

The Golden Mortar



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

Edition 5/July 2014

Important information regarding Pharmacy Week inside. Don't miss out!



The future of antibiotics in your hands

Stephani Schmidt—Amayeza Info Centre

Since the discovery of penicillin by Scottish scientist Alexander Fleming in 1928, the first use of antibiotics in the 1940's transformed medical care and the success of antibiotics is among modern medicine's great achievements. Antibiotics have saved countless lives and prevented serious complications of many feared infectious diseases. However, widespread antibiotic use has also contributed to the very concerning modern-day problem of antibiotic resistance.

A Global surveillance report by the World Health Organization indicated that: "antibiotic resistance is no longer a prediction for the future; it is happening right now, across the world and that without urgent, coordinated action, the world is heading towards a post-antibiotic era."

Not only will the success of organ transplantation, cancer chemotherapy and major surgery be compromised, but common infections and minor injuries, which have been treatable for decades, will become life-threatening again.

The term antibiotic resistance refers in particular to

the resistance to antibiotics that occurs in common bacteria that cause infections and it defines the ability of bacteria to withstand the attack by antibiotics that would normally kill the infecting bacteria or limit their growth.

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Current problems with antibiotic resistance are predominantly being detected in the following organisms: MRSA (Methicillin-resistant *Staphylococcus aureus*), VRE (Vancomycin-resistant *Enterococci*), food-borne bacteria such as *E. coli*, *Salmonella*, and *Campylobacter* that cause diarrhoea and gastroenteritis and in diseases such as gonorrhoea, pneumonia and tuberculosis.

Reasons for resistance

Even though antibiotic resistance can develop naturally, the following can accelerate the appearance and spread of antibiotic resistance:

1. Empiric use - when incomplete information is used to diagnose and treat a possible bacterial infection i.e. the causative organism is not identified
2. Inappropriate use - i.e. when antibiotics are prescribed to placate an insistent patient who has a viral infection (e.g. a common cold, most sore throats, and the flu)
3. Inappropriate selection – when a broad-spectrum antibiotic is used in cases where a narrow-spectrum agent would have been more suitable
4. Poor infection prevention and control practices in healthcare and community settings
5. The overuse and misuse of antimicrobial drugs in animals and in agricultural settings

Implications of resistance

Hard-to-treat illness, caused by antibiotic-resistant bacteria, can be passed on to family members, schoolmates, and co-workers, threatening the community with a new strain of infectious disease that is more difficult and more expensive to treat. Patients with infections caused by drug-resistant bacteria may fail to respond to standard treatment resulting in prolonged illness, higher health care expenditures, and a greater risk of death.

Guidelines for healthcare professionals to help prevent antibiotic resistance

Healthcare professionals should prescribe and dispense appropriate antibiotics only when they are truly needed, considering the following:

- Choose antibiotics that are likely to target the bacteria, using the antibiotic which has the narrowest spectrum of antibacterial activity appropriate to the infection
- Use first-line antibiotics first
- Use the appropriate dose
- Ensure the appropriate duration of treatment

- Reserve broad spectrum antibiotics for indicated conditions only

Guidelines for patients to help prevent antibiotic resistance

These guidelines will help patients to obtain the optimum benefit and also help to reduce the risk of antibiotic resistance:

Do's

- Use antibiotics only when prescribed by a healthcare professional
- Take the antibiotic exactly as the healthcare provider tells you, don't skip doses
- Complete the full course, even if you feel better
- Adopt a healthy lifestyle, e.g. hand washing, and other good hygiene methods

Don't

- Take an antibiotic for a viral infection like a cold or the flu
- Pressure your doctor to prescribe antibiotics if he or she determined that you do not have a bacterial infection
- Share or take medicine that was prescribed for someone else
- Save your antibiotics for the next time you get sick
- Use leftover prescriptions

Conclusion

Antibiotic resistance is a reality, where almost every type of bacteria has become stronger and less responsive to antibiotic treatment. Together with the fact that fewer new antibiotics are being developed, it will become increasingly difficult to treat infections.

References

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PHARMACY WEEK 2014

Theme - Use antibiotics wisely

Pharmacy week 2014 will be held from the 1st to the 8th September and once again it provides all pharmacists with a valuable opportunity to promote the profession to the public in a very positive way. However, it does require the participation of all of us in order to be successful.

This year the specific topic for promotion, under the overall, ongoing theme of *Towards Quality Care Together* is "Use antibiotics wisely"

There is a considerable lack of understanding among the public regarding the appropriate use of antibiotics and this topic allows pharmacists to address the matter directly with patients in an effort to ensure that they know and understand more about the medicines that are prescribed and dispensed for them. They need to know for example the difference between bacterial and viral infections and the dangers posed by resistance to antibiotics. Who better to impart that knowledge than the pharmacist? You are the source of valuable information in terms of the above and you can assist the patient tremendously in improving their knowledge and consequently place them in a better position to make informed choices.

