The Golden Mortar

News from the Southern Gauteng Branch of the Pharmaceutical Society of South Africa and associated pharmaceutical sectors.

Edition 2 / March 2013

The 2013 SAAPI Conference

By Miranda Viljoen, FPS

L to R T. Chetty (Conference Chairperson, Ms H Bruguera (EDQM), Ms M Hela (Registrar MCC), Dr J Gouws (Deputy Registrar MCC) Ms M. Viljoen (Exec Dir SAAPI)

A very successful SAAPI conference on the quality, safety and efficacy of medicines was held on 5 and 6 March 2013 at the CSIR International Conference Centre in Pretoria.

The theme of this annual event was "Science Revisited – Quality, Safety and Efficacy" and the 250 delegates that attended were given an informative overview of emerging developments in pharmacy. Fourteen distinguished speakers, experts in a wide variety of fields, gave the audience an in depth account of important trends emerging in the industry.

Robyn Daniel, Chairman of SAAPI welcomed participants and Ms Mandisa Hela, Registrar of the Medicines Control Council gave the opening address. In her speech she stressed the importance of assessing the emerging trends in medicine and revisiting science in the decisions taken in these fields. She concluded her talk by saying

" There are fascinating new avenues to explore. The broadness of current and emerging changes in therapeutics imply open- mindedness, flexibility and an entrepreneurial spirit will be the key. I believe there is a possible area of interest for everybody. Let us remember, as Bertolt Brecht said "The aim of science is not to open the door to infinite wisdom, but to set a limit to infinite error."

Ms Helene Bruguera from the European Directorate for the Quality of Medicines (EDQM), based in France, attended the meeting and gave the keynote address. She gave an excellent review of recent advances in the Certificate of Suitability for Active Pharmaceutical Ingredients (API) in pharmaceutical products, as well as the EDQM's activities in fighting counterfeiting of medicines.

Other distinguished speakers gave presentations on themes including Innovative Drug Development, Scheduling and Naming of Medicines, Pharmacovigilance, Pharmacoeconomics, Statistical Control, Quality by Design, Quality of API, Clinical Trials Safety issues and many more.

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One of the highlights of the conference was the awarding of a prize of one years membership of FIP to one lucky delegate. Tammy Chetty the chairperson of the SAAPI conference committee and Robyn Daniel chairperson of SAAPI presented the prize to Henk Swart.

The conference closed with a very useful Q & A session during which participants were given an opportunity to ask questions that were answered by a panel of experts from the MCC.

All the speakers contributed in making this a most interesting and informative two days. SAAPI is very proud to have had this high calibre of presenters at their conference and is grateful to them for the time and effort spent in preparing their excellent talks.

Robyn Daniel Chairperson of SAAPI with Henk Swart recipient of Prize

SAAHIP SOUTHERN GAUTENG BRANCH AGM REPORT

Liezl Fourie and Dave Sieff

The Chairman of the Southern Gauteng Branch of the S A Association of Hospital and Institutional Pharmacists, Ms. Liezl Fourie, addressed the members attending the recent Annual General Meeting, regarding the activities of the Branch during 2012.

Liezl reported that she had attended nine PSSA Branch Committee, and four SAAHIP National meetings, and also the three-day SAAHIP National AGM and Conference during March.

At this conference the branch delegates participated in the mainly academic presentations, and enjoyed the sponsored evening social events, and specially the gala Showboat Extravaganza arranged by Aspen. At this event each branch delegation presented it's rehearsed tableaux and our branch was awarded the third prize.

The S.G. Branch was allocated the portfolios of "CPD" and "Clinical Pharmacy and Antibiotic Stewardship" for 2012/13. The Branch also undertook to continue with the pledge taken during conference, to collect donations from members for the "SMILE Campaign". Each amount of R5 500 is sufficient to pay for the surgery to relieve various facial birth defects of one individual.

For the S.A. Pharmacy Students Federation (SAPSF) Conference, judges for the "Clinical Skills Event" included Bronwyn Lotz and Dave Sieff. Unfortunately Dave was unable to perform this duty due to illness.

Liezl reported further that applications for Community Service Pharmacists' placements had been delayed.

Arrangements for the National AGM and Conference to be held in March 2013 were discussed with twenty two Southern Gauteng delegates who planned to attend. Of these three would be giving academic podium presentations.

The Honorary Treasurer's Report was presented by Mike Britz, indicating the financial position of the Branch.

