The Golden Mortar

Newsletter of the Southern Gauteng Branch of the Pharmaceutical Society of South Africa and associated Sectors.

Edition 5/July 2016

SAAPI says goodbye and thank you to Miranda Viljoen (1st Executive Director)

Val Beaumont, FPS

Miranda Viljoen, FPS

Nine years ago in 2007, SAAPI, under the Chairmanship of Jackie Dring and Vice-Chairman Robyn Daniel, made the strategic decision to establish a SAAPI office and approached Doug Gordon, General Manager of the Southern Gauteng Branch of PSSA for office space at 52 Glenhove Road, Melrose Estate. Miranda Viljoen who had recently retired from 16 years in community and hospital pharmacy and 23 years in the Pharmaceutical industry was invited to set up the office. Miranda recalls that she was given an office with a computer and a printer and when asked what she was required to do, was told "Do whatever it takes to add value to SAAPI members". SAAPI being one of the smallest Sectors of the PSSA did not have funds freely available to pay salaries so the job had to be restricted to 20 hours a month.

Miranda commenced her new job in June 2007 in the office adjoining the Pharmacy Museum. She worked hard to gain a clear insight into the aims, objectives and functioning of SAAPI by sourcing all SAAPI documents and building up a database history of SAAPI, participating in relevant committees and networking her local and international contacts that she had built up over her 23 year career in Industry.

Amongst her other initiatives are included:-

- Representing SAAPI and the PSSA as the Commonwealth Pharmacist Association representative to attend a WHO Expert Committee on Specifications for Pharmaceutical Preparations meeting in Geneva.

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- Giving an invited presentation at the Management Forum in London on regulatory affairs in Africa.
- Representing SAAPI on all the Pharmaceutical Industry Association of SA technical committees and also developed a very good relationship with the various Trade organisations.
- Developing a good relationship with the Medicines Regulatory Authority and Medicines Control Council.
- Representing SAAPI on the Industry Task Group for a number of years and was the Vice-Chairman for several years.
- Attending National Executive committee meetings of the PSSA and meetings of the Southern Gauteng branch of the PSSA.
- Building a closer working relationship with South African Pharmaceutical Regulatory Affairs Association by serving on their executive committee for four years.
- Attendance of Intellectual Property meetings as well as meetings organised by Department of Trade and Industry, the African Regulatory Network and the Institute for Regulatory Science. Miranda also attended numerous other conferences of relevance to SAAPI affairs.
- Assisting with the organisation of most of the SAAPI annual conferences as well as the organisation of two Pharmacovigilance conferences.
- Through her personal connections was able to invite a number of speakers for SAAPI conferences and workshops. These include members of the European Directorate for the Quality of Medicines and Healthcare, and Pharmacovigilance experts from Uppsala.
- With the assistance of Neville Lyne from the Southern Gauteng branch of the PSSA introduced "Sector Workshops", intended to promote interaction between all four Sectors of the Society. The workshops dealt with subjects of common interest to all the Sectors such as Responsibilities of Responsible Pharmacists, Cold Chain Management and Complementary Medicines.
- Contributed to the development of the CPD Portfolio Organiser used by pharmacists to manage and record their CPD activities.
- Serving on a number of committees including the awards committee of SAAPI and the Pharmacy Week and Health Day committees of Southern Gauteng branch of the PSSA as well as the PSSA NHI committee.
- Re-writing and updating the SAAPI constitution
- Serving as a member of the Editorial Board of The Golden Mortar.

Miranda's position grew exponentially and soon the Exco began to appreciate the benefits of the office to the SAAPI members and the assistance it was providing to the Executive Committee members. It was clear that a 20 hour month allocated for this position was insufficient and the time was increased to 40 hours a month. It was also decided that the post of Executive Director, in order to be sustainable should, if possible, be self-funding.

In order to achieve this goal Miranda continued to organise numerous small workshops, an initiative that was originally started by Jackie Dring under the banner of RUUP2D8. Miranda spent many extra hours of her own time on SAAPI issues to satisfy her passion for her profession.

