The Golden Mortar

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

Edition 7 / October 2013

Allergies

By: Haley Smith (B.Pharm)
Amayeza Information Services

Allergies are among the most common chronic conditions worldwide. The severity of allergies varies from person to person and can range from minor irritations to life-threatening anaphylactic reactions.

A number of different allergens are responsible for causing allergic reactions. Common allergy triggers include:

⇒ Airborne allergens, which include pollen, dust mites, animal dander and mould spores
⇒ Certain foods, such as milk, eggs, peanuts, tree nuts, wheat, soy, fish and shellfish
⇒ Medications, particularly penicillin or penicillin-based antibiotics
⇒ Insect stings, such as bee venom or wasp stings
⇒ Latex or other substances, can cause allergic skin reactions when touched

A person may be at increased risk of developing an allergy if they have family members who suffer from asthma, or allergies such as hayfever or eczema. Although allergic reactions can occur at any age, children are more likely to develop an allergy than adults. Children sometimes outgrow allergic conditions as they get older. However, it's not uncommon for allergies to go away and then come back sometime in the future. Asthma increases the risk of developing an allergy. Having one type of allergic condition also makes it more likely that a person may develop another allergy-related condition.

Allergy symptoms depend on the particular allergy, and can involve the airways, sinuses and nasal passages, skin and digestive system. Allergy symptoms may include sneezing, a runny nose, nasal congestion, post-nasal drip, itching, rashes, swelling, chest tightness or wheezing. Some allergies, including allergies to foods and insect stings, have the potential to trigger severe systemic reactions known as anaphylaxis.

Avoidance of the offending allergen is the mainstay of managing allergies and involves steps to identify and avoid allergy triggers.

..../continued on page 2

INDEX	PAGE

The purpose of avoidance is to prevent future allergic reactions and to reduce symptoms. However, most patients with allergies such as allergic rhinitis may require pharmacotherapy, in addition to allergen avoidance, for satisfactory symptom control.

Anti-allergy medications prevent the allergy symptoms from starting, or they reduce the severity of the symptoms. Some common allergy medications include antihistamines, decongestants, sodium cromoglycate, leukotriene receptor antagonists and corticosteroids. The choice of medication used will depend on the type of allergy.

Antihistamines are probably the best known type of allergy medication. Antihistamines work by blocking the action of histamine-1. They work best when taken prior to exposure to the allergen. However, they can also be taken after an allergic reaction has started, and this is useful for blocking the release of further histamine, reducing new symptoms such as itching, sneezing, and a runny nose. H1 antihistamines are divided into first- generation and second-generation agents.

First-generation antihistamines may cause significant sedation because they are lipophilic and easily cross the blood-brain barrier. However, the marked sedative action of certain antihistamines may be clinically useful. They are usually administered at night for the treatment of atopic dermatitis and chronic urticaria. First-generation antihistamines include diphenhydramine, chlorpheniramine, hydroxyzine and brompheniramine.

The second-generation antihistamines cause little or no sedation. The second-generation antihistamines are longer-acting, are dosed once or twice daily and appear to be similarly efficacious to each other. Those currently available include cetirizine, loratadine, ebastine, mizolastine, acrivastine, fexofenadine, desloratadine and levocetirizine.

Antihistamine nasal sprays e.g. azelastine nasal spray (Rhinolast®) may help to ease nasal symptoms of allergy. Antihistamine nasal sprays have a rapid onset of action (less than 15 minutes) and can be administered "on demand". The onset of action is somewhat faster than the intranasal corticorticoids. Treatment with azelastine nasal spray should begin two to three weeks before the start of the pollen season. Its place in treatment is likely to be for mild and intermittent symptoms.

Antihistamine eye drops e.g. azelastine (Optilast®) are used for itchy, watery or swollen eyes caused by allergies (i.e. allergic conjunctivitis).

Topical decongestants [e.g. oxymetazoline (Iliadin®), xylometazoline (Otrivin®)] may be used short-term to reduce nasal congestion alone or in combination with an antihistamine. Topical decongestants can cause rebound congestion, especially with prolonged use. They should not be used for more than one week. Eye drops containing an antihistamine and decongestant are available and may be of value in troublesome eye symptoms, particularly when symptoms are intermittent. The decongestant acts as a vasoconstrictor, reducing irritation and redness. However, their use should also be limited to no more than one week. Oral decongestants may be considered for short-term use to bring symptoms under control.

Sodium cromoglycate is a mast cell stabiliser that inhibits release of histamine and other inflammatory mediators during an allergic reaction. Sodium cromoglycate is available as nasal drops or sprays (e.g. Vividrin®) and as eye drops. It may be a useful alternative to an antihistamine in preventing allergic reactions. Cromoglycate can be effective as a prophylactic if used correctly. It should be started at least 1 week before the pollen season is likely to begin and then used continuously. Cromoglycate eye drops are effective for the treatment of eye symptoms that are not adequately controlled by antihistamines.

