presentation by IPA-Student Forum, 9 plenary technical sessions and 8 panel discussions.

All the sessions were very attended and well received by the delegates. Some of the sessions were as follows:

- Insights on Grant & Funding Opportunities to Promote Innovation and Commercialization
- Leveraging an Academic-Industry strategic partnership for Product commercialization: RIA Perspective
- Nanotechnology in Drug Development
- Bioanalytical technologies: Innovative use of technology to overcome data integrity issues in GxP operations
- Empowering Budding Scientists: Aligning Research Projects with Industrial Requirements
- Pharma Digitalization- Moving Towards Digital Technology Driven Medical Innovation
- Maintaining Marketing Compliance with Regulatory, Scientific, Medical and Ethical Standards
- Nurturing Future Science Leaders: Opportunities for the Young Pharmacists
- Newer trends to shape the future of Drug Development & Delivery
- Innovating Clinical Trials with Patients in Mind- where technology meets patient care
- Medical Devices: Successfully binging together risk management, clinical evaluation and PMS plans to ensure patient safety.

The sessions and overall Convention was very well planned and organised by IPADB and IPADB Student’s Forum.
Dr. K. Bangarurajan awarded the Dr. M. Venkateshwarlu Memorial lecture award

Seminar for Pharmacists and Pharmacy Students

LSHGCT’s Gahlot Institute of Pharmacy, Koparkhairane, Navi Mumbai, Maharashtra State in Association with Indian Pharmaceutical Association Maharashtra State Branch (IPA-MSB) organized one day State Level Seminar on "Retail Pharmacist: Challenges & Opportunities" on 30th August 2019. Under the guidance of LSHGCT’s Chairman Dr. Om Gahlot and Principal Dr. V.H. Bhaskar, Prof. Nitin Kolhe organized this mega event successfully. Chief guest Mr. Sahebrao Salunkhe, Ex. Asst. Commissioner FDA Maharashtra, inaugurated the function and explained how pharmacist is the key member in Indian healthcare system. Mr. Salunkhe also inaugurated a pharmacist gallery comprising of various posters on roles and duties of hospital pharmacist. The posters were created and arranged by Mr. Sheetal Chandan KEM Hospital. Mr. Nitin Maniar, Hon. Secretary IPA-MSB was a guest of honor. Dr. Mohan Kale, Principal Kokan Dyanpeeth’s College of Pharmacy, Karjat, emphasized how pharmacist must have clinical thrust to win patients trust. Mr. Sheetal Chandan, Sr. Pharmacist KEM Hospital, Mumbai highlighted on ideal drug dispensing and medication errors using several case studies. Mrs. Manjiri Gharat discussed Global verses Indian scenario of community pharmacy. Mr. Nitin Kolhe explained how to open and run retail, wholesale and generic medical store successfully. 150 students and teachers from various pharmacy colleges of Maharashtra participated in this mega event.
“BASIC MEDICINES (OTC) USED IN MEDICAL EMERGENCIES DRIVE REPORT”

Student forum of Indian Pharmaceutical Association, Delhi State Branch conducted a Pharmacy drive on Over-the-counter medicines awareness”. Two Non-Government organizations, Sankalp North Delhi Project and Parkshala located in model town and on 4th October 2019. Noida respectively, along with it two government schools, Government Boys Sr. Sec. School located in Mangolpur Khurd and Madangiri New Delhi were covered. It included an interactive session with the students on the proper use of medicines including aspects such as types of medicines, OTC drugs, drug labels, Guidelines and essentials of First Aid kit, what is a First Aid Kit, First Aid kit checklist, Guidelines of using medicines, it’s Do’s and Don’t, storage conditions and Benefits and risks of switching from prescription only to OTC. Ms Isha Aggarwal and team of IPA DB SF coordinated the event.

IPA DB SF and students of DPSRU

Pharmacist Day Celebrations

IPA GSK Webinar on Counterfeit Medicines on Pharmacist Day

Glaxo Smithkline Ltd with IPA organized webinar for practicing pharmacists on the occasion of World Pharmacist Day. The Webinar was on the topic Fighting The Fake focusing on menace of counterfeit medicines, role of pharmacist and consumers, new technologies for preventing counterfeit. Mrs Manjiri Gharat of IPA and Mrs Sukanya Chaudhary of GSK were the speakers for the webinar. It was telecasted in English as well as Hindi language. The Webinar reached several thousand pharmacists across India and got excellent feedback.

