The Golden Mortar

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

Edition 1/ February 2014

Medicine Shortages; a Complex Problem

If one listed the top ten things that concern local pharmacists, medicine shortages would certainly rank among them. Pharmacists in many other countries are also irritated by the same problem because shortages are not isolated to South Africa but are, in fact, a global phenomenon affecting most countries to about the same extent of around 10% of sales.

What becomes difficult of course is how to eliminate the problem. Unfortunately, there is no quick fix solution and even if we were able to solve a shortage problem, we would very likely end up aiding one stakeholder at the cost of another.

A further twist is that when a shortage occurs the reason tends nearly always to be complex and multifaceted and to have many possible causes. We use the word 'possible' here advisedly because, if each local shortage was to be properly solved, each 'possible' cause would need to be tested against the specific problem to find the real cause before any corrective action could be taken; a complicated and time consuming process.

Even if we happened to correctly identify a primary cause, there is little chance that we could do anything meaningful about it because the actual cause would likely be just too far away to have any real influence over it.

In spite of this, some countries have actually managed to reduce or avoid shortages by forming stakeholder groups to develop techniques to both predict shortages and install rapid alert systems. Working together as an industry these groups are able to plan a way around shortages, write and share SOP guidelines on substitution, rationing and patient alerts.

<u>The patient:</u>

It goes without saying that, however complex medicine shortages may become or wherever they arise, the central point of consideration should always be to maintain a supply for the patient. In reality, this is often not the case. Decisions are made every so often by people in the supply chain obligated to their employers to make business decisions, rather than decisions with regard to patient needs.

Even though the consequences of some of these decisions affect medicine supply and the patient, we should be cautious about casting blame too readily on those who make business decisions to protect their companies from the effects of ill-conceived laws that obstruct ones' ability to earn a reasonable profit or, in some cases, to maintain a viable business.

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On the one hand it takes a fairly straight forward decision to place a product, market it and maintain a presence in a country where it makes financial sense to do so. But, on the other hand, when debts spiral, costs increase and earnings are stifled there comes a point when, if you are to stay afloat, tough decisions have to be taken, like the de-listing of patient-popular yet unprofitable lines. The social dimensions and obligations of selling pharmaceutical products make some decisions very difficult indeed.

UNDERLYING CAUSES

Crusade to Reduce the Price of Medicines:

If we try to bring some clarity to the what, why and how of medicine shortages we find that, broadly speaking they can be divided into two categories.

1. Unpredictable type, which include natural disasters, raw material shortages, regulatory non-compliance and epidemics.
2. The second type are those of a Predictable nature and include product discontinuation, industry consolidation (mergers), limited manufacturing capacity, just-in-time inventories, deliberate price manipulation and patent expiry.

It is not possible to discuss all the why's and how's, albeit to say that if asked to identify one prime underlying cause, local or international, we would point a finger at governments whose quest it is to drive down the price of medicines without due regard to free market dynamics and our National Department of Health is a prime example of this.

At first glance one might well challenge this by saying that reducing the price of medicines is the right and proper thing to do. Maybe; but until the crusade is conducted in an orderly and logical manner, taking serious note of stakeholders concerns while actively listening to them, and until faults in the attendant legislation are appropriately amended things are not likely to improve down the line.

It is common cause that when a government tinkers with free market prices, however philanthropic the reason may be, long term negative knock-on effects follow. This is apparent in nearly every country around the world where the State has legislated medicine pricing. Three clearly over-worked culprits stand out here; legislated price reductions, reference pricing and payment delays. (Private or Public, voluntary or not).

The net knock-on impact of forced price reductions has far reaching effects on the availability of both generic and innovator medicines;

- Fewer new product introductions (long term impact).
- Product de-listings increase. (prices drop, profits drop, products are delisted = long term impact).
- Reduced profits across the board result in company failures, takeovers, mergers = fewer production facilities (long term impact).
- Product line rationalisations = fewer products (long term impact).
- Cash flows dry up and 'Just-in-Time' polices abound throughout the supply chain = patients' waiting time increases.
- Provider reimbursement delays (intentional or incompetence).
- Inadequate provider earnings (logistics, service provider and Pharmacist) via faulty Single Exit Pricing (SEP) system.