Over the years the business of organising and staging symposia, short courses and workshops has grown enormously and has been Miranda's main focus of attention during recent years.

Miranda has organised more than 50 workshops and events ranging from entry level mentoring courses to highly advanced technical workshops for senior members of the Industry. These workshops have proved to be very popular with both SAAPI members and other members of the Industry as is indicated by the high level of interest and attendance, often being fully booked with waiting lists.

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For her considerable contributions to the Pharmaceutical profession over the years and particularly for her contribution to SAAPI and the PSSA, Miranda was elected a Fellow of the Pharmaceutical Society of South Africa in 2011.

There is no doubt that Miranda has set high standards in the establishment of an office and increasing SAAPI's exposure in the Industry, locally and internationally and more specifically in all levels of training of pharmacists and mentoring of young professionals. Her endeavours have indeed added enormously to SAAPI, both in capacity building of members and also in financial terms. Her engaging presence and elegant, charming efficiency as she worked amongst us, both within SAAPI and in the Southern Gauteng branch will be missed enormously.

Miranda, you have retired before now and then returned to your profession. We therefore wish you well in your much-deserved retirement, but suspect that this is not yet the end of your pharmacy journey. Go well and thank you from the bottom of our hearts for enhancing SAAPI beyond expectations!

Miranda was appointed as the first Executive Director of SAAPI in 2007. The Branch offered office space to SAAPI and in June that year Miranda moved in to share the offices at 52 Glenhove Road.

So, for the last 9 years we have had the pleasure of getting to know and work with Miranda and what a pleasant and educational experience it has been for all of us. We included her in many of our meetings to discuss a whole range of diverse topics such as Pharmacy Week and Health Awareness Days, communication options, social events etc. and we have benefitted enormously from her different approach and fresh ideas. She has been a member of The Golden Mortar Editorial Board for a number of years and we are grateful to her for her valuable contributions to our deliberations in that forum as well as providing content for our Branch newsletter.

On a personal level I have thoroughly enjoyed the privilege of working with Miranda and I thank her for that, - what a pity that our many shared tips on improving one's golf never really benefitted either of us!

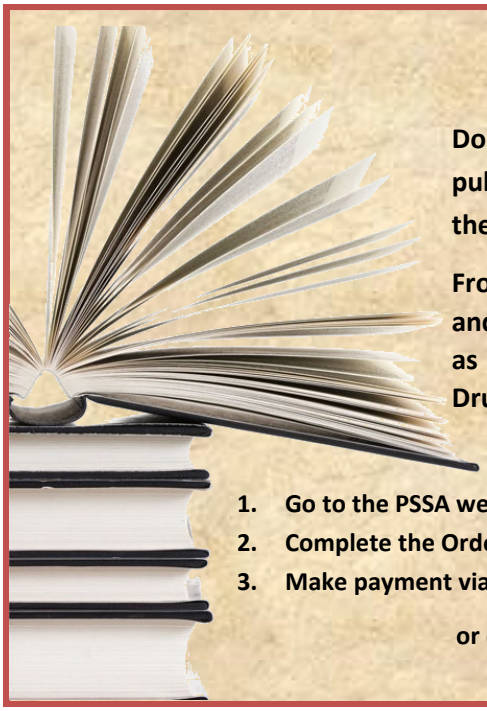
We are all going to miss Miranda at 52 Glenhove and the happy disposition that she brought to the workplace, but all good things come to an end – unfortunately. Thank you Miranda, - it was a real pleasure to know and work alongside you.

We wish Miranda, and her husband Richard, a long, healthy and happy retirement together.