Glimpses of Pharmacist Day Celebrations

IPA Anantpur, Andhra Pradesh

IPA Delhi Branch Students Forum
Kurtarkar Medical, Ponda, Goa

IPA Madhya Pradesh State Branch

Health Camp by IPA Maharashtra State Branch

Visit by Amity University Students to Old Age Home
BRIEF REPORT on 79th FIP Congress 2019

Annual World Congress of Pharmacy and Pharmaceutical Sciences was held in Abu Dhabi, UAE, from 22 to 26 September. It was co-hosted by the Emirates Pharmacy Society.

The self-contained venue had wonderful facilities for such a prestigious international gathering of pharmacy professionals. The theme of the congress was: New horizons for pharmacy – Navigating winds of change

The Congress was attended by 2652 pharmacists and pharmaceutical scientists from 115 countries. The Indian contingent had around 40 pharmacists from different parts of the country mainly from the teaching, regulatory, industrial and community pharmacy fraternity.

The inaugural function was addressed by the FIP President, Dominique Jordan, and also Ms. Mariam Galadari, President of the pharmacy association of the host country.

Various awards were presented to various pharmacists from different parts of the world in recognition of their outstanding contribution of the profession of pharmacy:

- **Joseph A. Oddis Award for Exceptional Service to FIP**: to recognise officers of FIP and individuals who have rendered exceptional and distinguished service to FIP.
  - Awardees: Mr Andrew L. Gray (South Africa) and Prof. Philip J. Schneider (USA)

- **The Høst-Madsen Medal** is the highest pharmaceutical science award of FIP: Awardee: Prof. Meindert Danhof (Netherlands)

- **The FIP Distinguished Practice Award** is made to an individual or group who has made an outstanding contribution to pharmaceutical practice: Awardee: Prof. Olivier Bugnon (Switzerland)

- **FIP Fellows (FFIP)** – Awardees: Dr Marwan El Akel (Lebanon), Dr Sylvain Grenier (Canada), Prof. Kurt Hersberger (Switzerland), Dr Marianne Ivey (USA), Ms Susan James (Canada), Dr Robert Moss (Netherlands), Dr John Pieper (USA), Dr Lars-Ake Söderlund (Sweden), Ms Carwen Wynne Howells (UK)

- **2019 Health Promotion Campaign Award**: recognises a health promotion campaign developed and run by an FIP member organisation. Awardee: Pharmacists in action (Project Global well-being) from the Federal Council of Pharmacy Brazil

- **2019 Pharmacy Practice Improvement Award**: recognises a programme developed and run by a member organisation of FIP (or one of its chapters) during the previous year, aiming to improve (or expand) pharmacy practice with some innovative vision on the pharmacist’s role. Awardee: Abem Programme, run by Dignitude Association from the Associação Nacional das Farmácias (ANF Portugal)
The FIP Congress was full of other usual activities happening at various levels, in various locations at the venue, and some social occasions and meetings away from the venue:

- Meetings of various Sections, Boards, Forums, Committees, and the FIP Council, First Timers Meeting, etc.
- Scientific Sessions included: Lectures/Presentations by experts from across the world, Poster Sessions
- Social events: Welcome Reception, FIP Fun Run, Young Pharmacists' Group Evening, Section Dinners, Closing Dinner, Academic sessions
- Exhibition

**Community pharmacy programme addressing health impact of economic crisis wins global practice improvement award**

A pharmacy programme in Portugal that aims to guarantee access to medicines in the aftermath of a financial crisis was announced as the winner of the International Pharmaceutical Federation's (FIP's) 2019 Pharmacy Practice Improvement Award today. The programme, known as “Abem”, was the first initiative launched by the Associação Dignitude (Dignity Association), which was established by the National Association of Pharmacies, the Portuguese Pharmaceutical Industry Association and representatives of the country's social sector.