Take a look at what happened in Portugal in 2005 after the government forced medicine prices down, on average, to half the price in Germany, their large EU partner. The result was that Germany bought vast quantities of Portugal's medicines in a parallel trade agreement, dramatically depleting Portuguese medicine levels, worsening medicine access problems for Portuguese patients. Admittedly this is looking at the problem from another angle, but it's a good example of an unforeseen outcome of government intervention.

Other supply chain hardships due to price pressures:

As prices drop, costs rise, forcing local suppliers to look for ways to preserve profits. One common tactic to counter this is to reduce or remove the logistics fees paid to logistics service providers who, in turn, can absorb the shortfall by reducing stock holding levels or delist the offending product. This makes it difficult for providers like community pharmacies and the patient to gain ready access some products. Full-line wholesalers are often forced to stock unprofitable lines as they accept a social obligation to provide a 'one stop shop' service.

Community Pharmacy 'out of stocks':

In a once-off small survey (January 2014) using a number of local community pharmacies and wholesalers it was estimated that 60% of products that were out of stock were generic products, 40% originator and of the total 10% were oncology medicines. Interestingly, the wholesalers that were interviewed claimed that the current level of products out of stock was about 10%, similar to what it was 20 years ago. Surprisingly, 3% of products listed by community pharmacists as out of stock were delisted, some as far back as 2 years.

Note: When logistics service providers receive an order for an out of stock item it is recorded as a *lost* sale.

Conclusion:

Medicine shortages are a global problem and unfortunately there is no quick fix. Causes are multifaceted and complex. Along with this we need to remind ourselves that it is a patient focus that must be emphasized and addressed, not just the commercial, legal or political aspects.

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SEP legislation is one of the government's vehicles applied to reduce medicine prices. Unfortunately, legislation governing the SEP system has many inherent faults and loopholes. Many unscrupulous stakeholders take regular advantage of these to the financial detriment of other stakeholders.

Until these flaws are recognised and amended by, *inter alia,* the provision of appropriate SEPs as well as appropriate and regular increases, logistics fees and dispensing fees, we believe that shortages, in concert with a steady downward pressure on profits, will continue placing ever greater financial strain on manufacturers, logistic service providers and community pharmacists.

Solutions to these problems can be found, but they need to be driven by government *and* industry working sensibly together with the profession using coordinated industry groups.

Health Day Awareness

By Ray Pogir, FPS

What is the significance of Health Day Awareness to pharmacy?

We take pride in claiming that we are the "custodians of medicine for the nation". Does that mean that we are only concerned with the medicines we supply to people and not with their health? The answer is undoubtedly no!! Of course we are concerned with the health of our patients and not only with the medication which we provide.

The Department of Health has placed great emphasis on Health Day Awareness education. A national diary has been published for 2014 with a Health Day Awareness topic for almost every day of the year*. Each topic presents an opportunity for pharmacists to become involved in their own sphere of practice and to publicise Health Awareness.

It is not possible to use every one of the over 100 topics. It is only possible to choose those topics which are relevant to the area in which you practice.

The PSSA will be assisting by promoting a number of these days to members. It is an opportunity to demonstrate our concern for the health of the people whom we serve. It should also promote Pharmacy as an authoritative source of health information. The selected topics and guidelines will be circulated.

The challenge is for each pharmacist, no matter in which sphere of practice, to grasp this opportunity and to capitalize on the role that pharmacists can play in Health Day Awareness and to plan a programme of action.

*Diary available from the PSSA Southern Gauteng Office.

As a supplement to this Edition of The Golden Mortar we provide a copy of the Vaccine Schedules for South Africa for 2014 prepared by Amayeza Info Services.
While Health Awareness Days 2014 indicates that Human Papilloma Virus Vaccination Campaign is scheduled for 17 February to March 14 there is no reason why other vaccinations should not be promoted during this time, as well.

Sector Workshops

Continuing Professional Development activities at the Southern Gauteng Branch, whether Clinical or Business Related were classified as CPD until the end of September 2013. After that date Clinical CPD sessions are handled separately from the Business Related sessions, the latter now being termed Sector Workshops.

On 31 October 2013 the first Sector Workshop was held at which the subject was "How to be the "Responsible" in Responsible Pharmacist" presented by Ms. Leneri du Toit, B. Pharm, Regulatory Affairs Consultant. This session was a co-operative Workshop supported by SAAPI, CPS SG Branch and the PSSA Southern Gauteng. The workshop was well attended, by pharmacists from all Sectors of the PSSA.

Positive comments made by many attendees regarding the presentation are appreciated.