The leukotriene receptor antagonists e.g. montelukast and zafirlukast, reduce inflammation and mucus production. These drugs may be used as add-on treatment for asthma and allergic rhinitis, especially in children.

A steroid nasal spray is the treatment of choice for moderate to severe nasal symptoms that are continuous. The corticosteroid acts to reduce inflammation. Regular use is essential for full benefit and treatment should be continued throughout the pollen season. If symptoms of allergic rhinitis are already present, the patient needs to know that it is likely to take several days before the full treatment effect is reached. Intranasal corticosteroids include beclomethasone (Beclate Aquanase®), budesonide (Inflanaze®), fluticasone (Flixonase®). A short course of systemic corticosteroid treatment may be used after a particularly severe asthma attack or allergic reaction.

People who are at risk of anaphylaxis are often prescribed adrenaline auto injector devices (e.g. EpiPen®) for use by themselves or others in an emergency. It is essential that these devices are always carried with the allergic individual and are available for use.

Allergen immunotherapy may help to reduce a person's sensitivity to allergens by changing the patient's immune response to the allergen over time.

The following home remedies may help to improve allergy symptoms:

⇒ Nasal congestion often improves with saline nasal irrigation.

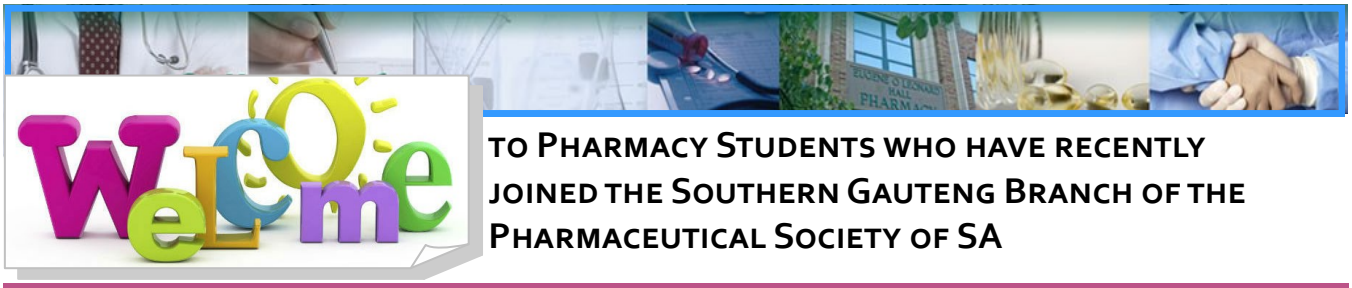
..../continued on page 3

⇒ Household airborne allergy symptoms caused by allergies to dust mites or pet dander, may improve by taking steps to reduce exposure to allergens. Steps include frequently washing bedding and stuffed toys in hot water, maintaining low humidity, regularly using a vacuum with a fine filter such as a high-efficiency particulate air filter, and replacing carpeting with hard flooring.

⇒ Mould allergy symptoms may be alleviated by reducing moisture in damp areas, such as the bath and kitchen by using ventilation fans and dehumidifiers, and fixing any water leaks inside and outside of the home.

Persistent allergy symptoms can be debilitating and affect the quality of life of many patients. The pharmacist has an important role to play in educating patients about the various treatment options that are available to help reduce and manage allergies.

References available on request.



TO PHARMACY STUDENTS WHO HAVE RECENTLY JOINED THE SOUTHERN GAUTENG BRANCH OF THE PHARMACEUTICAL SOCIETY OF SA

A warm welcome is extended by the Chairman, Mrs Lynette Terblanche, and members of the Branch Committee to each of the students whose names appear below.

Aalia Abdool-Kader
Sarishka Aboo
Fatima Adam
Radiyya Ahmed
Saadida Akhalwaya
Naazia Amod
Shaazia Amod
Jaishika Amtha
Laila Angamia
Akosua Asante
Jennifer Austin
Azhar Ballim
Anuradha Beharie
Astin Blumenthal
Sophia Bogolubova
Tshepo Bvuma
Aisha Cassim
Nabeela Cassim
Nazeefah Chohan
Fasseha Coovadia
Fatima Coovadia
Cazandra Da Silva
Elam Diko
Shaun Drake
Jasmine Duxbury
Muizza Tayob
Yusrah Fakeemeeah
Jade French
Aaliya Gangat
Nadia Gangat
Phumelele Giyama
Xajyna Gopaul
Samantha Govender
Thirusha Govender
Devina Govinder
Raabia Hadjee