Three Pivotal Characteristics

A breakfast function was arranged by SAAPI following their Committee meeting on 14 July to bid farewell to their Executive Director, Miranda Viljoen. In appreciation of Miranda's contribution to SAAPI, Vice – President of SAAPI, Prof Douglas Oliver said that "Miranda has contributed to the SAAPI activities beyond those of Executive Director and has truly been the face of SAAPI at numerous platforms within our industry. Her contributions have been outstanding, innovative and she has strategically positioned SAAPI for an exciting future. Three pivotal, **PPC,** characteristics of Miranda will be remembered, namely her **Passion** to serve SAAPI and its members, the **Perfection** of every activity she undertook with great attention to detail and her amazing efforts to promote and establish **Collaboration** and build relationships for SAAPI, the Industry, Regulatory Sciences, not only nationally but also internationally. Her spirit of service to SAAPI and our Pharmacy profession is clearly evident in the successful development and hosting of the Continued Professional Development platform of SAAPI in the training of more than 3000 learners. SAAPI and all its members express our sincere appreciation for enriching our lives and serving our Society in such a special way. Our best wishes accompany you on paths that may include many holes-in-one."

The SAAPI Office will continue to operate from 52 Glenhove Road, Melrose Estate and is contactable as before on saapi@pssasg.co.za or saapiadmin@pssasg.co.za Telephone 011 442-3615



The PSSA Book Department

Do you know that the Book Department has a range of essential publications for pharmacists at preferential prices for members of the PSSA?

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"200 Young South Africans 2016"

Cecile Ramonyane

Nsovo Mayimele, a pharmacist and member of the Pharmaceutical Society is amongst the young South Africans who were nominated and selected to appear in the Mail and Guardian "200 young South Africans 2016" listing. There were over one thousand nominations this year. Congratulations to Nsovo for this recognition and for her achievements.

The Golden Mortar contacted her and asked her a few questions so that her PSSA colleagues could learn about her profile.

GM: Tell us something about yourself, birth place, schooling and university.

NM: I was born in Giyani, Limpopo, South Africa. I went to Sefako Makgatho Health Sciences University, previously known as the University of Limpopo, Medunsa Campus.
I love flowers, proteas and daisies to be precise.

GM: What pleases you most about the career that you have chosen?

NM: It has to be the flexibility of pharmacy. I love the fact that Pharmacy provides me with many diverse opportunities to address multiple issues concerning health, but they are all still within my call of duty. I get to choose whether I am a logistics specialist, lecturer, manufacturer, retailer, clinical medicines specialist, public health specialist, pharmaco-economist - the list just goes on and on. I get bored easily, the diversity that pharmacy offers makes it the best profession for me. I chose to specialize in public health pharmacy for a variety of roles I can play to improve public health, as a pharmacist.

GM: What do you consider are your strengths as a pharmacist?

NM: My strengths include compassion for the patients I serve and my interest in expanding my knowledge of health matters.

GM: What motivates you to do your work well every day?

NM: My patients, colleagues and people I look up to in pharmacy and public health. Working in Thabazimbi Hospital has made me realise the importance of having pharmacists who work tirelessly to serve disadvantaged communities.

GM: What has been the greatest challenge in your career to date?

NM: Firstly, having to deal with stockouts in the public sector as a community service pharmacist. Secondly, defining pharmacy in the context of public health, especially in Africa.

GM: Do you think that pharmacists do enough to dispel the public perception that they only sell pills?

NM: No, definitely not. There are efforts from various spaces, but I think we would be able to do more if we could collaborate and define our role as pharmacists. We can't escape from the fact that we are 'legal drug dealers', but our education curriculum teaches us to be more, and we therefore ought to do more in the health arena. We further need to have a joint effort to achieve recognition and appreciation of our role in global, regional and national policy e.g. National Health Insurance (NHI) and Sustainable Development Goals (SDGs).

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GM: Expand on the advice booklet that we understand you have produced – why did you think it was necessary to produce the booklet?

NM: The booklet is still in the making. I would like to talk more about it once it has been published. It will be done in partnership with other organisations hence; I cannot discuss it at the moment. But please be on the lookout.

GM: Are there any changes that you would like to see in pharmacy?

NM: Yes. I would like to see pharmacy to grow as a profession that is more people-centered than product-centered. There is a bit of bias because I am into public health. I would like to see pharmacy have representation in the form of a trade union of some sort. I would like pharmacists to identify common ground for solutions that will help build the profession.