According to OECD data, 29% of the health expenditure in Portugal is “out-of-pocket” and it is estimated that one in 10 citizens cannot afford all the medicines they need. Under the Abem programme, both public and private entities are able to identify people experiencing economic difficulties and refer them to be assessed for entitlement to an Abem card. Card-holders can present their prescriptions at any of the 574 participating community pharmacies and receive their medicines free of charge (only being required to pay the standard national health service fee) as well as pharmaceutical care.

The programme is available nationally and is funded by donations, including from pharmacies themselves. Since its start in May 2016, the programme has supported over 7,000 people in need. The pharmacists taking part in the programme are required to improve their scientific and social competencies continuously. Pharmacy students are also able to volunteer to participate in the Abem programme, which helps them to understand the responsibility of the pharmacist to tackle poor access to medicines and other inequalities.

"This programme has promoted the role of pharmacists as an essential and close healthcare agent in society. Abem pharmacists are the main component towards a more inclusive society and positive health outcomes for all. Providing people with access to medicines they need also contributes to reducing costs of emergency treatments and hospital admissions," said Mr Duarte Santos, board member of the National Association of Pharmacies, a member organisation of FIP.

"It is a great honour to have this cherished programme, carried out by pharmacies, recognised worldwide. This award will only strengthen Abem's purpose of guaranteeing access to medicines and health to every Portuguese citizen and, who knows, be an inspiration to our fellow international pharmacists," he added.

**Brazilian Federal Council of Pharmacy takes home international award for best national pharmacy health campaign**

FIP's 2019 Health Promotion Campaign Award went to the Brazilian Federal Council of Pharmacy (CFF) in recognition of its work with Brazil's biggest media network to communicate the value of pharmacists. The CFF worked to ensure that pharmacists and pharmacy students were able to take full advantage of an invitation from the network to take part in its Global Well-Being Project, which comprised nine events in cities across Brazil and was watched by 9.7 million people.

The preparatory work included collaborating with regional pharmacy councils, universities and other professional associations in order to carry out special training so that pharmacists were able to demonstrate the extent of the services the profession can offer as well as best clinical practice during the events. For example, these pharmacists taught people with diabetes how to use insulin safely and showed people with asthma how to produce homemade spacers for inhaler devices. At some events, pharmacists even carried out Pap smear tests...
and provided information on cervical cancer. Other disease areas in which pharmaceutical care was demonstrated included hypertension, high cholesterol and obesity.

The preparatory work included collaborating with regional pharmacy councils, universities and other professional associations in order to carry out special training so that pharmacists were able to demonstrate the extent of the services the profession can offer as well as best clinical practice during the events. For example, these pharmacists taught people with diabetes how to use insulin safely and showed people with asthma how to produce homemade spacers for inhaler devices. At some events, pharmacists even carried out Pap smear tests and provided information on cervical cancer. Other disease areas in which pharmaceutical care was demonstrated included hypertension, high cholesterol and obesity.

During the events, 1,450 people had their blood pressure measured, 796 had their cholesterol measured, 1,447 had capillary glycaemia measurements, and 397 had their pulmonary capacity measured — all by pharmacists. Pharmacists screened 153 women for cervical cancer, 3% of whom had never been tested, with 11 being referred to specialists for treatment.

“The pharmaceutical profession in Brazil has undergone major transformations in recent years and the Global Well-Being Project has been a way to show that to people,” said Dr Walter Jorge João, CFF president.

Before and during each event, CFF spokespersons also gave interviews to radio, newspaper and television, explaining the capabilities and value of pharmacists. “CFF’s investment in this project offered a great opportunity to improve the image of pharmacists in society and among other health professions at the events who could see how pharmacists can track conditions and refer patients appropriately,” Dr João said. He added: “The degree of media exposure gained would normally have cost a large sum. Moreover, our participation generated opportunities to meet with healthcare managers whom the programme had reached.”