Cecil Abramson reminisces

Cecil Abramson has been a stalwart of this Branch of the PSSA for over 50 years. He and his wife, Zelia have recently decided to emigrate to Israel to be nearer their children and grandchildren. We asked Cecil to provide us with a few of the highlights during these 50 years of membership during which he served the Branch and the Society with distinction.

Having qualified as a pharmacist at the end of 1962 I joined the Society the following year. After all, what choice did I have, given that my future father-in-law, Louis Boner, was one of the executives of the PSSA Southern Transvaal Branch and I needed to find an after-hours job to keep me occupied while my future wife, Zelia, was still at Rhodes doing her final year of study.

The Society ran several after-hours pharmacies where I could find work. In fact, besides being able to earn money, I gained valuable community pharmacy experience – my day job was and has always been in pharmaceutical industry.

I was the first person in South Africa to do an apprenticeship (as it was called then) in Industry; and although my "master" spent time explaining "retail pharmacy" (as it was known then) and hospital pharmacy to me; in addition to the fact that I assisted my father in his pharmacy on Saturdays, the experience gained at the Society's Emergency Depot was invaluable.

In the 60s and 70s I was not a "committee" person; too busy getting married and starting a family. But, sooner or later it had to happen. The seniors of those days, probably knowing that young blood was needed, persuaded me to join the committee.

My first National Conference was at Bloemfontein in 1984. Wow what an experience! To stand up in such a distinguished forum and debate, present, argue. Wow! Pharmacists being honoured with Fellowships, Honorary Life Memberships etc. The nominations, voting, the competition between branches! The presence of the Minister of Health and other dignitaries. Wow! All in all very inspirational. This was something to which I wanted to aspire.

Eventually it was the Southern Transvaal Branch's turn to host the PSSA National Conference. I volunteered to work on the committee which was another memorable experience. Hard work, but very uplifting.

Then in 1989 I was elected Chairman of our Branch. This too opened doors that allowed me to learn and understand the politics and administration of organised pharmacy. For example, as Chairman I attended CPS meetings and gained a whole lot of new perspectives. I remember one or two community pharmacists who were not happy that a manufacturer was privy to all the information at a CPS meeting, but I hope that, in this enlightened age, things have changed.

Gary Kohn and I joined the PSSA Southern Transvaal Branch Committee at more or less the same time and were elected to the Chair in successive years. We were also elected to the position of President of the Society in successive terms. It was, in fact most unusual to have both the President and the Vice President of the PSSA from the same Branch for successive two year terms each.
In 1994, when I was elected President of the PSSA and I decided to become an affiliate member of all four Sectors. This was another learning experience for which I will be eternally grateful.

My first year as President was particularly difficult. Mr. Boet van der Merwe had just retired as the Executive Director and Mr. Ivan Kotze was new to the office. The two of us had to learn quickly. In addition MediKredit had just been sold and a steady flow of income was no longer available to the Society. Finances were difficult to say the least and consequently I was interested to see how the Society would grow.

When it was agreed among the various sectors of pharmacy to form an "umbrella" organisation, believing that strength lay in unity, it fell to just a few of us to get together to write a new all embracing National Constitution for the PSSA.

During my 50 years as an active member of the Branch several honours have been bestowed on me for which I am most grateful and appreciative. I will always fondly remember the functions at which I received this recognition and I will continue to follow the events and activities of the PSSA and the Southern Gauteng Branch in particular, with avid interest despite being out of the country.

There are two honours for which I am particularly grateful. The first was to be made a Fellow of the Pharmaceutical Society of South Africa and the second was being awarded Honorary Life Membership of the Society. These awards mean that you and the contributions that you have made have been recognised by your peers and that really makes one feel proud. The Society and the Branch have really been good to me and I appreciate the opportunities that I was given. I am grateful that I also had the opportunity to give something back.

WITS UNIVERSITY PHARMACY STUDENTS VISIT THE NATIONAL PHARMACY MUSEUM

PHARMACY—~~YOUR~~ OUR FUTURE

Arriving at the PSSA, the majority of students were left clueless as to what to expect. Some students had never understood the role of the PSSA prior to this visit. Even though their vision was clear – *To be the guardian of the pharmacy profession*- we were lacking in knowledge of the finer details of this society. It is Socrates who said that *"The only true wisdom is in knowing that you know nothing"* and for this reason, we are grateful for visiting the PSSA.