GM: Career-wise where would you like to be in five years' time?

NM: I would like to pursue a post-graduate degree in social sciences within the next two years, and later find a way to combine my skills in pharmacy and social development for the development and influence of health policy in South Africa. I would like to work to address social determinants of health. I enjoy my independence in practice and freedom of opinion, hence consultancy work for health-related development is more likely to be one of the future jobs I will undertake. I fell in love with academia and public health research, so that will always remain a part of my practice.

GM: Who would you most like to meet in the healthcare industry and why?

NM: This is a tricky question. I have a long list of people that I would like to meet, but for now, Over tea, I would like to meet and discuss the role of young pharmacists and the future of the profession with SAPC Registrar Mr Amos Masango, Director General of Health Ms Precious Matsotso and CEO Board of Healthcare Funders Dr Humphrey Zokufa.

GM: What do you like to do in your spare time or your major interest outside of pharmacy?

NM: I read, write, travel when I can afford to, and do photography. Reading takes up much of my spare time.

GM: Do you have any advice for anyone wanting to pursue a career in pharmacy?

NM: Pharmacy is an important profession, it is sad that the public and pharmacy professionals have not realized this. When you come to the profession, make sure you understand who you are and have clear goals of what you would like to do with your degree. Dare to make a difference in the lives of the people who make us professionals, our patients!

When Time is of the Essence - Emergency Contraception

By Lynda Steyn (BPharm) - Amayeza Drug Info Centre

Approximately 40% of pregnancies worldwide are unintended. Access to emergency contraception (EC) has allowed women to have another effective alternative method in preventing an unwanted pregnancy. Misconceptions, whether it be regarding the safety of the EC, or moral objections to supplying EC, have led to a reluctance of pharmacists to supply EC on many occasions. However, data from studies have shown that having emergency contraception readily available to the public has not increased the incidence of unprotected intercourse or the transmission of sexually transmitted diseases.

Understanding the choices available for EC, the safety profile and efficacy of these choices, provides an ideal opportunity for the pharmacist to counsel the patient knowledgeably and effectively.

What is emergency contraception?

Emergency contraception refers to the use of drugs, or a device, within the first 5 days after unprotected intercourse as an emergency to prevent conception. It is supplied as a "back-up" method of contraception and is not intended to be used for primary or routine use. This is not due to an increase in health risks, but rather that EC has a higher failure rate compared to routine oral contraceptive pills. Emergency contraception contains higher hormonal levels per dose and therefore repeated use may also increase side-effects, such as menstrual irregularities. Emergency contraception cannot harm a developing embryo or disrupt an established pregnancy.

Who needs emergency contraception?

Any female of reproductive age may need emergency contraception for a variety of reasons. These reasons may include:

- Recent unprotected intercourse
- Sexual assault
- Failure of another contraceptive method, e.g. broken condoms or late for depot medroxyprogesterone injections.

What are the choices for emergency contraception?

In South Africa, there are currently three options for EC, namely progestogen-only regimen (levonorgestrel), combined oestrogen-progestogen regimen (Yuzpe method) and copper intrauterine device (Cu IUD).

Mode of action:

Levonorgestrel mainly prevents pregnancy by inhibiting or delaying ovulation. The cervical mucus may also be affected, preventing the ability of the sperm to fertilise the egg. Levonorgestrel may also inhibit implantation by altering the endometrium. Once the process of implantation has begun, levonorgestrel pills will not be effective. Levonorgestrel pills will not cause an abortion.

Yuzpe method/ COC is the oldest form of emergency contraception. A delay or inhibition of ovulation occurs when used during the first half the menstrual cycle and is only effective if follicles are not already well developed. Some studies show that other factors, such as alteration of endometrium, cervical mucus and inhibition of fertilisation may also be a factor.

The IUD's copper component is toxic to both ovum and sperm. It also causes inflammatory markers to be released which are spermicidal and inhibit implantation if fertilisation does occur.

