

The Golden Mortar



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

Edition 8 / November 2013



Year end message from the Chairman Of the Southern Gauteng Branch of the PSSA

Lynette Terblanche



Lynette Terblanche

Can this really be the end of another year?

As we approach the end of 2013, it probably is appropriate to take a few minutes to ponder on the year that was.

At a glance it seems that the year has passed rather uneventfully. Is the year but a vague memory and fading as we frantically attempt to survive?

Consider the following: Pharmacists have had to come to terms with the implementation of the Consumer Protection Act; a Pilot for the introduction of National Health Insurance was conducted (this affected many of our colleagues in the public sector); the dispensing fee was revised (of particular concern to our community pharmacy colleagues); very recently we saw the publication of draft guidelines pertaining to the regulating of complementary medicines; a Code of Practice for the marketing of medicines has been introduced; a new Pharmacy Council has been elected into office.

Closer to home, the availability of information using TrustaTag technology has hopefully enabled you to in turn provide valuable information to your patients and customers. There is more to come....

How did you and I contribute to the changing face of the profession in 2013?

In a number of discussions during 2013 the message from the Department of Health was very clear on the introduction of Universal Medicine Coverage.

Healthcare professionals are integral to the successful implementation of universal coverage. Are we adequately prepared for the implementation of universal coverage? Have we considered our role in this system?

How can we ensure that pharmacists remain pivotal to the

success of this model?

2013 has laid the foundation for many changes that will become an integral part of our profession.

May the pharmacy profession rise to its true potential in 2014!

As our thoughts turn to those among us who have lost loved ones, colleagues or friends during 2013, and those who have had to deal with emotionally challenging situations, may you receive strength to carry you into 2014.

I would like to extend season's greetings to all Branch members and their families. May you experience the peace and the joy of the festive season!

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Pharmacy or 'Quackery'?

Should pharmacists be custodians of sports and herbal supplements?

By Amayeza Info Services



With the explosion in the use of sports and herbal supplements, the safety and efficacy of these products has become a major public health issue. The easy availability of these products, their potential for ill-health and possible herb-medicine interactions have become issues of global concern for regulatory authorities, sporting authorities and healthcare professionals.¹

Concern has risen in light of the fact that sports and herbal supplements are largely unregulated and not legally required to meet the usual standards for medicines registration by regulatory authorities, such as the Medicines Control Council in South Africa or the Food and Drug Administration (FDA) in the United States. While conventional medical science has established methodologies for confirming composition, good manufacturing practice, efficacy and safety, similar guidelines are generally lacking for sports and herbal supplements.¹

- **The recommended therapeutic uses of the vast majority of sports and herbal supplements, whether used to treat or prevent disease or to enhance athletic performance are based on little or no scientific evidence.**²

The most appealing sports supplements are those that claim to help build muscle, improve endurance and reduce body fat. However, in an evidence-based systematic assessment of 1035 web pages that identified 431 performance-enhancing claims for 104 different products, 52.8% of the websites that made performance claims did not provide any references and of those that provided references, only 2.7% of

studies were judged to be of high quality and at low risk of bias.

- **Adverse health effects associated with herbal products exist** since time immemorial and may be attributed to the inherent toxic effects of the herb as well as to toxicities induced by adulterants/contaminants.¹ Possible contaminants such as heavy metals, pesticides, other toxic herbs as well as conventional medicines have commonly been encountered in herbal preparations.¹
- **Composition nomenclature is often disguised or misleading** and has resulted in the inadvertent use of a 'banned' medicine for competitive athletes on more than one occasion. Ephedra-alkaloids and anabolic steroids *by any name* have life-threatening adverse effects and are prohibited by the International Olympic Committee and other sports affiliates for use in competition.

The listed compositions of many sports supplements do not follow any standard nomenclature for medicines or foods. For example, what are listed ingredients such as drenbuterol (a mesolimbic beta agonist fat-burning agent), nitric oxide matrix, CRTS2 (controlled release technology and Support System)?

- **The presence of low-grade and counterfeit herbal products** on the market means that the actual composition of the herbal product may not reflect the stated composition at all. While a lack of efficacy may be the best outcome, being banned from competition, the loss of a medal, potential ill-health or toxicities caused by the unlabelled components or by contaminants, is the worst possible outcomes in this case.