Ms. Fourie then conducted the elections for the new committee members for 2013/4. The office bearers nominated and duly elected were :

Liezl Fourie, Chairman; Pieter van der Merwe, Vice Chairman; Mike Britz, Honorary Treasurer; and Prelina Ramnarain, Secretary.

Additional members elected to the committee were :

Jacquie Fox, Pieter (PW) Liebenberg, Bronwyn Lotz, James Meakings, Dave Sieff and Jonas Tlou. Vivienne Clack is the Immediate Past Chairman while both Thanyusha Pillaye, the National President and November Nkambule were co-opted to the Committee.

The evening concluded with the SAAHIP President's Executive Committee report in which Thanyusha Pillaye highlighted the more interactive new SAAHIP website, including discussion forums. She also reported on the debate and suggestions around proposed changes to update the SAAHIP logo and a possible link to the NHI website.

Ms. Pillaye concluded with information about the registration of dispensary support staff, including the new category of "Technicians" and the related expiring period for new registrations of the current Pharmacist Assistant category. In closing she wished the new committee well for the ensuing year's activities.

ADVERTORIAL

Tools of the Trade

By Hester Coetzee

Every profession has its own set of specialised *tools* - the things that are needed in order to do a job effectively. A trowel is a trowel is a trowel - right? You might think so until you start talking to professional bricklayers and then you will find that their trowels are the most important tools of their trade. Architects also have tools that they cannot live without - Computer Aided Design for example. Pharmacists would not be able to survive a single day without their computers – our tools of trade.
As a pharmacist you are considered to be the custodian of medicine. You are the final safety net to prevent possible harm to the patient due to medication use. Pharmacists are the medication experts.

Evolution has also taken place rapidly in pharmacy in recent years. In the 1950's pharmacists dispensed and compounded medicines, rarely communicating with patients about their medications or disease status. Now the pharmacist's role has expanded to 'clinical pharmacy' which includes, not only dispensing functions, but also direct contact with patients and other health service providers where the pharmacist's focus has shifted from the medication itself to include the interaction between the patient and the medication – the expanded role of the pharmacist.

Today pharmacy is a *patient-centered, outcomes-oriented* practice. The pharmacist has assumed a greater role in helping patients to make better use of their medications and achieve optimal therapeutic outcomes. Pharmacists can free themselves to spend dedicated time for patient care by the effective use of technology and the availability of other suitably qualified personnel such as Pharmacist's Assistants. In the everyday life of the pharmacist, technology mostly revolves around sophisticated software and computers running specialised software packages.

A Decision Support System or DSS such as Complienz serves as a tool in the quest for patient care. These systems simplify the task of counselling patients. The pharmacist can provide the patient with information on how to take their medication correctly, which foods or OTC medicines to avoid and provide warnings to promote drug safety.

Taking into account the controls applied to dispensing fees and the remuneration of pharmacists for their services, there is no easier way to generate additional income for the pharmacy than by the integration, into dispensing systems, of a DSS system and the application of a fee for the provision of professional advice. There is no health professional that is better trained in medicines than a pharmacist and the Pharmacy Council has approved fees that pharmacists may legally apply.

Just as cell phones have evolved at the speed of light, computers have evolved very rapidly too. Clearly, pharmacists need "state of the art" computers to run the advanced software that is available. Computers are our tools of the trade and as we all know - you can't win a race without the right gear in this day and age.

Like any other DSS, Complienz is about improved efficiency, better learning and informed decision-making, making it indispensable in the everyday life of a pharmacist. The objective of Complienz is to make medication use more effective, scientific, and safe. The overarching goal is to raise the profile of the pharmacist to a highly visible and vital component of patient care.

For more information contact Hester at 082 903 7040 or hester@pharmacypartners.co.za

Museum Visit

Pharmacy Technician Students from the Botswana Institute of Health Sciences.
By Ray Pogir

On the 8th of March a group of twenty nine 3rd year students and their lecturers visited our National Pharmacy Museum and attended a presentation on the development of medicines from early research to final registration.

The students showed a keen interest in the history of the profession and gained an insight into the services rendered by Pharmacists to the public from the arrival of the first apothecaries in South Africa to the present day.

A quote from one of the students who wrote the following in the Visitor's Book, "Awesome experience; got educated on the development of the noble pharmacy profession: Pride of the profession"

Attentive students!

PSSA Conference And AGM 2013

There is no doubt that pharmacy conferences are essential in order to educate and inform pharmacy professionals regarding developments that affect their practice. For this reason the PSSA has, for many years, organised an annual conference, incorporating the AGM into the conference program.