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Table 1: Comparison of Emergency Contraceptives

	Levonorgestrel Brand Names: Norlevo® or Escapelle®	Yuzpe Method (COC)	Copper IUD e.g. Nova-T®
Dosage Instructions	1.5 mg as a single dose as soon as possible after unprotected intercourse (within 72 hours).	Ethinylestradiol 100 mcg + norgestrel 1 mg (Ovral®) 12 hourly for 2 doses no later than 72 hours after unprotected intercourse, (off-label).OR Nordette® (4 tablets 12 hourly for 2 doses (off-label) within 72 hours.	Insert up to 5 days after unprotected intercourse.
Efficacy	52-94% effective in preventing pregnancy. Most effective if taken within the first 24 hours after intercourse. Should be used within 72 hours of unprotected intercourse, although some studies have shown efficacy up to 120 hours. Efficacy may be reduced in overweight or obese women. Efficacy is also reduced in women who are taking drugs which are liver enzyme inducers, e.g. many anti-epileptic and anti-retroviral drugs.	Less effective than levonorgestrel in preventing pregnancy. As with levonorgestrel, Yuzpe method is most effective if taken as soon as possible and at least within 72 hours after unprotected intercourse. Liver enzyme inducers may also affect the efficacy of this method of contraception.	Over 99 % effective if used within 5 days of unprotected intercourse. It is the most effective form of emergency contraception.
Adverse Effects	Nausea, vomiting, headache, menstrual changes	Nausea, vomiting, headache, menstrual changes	Pain, bleeding
Contra-indications**	None	None	Suspected pregnancy, severe uterine distortion, acute pelvic infection, copper allergy, exposure to gonorrhoea/ chlamydia, AIDS, ovarian cancer, undiagnosed vaginal bleeding.
Advantages	Available over-the-counter. Fewer side-effects and more effective than COC's.Simple to take and contains the full dose needed for emergency contraception. Does not affect fertility or cause abortion.	Some women prefer this method as it is more private than levonorgestrel, as it is not labelled as an emergency contraceptive.	Most effective form of emergency contraceptive. Highly effective as EC up to 5 days after unprotected intercourse. Efficacy is not affected by a woman's weight. Once inserted, provides an ongoing highly effective, long-acting contraceptive method.
Disadvantages	Duration of efficacy has not been determined. Risk of pregnancy still exists if there is unprotected intercourse after EC has been taken.	Lowest efficacy rate. More side-effects than levonorgestrel EC.[5] Rarely recommended and not specifically marketed for emergency contraception.	Requires a prescription and a doctor's appointment for insertion, which may be difficult to organise within a 5 day window period.

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Important factors to take into account when dispensing oral levonorgestrel:

- Timing is of essence with levonorgestrel and it must be given as soon as possible after unprotected intercourse (within 72 hours).
- No need to advise a pregnancy test before taking EC, unless pregnancy is suspected due to a missed last menstrual period.
- May be less effective in overweight and obese women; however, these women should not be denied access to EC if needed.
- Menstrual bleeding usually occurs a week earlier than expected time, but may also be delayed, depending on which time of the cycle EC was taken. If bleeding has not occurred within 3 to 4 weeks, or is irregular, or if there is abdominal pain, a pregnancy test should be performed.
- Women should be advised that EC does not offer continued protection and is less effective than regular contraceptive methods. Regular contraceptive methods can and should be employed the day after emergency contraception. If necessary, although not ideal, repeat EC can be dispensed any time after the first dose was administered.
- If levonorgestrel is vomited within 3 hours of administration, an antiemetic may be offered and the levonorgestrel dose repeated immediately. Alternatively the Cu IUD may be recommended.

Conclusion:

A request for emergency contraception is an ideal opportunity for the pharmacist to counsel women about future contraceptive methods and how to prevent an unwanted pregnancy. It is important to discuss the side-effects that may be associated with continued EC use, the management thereof and explain alternative contraceptive options available in a private, non-judgmental manner.

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Congratulations to our newly married couple!