Abdullah Hansa
AA'lshah Harrar
Tahira Hazarvi
Nicaise Ineza
Trisha Jairam
Zubeida Joosub
Firdaus Kajee
Thania Kalonda
Uyanda Kapesi
Lutho Kene
Angelina Kgopa
Zimbili Khanyile
Khadija Kharsany
Amena Khota
Nondumiso Kubheka
Nozipho Kubheka
Fadilah Kurrimboccus
Jinalkumari Lad
Razeena Laher
Zaakir Laher
Bukwase Lekeba
Thabo Lephalala
Oorabile Lesabe
Raeesa Loonat
Nombulelo Lukhozi
Simon Mabuela
Sadia Mahomed
Nazia Makra
Madimetja Maphothoma
Marble Mashapu
Nhlamulo Mashele
Polite Masilani
Nompumelelo Mathabela
Simphiwe Mavuso
Particia Mawela
Shaaziyaa Mayat

Limda Mdlalose
Sayyed Misbani
Suhail Mohammed
Tebogo Mohloane
Shameeda Mohun
Elloff Mokgola
Olivia Mokhachane
Charity Mokoena
Mahlatse Mokwele
Rookaya Moolla
Sumayya Moosa
Patricia Moraba
Charmaine Moraba
Johannes Morena
Lerato Mothabeng
Ngwako Motsai
Braisley Mphaho
Bongwekazi Mpongwana
Buyisile Msimango
Zanele Mtileni
Themba Mhlarhi
Obaidiyah Mustapha
Saneliswe Mvubu
Kirsy Naidoo
Sansara Naidoo
Thandekile Ncube
Precious Ndlangamandla
Phumla Ndlovu
Yonela Njove
Sibongumuzi Nkosi
Dinette Nkuna
Sandra Nndwammbi
Sherishka Nundkoomar
Ayesha Omar
Vashnee Padayachie
Azraa Parak

Sonal Parekh
Amina Patel
Meera Patel
Nandini Patel
Ignatius Phathela
Michael Phikanoka
Katlego Phunu
Pusheletso Rachuene
Mphasi Rakosa
Revashnee Rampersad
Olivia Rantho
Dirishya Reddy
Huvo Rhonyile
Avisha Rugnath
Promise Sambo
Junaid Seedat
Safiyyah Seedat
Lesego Seleka
Jameelah Shaikjee
Vuvani Shilenge
Shanon Shilubani
Funeka Sibande
Lethikuthula Sibiya
Sandilo Sibiya
Dillon Singh
Bongiwe Siyaya
Nocolene Sonickson
Christian Strydom
Radhiya Sujee
Akshay Vusudev
Phumzile Vilakati
Sthule Xulu
Presisha Yerakiah
Ennocentia Zangele
Yoliswa Zwane

By Ray Pogir, FPS - Curator of the National Pharmacy Museum

TINCTURES-INFUSIONS-EXTRACTS ELIXIRS-DECOCTIONS-AQUAS

For a number of centuries all the above were the major armamentarium of the pharmacist.

Collectively known as Galenicals, which is a name derived from the famous Greek physician, Galen, who was born in about AD 130. One of his major contributions to medicine was the first pharmacological classification of plant material used to make medicines.

The use of plants for medicine is of extreme antiquity. Galen classified a large number according to his observation of their effect on his patients.

The earliest pharmacopoeias established rules, based on scientific principles, for the identification of the plants, and the extraction and standardization of the active constituents to be used in preparing medicines. Pharmacists were trained in the various skills required for each of the processes. Small scale preparation in the pharmacy was possible. Wholesale establishments also prepared Galenicals in bulk. The earliest industrial manufacturing plant was recorded in Germany in 1869.

The nature of the active ingredients determined the method of extraction and standardisation. This is the reason for the various types of Galenicals mentioned in the heading to this article.

The photographs are some examples from the extensive collection of dispensary shop rounds in the museum and also of an infusion pot which was used in the dispensary. The bottles were specially produced for pharmacies. The labels were under glass and the letters were standardised.

SUMMARY OF THE VARIOUS PROCESSES.

Tinctures are prepared by percolation with alcohol to extract the active principles of vegetable material.

Infusions were originally freshly made using boiling water. They deteriorated quite quickly and were replaced by concentrated infusions made by cold extract with 20% alcohol.

Extracts are prepared by extraction using suitable solvents such as water, alcohol or solvent ether and then concentrated as directed by the pharmacopoeia.

Elixirs contained the active ingredients in a sweetened base to make them more palatable.