In June this year an unusual event is taking place. The South African Pharmacy Council (SAPC) is hosting its first ever National Pharmacy Conference to which it hopes to attract pharmacists from all sectors of the profession.

The magnitude of the proposed SAPC conference will require funding and currently potential sponsors for this type of event are, like most businesses and other organizations, experiencing budgetary constraints and naturally cannot support all the conferences likely to be held during the course of the year.

As a consequence of this the PSSA has made the decision not to hold its usual annual conference this year thereby avoiding having to compete with the Council for any available sponsorship. The AGM of the Society will, however, be held in May independently of a conference.

The good news is that we'll be back in 2014 with our combined Conference/AGM. The Council has advised us that it does not intend holding a conference on an annual basis so the Society will definitely host a conference again in 2014.

The Answer to "A Quiz Question"

By Liezl Fourie

The question was:

You must dispense a 10 % (m/v) intravenous glucose solution. You have 200 ml glucose 5 % (m/v) intravenous solutions in stock and 50 % (m/v) dextrose ampoules. How many millilitres of the 50 % (m/v) dextrose ampoules should be added to the 200 ml (5 %) solution to prepare a 10 % m/v solution?

There are no prizes offered to those who got the right answer. Here is the correct answer:

25 ml of the 50 % m/v glucose ampoule should be added to the 200ml i.v. bag

CPS Southern Gauteng Branch AGM Report

Ms Christine Venter

The CPS Southern Gauteng Branch AGM took place on 20 February 2013.

The new office bearers for the year 2013/2014 are:

Chairman:	Christine Venter
Vice-Chairman:	Tshifiwa Rabali
Immediate Past Chairman:	Charlie Cawood
Hon. Treasurer:	Monique Cronje
Hon. Secretary:	Pep Manolas

In addition to the above the Committee also includes Richard Barry, Johan Bothma, Doug Gordon, Gary Kohn, John Makhlouf, Simon Mogafe, Winny Ndlovu and Dave Sieff.

In delivering his report the Chairman, Mr. Cawood, addressed the following topics:

1. **The restructuring of the Branch Committee.** A Task Team consisting of Christine Venter, Monique Cronje, Johan Bothma and Doug Gordon are to analyse the workings of the Branch and if necessary, restructure it where appropriate.
2. **The Foundation of Pharmaceutical Education Bursary**
3. **Communication to Branch members via newsletters and the Golden Mortar**
4. **Medical Schemes discussion and Discovery Health.** The Branch is actively involved in dealing with issues, particularly regarding Discovery Health.
5. **SARCDA Trade Exhibitions (Pty) Ltd** .This is the business arm of the CPS Southern Gauteng Branch and is ably managed by Ms. Teresia Stander and her staff.
6. **CPS Services** These include Labour relations, warning labels, personalised SOP manuals, medicine waste disposal, insurance including professional indemnity via the PSSA and short term insurance.
7. **Complienz** the drug interaction computer program in which the CPS has an interest.
8. **The dispensing fee** was discussed and concern was expressed regarding the fact that there was no increase in the published 4 tiered dispensing fee by the Dept of Health.
9. **Health Days.** The Branch was involved in health days and encourages members to take part in the relevant health days which take place in conjunction with the PSSA.
10. **Jack Bloom Memorial Award**
    The highlight of our AGM was the recognition given to David Sieff for his services to the CPS Southern Gauteng Branch Committee and dedication to the achievement of the objects of the Community Pharmacist Sector of the PSSA. Dave was awarded the newly reinstated J. B. Bloom Memorial Award which is comprised of a gold plated medallion with the bust of J. B. Bloom embossed on it together with a framed certificate.

In closing the Chairman thanked all present and especially the Branch Committee members for their dedication during the past year.

The Chairman congratulated the newly elected Chairman, Mrs Christine Venter and handed the Chain of Office to her. He wished Christine every success during her term of office.

Dave Sieff receiving his award

PIASA TO CLOSE ITS DOORS

On the 31st March 2013 the Pharmaceutical Industry Association of South Africa (PIASA) closed its doors after 46 years of operation during which time it contributed to a successful legacy of good practice and professionalism in the South African pharmaceutical industry.

A new association will come into existence in due course. Members from PIASA and IMSA (Innovative Medicines South Africa) will combine resources for the creation of a new entity that will function as a single, unified voice for like-minded, research-based pharmaceutical organisations in South Africa. A formal announcement by the new organisation will be made at the appropriate time.