To support you in this, the PSSA embraced 2D barcode technology last year and developed a rather novel approach of disseminating the relevant information this year. It is quick, efficient and cost effective.

Together with TrustaTag we developed a system that relies on 2D barcoding to provide direct access to this information via a smart phone or i-pad not only to pharmacists, but with your help and support, to your patients as well.

2D barcodes are accessible by anyone with a smart phone, i-phone or feature phone with a camera and data access facility. All that is required is to download the free application from <http://trustatag.mobi> and you have access to the 2D barcodes simply by scanning the Tag itself, selecting the language of your choice and waiting for the data to appear on your screen. Note that most of the newer devices come preloaded with Tag scanner software.

We have developed Tags for Pharmacy Week 2014, examples of which appear below. They are accessible individually simply by scanning them with your smart phone or other device.

In addition to this we will create individual Tags for the Pharmacy Week poster and flyer being developed by the Department of Health and these will be made available

to you as soon as possible.

Having made the basic information available in this manner, it is important for pharmacists to develop their own creative ways of conveying this information to their patients.

This may include providing assistance/information with regard to downloading the TrustaTag application as described above, printing the 2D barcodes on your stationery, stickers, labels, etc. thereby providing patients with the means of direct access to the Tag of their choice.

Note: The minimum size of the printed Tag for scanning from a distance of 10 -15cm is 17mm square.

Your promotion could make use of the poster and/or the flyers. These can be downloaded and printed for display in your pharmacy/dispensary and the flyers used as handouts.

In the event that you may wish to print the poster or the flyer we suggest that you access the SAPC website www.sapc.za.org and download the print-ready artwork from that source to ensure the print quality.

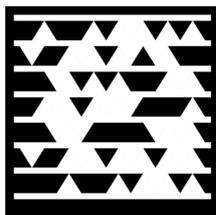
To encourage your participation in Pharmacy Week the PSSA is offering the following prizes;

1. R10 000.00 for a member of the public who completes and submits an entry form.
2. A Martindale for the pharmacist who provided the winning entry form above.
3. R5 000.00 for the student group judged to have conducted the best social responsibility activity during Pharmacy Week.

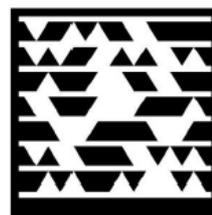
Entries may be e-mailed to pssa@pharmail.co.za or faxed to 012 470 9556.

Further details will be provided in the PSSA e-newsletter in due course.

This is a wonderful opportunity, with a little imagination on your part, to promote great customer relations with your patients. Good luck!