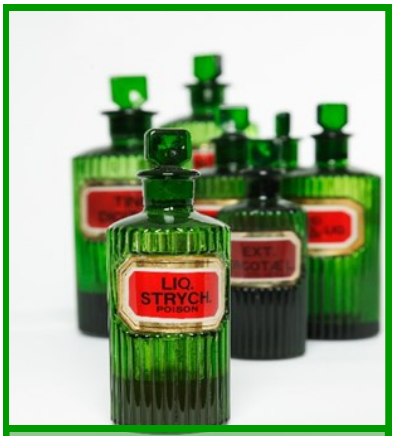
Decoctions are preparations which contain the active ingredients of two or more plants made to a prescribed standard.

Aquas are concentrated aromatic solutions of volatile oils or aromatic substance mainly used as flavouring for medicines for internal use. Some have a mild therapeutic action.

Dispensary shelves also had bottles which contained galenicals which the schedules of that time classified as "poisons". These bottles were ribbed and were coloured dark green In order to ensure that the dispensers exercised the required care.

Dispensary shelf bottles for galenicals

Percolator used for the preparation of Tinctures & Infusions



Green ribbed bottles for "poisons"

"FOOD INTOLERANCES - GLUTEN, MILK AND NUTS, ETC."

By David Sieff FPS

The CPD session held on 13th August 2013, was well attended. Professor Robin Green, a Pediatric Pulmologist, Chairman of the Allergy Society of South Africa and Head of the Department of Pediatrics and Child Health at Pretoria University was the presenter. He differentiated between true food allergies and intolerances.

Allergies always involve an immune mechanism, and he listed the common food allergens, for infants and young children on the one hand, and for older children and adults on the other. Food Intolerances are more common and do not involve the immune system.

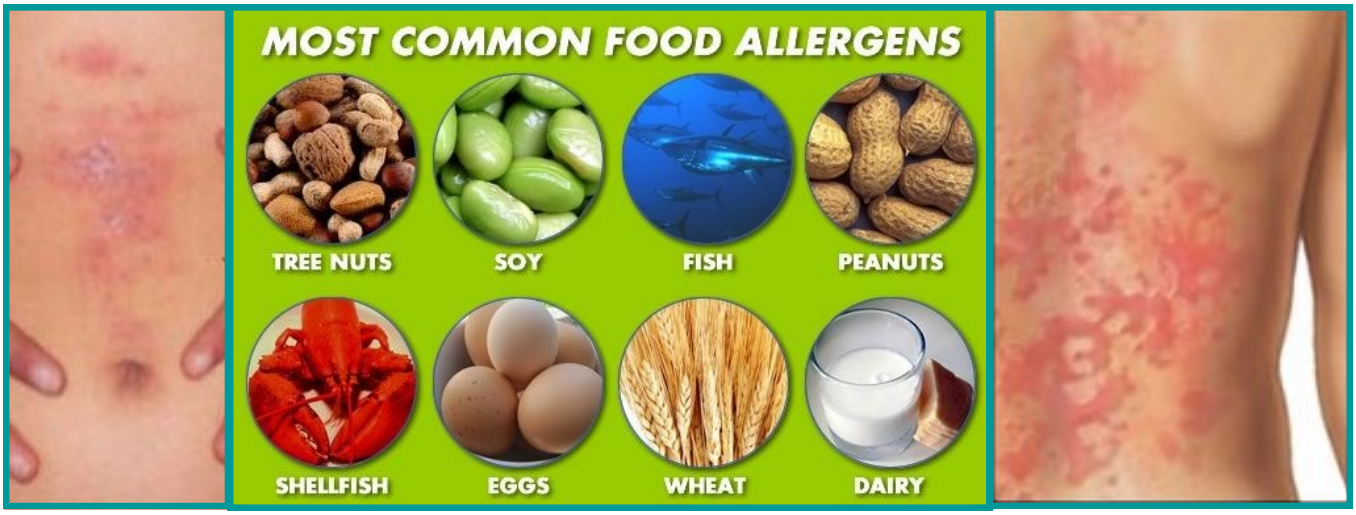
Amongst many different aspects of food allergies and intolerances, Prof. Green described the Food Challenge and Elimination Diet testing methods, and management of allergies.

Much interest in the subject was evidenced by the many questions asked by members of the audience.

Members are encouraged to attend the CPD sessions arranged by the Southern Gauteng Branch of the PSSA. The speakers are experts in their respective fields and the presentations are highly informative.

Seen at the CPD session
L to R Leonie Croeser, Jocelyn Manley and Debbie Conway.

Geraldine Bartlett thanks Prof Green



November 14th Is WORLD DIABETES DAY

DIABETES MONTH

By Johan Bothma FPS- Executive Director, Community Pharmacists Sector of PSSA.

World Diabetes Day is scheduled to take place on 14 November 2013. However, as a rule community pharmacists consider the entire month of November as Diabetes Awareness Month.