We were briefed by Mr. Doug Gordon on this all-encompassing society in the magnificent auditorium and further introduced to an educational video clip of industrial pharmacy. This was something we were thankful for because it allowed us to be pioneered into a research-based pharmacy sector.

Once we were re-energised (the scones were delicious, thank you!), we were taken on a tour of the incredible pharmacy museum. This museum holds artefacts from the preceding ages of Pharmacy. Mention should be made to Mr. Ray Pogir. It is heart-warming to witness an individual who has dedicated such pride into our profession. I encourage all Pharmacy students to visit the pharmacy museum.

Pharmacy is a dynamic profession and representation such as the PSSA assists and entitles us to being a fundamental structure in our healthcare system but also encourages competency, commitment and skills from Pharmacists.

We walked away from this visit knowing a lot more about the PSSA and its offices, their active involvement in our profession and why we should be proud to be affiliated to a motivated society such as the Pharmaceutical Society of South Africa.

Mehreen Khoie

Ray's dedication and respect for pharmacy is something to aspire to. To have met him is an honor.

Pholile

It was an awesome experience seeing the importance of continuing the legacy of being *"great pharmacists"* and where it all started. We LOVE the PSSA, it's doing a great job by protecting us as Pharmacist.

Tebogo and Eloff

"Pharmacists are perfectionists by nature" (Ray Pogir)
An earnest thank you for a glimpse into the past. We can now walk forward with confidence into the future.

Amanda, Phumi & Rahab

The knowledge given inspired us to be incredible pharmacists and to take pharmacy to the next level. The curator was the coolest pharmacist we've ever met. We hope to be as passionate as him someday. The video was interesting too but the scones and coffee were the best!

Nicolene, Safiyyah & Rookaya

On behalf of the Department of Pharmacy and Pharmacology, at the University of the Witwatersrand, I would like to thank Doug, Ray and Neville for allowing our fourth year pharmacy students to visit the South Gauteng Branch of the PSSA and sharing their passion for the pharmacy profession. We appreciate the continued support and willingness of the branch to assist the department and students wherever possible.

Deanne Johnston (Lecturer)

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WITS UNIVERSITY PHARMACY STUDENTS VISIT THE NATIONAL PHARMACY MUSEUM

ANTIBIOTICS: WHAT, WHERE AND WHEN?

By Dave Sieff

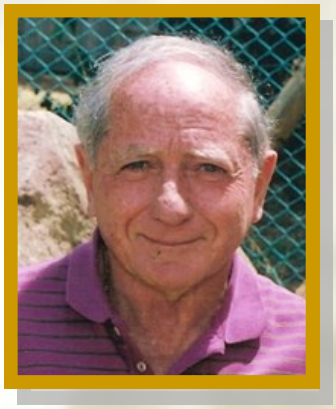
A recent CPD presentation by Dr. Jennifer Coetzee, a clinical microbiologist, drew a large audience of pharmacists, who enjoyed an informative talk on the always topical subject of "Antibiotics: What, Where and When?"

She began with a case study to illustrate the inappropriate use of antibiotics, which are either unnecessary or suboptimal, and are not harmless medicines, and can result in "collateral damage" such as other infections. These could be resistant or invasive, or significant side-effects, drug interactions, hypersensitivity reactions, etc.; her view is that "The more you use it, the quicker you lose it!"

An explanation of these factors followed, including optimal selection for treatment to achieve the best clinical outcome, using the most potent drug in the appropriate dose and the correct duration.

She then listed the major bacterial pathogens and the spectrum of action of common agents used in their treatment – i.e. "Know thy bugs, know thy drugs!" – and illustrated these with comparative graphs and statistics; the importance of dose reduction or tailoring of agents after pathology cultures become available, was emphasized, in the overall context of "Antibiotic Stewardship."

Dr Coetzee then concluded her interesting presentation by answering questions from the floor. The session ended with thanks to her and the sponsors of the evening, Pharmed Pharmaceuticals (Pty) Ltd.



In Memory of Dave Pleaner

Dip Pharm, FPS

The Southern Gauteng Branch Committee members noted with sadness, at their meeting on 16th January 2014, the death of an Honorary Life member of the Branch, Mr. David Pleaner, who had joined the Pharmaceutical Society of SA in 1951 after qualifying the previous year.

Dave served the Southern Gauteng Branches of the PSSA and the CPS with distinction over many years. The Branch Committee has expressed condolences to his wife, Renee, and family.