Use antibiotics
wisely



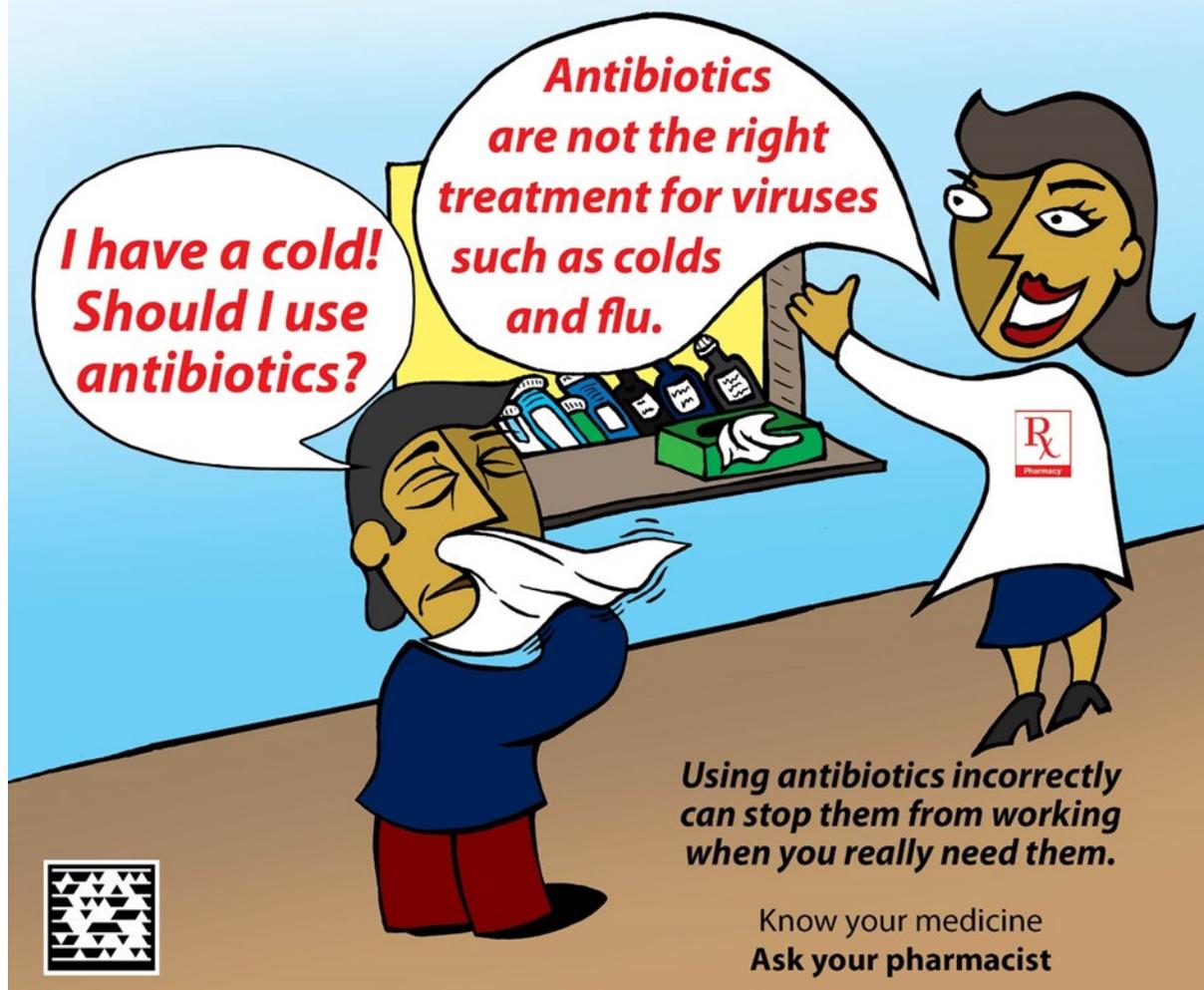
Ask your
Pharmacist



PHARMACY

Towards quality care together

Use antibiotics wisely



Change of Telephone Number:

A change has been made to the Southern Gauteng Branch of the PSSA telephone exchange to make access to Branch personnel / departments easier and more efficient. To access the Southern Gauteng Branch offices dial 011 442 3615. To access Conferencing dial 011 442 3601. Should you dial Conferencing's number mistakenly and you require the Branch Offices they should be able to redirect the call to the Southern Gauteng Branch Office.





Support Pharmacy Week 2014

By Gary Kohn, FPS

Know your medicine. Ask your Pharmacist.

Pharmacists once again, individually and collectively have an opportunity to promote the profession of Pharmacy during Pharmacy Week; the value that they contribute to their communities and nationally. The pharmacy remains a cost effective way for patients to ask for medicine advice and for them to obtain treatment for minor self-limiting ailments. In addition a Pharmacist's referral of a patient to a medical practitioner, remains an important role of the pharmacist.

Counselling of patients on their medications on their prescriptions is of great value to assist in medicine compliance by the patient.

The PCDT pharmacist adds to the value of pharmacy practice in playing a greater role in primary health care. Assessing a patient with a bacterial or viral infection also becomes part of the differential diagnosis training undergone by the PCDT pharmacist. The diagnosis involves feeling the glands in the neck and throat, examining the ears and throat and assessing fever and temperature and other symptoms.

Often the patients present with viral infections or nasal congestion and/or a post nasal drip. These do not require antibiotic therapy and are often treated symptomatically. Research has proven that most self-limiting symptoms can be treated for five days successfully. Should symptoms persist the patient

can be referred to a medical practitioner.

As pharmacists, we are aware that the current overuse and indiscriminate use of antibiotics results in antibiotic resistant bacteria and the development of 'superbugs' and super infections.

Side effects resulting from antibiotic therapy can result in damage to kidneys and liver, as examples. Patients need to be cautioned in this regard.

Patients visiting pharmacies frequently demand antibiotics for "flu" or "tonsils" or ailments not requiring antibiotics, their requests should not be entertained. Patient counselling when dispensing antibiotics is crucial to ensure compliance, including advice on completion of the course, possible drug interactions and whether to be taken before, with or after meals. Recording of allergies related to antibiotic therapy, on the patients profile becomes crucial in preventing anaphylaxis.

The use and new dosage method of probiotics should also be explained.

Your pharmacy could consider to contact patients by personalised email, SMS - messaging, social media or with a weekly newsletters, or explain the benefit of downloading the Pharmacy Week tag found on the Pharmacy Week poster.