Members of the Southern Gauteng Branch of the PSSA extend their warmest congratulations to Mr. Sello Swafo, better known to all of us as Rooiklip, on the occasion of his marriage to his lovely wife Linah Sefara.

Rooiklip is an invaluable member of the staff having worked at the Branch office at 52 Glenhove Road since 2000 as a gardener and general maintenance man. He takes pride in his work and maintains the building and surrounds in pristine condition because he, in turn, feels proud to work here and be associated with such a beautiful building.

Linah is his partner of twenty four years and they have five children aged between twenty one and two years. Last month Rooiklip slipped away for the weekend to get married in his home village of Galekgothoane, Limpopo where he and Linah had grown up. The ceremony was a spectacular affair with over one thousand guests attired in wonderfully coloured traditional dress as one can see in the accompanying photographs.

The following article is reproduced and adapted with the kind permission of the Tincture Press and of the author, Mr Gary Black, Executive Director of the CWP Branch of the PSSA. Refer to Tincture Press Vol 44 No 1 January–May 2016.

Responsible Pharmacists under more pressure ...


Gary Black, FPS

Consider this scene

Some of the most common complaints have been made by Responsible Pharmacists in pharmacies situated in supermarkets. In such cases the pharmacy is just one of a number of departments in the store for which the store manager has to take overall responsibility. In tough economic times, owners resort to cost saving measures such as reducing staff costs and/or extending trading hours to increase turnover.

Problems arise when the store management attempts to apply these measures to the pharmacy without close consultation with the Responsible Pharmacist.

Some store managers see the pharmacy as a very expensive department with low profitability and simply insist that the pharmacy should extend its hours and work with fewer staff.

A Pharmacy provides a professional service, it is not selling baked beans!

In my article 'Pharmacists under pressure'(*SAPJ* of October 2010), I outlined the pharmacist's legal and ethical obligations to provide pharmaceutical care as well as the owner's obligations to ensure that the pharmacy is conducted in accordance with Good Pharmacy Practice Regulations. In many cases, as described in the paragraph above, store managers have simply failed to appreciate the complexities of running a pharmacy. This has inevitably led to confrontation between the RP and store manager, with the RP finding himself in a situation of either having to face a disciplinary hearing or laying a grievance against the store manager. Some store managers seem unable to understand that the sale of medicine cannot be conducted according to the general supermarket philosophy of 'stack 'em high and mark 'em low', as if you were promoting the sale of baked beans! The Responsible Pharmacist has real legal and ethical obligations to ensure that the dispensing of medicine, sale of S1 and S2 medicines and the provision of all pharmacy services is conducted according to GPP standards. This also means that a certain level of professional staff should be maintained to dispense safely and provide the level of pharmaceutical care prescribed in GPP Regulations. There is no laid down maximum number of hours that a pharmacist may work in any given period of time, but it would be highly irresponsible for a pharmacist to work such long hours that he starts losing concentration and making mistakes due simply to exhaustion. Furthermore, the RP is best placed to monitor the staff and determine which times of the day, which days of the week and which weeks of the year are the busiest.

No two pharmacies are the same with regards to their client base.

Elderly patients and anxious mothers with small children require far more counselling time by the pharmacist. Many other factors need to be considered in determining the staffing levels needed, e.g. the number of pharmacist interventions, the level of interaction with medical aids, the mix of acute and chronic medicine prescriptions, telephonic prescriptions and queries, etc etc etc.

Every patient is a unique individual with specific needs when it comes to pharmaceutical care. Store managers need to understand that the efficiency of a pharmacy cannot simply be measured by considering the number of sales or prescriptions dispensed ... **pharmacists are not selling baked beans!**

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When things go wrong ...

In a number of cases recently, we have seen things go horribly wrong when there has been ongoing disagreement between the RP and the store manager regarding the extended working hours of pharmacy staff and the complement of staff required for safe dispensing and effective pharmaceutical care. This has on occasions led to such a deterioration of the relationship with the store manager that the RP has needed our assistance in resolving the problem. Members are reminded that they can call on the Society for confidential advice on such matters and that, if necessary, they will be referred to our labour lawyer, Gerald Jacobs, for professional assistance.