David Pleaner was born in Potgietersrus in 1929 and after qualifying as a pharmacist in 1950 he established his professional career as a community pharmacist on the East Rand.

Many members will remember Dave as the Executive Director of the CPS during the period 1987 to 2004.
On learning of the passing of Dave Pleaner a number of members, particularly those who had a close association with him sent the following e-mails to the Branch.

It is with sadness that I heard of the passing of Dave. As Pharmacists of the older generation we often met and debated about our profession. The welfare of the members of the sector that he served for so long was always his concern and he did much to promote their cause.
Condolences to Renee and the family.
Ray Pogir

On many occasions over the years, I and colleagues on various committees and on the Board of The Golden Mortar have recalled his influence on policies and protocols and events in the world of organised pharmacy, and we all had great respect for him and his wisdom. We cherish fond memories of our association with him, and mourn his loss, together with Renee and his family, and ask you to convey our sincere condolences to them.
Rita and Dave Sieff

Dave Pleaner was a thoughtful, considerate, gentle-man, and a fine ambassador for our profession. He worked hard to 'make a difference' and improve the professional role and public perceptions of the pharmacist and strove tirelessly for a professional association that would unite pharmacists in one umbrella body under one constitution. It was always a pleasure to work with David. My sincere condolences go to Renee and to his family on his passing.
Dave Boyce

I worked with David for many years and had immense respect for all he did for pharmacy. He was also a gentleman through and through. He will be fondly remembered. My sincere condolences to his family.
Geraldine Bartlett

No matter your age DP had time to talk Pharmacy with you. As a young Branch Chairman I often sought his opinion and wise council.
James Meakings

I am deeply saddened to hear of the passing of my friend and mentor David Pleaner. I met David in 1975 while working in Benoni and remained under his wing up to his retirement, as the Executive Director of CPS. I have many a time referred to the standards set by him.
My sincere condolences to Renee and the family.
Pep Manolas

It is abundantly clear from these messages from members who knew Dave well and had worked with him that he was someone special who will be greatly missed.

A little something about big changes to the Medicines Act which affect the health products or complementary medicines industry.

by Allison Vienings, MPS

In February 2002 the Medicines Control Council published a call-up Notice for complementary medicines which was intended as an audit of what was happening out in the market place. The call-up Notice was legally flawed and the Council furthermore never closed the call-up after the 6 month period stipulated in Section 14(3)(a) of the Medicines and Related Substances Act. This led to a deluge of applications for complementary medicines being launched between February 2002 and November 2013 which hit us and the medicines regulator like a tsunami. A visit to the health products section of any of the large retail stores says it all – the choice of products for slimming, joint pain, energy, immune boosting and much more is endless and to say the least ……. overwhelming.

In November 2013 amendments to the general Regulations pertaining to the Medicines Act that call for the regulatory control of all complementary or alternative medicines were published. These amendments include the definition of a complementary medicine, made provision for Category D for complementary medicines (as opposed to Category A for all other medicines) and enabled the regulation of complementary medicines. All applicants for complementary medicines must apply to be licensed in terms of the Pharmacy Act and Medicines and Related Substances Act. These companies will have to appoint Responsible Pharmacists in terms of the Pharmacy Act.

The Regulations stipulate timelines by which applicants must submit comprehensive applications for registration of their products. The applications must comply with the Guidelines for Quality, Safety and Efficacy of Complementary Medicines. Products must be manufactured in manufacturing facilities that comply with cGMP (current Good Manufacturing Practice).

Products making claims for HIV and AIDS, diabetes, hypertension and cancer are regarded as high risk and are subject to call-up by May 2014. Applicants for these products will have to provide clinical data in support of safety and efficacy.

The following products are also regarded as high risk and are subject to call-up within 24 months of the publication of the Regulations i.e. November 2016:

- Slimming/weight reduction
- Adult entertainment or sexual stimulants (so-called lifestyle products)

Next are the following products for which applications must be submitted within 30 months of the publication of the Regulations i.e. May 2017:

- Immune boosters
- Medicines acting on the muscular system
- Sports supplements containing in excess of the identified upper limit of vitamins and/or mineral

Products in the remaining pharmacological classifications have until 2019 to comply. Applicants who are not able to comply with the stipulated requirements within the stipulated timelines will have to withdraw their products from the market.