Gondolas and window displays and posters and pamphlets can help to get the message across.

I wish you and your staff a successful Pharmacy Week in your pharmacy.

SAAPI Chairman writes:

Unless a concerted combined effort is taken by the pharmaceutical industry, government, general practitioners and nurses, antibiotic resistance will continue to increase. An estimated 25 000 people in the European Union die annually due to infections caused by multi-drug resistant bacteria.¹

SAAPI believes that the first step is to educate the relevant stakeholders. SAAPI is uniquely positioned to offer CPD training for doctors, pharmacists and nurses.

References

1. European Centre for Disease Control and Prevention/European Medicines Agency Joint Working Group. [The bacterial challenge: time to react](#). 2009.



BREAST CANCER : A report on the Clinical CPD session held on 20 May, 2014

Dave Sieff

An overflow audience of pharmacists attended the presentation at the Glen Hove Centre, on "THE LATEST DEVELOPMENTS IN MANAGEMENT OF BREAST CANCER" by the renowned oncologist Dr Carol Benn. She began by proposing three "Circles of Life" in breast cancer detection and treatment to reduce mortality. Firstly comparing the preferences for differing screening methods over the years, ranging from none at all, to studies showing poor value and lack of success in self examination and clinical examination, to worldwide acceptance of mammography for women of 40 years and older, and then a move back to self examination. The second circle is from mastectomies to

breast conserving surgery and therapy and back, while the third circle includes the debates over total lymph node removal, radiation therapy, genetic profiling, etc., and changes in practice, in disease-free survival.

The return to favour of tamoxifen therapy was highlighted, as well as the research priorities required; great emphasis was placed on a multi-disciplinary team approach to care and management and counselling of patients for quality of life outcomes.

The very successful evening was concluded by Dr Benn answering questions from the floor.

Ghosts from Yesterday

Ray Pogir, FPS

The headline is from the inside cover of the prescription book, presented to the Museum by the Dinwoodie Family. The period covered in this book is from 1897 to 1898. (See accompanying photograph.)

The museum also has two registration certificates of James Herbert Dinwoodie each of which entitled him to practice as a Chemist and Druggist.

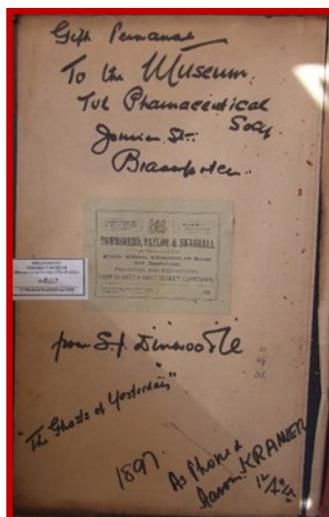
The first certificate was issued by Die Raad Van Examinatoren in die Zuid Afrikaansche Republic on the 13th of November 1894. It is of interest to note that this entitled him to practice anywhere within the Republic.

Not so with the second certificate which was issued at a later date, the 14th July 1905 in terms of a Transvaal Ordinance No.29 of 1904. This entitled him to practice as a Chemist and Druggist by virtue of his Certificate of Qualification as a Chemist and Druggist in Great Britain in 1885, and only within the limits of the Transvaal.

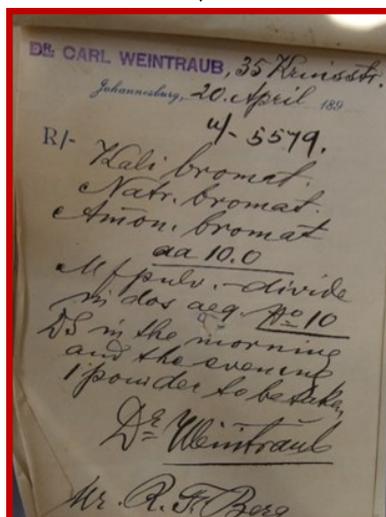
The politics of that time in the history of South Africa had its impact on the practice of pharmacy. The Cape Colony Medical Board controlled the examination of pharmacists in the Cape and did not recognise the qualification granted by examination in the Boer Republic based in Pretoria.

Interestingly, when the British Government was installed in Pretoria after the wars, organised pharmacy changed its name from a "Genootskap" to The Pharmaceutical Society of The Transvaal. It is thought that this would smooth the way with negotiations with the British authorities for their own examination Board with the aim to include a majority of Pharmacists.