Links A video about the CFF project can be viewed here: https://www.youtube.com/watch?v=1KpuMARMql

New FIP strategy for global pharmacy revealed

Decreasing the gaps in pharmaceutical science, practice and education between different regions of the world is among the aims of a new FIP strategy announced today by FIP president Dominique Jordan. In his congress opening ceremony address, he said that the 21st century will be the “century of pharmacists” and that all pharmacists, pharmaceutical scientists and educators have a “key role” in the evolution of the profession around the world. He pointed out that pharmacists can have an active role in all 10 current threats to global health identified by the World Health Organization. Mr Jordan said that, by 2022, the profession should be able to prove that pharmacists are “important players in making a difference in a region or country”. Working together, we will have “huge opportunities”, he added.

“One FIP” The six aims of the new FIP strategy are:

1) Everyone has access to the medicines they need.
2) Everyone has access to the health and medicines-related information they need.
3) Everyone benefits from new medicines, services and health technologies.
4) Pharmacists ensure the responsible and quality use of medicines.
5) Healthcare professionals and patients work together to ensure comprehensive health care for all.
6) FIP is a vibrant and growing organisation that meets the needs and functions of its members.
Pharmacists around the world renew commitment to fight NCDs

FIP makes clear the value of pharmacists in the global fight against Non-communicable diseases (NCDs), in a statement of policy published today. NCDs pose one of the greatest health risks for humanity, demanding new answers and creative solutions from health systems and healthcare professionals. “This policy statement renews the commitment of the pharmacy profession to the prevention of NCDs, and the optimal detection and care of patients living with NCDs,” said Eeva Teräsalmi, FIP vice president and chair of its NCD Policy Committee. The policy statement can be viewed at: https://www.fip.org/file/4338

FIP supports vaccines advocacy with new toolkit

A toolkit intended to help FIP member organisations advocate for pharmacy-based vaccination in their countries was launched by FIP today. The toolkit, exclusively available to FIP member organisations, compiles cases and arguments that highlight the importance of pharmacy-based vaccination. “This toolkit is aimed at providing our member organisations with a resource to support their advocacy work at country level in introducing and/or expanding pharmacists’ roles in improving vaccination coverage and uptake. The wealth of evidence of impact and best practices from 18 countries it contains, as well as the pragmatic guidance and tools provided for developing an advocacy strategy are a truly valuable resource,” said Gonçalo Sousa Pinto, editor of the toolkit.

FIP issues statement on empowering informal careers

New strategies and services that empower informal careers, particularly women, need to be delivered, FIP said in a new Statement of Policy published by it during the FIP Congress. FIP urges pharmacists to further the support they give to women to provide care giving at home. Health systems currently rely heavily on women as informal carers, but they do not provide adequate support for them, the statement states. “Understanding how pharmacists can support women in their role as informal carers can facilitate achieving the ambitious United Nations Sustainable Development Goals of gender equality and sustainable development by 2030, and help reduce potential health-related inequalities to a minimum,” said Ema Paulino, FIP professional secretary.

FIP launches a Global Academic Development Forum

A validated tool intended to support the professional development and recognition of the pharmacy workforce everywhere was launched by FIP today. The tool — Global Advanced Development Framework (GADF) — has the primary purpose of supporting structured career development and enabling the identification of broad areas for professional growth and advancement as pharmacists to develop their careers. It builds on the support provided by the FIP Global Competency Framework (GbCF). If you’re interested in supporting or initiating the implementation of the GADF in your country or institution, please contact wtp@fip.org for a discussion and consultation.
More colleagues trained to immunise

More than 20 pharmacists have been trained to administer vaccinations through a certified immunisation programme at the congress, organised by FIP in collaboration with the American Pharmacists Association. The programme provided attendees with the necessary skills to become a primary source for vaccine information and administration within their pharmacy. Luna El Bizri, from Lebanon, attended the workshop. “Two reasons why I went for this programme are that I believe we as community pharmacists are the best primary healthcare providers to be in contact with patients, by that I mean to advise and educate them about vaccination and immunisation. Secondly when I get trained and certified I will be able to share this new knowledge with other community pharmacists in my country,” she said.