We urge our members to participate in organised walks. In addition, stands are usually available where products may be advertised. This could prove to be an opportunity for a pharmacy to acquire a stand and be part of the fun day.

Pharmacists, staff and their families are encouraged to participate in the walks. Pharmacists should also take this opportunity to show support for their diabetic patients and encourage them to participate in the walks as well.

The following are contact details, dates and venues for the events which are planned for Johannesburg and Pretoria:

DIABETES SOUTH AFRICA GLOBAL WALK 2013

BRANCH: National Office - Johannesburg
VENUE: Walk Haven Dog Park
CONTACT PERSON: Annike Massyn or Wendy Francis (011 886 3765)
DATE: 2nd November 2013
TIME: Starting @ 9:00am

BRANCH: Pretoria
VENUE: Voortrekker Monument
CONTACT PERSON: Alan Pywell (082 788 2364)
DATE: 9th November 2013
TIME: Starting @ 9:00am

Fellowship of the PSSA bestowed on a member of the Branch

Stavros Nicolaou, FPS

By Miranda Viljoen, FPS

At the most recent AGM of the Pharmaceutical Society of SA (PSSA) a motion for the bestowing of Fellowship of the PSSA on Stavros Nicolaou was moved and adopted by the delegates.

Stavros joined the PSSA in 1987. During his years as a pharmacy student he served on SAPSF Executive Committee for 3 years and is an Honorary Life Member of SAPSF. In addition he represented South Africa on IPSF for two years and was elected Vice President of IPSF. Once qualified he served on the PSSA SG executive committee for six years and was a member of the Gauteng Pharmacists Forum.

In 1990 he joined the pharmaceutical industry. In 1993 Stavros introduced the idea of a sector of the PSSA for Pharmacists in Industry and SAAPI was established. He was chairman of the sector for a number of years.

He has over 20 years of experience in the South African and International Pharmaceutical Industry and he has, and in some cases continues to serve on numerous Industry & Para-Government structures.

He has been a speaker at a number of conferences, including the Economist Roundtable, the World Economic Forum (WEF) and recently delivered a lecture on ARV developments at the Raigon Institute, a joint venture between Harvard Medical School and the Massachusetts General Hospital.

Stavros continues to champion the pharmaceutical Industry.

Pharmacy is about doing what is best for the patient

By Hester Coetzee, B. Pharm

Making safe decisions when prescribing and dispensing medication is an imperative, but not always straightforward. In some quarters the traditional approach to minimising errors is to work from a relatively restricted range of medicines, where one has built up a thorough knowledge and understanding of their actions and interactions. However, it has been found, even in these instances, that errors occurred more frequently when doctors and pharmacists were most familiar with the medicine; and fewer errors occurred when prescriptions were written and dispensed for unfamiliar medicines. This is possibly because we *think* we know the familiar medicines so well that we do not think that we need to check for interactions as often as we would check for possible interactions with unfamiliar medicines. Sometimes we possibly forget that the supposedly safe medicine can have an effect on the metabolism or transport of another familiar medicine.

For example a 17 year old patient with a major depressive disorder that was responding well to fluoxetine 20mg/day experienced a first seizure which resulted in a hospital admission. A seizure disorder was diagnosed and phenytoin was prescribed. Understanding that phenytoin was a substrate of CYP2C9 and CYP2C19 and that fluoxetine was a moderate inhibitor of CYP 2C9 and a strong inhibitor of CYP2C19, the neurologist knew that it meant that fluoxetine would impair the metabolism of phenytoin. This meant that the dosing of phenytoin should be lower than normal and that phenytoin blood levels should be monitored at this seemingly low dose of phenytoin. The boy's phenytoin dosage was carefully titrated to 160mg/day (blood level of 14.1mcg/ml).

All went well until it was time to relocate and he was assigned to a new neurologist. Two months into treatment, the patient mentioned that he noticed that fluoxetine impaired his ability to ejaculate and asked if they could not consider another antidepressant. The doctor was not as conversant with the Cytochrome P450 enzyme system as his predecessor, but the patient was carefully transferred from fluoxetine to mirtazapine. His cross-over proceeded uneventfully, but one month later, the patient experienced another seizure. When he was taken to the Emergency Room his phenytoin blood level was found to be only 6.6mcg/ml. So what happened?

The first doctor recognized that fluoxetine would impair the ability of CYP2C9 and CYP2C19 to metabolize phenytoin and that any amount of phenytoin that was to be added would be expected to generate a higher blood level of phenytoin that would have been achieved had the fluoxetine not be present. Once the final phenytoin dosage of 160mg/day was generating a stable therapeutic blood level, the maintenance of this blood level was dependent on the 20mg fluoxetine dose daily that inhibited CP2C19 and CYP2C9, and thus higher blood levels of the phenytoin were achieved with a lower dose administered.