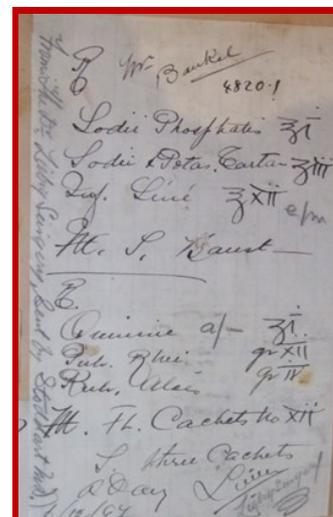
James Herbert Dinwoodie was a member of the executive which undertook the negotiations. They were successful and Dinwoodie was nominated as a member of the first Transvaal Board by the Government.



Inside cover of Prescription Book



Prescription for powders



Prescription for cures



Clinical CPD session HYPERTENSION



A large audience of pharmacists was present at the Clinical Continuing Professional Development session held on 10 June. Professor James Ker (Snr)'s presentation was titled "Hypertension: an Ongoing Issue". He addressed the lifetime burden of responsibility for deaths, strokes, heart and other target organ damage, at global and South African levels, with local rates being amongst the highest in the world.

He stressed the importance of monitoring systolic blood pressure (BP) in patients above 50 years of age. He quoted statistics from trials and studies done to determine treatment and control goals, comparing various combinations of medications, and which of these were preferred, acceptable, or less effective, and setting up of standardised guidelines. The high level of non-adherence to therapy plays a large role in resistant hypertension. Lifestyle change factors were emphasized.

Prof. Ker concluded with suggested combination therapies and treatment choices, and answered questions from the audience of his simply explained presentation, kindly sponsored by MSD Pharmaceuticals.



Prof James Ker (Snr) and Geraldine Bartlett at the CPD presentation – 10 June, 2014



Community Service Information Session

The SAAHIP Southern Gauteng Branch held an information session on the evening of 17 July for Pharmacists Interns, Tutors and final year pharmacy students regarding the requirements relating to Community Service for the 2015 intake. This session provided an opportunity for questions to be asked and for clarity to be gained, thus assisting potential CSPs to complete the required documentation prior to submitting the material to the Department of Health.

Pieter van der Merwe, Chairman of the Branch, opened the session and November Nkambule explained the requirements of CSPs for 2015 and the experiences from the 2014 intake. In addition Mr Carel Bouwer of Equity Pharmaceuticals and the Southern Gauteng Branch of SAAHIP, addressed aspects of Section 21 medication.

The information session proved valuable for the interns, as various questions regarding the CSP placement process and application process were asked and addressed. For those present at the meeting, Pieter van der Merwe also took the opportunity to explain the benefits of membership of the Pharmaceutical Society.

The various members of SAAHIP who attended the session and assisted in the proceedings, included James

Meakings, Thanushya Naidoo, Prelina Kamal and Mike Britz, and are thanked for their efforts. Equity Pharmaceuticals kindly provided financial support for this session. More than 50 delegates attended the session.



From left to right:
November Nkambule, Pieter van der Merwe,
Erhardt van Zyl (Equity Pharmaceuticals),
Carel Bouwer (SAAHIP SG & Equity Pharmaceuticals),
Mrs Prelina Kamal (SAAHIP SG)





OBITUARY

Johan David Bothma
(9 August 1949 – 6 July 2014)

Sadly, our good friend and colleague, Johan Bothma, passed away on Sunday 6th July 2014 at the age of 64 after a year-long battle against motor neuron disease.

Johan was born on the 9th August 1949, was educated at Hoerskool Koster and Potchefstroom University where he obtained a B.Sc. (Pharm) in 1974.

From the outset Johan was dedicated to making a difference in both his profession and in the broader community in which he lived and he managed to succeed in both.

Apart from being a dedicated family man Johan managed to find the time to participate in sport such as the Argus Cycle Race which he rode on 10 occasions and was a keen Squash player. He also found time for pastimes such as woodwork, hiking and photography – a hobby in which he excelled.

At a professional level Johan also made his mark. He was the Managing Director of Trust Pharmacy from 1976 to 2005 during which time he devoted much of his time to professional activities serving on numerous pharmaceutical committees notably in the Community Pharmacist Sector of the Pharmaceutical Society of South Africa and served as its President for three years from 1997 to 2000. At the PSSA Conference held in Durban in June 2000 Johan was elected a Fellow of the Pharmaceutical Society.

In 2005 Johan was appointed as the Executive Director of the Community Pharmacist Sector of the PSSA and held the position until his retirement at the end of 2013. During this time Johan served on many committees and sub-committees sharing his knowledge, experience and enthusiasm. Among the most important and satisfying for him was his involvement in Drug Wise, Pharmaceutical Waste Management and Counterfeit Medicines.

Johan's passion for pharmacy was well known not only locally but also internationally due to his participation in Pharmintercom over many years. Evidence of the high esteem in which he was held by his international colleagues is contained in the many messages of condolence that have been received from around the world.