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To date, it has been difficult to monitor adverse effects and consequences caused by sports and herbal supplements because of:

- The public's perception that herbal or 'natural' equates to 'safe' and therefore users may not attribute adverse symptoms to the supplement. Adverse reactions are considered under-reported and there is a lack of information on the toxicity of herbal products.
- Lack of communication between patients and health professionals regarding the use of sports and herbal supplements

The consumer is most likely to be unaware that the composition, efficacy claims, let alone that the safety of these products is largely unconfirmed. The consumer may, however, expect such products to be both safe and effective, simply by virtue of the fact that these products are available over the counter from the pharmacy. This begs the question as to whether the community pharmacist should be the custodian of these products.

Conclusions

Exercise is important for improving health across a variety of conditions. The promotion of exercise by healthcare professionals, such as the pharmacist, is therefore an important public health priority.

It is the position of the American Dietetic Association, Dieticians of Canada and the American College of Sports Medicine that physical activity, athletic performance and recovery from exercise are enhanced by optimal nutrition. According to this position state-

ment, sports supplements should be used with caution, and only after careful evaluation of the product's composition, safety, efficacy and whether or not it contains a banned or illegal substance.

The marketing of sports and herbal supplements has become a multibillion dollar industry, but research in this area is methodologically poor. According to a leading sports physician, 'while medicines must be proven to be safe and effective before being approved for use, it appears that sports and herbal supplements must be proven harmful before being removed from the market.'

Currently, the public are faced with a large number of adverts that make claims about enhanced performance and recovery for a wide range of products. The current evidence, however, is not considered to be of sufficient quality for healthcare professionals to be able to inform the public about the benefits and harms of sports and herbal supplements.⁴ Furthermore, the pharmacist should also caution patients against mixing herbs and conventional medicines as there is currently little information published on herb-medicine interactions.

If the professional maxim of *primum non nocere* ("first, do no harm") is to be followed, then perhaps pharmacists should reconsider the composition, quality, safety and ready availability of the many sports and herbal supplements on their shelves. Pharmacists can and should play a key role in counselling athletes on the merits of sports and herbal supplements and in preventing athletes from inadvertently consuming a banned substance.

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Do you feel lucky?

Hester Coetzee, B Pharm

"I know what you're thinking, punk. You're thinking "did he fire six shots or only five?" Now to tell you the truth I forgot myself in all this excitement. But this being a .44 Magnum, the most powerful handgun in the world, you've got to ask yourself a question: "Do I feel lucky?" Well, do ya, punk?"

Compare medicine interactions with Dirty Harry's .44 Magnum. Just as dangerous; could be lethal. It is a daily challenge for pharmacists and other medical practitioners to recognise medicine interactions and it has become virtually impossible to remember all potential interactions. What complicates this even more are all the variables that make this subject so much more difficult.

So when is a medicine interaction clinically important? As you have suspected, there is no easy answer because it depends on the medicine itself, as well as on the patient and it is also administration related - you thus have to consider the route through which the medication is administered.

Interactions may occur under single dose conditions or only at steady state, but we often find that medicine interactions are most apparent when patients are stabilised on the affected medicine (e.g. a CYP-enzyme substrate) and a CYP- inhibitor or inducer is then added to the medicine regimen. To demonstrate this, let's take a specific case report.

A 35 year old man with a history of major depressive disorder has been stabilised for longer than 3 years on desimipramine, 200mg a day. He maintained a stable blood level of 150ng/ml., but he smoked two packs of cigarettes a day. His family doctor advised him to stop smoking as the patient's father died at the age of 40-something from a myocardial infarction.

The man started participation in an aggressive smok-

ing cessation program and his doctor prescribed bupropion which was titrated to 150mg/day. One week after reaching the 150mg/day dose, the man started experiencing palpitations and light-headedness which he reported to his doctor.

On evaluation, his ECG showed a sinus tachycardia of 132 beats per minute and QRS interval widening to duration of 160 msec. He was admitted to a hospital. His desimipramine blood level was 623ng/ml. A week after the bupropion was discontinued his symptoms fully remitted.