There was an element of surprise in the Regulations. Vitamins and minerals, amino acids, probiotics and products containing any ingredients that appear in the Schedules have been classified as Category A medicines which were called up prior to the 2002 call-up Notice for complementary medicines. The industry has been told by the medicines regulator that any such products which was launched as a complementary medicine is an illegal medicine in terms of Regulation 14(1) of the Medicines and Related Substances Act (Prohibition of the sale of medicines which are subject to registration and are not registered) and must be withdrawn from the market with immediate effect.

Other unregistered misbranded medicines which have been identified are:

- Antacids containing aluminium and magnesium hydroxide, calcium carbonate and simethicone
- Oral rehydration preparations
- Enzymes
- Silver containing products
- Hormones e.g. testosterone, progesterone, DHEA
- L-trytophan including 5-HTP
- Deanol
- DMEA
- Melatonin
- Glucosamine for arthritis
- Silymarin (as contained in Milk thistle)
- Phenylephrine (as contained in *Citrus aurantium* or Bitter orange)

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…./changes to Medicine Act continued

Amendments to the Schedules were published dated 11 February 2014 have been published. I suggest you obtain a copy of these Schedules.

Other important changes have been brought about by amendments to Regulations 8, 9 and 10. In terms of the provisions of these Regulations all medicines falling in Category D must comply with the labelling, package insert and PIL requirements. All complementary medicines not yet called up for evaluation by the Medicines Control Council must comply with the labelling requirements within 6 months from the date of the Gazette publication. This implies that the label of each complementary medicine shall be written in English and at least one other official language and state on the product label:

- the category of medicine
- the pharmacological classification of the medicine
- the discipline of medicine e.g. Homeopathic, Unani Tibb, Ayuverdic, Western herbal, Aromatherapy, etc.
- the words "This medicine has not been evaluated by the Medicines Control Council. This medicine is not intended to diagnose, treat, cure or prevent any disease"
- no other information not called for by Regulation 8 except when Council has authorised the inclusion of any such additional information

Unfortunately it has been practically impossible to ensure full implementation of these requirements before 15 February 2014 as lead times and standard operating procedures in many of the companies has presented companies with a real challenge. Most companies have applied for an exemption to the deadline date.

A question that I am often asked by pharmacists is how they can tell whether a product is registered or not. In terms of the labelling, package insert and patient information leaflet (PIL) Regulations 8, 9 and 10 respectively, the label, package insert and PIL must include a registration number in the case of a registered medicine or in the case of an 'old medicine' a reference number followed by Act 101/1965. These numbers are allocated by the Medicines Regulatory Authority. For example:

- A registered medicine *25/1.4.1/3456* where 1.4.1 indicates the pharmacological classification for sedative hypnotics
- An 'old medicine' or a product in response to a call-up Notice but not yet evaluated by the Council *U3456 (Act 101/1965)*. 'U' numbers were allocated to homeopathic products.

Pharmacists are reminded that in terms of Section 29(b) of the Medicines and Related Substances Act it is an offence to sell an unregistered medicine. The penalty as per Regulation 42 is a fine or imprisonment for a period not exceeding 10 years!

These are challenging times for companies selling complementary medicines and pharmacists could lose turnover due to products being withdrawn from the market.

I have thrown a bit of legislation at you but hopefully it will encourage you to dust off your copies of the Medicines and Related Substances Act and familiarise yourselves with what pharmaceutical companies are subjected to on a never ending basis.

A fellow pharmacist - Allison Vienings

WOTALOTIGOT

By Hester Coetzee

It is the beginning of the year 2014, and already I feel overwhelmed. Nobody is supposed to feel this way early in a new year. Where will I begin?

It starts in December. For me December is nothing but a rush. I usually have lists and lists of things to do. I rush to finish all my unfinished projects. I hate filing, and to my embarrassment, I leave the whole year's filing for these two weeks. I rush to get everything nice and neat at the office. The same has to happen at home. This is all to start with a clean slate in the New Year. And then we leave for our well-deserved rest at the seaside. Besides all the New Year's resolutions, the New Year fortunately brings new hope. Well, I HAD new hope for 2014. But somehow I feel discouraged, overwhelmed, yes, so early in the New Year.

As always, in the New Year, I start to revise what I do. For the past 10 years I've been developing drug-interaction software. It is software to help pharmacists make sense of the endless number of drugs available on the market. Before Complienz I owned my own community pharmacy. It all started because I wanted to emigrate. My husband, with no interest in this new idea of mine, told me to first write the FPGEE (Foreign Pharmacy Graduate Equivalency Examination) in the States – THEN we could discuss the idea. So I started to study. What a surprise I got! I always thought of myself as a good and competent pharmacist, but the more I studied, the more I realized that I forgot many things that I thought I knew, but even more surprisingly – there were so many things that I simply had no recollection of!