New oral contraceptive formulations explained

By Amayeza Info Centre

Hormonal contraception was born when the progestogen, norethisterone (*syn.* norethindrone) was synthesised from the Mexican yam, *Discorea Mexicana.* Ovulation could be suppressed with doses exceeding 5 mg daily. Subsequently, it was established that the synthesis of norethindrone and its isomer, norethynodrel, involved an intermediate step through mestranol, a compound with oestrogenic effects. The oestrogen component was initially considered a contaminant in the synthesis of norethynodrel. When investigators removed mestranol in early clinical trials, women experienced higher rates of breakthrough bleeding. The inclusion of 2% mestranol in a later formulation was shown to provide adequate suppression of ovulation and acceptable cycle control. This was the first combined oral contraceptive (COC). Mestranol was later replaced with the synthetic oestrogen, ethinyloestradiol (EE). For the next five decades most COCs have contained ethinyloestradiol in combination with various progestogens.

To match the high dose of the progestogen in the early COCs, the dose of oestrogen was also very high. Once evidence of the link between oestrogen and thromboembolism was established, the doses of both the progestogen and the oestrogen were lowered. Currently available very low dose COCs contain doses as low as 0.015 to 0.02 mg of ethinyloestradiol. While this reduction in dose has not been accompanied by a change in contraceptive efficacy, the incidence of breakthrough bleeding increases with very low dose EE COCs, rendering further dose reduction unfeasible.

Recent advances in oral contraception include the introduction of the progestogen, drospirenone, the development of 24/4 regimens and the introduction of a COC containing oestradiol instead of EE as the oestrogen component.

Drospirenone as the progestogen component e.g. Yasmin, Yaz

Drospirenone is an analogue of spironolactone, which combines progestogenic, antimineralocorticoid and antiandrogenic activity. The antimineralocorticoid activity helps to oppose the salt- and fluid-retaining effects of EE. Drospirenone appears to reduce the incidence and severity of side effects related to fluid retention, such as swelling of the extremities, breast tension and weight gain. Other benefits include improved acne and other skin-related problems, which are related to the antiandrogenic effects of drospirenone.

24/4 regimens e.g. Minesse, Mirelle, Yaz

Most currently available combination oral contraceptives make use of a 21/7 regimen – 21 days of active hormone taking, followed by 7 days of inactive pills or 'placebo'. The 7-day hormone-free interval is associated with a greater chance of an 'escape ovulation' if the hormone-free interval is prolonged for any reason e.g. starting the new pack too late. Furthermore, in some women, migraine or other types of headache can occur during the hormone-free interval, triggered by hormone withdrawal.

An extended contraceptive regimen and a shortened hormone-free interval in the 24/4 regimen may reduce the incidence of hormone withdrawal symptoms, such as pelvic pain, headaches, bloating and breast tenderness, which are more commonly reported by women during the 7-day hormone-free interval than during the active treatment period. Furthermore, reducing the number of hormone-free days may result in more pronounced suppression of ovulation, which may be expected to increase contraceptive effectiveness.

The new oestradiol containing oral contraceptive e.g. Qlaira

The primary oestrogen produced by the ovary, 17-β oestradiol (E2), is the most potent of the naturally-occurring oestrogens. Previous efforts to produce an E2-containing oral contraceptive have been hampered by poor oral absorption and unsatisfactory cycle control. To address these issues, a preparation was developed in which E2 is delivered in the form of oestradiol valerate and is combined with dienogest, a progestogen with a particularly potent endometrial effect. The four-phasic dosing of this COC incorporates oestrogen step-down and progestogen step-up phases in a 26/2 regimen and provides good efficacy as well as satisfactory cycle control.

In summary

Hormonal contraception is one of the most widely used methods of contraception. Continued research has explored and introduced new formulations that extend the options available to women seeking effective and well-tolerated hormonal contraception.

Editor's Note

For those pharmacists who have an interest in reproductive health or are involved in counseling patients on the subject the National Department of Health published Contraception & Fertility Planning Policy & Service Delivery and National Contraception Clinical Guidelines in February 2013. To access these important documents go to www.DOH.gov.za then select "Resource Centre". From the dropdown menu select "Policies and Guidelines" where you will find the documents.