Discontinuation of this inhibition of CYP2C9 and CYP2C19 when fluoxetine was discontinued, allowed 2C9 and 2C19 to resume their baseline, uninhibited levels of activity. (Mirtazepine does not inhibit any of the enzymes that metabolise phenytoin). The result was that phenytoin was metabolised much faster than with fluoxetine present and the phenytoin plasma level fell below the therapeutic range which resulted in the patient experiencing another seizure.

Medicines in primary care are some of the most powerful tools we have available to improve the health of patients.

Keeping up-to-date with our knowledge of medicines and how to use them safely is a priority for our ongoing professional development. It is also very important, at the decision-making stage, to have ready access to accurate information at the point of prescribing or dispensing.

We sometimes experience 'false' positive alerts with medicine interaction checks on our computer systems, and we may find these to be annoying, but very often they remind us of serious hazards. They often teach or remind us of things that we may have forgotten or, in fact, never knew. Keeping up with new developments in medicine has never been more difficult or more important than in this information age. This is good reason to use technological advances to simplify our day to day activities such as using computerised information programmes. Pharmacy is all about doing what is best for the patient.

A little poem that was found in the archives from 1975,- it's called.....

How do you rate?

Author: Unknown

Are you an active member, the kind that would be missed
or are you just contented that your name is on the list?

Do you attend the meetings and mingle with the flock
or do you only stay at home and criticise and knock?

Do you take an active part to help the work along
or are you just content to be the kind that just belong?

Do you work on committees to see there is no trick
or leave the work to just a few, then talk about the clique?

Do you come to meetings often and help with hand and heart?
Don't be just a member, but take an active part.

Think this over, brother, you know right from wrong,
are you an active member or do you just belong?

The re-establishment of a Fellows Committee

In terms of Resolution 1 passed at the 67th Annual General Meeting of the PSSA held in June 2012 at Emperor's Palace, Kempton Park, the Society agreed to the re-establishment of a Fellows Committee.

At the August 2013 meeting of the National Executive Committee of the PSSA it was agreed to request the Southern Gauteng Branch of the PSSA to facilitate the re-establishment of such a Fellows Committee by consulting and reaching agreement with Fellows of the Society regarding the structure of such a committee, duration of term of office, nominations and, if necessary, an election to establish a Fellows Committee acceptable to all Fellows.

In order to carry out the objects of the Fellows Committee it is not envisaged that the members of the committee will necessarily have to come together for meetings. It is believed that most, if not all, the business of the committee can be conducted via electronic means such as tele-conferences, SMS or e-mail communication.

In addition to this the Southern Gauteng Branch has undertaken to perform all the administration and secretarial functions necessary for this committee to function efficiently.

During the month of September, Fellows received a communication advising them of these developments. There were no dissenting responses from Fellows rather, many Fellows responded with encouragement for the re-establishment of the committee.

During October Fellows will receive communications calling for nominations to the committee.

A Brief Report on the 2013 SAAPI AGM

Miranda Viljoen, FPS

The South African Association of Pharmacists in Industry (SAAPI) held its AGM at the Glen Hove Conferencing on 10 September 2013. The event started with a delicious finger breakfast served by Glen Hove Conferencing in their usual high standard and professional way.

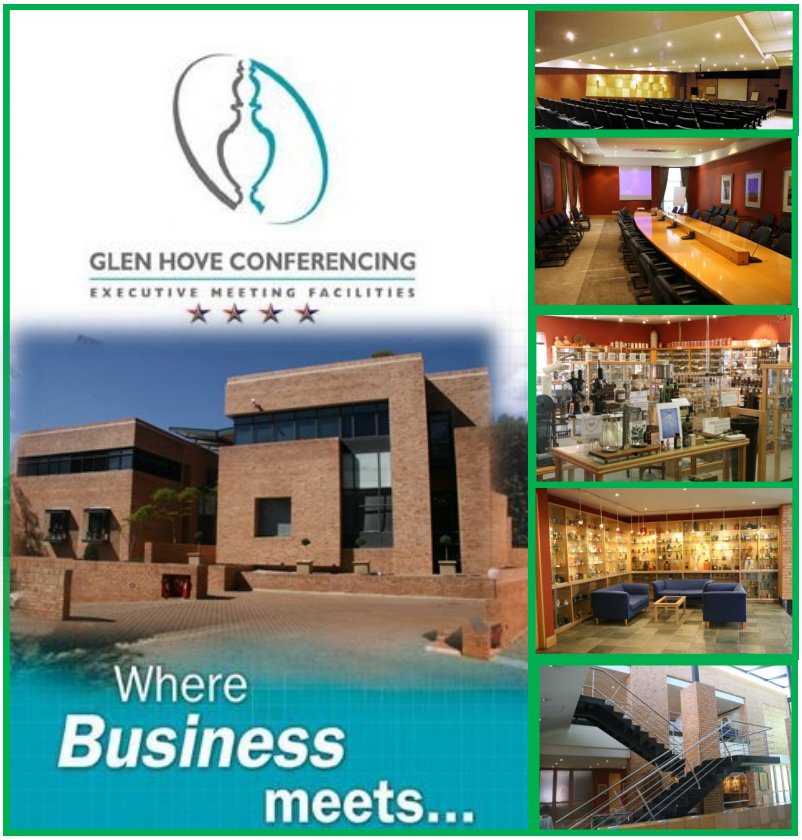
The outgoing Chairperson, Robyn Daniel chaired the AGM. This, the 19th AGM, was of particular significance because a motion was presented and passed to adopt the new SAAPI constitution. The new constitution was introduced to bring SAAPI in line with the National body and the Southern Gauteng Branch.