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So many things were completely new to me. What came to mind so often was the realisation that I was actually a danger to my clients. I was not such a bright pharmacist after all! The thought scared me and I felt scared for my clients who had implicit faith and trust in me.

I studied. I had to learn LOTS of new things (to my dismay). I successfully completed the exam. But my husband never really wanted to discuss the idea of emigration. We were too deeply rooted here in South Africa. Instead, he asked me to develop drug interaction-software for the RxWIN dispensing software. Remember – at that time I was feeling quite 'clever' after studying for the FPGEE! It was quite a mission, because software had to be developed in which to save the drug-interaction information. Then we needed other software to convert this information into existing dispensing software. Then we needed to develop how to display the information in the dispensing systems.

My mission is to make the life of the pharmacist easier by providing him with ready access to information while dispensing. Label directions. Warnings. Food interactions. Drug-to-profile interactions and also drug-to-drug interactions. Because pharmacists make use of pharmacist assistants, Complienz is indispensable. I want safe medicine for all the people of South Africa. I really love what I do. I love to seek solutions to problems.

So where did this feeling of downheartedness start? I like to watch Dr. G on TV. My one son even bought me her book 'How not to die' because I like the program so much. The other night, on her show, she performed an autopsy on a ten year old boy who, they discovered, had died because of a mistake the local pharmacist made. He was totally devastated to the extent that he sold his pharmacy. That is where my current state of mind started. With Dr. G. medical Examiner and the dead boy.

As I've explained, at the beginning of every year, I start to revise information in my software. Believe me – this year, I feel like a chameleon on a Smartie box. Complete with the wotalotigot-feeling. This explains exactly how I feel: wotalotigot. Both the advances and the changes in medicine make things extremely difficult. So today, while attending to all the changes and updating, I was wondering how on earth we, as pharmacists, are supposed to know and remember all the information on all the drugs, especially as the amount of information released is so much. It is really very difficult to be responsible for a patient's safety in these changing circumstances!

While investigating the possibility of discussing case reports on Serotonin Syndrome, I came across a case of an eighty year old man with a history of depression who was admitted to hospital and during his stay in the ICU, his medications were reviewed. They discontinued his fluoxetine, which he'd taken for depression for almost ten years. A few days later he started taking 20 mg of paroxetine daily. Within twenty four hours of starting the paroxetine, he was found to be confused and agitated with periods of unresponsiveness. Vital signs revealed a temperature of 38.5°C and a pulse of 115 beats per minute. A neurological examination revealed myoclonus in all limbs with any stimulation. Serotonin syndrome was diagnosed.

Why did this happen? Both fluoxetine and paroxetine are SSRI's with risks of developing Serotonin Syndrome. He had been taking fluoxetine for ten years. Why would a *simple* change from one SSRI to another SSRI suddenly cause Serotonin Syndrome? Why would this happen? These drugs are metabolized by different enzymes. They inhibit different enzymes. I thought I knew all the reasons why Serotonin Syndrome could occur, but then I found the most plausible answer in the Complienz program - something that I had completely forgotten about: "Remember the possibility of Serotonin Syndrome when changing from one SSRI to another as some SSRIs may have a long half-life. Monitor the patient closely and warn the patient. Consider the *long* half-life of FLUOXETINE (and metabolite norfluoxetine) when *starting or stopping* fluoxetine treatment." It is as though this patient took both SSRIs. Once again medicine, as a whole, got the better of me. The conclusion I came to is that I dare not rely on my memory alone - I also need my computer!

A good night's sleep does wonders. It brings new hope. Things always seem different in the morning. On a wotalotigot-day my friend Johan Bothma said to me: "Accept the fact that this project will never be finished." That is exactly what I'm going to do. I will accept that. Fortunately there are 364 other new beginnings every year. So, what I'll do, is sleep well tonight, take a deep breath in the morning, and start all over again. I will keep on seeking ways to bring important information to the attention of my colleagues, while they attend to their clients. We are pharmacists for no other reason than to help people and protect them when taking medicine. I'll simply try to do the best I can, - no one can expect more than that.