MANAGING SEXUALLY TRANSMITTED INFECTIONS

Prof David Lewis

At a well attended CPD session on February 19th 2013, in our Glen Hove auditorium, Professor David Lewis delivered a well illustrated and authoritative presentation on "Managing Sexually Transmitted Infections." (STIs)

As Head of the Centre for HIV and STIs at the National Institute for Communicable Diseases, and also the Regional Director, of the International Union against Sexually Transmitted Infections (IUSTIs) - Africa, Prof. Lewis certainly has the credentials to give really expert opinions on this topic. He is very active in the relevant research and policy formulation.

He began by emphasising the importance of 'Good Clinical Practice' by professionals, including pharmacists, when dealing with patients who have sexually transmitted infections. Privacy during consultations, a non-judgmental attitude and confidentiality are some of the requirements. Encouraging continuing contact with health services, partner notification, and the use of condoms and contraception are essential aspects of face-to-face discussion.

Prof Lewis discussed the "Hidden Epidemic" of gonorrhea, chlamydia, trichomonas vaginalis and mycoplasma infections, and outlined the main causes and syndromes in both male and female patients. He suggested various successful treatment options appropriate to the respective conditions.

He then highlighted the rise of ciprofloxacin resistant Gonorrhea, and illustrated the prevalence of the disease in Johannesburg and Cape Town, and the definite association with the HIV serostatus of patients.

New STI guidelines were published in 2008 for standard treatment of Gonorrhea with reliable medicines, while treatment failure is shown to be mainly as a consequence of re-infection vs poor adherence to medication vs antimicrobial resistance.

Prof Lewis concluded by showing various diagnostic test kits available, their comparative costs and performance, for laboratory and home use.

Questions from the audience were comprehensively answered by Prof Lewis, to finish a very enlightening talk on an important and common and concerning aspect of public health.

Seen at the CPD session. Kobus de Beer, Yolanda Moroney and Mike Moroney

Jack Ramoshaba, Abel Motlhamme and Simphiwe Nxongo attended the CPD session on 19 February

Ivan Sasto, Geraldine Bartlett and Ray Wong

CPD Attendance, February to November 2012

Two pharmacist members attended all 9 Clinical CPD sessions: Mr Ivan Sasto and Mr Raymond Wong.

They were presented with certificates of recognition for their outstanding efforts.

Five members attended 8 Clinical sessions, namely :- Mrs Giovanna de Lorenzo, Mr Mohamed Haffejee, Mr Yusuf Hansa, Mr Mhloti Miyen, and Mr Ramesh Parshotam, and they also received certificates.

Twenty pharmacists participated in 7 Clinical CPD sessions, namely Mr Vassanjee Daya, Mr Hermanus de Beer, Mr Wouter de Vos, Mr Parwin Goolab, Mr Sagel Govender, Mr Eric Kramer, Mrs Farahnaz Lahri, Mrs Ilana Lake, Miss Maryam Moolla, Mr Hillman Movsovitz, Mr Nomba Nkashama, Ms Tarina Parsons, Mrs Hilary Ringo, Mrs Alberta Schmidt, Mr Harold Spiro, Mr Takawira Tagarisa and Ms Maylin Yuen.

By Sumari Davis
Amayeza Info Services

TB-treatment – improve compliance by addressing the problems

Introduction

In the fight against tuberculosis (TB), several factors may have a negative impact on compliance. This may include everything from stock availability, through adverse effects and long treatment periods to poverty, stigma, poor knowledge and understanding of the disease. The pharmacist needs to be sensitive to all issues that may affect or interrupt treatment and may be instrumental in suggesting solutions and providing support since TB does not only affect the individual, but the entire community.

Although TB is curable, it requires patients to complete a full course of uninterrupted effective treatment with several drugs (a large amount of tablets daily) for a minimum of six months. It is important to start treatment with the correct drugs as soon as possible in order to:

- Cure the patient of TB
- Decrease transmission to others
- Prevent the development of drug resistance (Multi-Drug Resistant and Extensively-Drug resistant TB)
- Prevent relapse

Prevent death from TB or its complications

With the availability of new tests, accurate testing is possible within a day or two, making it easier to start the correct treatment sooner. Previously, diagnosis of patients suspected to have drug-resistant TB took anything between 6 and 8 weeks to confirm during which time the patient could have been treated with ineffective drugs.

The pharmacist has a specific role to play in identifying and addressing adverse effects and drug interactions. Addressing these in time may help to improve compliance and eventually cure rate. Between 60% and 80% of newly diagnosed TB patients are also infected with HIV. These patients are at increased risk of adverse effects as well as drug interactions due to disease as well as high medication load.