During the election process, fifteen nominations for the incoming Executive committee were received and it was decided that all fifteen should be appointed.

The outgoing committee was thanked for their hard work during 2012/2013 and Robyn Daniel was thanked by Miranda Viljoen, the SAAPI Executive Director, for her sterling efforts during her term of office.

At the conclusion of the formalities Elsabe Klinck, the guest speaker for the occasion, gave an excellent presentation on "An Update on Laws and Policies". In her presentation Elsabe covered all the new and pending Acts, Bills and Policies that could affect a pharmacist. Amongst those pending she outlined the importance of the SAHPRA (SA Health Products Regulatory Authority Amendment Act), The POPI Act (Protection of Personal Information Act) and the IP International Property Draft Policy.

Elsabe went on to give a comprehensive account of the proposed NHI and its implementation and funding. She also outlined the appointment and functions of the newly appointed Office of Health Standards Authority and concluded her presentation with the latest developments in the Medical Schemes Act.



Robin Daniel, Chairman of SAAPI hard at work.

Elsabe Klinck and Trevor Phillips discussing legislation issues.

WELCOME to new members of the Southern Gauteng Branch of the Pharmaceutical Society of SA

The Chairman of the Branch, Mrs Lynette Terblanche and members of the Branch Committee join in extending a warm welcome to the following pharmacists who have joined the Southern Gauteng Branch over the past few months.

Mrs. Yimbu Bakana
Mev. Trecia Boshoff
Mrs. Leigh-Ann Claase
Mr. Oliver Cornish
Ms. Heather Doody
Ms. Clare Dott
Ms. Talitha Du Plessis
Ms. Jennifer Dunlop
Mrs. Anita Flemetakis
Ms. Maryna Fuss
Ms. Sueshri Govender
Mr. Thiruvasan Govindsamy
Mrs. Kristin Holmes-Djurak
Mr. Pravesh Jagatpal
Mr. Robert Janse van Rensburg
Mrs. Karina Joubert
Mrs. Sade Kalichurn-Alphos
Ms. Preleen Kanthapersad
Mrs. Eleanor Kotkis
Mis. Lee-Ann Kruger
Mr. Aslam Laher
Mrs. Anthea Lakey
Mrs. Simone Lamprecht
Mrs. Suzette Lester
Dr. Christine Letsoalo
Mrs. Bridget Lewis
Ms. Laura Magnus
Mr. Livhuwani Marubini
Mrs. Kabelo Masha
Ms. Motshoanyane Melato
Mr. Colin Mayerowitz
Miss Fatema Mia
Ms. Duduzile Mkhaliphi
Ms. Gavaza Mlondobozi
Mr. Justice Moema
Mr. Faiz Mohammed
Mr. Sontaga Moroathsehla
Ms. Refilwe Mosane
Ms. Yolanda Moyo
Miss. Kwena Mpati
Mr. Selvan Naidoo
Mr. Nadeem Parker
Miss Shivani Pillay
Mrs. Victoria Sekiti
Miss. Githa Singh
Ms. Angeliki Stephanou
Mr. Ramakgotsi Tlhobelo
Mrs. Salmari van Schouwenburg
Miss Melissa Van Staden
Mr. Ahmed Wadee
Mr. Olongo Wenyi
Miss. Anzelde Willemse
Miss Xolile Zwane

Branch Annual General Meeting

The Annual General Meeting of the Branch will be held at 52 Glenhove Road, Melrose Estate on the 27th January 2014. Please refer to the formal Notice included in this edition of The Golden Mortar.

AGMs can be rather boring affairs because they are, essentially, business meetings. However, it is our intention on this occasion to get through the business of the meeting as efficiently as possible so that we can allow more time for our guest speaker, Ms. Elsabe Klinck, to present to us on the likely impact of POPI (Protection of Personal Information Act) on us as pharmacists.