This is an example of a CYP2D6 inhibitor added to a medicine regimen where the patient is stabilised on a substrate of CYP2D6. Bupropion is a strong inhibitor of CYP2D6 that can elevate desimipramine blood levels to 2 to 5 times baseline. Due to inhibition of desimipramine metabolism the blood levels of desimipramine rose more than 4-fold.

The resultant cardiac toxicity (excessive quinine-like effects of toxic TCA-levels) led to the symptoms of palpitations and dizziness.

Dispensing systems with medicine interaction software warn that when a CYP2D6-inhibitor (such as bupropion) is used when a patient is stabilised on a TCA (that is a CYP2D6-substrate), it can lead to increased TCA-plasma levels and that an overdose can be lethal or lead to e.g. uncontrolled seizures, severe cardiac arrhythmias and hypotension.

Another case report result is worth mentioning: "Amitriptyline is a tertiary-amine TCA whose metabolism depends most on the intact functioning of 2C19, 3A4, and 2D6, with 1A2 serving as a secondary enzyme (Venkatakrisnan et al. 1998). Nortriptyline is amitriptyline's primary metabolite via demethylation by 2C19 and 3A4. 2D6 performs subsequent hydroxylation. Paroxetine is a strong 2D6 inhibitor (von Moltke et al. 1995).

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Thus, the addition of paroxetine significantly impaired the ability of 2D6 to contribute to the metabolism of amitriptyline and nortriptyline, which led to a 3 to 4 fold increase in the amitriptyline+nortriptyline blood level, despite a modest decrease in amitriptyline dosage (from 175 mg/day to 150 mg/day).

The resultant state of TCA toxicity led to the patient's adynamic ileus and associated cramping, bloating, vomiting, and back pain. It also led to the quinidine-like changes in cardiac conduction that were observed after she was placed on a heart monitor."

"Signs of TCA-toxicity include: dry mouth, urinary retention, tachycardia, postural hypotension, blurred vision, constipation, lowering of seizure threshold, sedation, muscle tremors, restlessness, and weakness. TCA toxicity can lead to adynamic ileus and associated cramping, bloating, vomiting,



and back pain, heart conduction disorders etc. "

It advises to reduce TCA doses up to 75% of original TCA dose or, when the patient is stabilised on the bupropion (or any other strong CYP2D6-inhibitor) and treatment with a TCA (that is a substrate for 2D6), is started, you should start the TCA treatment with lower than normal TCA doses.

You could ask yourself, "In all this excitement of being busy handling thousands of medicines with many more potential medicine interactions, should you not make use of all safety precautions possible? Can you afford not to make use of medicine-to-medicine interaction software that provides information fast (at the click of a button), that *warns* you and that can make your life and the life of your assistants so much easier? Especially if you consider that the objective is to make medicine as safe as possible for your clients?"

You've got to ask yourself the question: "Do I feel lucky?" Well, do ya?

CPS SG CHAIRMAN'S MESSAGE

By Christine Venter



2013 is almost behind us and we are faced with the fact that another year is coming to an end. Fortunately, as one year ends and a new one begins, it presents new opportunities.

As we look back at 2013, we are grateful for the blessings and challenges we experienced during the course of the year in our businesses, personal lives as well as at CPS S. Gauteng. 2013 has been predominately positive for us, although it did have its challenges as well.

Although our primary focus at CPS SG is to promote the professional aspects the work of the Community Pharmacist, changes in legislation required from us to apply our minds more to Good Corporate Governance, Good Accounting Principles and Policies in



2013 and I believe we have achieved our desired outcomes and are building a solid foundation for the Branch to move forward.

I would like to thank my Committee members for their support, hard work and involvement during this year. The long hours involved in having to hold meetings 'til late at night is testimony to each and every one's love and dedication to Community Pharmacy and their Profession.

Members of the Branch Committee join me in wishing you all a wonderful Festive Season. Take time to reflect, to laugh, to relax and to share good quality time with your family. We trust 2014 will be a meaningful and positive year for us all.