Adverse effects

Continue treatment

Some adverse events may be treated symptomatically while continuing TB treatment. These include the gastrointestinal (GI) side-effects and colour changes of urine (orange/red), sweat and tears (pink) caused by rifampicin; the burning sensation in the feet (neuropathy) and mild itching caused by isoniazid and joint pains caused by pyrazinamide. Rifampicin may be administered last thing at night to reduce GI side-effects. Joint pains may be treated with NSAIDs. Pyridoxine 10-25 mg daily may be used to treat neuropathy whilst mild itching may be treated with oral antihistamines or calamine lotion.

Stop treatment

Most TB drugs can cause hepatotoxicity and TB treatment should be stopped if a patient presents with jaundice. TB drugs should be reintroduced one at a time. Pyrazinamide seems to be most hepatotoxic, followed by isoniazid, while rifampicin seems to be least likely to cause liver damage. Patients presenting with vomiting and confusion need to be referred for urgent liver function tests. Purpura, influenza syndrome and shock may be due to rifampicin, and are indications to stop treatment. Ethambutol treatment should be stopped if visual disturbances are reported.

Although streptomycin may cause serious adverse effects such as skin rash, itching, dizziness and deafness that would require treatment to be stopped, its use is being phased out with the implementation of new TB guidelines.

Patients infected with HIV have a higher risk of experiencing adverse events that increases with the level of immune suppression. Skin rash including Stevens-Johnson syndrome and toxic epidermal necrolysis occurs most commonly and is often preceded and accompanied by fever. GI disturbances and hepatitis are also adverse effects usually necessitating changes in therapy.

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Shared side-effects of TB drugs and antiretroviral therapy:

Side effects	Tuberculosis treatment	Antiretroviral treatment
Nausea and vomiting	Pyrazinamide	Didanosine, zidovudine, ritonavir, saquinavir
Hepatitis	Rifampicin, ioniazid, pyrazinamide	Nevirapine, efavirenz
Peripheral neuropathy	Isoniazid	Stavudine, didanosine
Rash	Rifampicin, isoniazid, pyrazinamide	Nevirapine, efavirenz

Interactions

Rifampicin stimulates the activity of liver enzymes and can increase the metabolism of drugs such as protease inhibitors PIs (such as darunavir, lopinavir, ritonavir and saquinavir), and NNRTIs (efavirenz, etravirine and nevirapine), warfarin, digoxin, phenobarb and other oral anti-epileptics as well as oral contraceptives. The dose of oral contraceptives should be increased in patients taking rifampicin and injectable contraceptives should be administered at shorter intervals. Devices such as the intra uterine contraceptive device (IUD) or adding physical barriers (condoms) may be considered. Warn clients that this effect of rifampicin can continue for at least two months after stopping rifampicin.

Isoniazid, ethambutol, pyrazinamide and streptomycin may be used with PIs or NNRTIs. Isoniazid inhibits metabolism of anti-epileptic drugs such as phenytoin and carbamazepine and reducing the doses of these medicines may be necessary during treatment with isoniazid.

NRTs (zidovudine, didanosine, zalcitabine, stavudine, lamivudine and abacavir can be used safely with tuberculosis treatments.

Conclusion

Non-compliance to TB treatment regimens leads to drug resistance resulting in MDR- and XDR-TB that is difficult and expensive to treat. Proper counselling of the patient, identifying and addressing factors, such as adverse effects and interactions that can affect compliance, is essential to prevent drug resistance and treatment failure. The pharmacist is in the ideal position to contribute positively in the fight against TB.

References:
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2. South African Medicines Formulary. 2012
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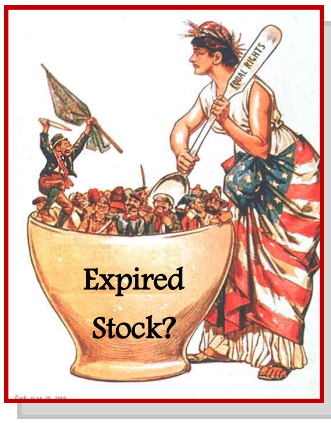

STIRRING THE POT

Your pharmacy probably has stock of expired schedule 5 and 6 medicines that you need to destroy and account for in your register. There are reference documents to which you can refer – Section 27 of the Medicines Control Act as well as a set of guidelines, but what a "schlep"!!

You need to get an inspector to come out - or if that is not possible, which probably will be the case, you need to get a police officer as a witness. Why??