Johan's contribution to his profession was recognized and he received numerous awards during his career notably, he was a finalist in the Pharmacist of the Year Award in 1991, he received the Jack Bloom Award for meritorious service to the SAACP in 1999 and the Sam Moss Award in recognition for outstanding contribution to the profession in 2003.

He was also recognised for his particular contribution to the Community Pharmacists Sector of the PSSA when he received Honorary Life Membership of the Southern Gauteng Branch in 1999 and then in 2006 when the National body also awarded him Honorary Life Membership.

Johan leaves behind his wife Daleen, two daughters, a son and five grandchildren as well as his mother, brother and two sisters in addition to many friends and colleagues.

We will all miss him, but we should be grateful that we had the opportunity and the privilege to know him. His valuable contribution to the profession will be remembered and appreciated for many years to come.

May he rest in peace.





COMMUNITY PHARMACY TARIFF PERSPECTIVES

Gary Kohn, FPS

We have recently, once again, received an increase in the professional remuneration for dispensing medicine, but implementing the increased fees is not always possible in the medical scheme and cash prescription markets.

As a result of market pressures, the concern remains that current pharmacy medical scheme remuneration remains at the income of prescriptions pegged at the minimum market and medical scheme rate of 26% / R26 or 26% / R26 inclusive.

Recovering dispensing costs such as containers, labels, rental expense, computer expenses; pharmacist and other staff costs have been affected by the gross profit being forced down to 26% or lower depending on the average value of prescriptions presented for dispensing. In addition stock re-purchases, purchases and cash flow are also affected.

Marketing fees have become the only way out for the pharmacy to become profitable and to earn an income. In many instances the front shop turnover has decreased and as a result it is not possible to subsidise the dispensary income and expenses. The average income per prescription is also forced down by medical schemes insisting on lower priced generics, individual product reference prices and maximum medical scheme prices.

Medical schemes are implementing mechanisms enforcing generic substitution, percentage co-payments, prescribed minimum benefits, medicine price lists, exclusion lists and formulary lists. The existence of Designated Service Providers is used by schemes to direct members to DSPs and impose surcharge levies on patients for sup-

porting non-DSP-providers.

The work load for processing of medical scheme prescriptions has increased dramatically without commensurate compensation to the pharmacist for the extra time spent complying with the medical scheme administrative requirements.

Patient pressure continues whereby patients still expect no levy or surcharge on medicines.

The following have also become part of the pharmacist's responsibilities.

1. Inserting ICD10 codes on claims, if they are supplied by the prescriber
2. Registering Chronic-medication.
3. Advising medical aid members on medicine and generic usage.

The value of the pharmacist in supplying medicine cannot be under estimated. The beneficiaries are both the patient and the medical scheme. It is a pity that the pharmacist's expertise and knowledge are being marginalised by market forces.

In the past great efforts were made to remove incentives, discounts and bonuses to make medicine prices and dispensing fees lower, more transparent and affordable.

The question should ultimately be asked, "Is the true benefit of medicine pricing being passed through to the patient?"

35th Conference of the Academy of Pharmaceutical Sciences

The conference will be hosted by the Department of Pharmacy, Nelson Mandela Metropolitan University in Port Elizabeth and will be held from 12 – 14 September 2014 at the Summerstrand Hotel in Port Elizabeth.

The conference theme for this year is "Integrating education, research and practice" which highlights the need for an integrated approach to pharmacy education in order to promote collaborative healthcare provision.

The deadline for early registration is 31 July 2014 and can be done by accessing the online registration page <http://nmmu.champagne.bluepointweb.com/event/cc34648c65c9444c80ddbdd65da23388/start>

Those wishing to submit abstracts for both oral and poster presentations are kindly reminded that the deadline for submission of abstracts will be 31 July 2014.

The various competition submission criteria can be found on <http://pharmacy.nmmu.ac.za/Academy-Conference-2014/Competitions>

Should you have any queries, please feel free to contact Prof Gareth Kilian (Gareth.Kilian@nmmu.ac.za).



SAAPI CONFERENCE 22 and 23 May 2014

Sandton Convention Centre
By Carin Archibald – SAAPI Exco

SAAPI has had the pleasure of hosting annual conferences that keep pharmacists on the pulse of the emerging trends in our industry. 2014 was no exception with the theme of “Pharmaceutical Industry Today – Managing Risk” highlighting the dynamic nature of our environment and the challenges and opportunities therein.

This year saw the conference hosted at an exciting new venue; Sandton Convention Centre, with 17 notable local and international speakers presenting on various aspects of Risk Management in the pharmaceutical industry.