3's Company Conference 2013

By Deanne Johnston



Deanne Johnston

The Academy of Pharmaceutical Sciences (APSSA), Independent Community Pharmacy Association (ICPA) and the South African Association of Pharmacists in Industry

(SAAPI) united forces for the 3's Company Conference which was held in Cape Town from the 4th-6th October 2013. The conference was first of its kind for pharmacy that saw the coming together of these associations.

The theme of the conference was "Empowering Pharmacists for the Future". This was a rather fitting title with these distinctly different associations collaborating and working in partnership. There was truly something for everyone with sessions targeting drug discovery and development, pharmacy education, medicine adherence, National Health insurance and natural products just to name a few.

This was an opportunity for the APSSA to show case the research from the universities. From the University of the Witwatersrand Ms Lisa du Toit presented "In Silico Quantitation of the Molecular Energy and Surface Attributes of Multi-Modal Neuromaterials" on behalf of Professor Viness Pillay and his research group at the Wits Advanced Drug Delivery Platform, while Mrs Shirra Mochand and myself presented "Factors in flipping the pharmacology class-

room" and "Interdisciplinary Learning: Joint Patient Encounters with Undergraduate Medical and Pharmacy Students", respectively in the pharmacy education session. Mohamed Vally his research entitled "Prescribing error in three adult wards at a teaching hospital in Johannesburg" presented in the SASBCP Young Scientist session.

A highlight in the APSSA conference is the prize giving and awards. This year it was held in a joint session on the Sunday so all delegates could participate in the festivities. Wits is proud of Mrs Moch, who was awarded the Pharmacology Teacher of the Year (2013), and Prof Viness Pillay's group, who won best publication for their article entitled "Surface-Engineered Nanoliposomes by Chelating Ligands for Modulatory Neurotoxicity Associated with β -Amyloid Aggregates of Alzheimer's Disease".

The conference ended with all delegates reciting the oath, this was a fitting end to exciting a few days where delegates had emerged from being exposed to education and research, factors affecting community practice and the complexities facing the pharmaceutical industry. Congratulations to the organising committee for a venturing into the unknown territory of holding a combined conference and setting a high standard for future collaborations.



LAGOON BEACH HOTEL, CAPE TOWN



SAAHIP Gauteng South Year- end Message

Pieter van der Merwe—Chairman SAAHIP Southern Gauteng



Dear SAAHIP and PSSA colleagues,

As the year draws to a close, I want to thank all of you for your outstanding efforts during this very busy year! My sincere gratitude goes out to Liezl Fourie who has done such excellent work over the past few years in leading the SAAHIP Southern Gauteng Branch as Chairman and also my congratulations on her election as the National Secretary of SAAHIP during the 56th AGM of the organisation. As with the Southern Gauteng Branch I believe you will achieve great success in your responsibility on the SAAHIP EXCO as the National Secretary.

During 2013, the Southern Gauteng branch members were involved with the following events:

Many members of our Branch attended the 56th AGM and 27th SAAHIP Annual Conference held at the Champagne Sports Resort from 14th to 17th March 2013. Moving forward from last year's conference which challenged pharmacists to take "Pharmacy Beyond Imagination," this year's theme, "Pharmacy, Serving with Passion", aimed to inspire pharmacists to take pharmacy to the next level – focusing especially on the patient.

The following SAAHIP members were elected at the AGM, as National Office bearers:

President:

Stephan Moller (North West)

Vice President:

Juane van der Merwe (Kwazulu Natal-Inland)



Pieter van der Merwe

Honorary Secretary:

Liezl Fourie (Southern Gauteng)

Honorary Treasurer:

Sudira Balkrishen (Kwazulu Natal-Inland)

Immediate Past President:

Thanushya Pillaye (Southern Gauteng)

A very well attended and successful function took place on the 26th of June 2013, at 52 Glenhove Road, Melrose Estate, where the current pharmacist interns were briefed on the process required for their forthcoming year as Community Service Pharmacists (CSPs); a hearty word of gratitude goes out to all the Southern Gauteng SAAHIP colleagues who worked hard to make this evening a huge success!

Various Branch Committee meetings took place during 2013 and my sincere gratitude goes to the Branch Committee members who have sacrificed personal time to attend these meetings, to give their input and make the meetings a success.