FIP Workforce Development Hub expands its global team

FIP has made a commitment to support its members in working towards the Pharmaceutical Workforce Development Goals (PWDGs) and has set in motion strategic mechanisms to meet this aim, including the establishment of the Workforce Development Hub (WDH) and more recently the FIP Workforce Transformation Programme (WTP). In order to meet the extended needs of our members in supporting progress, the hub has expanded its team of global workforce experts – our Global Leads. Following a global call for experts among FIP members, more than 100 expressions of interests were reviewed. Each of our PWDGs now has a team commissioned to drive the implementation of our tools and frameworks, drawn from all regions of the world and representing a cross section of practice and expert areas including pharmaceutical sciences. The hub and its new members held their first official meeting in Abu Dhabi this week.
Goodbye Abu Dhabi. Hola Sevilla! FIP 2020

Next year's FIP congress will be held in the Seville, Spain, from 13 to 17 September. We hope you will be there to discuss “The technological revolution and its impact on pharmacy and health care”.

IPA Community Pharmacy Division at FIP Congress

IPA's Community Pharmac division had strong presence at FIP Congress. Several Executive Members of IPA CPD attended this Congress. Mrs Manjiri Gharat, Raj Vaidya, Nitin Maniar, Satish Shah, Santosh Ghodinde, Sagar Kulkarni, Anita Bhisikar, Manohar Kore, Vijaykumar Ghadge, Suresh Chaudhary and Shaym Indoria, and Ratnadeep Kurtarkar attended the Congress. Mr Sagar Kulkarni and Mrs Anita Bhisikar presented the posters.

Mrs Manjiri Gharat chaired two sessions of FIP CPS, participated in the panel discussion on AMR, presented the poster on Drug Disposal and participated in several meetings.
Pharmacists Day 2019
GPP Pharmacist Competition Results

Safe and Effective Medicines for all

IPA had organized a “GPP Pharmacist Competition” on the occasion of Pharmacists Day 2019 and it got an excellent response.

Each entry showed that good pharmacy practices were followed in the pharmacy with proactive and caring approach of the pharmacist.

Congratulations to each and every pharmacist who have participated in this competition

Winners

Paramathma Chilukuri, Raja Drugs, Nalgonda, Telangana
Ratnadeep Kurtarkar, Kurtarkar Medical Stores, Ponda, Goa
Supriya Sagar Gadge, Byculla Pharmacy, Mumbai
Dr Tarun Singh, MM Medicos, Ambala, Haryana

We profusely thank the judges, the senior community pharmacists, Mr Raj Vaidya and Mr Mahadev Patel for their valuable help in judging this competition.

Winners will get an e-certificate, cash award and a copy of IPA publication
All participants will soon receive a participation e-certificate

Indian Pharmaceutical Association
www.ipapharma.org
58th National Pharmacy Week (NPW)-2019

Dear Members,

The Indian Pharmaceutical Association has been celebrating the National Pharmacy Week every year during the 3rd week of November. The major focus of NPW celebrations is to create awareness amongst the public, other healthcare providers and the authorities, about the NPW theme in particular and about the pharmacy profession and the role of the pharmacist in general.

The 58th National Pharmacy Week (NPW) will be celebrated from

17 to 23 November, 2019

The theme selected for this year is:

"Pharmacist: Your Medication Counsellor"

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

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

Keep checking www.ipapharma.org for more updates.
ONCOMING WORLD HEALTH DAYS

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FORTHCOMING EVENTS AND MEETING

December 20-22, 2019
71st Indian Pharmaceutical Congress, Chennai, December 20-22, 2019

May 22-27, 2020
7th FIP Pharmaceutical Sciences World Congress, Montreal, Canada, www.fip.org

JOIN
Indian Pharmaceutical Association and select Community Pharmacy Division (IPA CPD)
www.ipapharma.org, ipacpdetimes@gmail.com
Provide your feedback to this issue of the CPD E-Times; pass it to more pharmacists and also send in your thoughts/issues/problems faced by you in pharmacy practice.

IPA CPD Editorial Team
Manjiri Gharat • Raj Vaidya
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Published by:
Indian Pharmaceutical Association—Community Pharmacy Division, IPA Headquarter, Kalina, Santacruz (E), Mumbai - 400 098.

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