The purpose of the Bill is to promote the protection of personal information, to introduce information protection principles so as to provide minimum requirements for the processing of personal information..... amongst other things. Pharmacists routinely deal with and process personal information so it is inevitable that POPI will have an impact on our day to day activities. The question is, - how and to what extent and what should we be anticipating?

Elsabe Klinck is a lawyer, well known to most of us, and is in an ideal position to discuss this topic with us, answer our questions and address our concerns.

Consequently, we urge you to diarise the 27th January 2014 and make the effort to attend the AGM and then listen to Elasbe address this important topic.

The Southern Gauteng Branch of the Pharmaceutical Society of South Africa
Die Aptekersvereniging van Suid Afrika/I-Pharmaceutical Society yase Mzanze Afrika/ Pharmaceutical Society ya Afrika Borwa

NOTICE IS HEREBY GIVEN IN TERMS OF CLAUSE 24 OF THE BRANCH CONSTITUTION THAT THE

ANNUAL GENERAL MEETING

OF THE SOUTHERN GAUTENG BRANCH OF THE PHARMACEUTICAL SOCIETY OF SOUTH AFRICA WILL BE HELD ON TUESDAY the 27 JANUARY 2014 AT 20h00 IN THE AUDITORIUM AT 52 GLENHOVE ROAD, MELROSE ESTATE, JOHANNESBURG.

A G E N D A

1. Notice of Meeting.
2. Welcome.
3. Attendance and apologies.
4. Obituaries.
5. Confirmation of the Minutes of the Annual General Meeting held on 12th February 2013 and the matters arising.
6. To receive the report of the Honorary Treasurer and the audited balance sheet and financial statements and ratify the appointment of Branch Auditors for 2014.
7. To receive the report of the Chairman on behalf of the Branch Committee.
8. To receive the report of the Chairman of the Business Committee.
9. To receive the report on the election of members of the Branch Committee.
10. To consider Motions for submission to the AGM of the PSSA in May 2014.
11. Presentation by Ms. Elsabe Klinck on the impact of POPI (Protection of Personal Information Act) on pharmacy/pharmacists.
12. To consider any other general business.
13. Induction of new Branch Chairman.
14. Closure.

D.K. Gordon
General Manager
10/10/2013

The reports referred to above will be available for viewing by members on the PSSA website
www.pssa.org.za
Select Branches, then select Southern Gauteng Branch, then select News.

"Be Drug Wise!"

New booklet available. By: Dr Johann Kruger FPS

As part of custodianship of medicine, pharmacists in all sectors - industry, hospital, community pharmacy including wholesale and even teaching have a moral obligation with regard to the handling of medicine that have the potential for abuse and misuse, and/or harmful effects. This custodianship often extends beyond the abuse of legal medicines and pharmacists are requested to be experts and become involved in the recognition, treatment and referral of patients that are dependent on illegal substances as well. Families and friends visit their local pharmacist and ask for help with regard to a son, daughter, friend or relative. The problem most pharmacists face is; what now?

A number of more senior pharmacists will be familiar with the PADA (Pharmacists Against Drug Abuse) program a number of years ago when most of us went for a training course where we were trained in the intricacies of the dark underworld of drugs and the dangers that they pose. All of us, beforehand, thought that we knew everything about drugs and drug abuse – we were experts in drugs because we were pharmacists!!! – how wrong could we have been!

The Drug Wise manual has been rewritten and the second edition is available which has the backing of some of the most experienced pharma journalists and academics in our country. For those who may wish to acquire the book, it is available through the PSSA head office, but for those that want to learn more, there is a one on one training course (usually on a Saturday from 0h900 to 15h00) that will equip you to better handle these sometimes awkward and difficult situations.

The good news is that there is a little booklet available for the family, friend, support group or even the addict that explains the process of dependency in layman's terms. It is a 23 page, pocket size, booklet entitled "Be Drug Wise" that takes the reader through the steps of drug dependence such as, what is a drug, what is dependence, how do you identify it, etc. It also lists

The booklet also addresses "how to stay clean". It is well illustrated and clearly written to bring the message to the people that need it most. It is planned that it be available in at least eight of South Africa's languages, but at this stage only an English version is available. It is an ideal tool for pharmacists to sell or give away as handouts in their communities to show that they care, not just about doing business, but also about the well-being of their patients and their families and friends. The booklet is available at a cost of R15 and may also be ordered through the PSSA National Office.

For anyone requiring more information, please do not hesitate to call the PSSA National Office at 012 301-0820 or Estelle at the Pretoria Branch of the PSSA 012 323-0998.

The Golden Mortar
P O Box 2467, Houghton, 2041
Tel: 011 442 3601, Fax: 011 442 3661
nevillel@pssasg.co.za

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