The SAAHIP Southern Gauteng Branch AGM will take place on the 26th of November 2013, 18:30 for 19:00 at the Glen Hove Conferencing.

Above all else this coming holiday season, please make sure to enjoy your time with friends, family and loved ones.

Pieter van der Merwe

Chairman
SAAHIP Southern Gauteng Branch.



Student nurses learning the intricacies of the practice of pharmacy.

Visitors to the National Pharmacy Museum

By Ray Pogir, FPS

Curator, National Pharmacy Museum

Towards the end of October nursing students from the UJ nursing faculty visited the museum.

which would provide such information. There were 30 students. They were divided into two groups. The one group viewed a video on the production of medicines in the auditorium, while the other toured the museum. The groups then swapped around. The students asked many questions and appreciated the tour.

The purpose of the visit was to provide the 2nd year students the opportunity to gain a better understanding of the background to medicine, and also an appreciation for the medicines which they will obviously be handling. Their lecturer, Portia Zibi, asked for the tour,

In the photo is their lecturer in Pharmacology, Portia Zibi, reading from a description of the origins of medicines from plant material.





FIP 2013

By Tammy Chetty - President of SAAP1

An absolute honor to have represented SAAP1 at the recent International Pharmaceutical Federation (FIP) Congress in September 2013, Dublin.

FIP is the global federation of national associations of pharmacists and pharmaceutical scientists and serves approximately 3 million practitioners and scientists globally.

FIP provides the neutral platform for the exchange of knowledge and innovations. Attended by at least 3000 delegates, the 2013 theme focused on "Towards a Future Vision for Complex Patients – Integrated Care in a Dynamic Continuum".

Some of the topics: The complexity of health challenges in 2020, Pharmacy Practice in the face of globalism, ethics and regulation, Trends in Community Pharmacy (debating the future of the profession), Diagnostics in individualized medicine and pharmacotherapy, the emergence of biologicals as therapeutic agents, Patient stratification and Pharmacogenetics and the list goes on. The topic related to personalized medicine was fascinating. The

speakers focused on the relationship between pharmacogenomics and adverse drug reactions.

The rapidity of change in technology in our lives is seen as phenomenal but in my personal opinion this in no way compares to the current extraordinary transformation in pharmaceutical science...translational medicine, biotechnology, biomarkers, biologicals, pharmacogenomics etc. Stop for a moment and consider what the future of medicine will be and are we currently equipped to help lead the next generation in SA? Maintaining competence throughout our career during which new and challenging professional responsibilities are encountered, is a fundamental ethical requirement for all health professionals. Visit <http://fip.org>.



Pic: Dublin Convention Centre where the FIP Congress was held

Adapting to and adopting change has become necessary in life and I leave you with Charles Darwin's quote: "It is not the strongest of the species that survive, nor the most intelligent that survives. It is the one that is most *adaptable* to change".

Until next time! Yours in pharmacy,

Tammy Chetty



Prof Jacques Snyman



Non-steroidal anti-inflammatory drugs (NSAIDs) *Understanding risks and benefits*

By David Sieff

A large audience of pharmacists attended on 15th October 2013, the CPD presentation by Professor Jacques R Snyman, a pharmacologist, on this topic of wide interest.

He began with a classification of the different types of NSAIDs and the physiology and mechanism of their action on pain, inflammation, reduction in joint stiffness, fever, and blood clotting, and the efficacy of the various products and dose dependency.

The risks to the heart, the kidney, and gastro-

intestinal tract, and also their possible serious side effects - such as perforations, ulcerations and bleeds - were highlighted, as were studies and analyses comparing some older and some newer products for their cardiovascular safety.

Prof. Snyman then answered specific questions from the floor, to conclude a well illustrated, informative and interesting presentation, the evening being proudly sponsored by AstraZeneca, who also handed out guidelines for prevention of NSAID-related complications.



Branch Annual General Meeting

Reminder



This is our last opportunity via The Golden Mortar to remind you that The Annual General Meeting of the Branch will be held at 52 Glenhove Road, Melrose Estate on the 27th January 2013.

As we stated earlier we understand that AGMs can be rather boring affairs, but it our intention to get through the business of the meeting as efficiently as possible so that we will have 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 pharmacists.