Pharmacists are the custodians of medicines. We control them, store them, keep records, advise on how to use them, etc. Why is it then that we can't destroy expired stock and "de-record" them without help from a policeman? Oh! We might just do something fraudulent? Not acceptable. We could probably have achieved this anywhere along the chain if we were so minded. Why do we carry on accepting this abuse? I believe that the PSSA should stand up and say its piece on our behalf at the forthcoming SAPC conference.

We can't accept returned medicines from patients of course, - no argument there. However, what to do if a customer, for whatever reason, asks us to destroy an unused or expired S6 medicine? What are the ramifications of entering it into and then removing it again from the register? Does one really need to be supervised in this manner when doing the responsible thing?

PHARMACEUTICAL FORMULAS

By Ray Pogir, FPS
Curator of the National Pharmacy Museum

"A BOOK OF USEFUL RECIPES FOR THE DRUG TRADE"
Published by the Offices of the
CHEMIST AND DRUGGIST
42 Cannon Street, London, E.C.
Fifth Edition February 1902.

This volume from the collection in the National Pharmacy Museum Library consists of over 600 pages of formulae for toilet preparations and specialities for the hair, dentifrices, perfumes, household and culinary requisites, beverages, antiseptics and disinfectants, inks, varnishes, confectionary and medicinal compounds.

In the library there is also a copy of "The Manual of Formulas" containing over 1000 recipes and published by THE OFFICES of THE BRITISH AND COLONIAL DRUGGIST, LONDON. 1892.
The preface of this volume states:
"In the preparation of this Manual the aim has been to bring together formulae relating to every department of the modern pharmacist. Not only are there directions for the preparation of numerous unofficial galenicals constantly required at the dispensing or the retail counter, but also many recipes which will give the pharmacist a hint for the introduction of novelties and specialities which may become popular and proportionately remunerative."

The Golden Mortar Edition 1 of 2013 described some of the "Nostrums" in the "little black books" of pharmacists in South Africa. It seems obvious that the advice in The Manual of Formulae as quoted above as well as the formulas from the Chemist and Druggist were used by pharmacists to prepare their own specialities.

Some Examples.

Emollient Summer Lotion. (From the 1902 Chemist & Druggist Recipes)

Toilet Preparations and Specialities.

EMOLLIENT SUMMER LOTION
Softens the Skin,
Improves and Preserves
THE COMPLEXION,
Rendering it Clear and Beautiful

Removes tan, sunburn, freckles, and any roughness, irritation, or redness caused by exposure.

Apply to the skin by means of a soft linen cloth, especially after washing.

Emollient Summer Lotion

Glycerine	ʒi
Aq. Mellis	ʒi
Aq. lavand.	ʒiii
Aq. flor.aurant	ʒi
Aq. Flor sambuca	ʒi
Otto rosae	gtt. ii
Spt.rect	ʒss

Dissolve the otto in the spirit, and mix with the rest of the ingredients in the order given. Filter.

This article is a very superior article, and retails at 6d per oz.
Put it up in nice bottles, preferably of amber glass. "

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"Herb or Botanic Beer is now largely a home-brewed article, and all that the public want from chemists for it is a herb-beer extract. Subjoined are two reliable recipes. We purposely withhold several others made from the crude drugs, the manipulation of which is far too tedious for retailers:-

Extract of Chamomile	ʒiii
Extract of Dandilion	ʒiv
Extract of gentian	ʒiv
Extract of horehound	ʒii
Extract of liquorice	ʒviii
Hop-ale essence	ʒiii
Salicylic acid	ǝi
Glucose syrup	O iv
Caramel	ʒiii
Water to	O viii

Boil 2 pints of distilled water and add to it all the extract except the chamomile, stir, and continue the heat until dissolved: then remove from the fire, add the extract of chamomile and salicylic acid, dissolve, and cover the solution until cold. Strain through twill, add the syrup and caramel make up to a gallon with water, set aside for several days and decant.

II

Ext. lupuli	ʒii
Ext. chamomile	ʒss
Ext. taraxaci	ʒi
Aq.	ʒviii

Rub down the extracts with the water, add boric acid ʒii, and bring the solution to the boil. Close the vessel until cold, strain, add

Dec. sarse co. conc	ʒviii
Sacch. Ust.	ʒii

Then dissolve

Ol. Gaultheriae	m vi
Ol. Cinnamomi	m v
Gingerini	m x
SVR	ʒi

Add to the mixture, and make up to 20 fl.oz. with treacle.