Cubeb (*Piper cubeba*)

By Ray Pogir FPS—Curator, National Pharmacy Museum

The photographs below relate to two drug jars from the museum collection bearing the label "CVBEB".

Cubeb Drug Jars (Note 18th Century spelling of CVBEB)

British Antique Dealer's Stamp (More than 100 yrs old)

Inscription

The jars are certified by a stamp from the British Antique Dealers Association as being over 100 years old. An inscription on the bottom of the base of the jars reads "Italian Chemist Vase (Alberello Drug Pot) painted in underglaze blue. Landscape, Castelli, about 1700."

The scene is of 2 apothecaries assisted by 2 women gathering herbs, with the Castle in the background.

Majolica ceramics produced by local artists from this area were at their pinnacle from the 16th to the 18th centuries. Their dinnerware was a favourite of the Russian Tsars.

One of the most valued collections of Castelli ceramic is now housed in the Winter Palace of the Hermitage State Museum in St. Petersburg, Russia. (Source: Wikipedia)

Cubeb is described in the British Pharmacopoeia (1923) as Cubebae Fructus, the dried unripe fruit of the plant *Piper cubeba.* The fruits consist of dried berries similar in appearance to black peppers but have stalks attached which are described as "tails".

The photographs below are of samples of Cubeb from our Pharmacognosy collection. The dispensary bottle, Tincture Cubeb and the Cubeb Jar are also on display in the museum.

Cubeb dispensary bottles from the Museum

Dried Cubeb berries from the Museum's Pharmacognosy collection

The extracts of the Cubeb berries have been used for many centuries in the treatment of urethral discharge caused by gonorrhea and other infections. Records of drug prices in the year 596 list the price of Cubeb as being equal to that of Opium and Amber.

Branch Committee Elections and the Annual General Meeting

Branch Elections

It was decided to proceed with the call for nominations and for the election process to take place earlier this year in order to provide more time for a new Branch Committee to achieve its objectives for the year.

Consequently, nominations were called for in November 2013 and elections completed before the end of last year. This enabled the new committee to hold its first meeting on the 16th January 2014 at which elections/ appointments were dealt with and resulted in the following members holding office for the year.
Branch Chairman - Mrs. Lynette Terblanche
Vice-Chairman - Mr. Charles Cawood
Treasurer - Mr. James Meakings

The elected members to the committee in addition to the above three are;

- Mrs. Geraldine Bartlett
- Ms. Bronwyn Lotz
- Mrs. Vivienne Clack

Members appointed to represent Sectors are;

- Mr. Richard Barry - CPS
- Mr. Tshifhiwa Rabali - CPS
- Prof. Paul Danckwerts - Academy
- Mrs. Deanne Johnston - Academy
- Mr. Walter Mbatha - SAAPI
- Mrs. Lynette Terblanche - SAAPI
- Mr. Pieter van der Merwe - SAAHIP
- Ms. Bronwyn Lotz - SAAHIP

In addition to these members we have five Honorary Life Members of the Branch Committee who regularly attend meetings of the Committee namely, Mr. David Boyce, Mr. David Sieff, Mr. Cecil Abramson, Mr. Ray Pogir and Mr. Gary Kohn.

The three members appointed to represent the Branch on the National Executive Committee are Mrs. Lynette Terblanche, Mr. Charles Cawood and Mr. James Meakings but these appointments only take effect after the PSSA AGM in May.

After the adoption of the new Branch Constitution in April 2012 members are no longer elected to the Business Committee but are appointed for their specific experience and expertise by both the Branch Committee and members of the Business Committee itself. The result of these appointments this year is as follows;

- Mr. David Boyce
- Mr. James Meakings
- Mrs. Lynette Terblanche
- Mrs. Geraldine Bartlett
- Mr. Raymond Pogir
- Prof. Johan van der Walt
- Mrs. Monique Cronje
- Mr. Walter Mbatha

Branch Annual General Meeting

The AGM of the Branch was held on the 27th January 2014. The meeting was very efficiently chaired by the newly re-elected chairman, Mrs Lynette Terblanche and our guest speaker was Ms. Elsabe Klinck, an attorney, who made a presentation on the possible impact that the requirements of Protection of Personal Information Act (POPI) will have on pharmacists. This was a very interesting and enlightening presentation and the introduction of this Act is probably something to which the Society or CPS in particular should be paying attention.

The Chairman of the Editorial Board is David Sieff and the members are Cecil Abramson, 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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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