The purpose of the Bill, as you may already know, is to promote the protection of personal information, to introduce information protection principles so as to provide minimum requirements for the processing of per-

sonal information..... amongst many other things.

Inevitably POPI will have an impact on our day to day activities since we routinely deal with and process very personal information. The question that Elsabe will try to answer is this. To what extent will the Act impact on us 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, answer our questions and address our concerns.

We therefore really urge you to diarise the 27th January 2013 and make the effort to attend the AGM and hear Elsabe address this important topic.

Branch Elections



By the time that you read this it is likely that the period for nominations for six members to serve on the Branch Committee for 2014 will have lapsed. However, it is probable that we will be in the middle of the voting which is the vital part of the whole process. It is very important that as many members as possible exercise their right to vote in an attempt to get the most balanced and representative committee possible.

As you are aware, the membership is given this opportunity to nominate and then vote for six members of the Branch to look after their professional interests for the ensuing year. In addition to these six members, two members from each of the Sectors, namely, SAAHIP, Academy, CPS and SAAPI are nominated by those Sectors to represent member's more specific interests.

In addition to these fourteen members, certain addi-

tional members who received honorary life membership of the Branch Committee when it was still a recognised award, make themselves available to serve on the committee, and for this the branch is very grateful. This all results in a fairly good balance of youth and experience and is something for which we should probably continue to strive.

Last year we introduced the SMS system of nomination and voting and it worked very well because it is so much more efficient than the old postal system. We received far more nominations and votes than in the past and the entire process was completed in half the time at a third of the cost. In addition, members are assured of complete confidentiality.

The list of nominees will be sent to you on the 29th November 2013 and voting will close at noon on the 6th December 2013. We urge all members to make use of this opportunity to vote for the nominees that they feel best represent their professional interests.



SAAPI Year-end Message

By Tammy Chetty, President of SAAPI



2013, another eventful and successful year! Hopefully you have achieved all your aspirations and goals that were planned for this year.

The SAAPI Executive Committee has been beyond dedicated to meet the objectives for this year. Having been elected as President of SAAPI in October 2013, I can assure you that the newly elected EXCO is already very keen to add value to you in your area

of professional activity. We are excited about the SAAPI 2014 Conference that will be held on 22-23 May 2014 at the Sandton Convention Centre. But before I get too excited about 2014 already, here is an overview of SAAPI 2013 events.

The year kicked off on an excellent note – the Annual SA-API Conference in March 2013 that was attended by 250 delegates. A significant outcome was that the conference was a catalyst in the MCC being granted Observer Status to the European Pharmacopoeia, a process that was started many years ago. As an Observer, SA can participate in the scientific work of the EP Commission and its Expert Meetings as well as the development of a mutually-beneficial relationship and sharing of expertise on issues pertinent to the pharmaceutical and healthcare sector.

SAAPI held 7 CPD Workshops throughout the year – Basic Training on the requirements of being a Responsible Pharmacist, GMP Compliance training, Understanding and submitting of Bio studies (in Jhb and Cape Town) and Supplier Qualification – some of these were repeated to accommodate the demand from industry for such training.

SAAPI sponsored me to attend the FIP Conference in Dublin in September. Miranda Viljoen attended the first SACP



Tammy Chetty

Conference at Sun City in June.

SAAPI continues to enjoy representation on a number of other committees such as PSSA Southern Gauteng Branch Committee (Lynette Terblanche has been elected as Chairperson), Golden Mortar Editorial Board and SAPRAA Executive Committee. SAAPI is very involved with ITG (Industry Task Group) matters and the representatives are Miranda Viljoen, Lynette Ter-

blanche and Robyn Daniel.

SAAPI was invited to attend the meeting with the Registrar to explore the establishment of a Regulatory Science Institute for the SADC region.

SAAPI has been in collaboration with other sectors, namely Academia and the ICPA – a joint conference was held in October in Cape Town. The title of the conference was “Empowering Pharmacists for the Future” and was attended by 400 delegates.

In the second half of 2013, SAAPI launched the concept of a “Breakfast Club”, which is intended to be a discussion forum. A committee has been appointed and this committee has held two very successful meetings to establish how to take the project forward.