Four – ounce bottles of herb extract generally retail at 6d."

Editorial Note from Pharmaceutical Formulas 1898.

"One word in regard to formula failures. Many a man says a formula is bad when his ingredients are at fault. Weak lime-water does not emulsify like freshly prepared aqua calcis, hard paraffin has not all the properties of beeswax; nor does a geranium-loaded otto of roses give the delightful aroma of the real thing. Such deviations may not always be the cause of failure, but often have something to do with it; and manipulation has more. We have heard experienced pharmacists say that Listers formula for boric ointment is unworkable, and have seen apprentices turn it out beautifully".

NOTICE OF ELECTION OF MEMBERS OF THE SOUTH AFRICAN PHARMACY COUNCIL

Members should be aware of Board Notice 41 of 2013 published in Government Gazette No. 36312 of 28 March 2013.

Notice is given that the election of nine members to serve on the Council for period 21 October 2013 to 20 October 2018 is about to be held and members are encouraged to participate.

Pharmacists registered with the Council and who are South African citizens and who are resident in South Africa are eligible for nomination.

Nomination forms will be supplied:

- ◊ on request to pharmacists eligible to vote.
- ◊ via e-mail.
- ◊ via mail where no e-mail address is available.
- ◊ or via download from the Council's website (www.sapc.za.org).

Completed nomination forms must reach the Returning Officer by 16h00 on 14 May 2013.

Further relevant information appears on the nomination form.

Election enquiries:
Telephone 012 319 8502
email: elections@sapc.za.org

WINDS OF CHANGE

By David Sieff

There is a common thread in linking the following PSSA committee structures after their recent respective election processes.

The PSSA Southern Gauteng Branch is led by Chairman, Lynette Terblanche, while the new Chairman of the CPS Branch is Christine Venter and Liezl Fourie again chairs the local branch of SAAHIP. SAAPI has a national committee only i.e. it has no branches and is based in Southern Gauteng with Robyn Daniel as Chairman and Miranda Viljoen as the National Director.

In addition, until very recently, the National President of SAAHIP, Thanushya Pillaye, is resident and employed locally.

By now you have probably got the gist of it - yes, it's a "pharmacy phemale phenomenon," and probably also a "phirst!"

To continue in this vein, the various PSSA branch committees have the following percentages of female members according to statistics provided:-

PSSA 50%; CPS 23%; SAAHIP 50%; and SAAPI 71.4%.

So, how do these statistics relate to pharmacist demographics in South Africa and in Gauteng in particular?
Females constitute 58.3% of all pharmacist members of PSSA, while the corresponding proportion for Gauteng is almost identical at 58.7%.

At National level the sectors female membership is 23% in community pharmacy practice, 50% in hospital and institutional practice, 71.4% in industry and 50.2% in academia.

The National Executive Committees are shown to have female membership at 41.4% in the PSSA, 15.4% in CPS, 57.1 % in SAAHIP, 71.4% in SAAPI and 54.5% in Academia.

We can therefore conclude that, generally, our colleagues of the "phairer" gender outnumber their male counterparts, the ratios having swung, slowly at first and then quite rapidly, towards the current position.

In comparison with the PSSA membership, registrations with the SA Pharmacy Council show female students at 65.9% of all student registrations.

Interestingly, the proportions for currently registered interns are 65.9% female while the female ratio of Community Service Pharmacists doing their one year service in the public sector is 62.2%.

So, let's hear it FOR the ladies - and please, let's hear FROM you!

The Chairman of the Editorial Board is David Sieff and the members are Cecil Abramson, Johan Bothma, Liezl Fourie, Doug Gordon, Neville Lyne, Trevor Phillips, Ray Pogir and Miranda Viljoen.

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Your SG Branch Chairman	Lynette Terblanche

Your PSSA Southern Gauteng Branch Sector representatives are:

Community Pharmacy:	Pep Manolas & Monique Cronje
Hospital Pharmacy:	Liezl Fourie & Bronwyn Lotz
Industrial Pharmacy:	Lynette Terblanche & Walter Mbatha
Academy	Paul Danckwerts & Deanne Johnston

Contact them through the Branch Office: Tel: 011 442 3601

The Editorial Board acknowledges, with thanks, the contributions made by the CPS Southern Gauteng Branch to the production of this newsletter.

For more information on the Southern Gauteng Branch and classified advertisements visit the PSSA website on www.pssa.org.za