Day 1

SAAPI President, Tammy Chetty, opened the conference, followed by an opening address by the Registrar of Medicines, Ms Mandisa Hela that challenged delegates to set the standards in decreasing risk management subjectivity and breaking the silos in industry.

International Speaker, Professor Stuart Walker, shared with the delegates insights into Benefit Risk Assessment of Medicines: A Framework for Improved Decision Making and Good Review Practice. Issues highlighted included the challenges facing emerging markets, balancing benefits and risks from the perspective of a pharmaceutical company and that of a regulatory agency, and the development of a framework for benefit-risk decision making.

Professor Marc Blockman presented around the risks in Medication Errors and Adverse Events emphasising the extent of the problem, the risk factors, and the way forward in terms of managing these risks.

The risks associated with Securing Medical Supply Chains in Africa were outlined by Dr. Iain Barton, including those of counterfeits, and securing product quality at a minimum cost but maximum availability to the end user.

Stavros Nicolaou then offered an overview of some of the economic risks currently facing the pharmaceutical industry such as SEP, inflation, the exchange rate, international benchmarking, and fixed tender pricing.

Quality Risk Management and the impending requirement for inclusion of the risk management plan in registration dossiers were presented by Dr Joey Gouws. There was acknowledgment that the full scope of risk



Prof Stuart Walker (International speaker) and Tammy Chetty President of SAAPI

management could not be covered in one presentation, and further engagement is required between MCC and industry bodies such as SAAPI, to offer industry greater comprehension in this regard.

The day closed with an informative evaluation of risk management in relation to product labelling and DHCP's by Andy Gray, followed by the pharmacist's role in therapeutic risk management by Professor Martie Lubbe.

Day 2

The second day of the conference commenced with the President of the SAPC, Dr Mano Chetty, introducing the risks facing pharmacy as a whole concerning the challenge of resources, and how the new categories of pharmacy assistants aims to meet that challenge. Further obstacles still need to be overcome in terms of the curriculum development and available training institutions for both assistants and pharmacists, for which engagement with industry bodies such as SAAPI, the SAPC and the educational institutions is required.

The always discerning Estelle Taute focussed on the risks associated with CTD and eCTD in South Africa, and how these need to be managed by the various role players including MCC, NDoH, and industry.

An ever present concern in the markets in which our products are sold is counterfeiting, for which the trends and analysis were aptly detailed by Griffiths Molewa.

Dr Haseena Gani provided an update on the progress within the Marketing Code Authority and its enforcement of the Marketing code, following which, the delegates were familiarised with the potential risks associated with product naming by Professor Sarel Malan.

Elsabé Klinck left delegates astounded with the indication of the numerous legal risks we face in the pharmaceutical industry, detailing the countless Acts involved, and the various departments affected such as regulatory, medical, quality, pharmacovigilance, medical information etc.

Perhaps the hottest risk topic for 2014 has been the CAMS legislation, discussed in brief by Martin Wessels in relation to international trends and the types of products involved. The benefits of regulation to ensure a sustainable industry, and the proposals by various industry groups to ensure this were also touched on.

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Professor Wilma Viviers introduced the use of a decision support model in identifying realistic export opportunities for the South African market, in relation to the political and commercial risks involved in such ventures.

The release of the long awaited device regulations for comment in April 2014 introduced another risk area which the industry has not in recent years had to apply much focus to. Jane Rogers acquainted the delegates with the dynamic area of devices, the risks of a non-regulated devices environment, the global perspective on regulation and the principals of safety and performance.

As the 2014 conference drew to a close the delegates were left with many new thought-provoking considerations, a greater risk awareness for all aspects of their business and the industry, and the challenge to become more involved in quality risk management.

Special thanks are extended to the speakers from the SAPC and MCC, and other areas of industry for taking time out of their busy schedules to share with the industry.

We look forward to even greater success in 2015!



CECIL ABRAMSON—Obituary

We were all shocked and saddened by the recent passing of our friend and colleague Cecil Abramson, just a couple of months after he and his dear wife Zelia emigrated to Israel to be with their families.

Cecil was the first pharmacist in this country to complete an apprenticeship in the pharmaceutical industry and he remained in that Sector for his entire career. However, he enjoyed his involvement in all the affairs of the Pharmaceutical Society to the extent that he sought affiliate membership of all four Sectors in order to be kept informed of their affairs - even attending their Branch meetings. Cecil really was “a man for all seasons,” - and the result was that he created a very wide circle of friendship.

Cecil was a past Chairman of the Southern Gauteng Branch and a past President of the PSAA. His awards in recognition of outstanding service to the profession and to the Society in particular, included Honorary Life Membership of the Southern Gauteng Branch and of PSSA national as well as Fellowship of the Society.