Sincere gratitude to the SAAPI Exco, a team that is so passionate and dedicated about the profession. Heartfelt thanks to you, the SAAPI members, for your loyal support and we endeavour to provide you with valuable services during 2014.

May 2014 be a year of excellence in all areas of our lives,

Yours in Pharmacy

Tammy

PROPOSED AMENDMENT TO THE PRICING OF MEDICINES

Interested persons are requested to submit comments on the proposed regulations within 3 months of publication of the Notice 1096 which appeared in the Government Gazette No. 37011 of 8 November 2013.

This amendment relates to the Single Exit price of medicines. Comments regarding the proposed amendment should be sent to the Director-General; National Department of Health, for the attention of: Director of Pharmaceutical Economic Evaluations Directorate, Room S2610, Civitas Building, Pretoria.





STIRRING THE POT

Looking forward to the New Year one could be anticipating changes in various fields.

It has been some time since the PSSA has changed its basic structure. The branches have been very effective in

giving all pharmacists an opportunity of belonging to the Society as well as a voice in the affairs of pharmacy.

Needless to say, as with most other things, technology has taken over much of the role of communication, making personal meetings almost unnecessary. Also, distance and time are no longer an issue when communicating.

The time is right for a PSSA constitutional change that would reduce the number of branches as well as the costs associated with the current system.

The borders defining the 13 branches should be investigated and redrawn. Some of the branches could surely be amalgamated, - as was the case many years back when the Boland branch joined with the Cape Western Province branch. An example of forward thinking and action.

Wouldn't it make sense to apply the above recommendation?

Politics across branches and financial compatibility/accommodation can be worked out and shouldn't stand in the way of progress anyway.



THE BERKEFELD WATER FILTER

By Ray Pogir, FPS
Curator of the National Pharmacy Museum

The Berkefeld water filter was part of the standard equipment in pharmacies from the early 1900's until pharmacists were satisfied with the quality of the water in the areas where they had their pharmacies.

The filter is named after Wilhelm Berkefeld, an engineer, who mined the material, Kieselguhr, now known as diatomaceous earth, from the Berkefeld Mine in Germany from about 1890. It is a soft solid material, 88% silica, composed of the fossilized skeletons of small prehistoric plants related to algae.

The diatoms are capable of absorbing 1½ to 4 times of their weight in water. It is a good bacterial filter and is said to have been used successfully to filter the water in Hamburg in the Cholera epidemic in 1892.

The filter in the photograph is from the collection in the museum. The outer ceramic casing with the tap contained a tubular filter of compressed Kieselguhr, also known as a filter 'candle', through which the water passed. The 'candle' needed to be washed regularly as it became choked with organic matter.

Replacements were also available.

Gravity feed Berkefeld Filters are still available in the UK and in Europe in a number of modern, elegant, styles and outer materials.





It's that time of the year again, when we need to thank and pay tribute to those who make The Golden Mortar a successful and widely read newsletter. Firstly, the members of the Southern Gauteng Branch of the PSSA, and all the affiliated Sectors, including community, hospital, institutional, production, and academic pharmacists, students and interns and those in community service, i.e. our readers - it is for your information that we continue to publish eight editions annually.

To make this process possible, the members of the Editorial Board meet regularly to propose and discuss content and review policy for future editions. Many articles are either written or sourced by them to ensure the interesting, informative and entertaining content which is our purpose. My thanks are deservedly extended to the Board members for their efforts.

The regular clinical articles contributed by Amayeza Information Centre, under the leadership of Lee Baker and Jacky van Schoor, fill the need for readers to be kept up-to-date with information about health conditions and their treatment. They deserve our gratitude for the research and effort made, while the more business-orientated articles by Hester Coetzee, on behalf of Complienz, are informative and encouraging to community pharmacy practitioners.

The financial support of the CPS Branch and our advertisers is also sincerely appreciated.

On behalf of the members of the Editorial Board, I wish all readers and their families a meaningful

festive season, enjoyable holidays, safe traveling, and best wishes for a happy, healthy and successful 2014.

Dave Sieff

Chairman

The Golden Mortar Editorial Board



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

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We welcome all contributions and as space permits, these will be published, abridged and edited if necessary.

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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