Cecil was a devoted family man always concerned for the welfare of Zelia, in particular during a long and serious illness and his daughter, sons and grandchildren, who all lived abroad and of whom he was very proud, watching their progress with great interest.

A memorial service was held recently at the Waverley Synagogue, attended by friends, family and colleagues. The eulogy detailed Cecil’s community and religious service, family devotion, generosity and friendship adding even more admirable sides of Cecil’s character.

Cecil was a special person and he will be sincerely mourned and sorely missed by all and our condolences and thoughts are extended to his family.

Draft dispensing fee published

A draft dispensing fee for pharmacists has been published in the Government Gazette. It can be downloaded from the PSSA website, http://www.pssa.org.za/E_News.asp. Please send your comments to lorraine@pharmail.co.za before 29 August 2014.

ComplienZ
for optimal drug usage



MANAGING EPISTAXIS IN THE PHARMACY

Lynn Lambert (B.Pharm) - Amayeza Information Services

Epistaxis, a Greek word which means nose bleed, is defined as acute haemorrhage from the nostril, nasal cavity, or nasopharynx. Epistaxis is commonly encountered during the autumn and winter months when the environmental humidity is low. The nasal mucosa (mucous membrane lining the nasal cavity) is rich in blood vessels and although bleeding may occur spontaneously, it often results from forceful blowing of the nose and sneezing. This causes increased arterial and venous pressure in the nasal cavity which is usually due to allergic rhinitis, viral or bacterial upper respiratory tract infections and trauma or sepsis secondary to foreign bodies.

There are two main types of nosebleed, one being more serious than the other:

- **Anterior** nosebleeds originate toward the front of the nose and cause blood to flow out through the nostrils. This is the most common type of nosebleed and it is not usually serious, usually common in children.
- **Posterior** nosebleeds originate toward the back of the nose, near the throat. Posterior nosebleeds are less common than anterior nosebleeds, but they can be serious as they can cause considerable blood loss.

Taking a proper history and performing a thorough systemic examination are imperative to rule out the possibility of the bleeding being the result of systemic disease or bleeding disorders which will necessitate further investigation.

When to refer

Patients should be referred for medical attention when:

- there is considerable blood loss and breathing is difficult
- patients becoming extremely pale, fatigued or disoriented
- bleeding continues after attempts to stop it
- there is a history of recent nasal surgery or if the patient has a known nasal tumour
- there are other serious symptoms, such as chest pain
- there is injury, such as being hit in the face, and there is a concern about other injuries (eg, broken bone)
- the patient is taking anticoagulant therapy such as warfarin, clopidogrel or daily aspirin

Managing epistaxis

Experiencing a nosebleed can be as dramatic as witnessing one. It is important to know how to manage it properly. The steps below can assist patients to stop a nosebleed:

- Gentle blowing of the nose will help get rid of some of the clots that have formed inside the nostrils - this may increase the bleeding temporarily, but its okay.
- Sit or stand while bending forward slightly at the waist. Do not lie down or tilt the head back. This may cause

blood to be swallowed and can lead to vomiting and other uncomfortable symptoms.

- Grip the soft part of **both** nostrils at the bottom of the nose. Do not grip the bridge of the nose, as that will not help the bleeding, and do not apply pressure to just one side, even if the bleeding is only on one side.
- Squeeze the nose closed for at least 5 minutes (for children) or 10 to 15 minutes (for adults).
- If necessary, apply a cold compress or ice pack to the bridge of your nose. This can help the blood vessels constrict and slow the bleeding. This step is not usually necessary, but many people prefer to do it.

Epistaxis is a common complaint and patients in the pharmacy frequently seek advice and recommendations regarding the management of nosebleeds. If the patient follows the proper guidelines for self-care, most nosebleeds will stop on their own. However, if bleeding continues or occurs frequently, patients should be referred to their doctor.

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Up To Date Patient information: Nosebleeds (epistaxis) (Beyond the Basics)



The Chairman of the Editorial Board is David Sieff and the members are Doug Gordon, Neville Lyne, Ray Pogir, Miranda Viljoen, Jan du Toit and Gary Kohn.

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

Your SG Branch Chairman Lynette Terblanche

Your PSSA Southern Gauteng Branch Sector representatives are:

Community Pharmacy: Richard Barry & Tshifhiwa Rabali

Hospital Pharmacy: Pieter van der Merwe & Bronwyn Lotz

Industrial Pharmacy: Yolanda Peens & Walter Mbatha

Academy Paul Danckwerts & Deanne Johnston

Contact them through the Branch Office: Tel: 011 442 3615

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

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