Conclusion

The Responsible Pharmacist should put monitoring systems in place in order to measure the productivity of the pharmacy staff, to be able to identify the busy times of day and year and to be able to demonstrate the effectiveness of the pharmacy in adding value to the store shopper's experience. Using such information he should proactively engage the store management and present his plans for staffing, overtime etc. and, in so doing, win the confidence and trust of management and prevent any disagreements. Remember, *'Prevention is better than cure!'*

Aspen's contributions to economic growth and specialised technologies

L to R. Minister of Health, Dr Aaron Motsoaledi, Deputy President Mr Cyril Ramaphosa accompanied by Mr Stavros Nicolaou (far right)

JSE-listed Aspen, the largest pharmaceutical manufacturer in the southern hemisphere, hosted Deputy President Cyril Ramaphosa and Minister of Health Dr. Aaron Motsoaledi on 14 April 2016 at its Port Elizabeth-based flagship-manufacturing site.
The visit provided an opportunity to discuss Aspen's economic growth and export contributions to South Africa, and to demonstrate its globally recognised specialised manufacturing technologies.

Stavros Nicolaou, Aspen Senior Executive, Strategic Trade said, "The visit further strengthens the collaboration between Government and Aspen, and provides additional impetus to jointly finding homegrown solutions to the challenges that face South Africa's economic and healthcare system. This collaboration also dispels some myths that Government and the private sector are at odds with one another."

"Aspen has significantly expanded its global footprint. It has an active presence in 76 countries and distributes product to more than 150 countries. This expansion has been mirrored by our ongoing investment in local manufacture which in the past 18 months has exceeded R2 billion, and which continues to contribute to economic growth and export prospects. Our more recent developments include a High Containment Suite to produce high potency and oncological products, and a second Small Volume Parental facility with highly specialised, pre-filled syringe capability for niche low molecular weight heparin injectables for domestic and offshore markets. We also produce the unique MDR-TB injection, Capreomycin (Capstat®) as well as more than 40 million units of Murine® eye drops, the USA's second largest over the counter eyed drop brand."

In his capacity as the Chairperson of the South African National AIDS Council (SANAC), Deputy President Ramaphosa said, "I salute Aspen for having the foresight to build these plants here in Port Elizabeth, therefore creating valuable high tech jobs. It allows us as Government to purchase medicines that Aspen produces at affordable prices."

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Nicolaou added that Aspen's latest capex spend positions it as a global leader in a number of niche therapeutic areas, such as injectable anti-coagulants (thrombolytics), infant nutrition and male and female hormonal health. This investment has further enabled it to re-locate off shore manufacture back into South Africa, which provides for significant export opportunities.

Present at the visit was CEO of Proudly SA, Advocate Leslie Sedibe, who said, "Aspen's investment in local manufacture and its state of the art facility is a clear demonstration of SA's global competitiveness in support of DTI's call to strengthen SA's industrialization programme through the support for local products. Proudly SA supports Aspen's achievements in this regard."

While Aspen has 28 manufacturing facilities at 8 sites around the world, South Africa remains the Group's preferred manufacturing destination, proving that this country's pharmaceutical manufacture can compete with among the best in the world. Aspen employs over 3000 people in the Eastern Cape across its PE and East London sites.

What is your opinion?

At a recent meeting members of The Golden Mortar Editorial Board took the decision to distribute a short survey questionnaire asking members of the Southern Gauteng branch to answer a few questions regarding the branch Newsletter. Thus during the first week of July the survey document was e-mailed to all members.

Thank you to all those members who have taken time to respond. There is still time for those who have not yet done so - your opinion does count – to let us know what your opinion is regarding The Golden Mortar.

Letter from Toronto

Subject: Hi from Toronto

Dear Doug,

Hope you are keeping well.

I have been trying to open the Golden Mortar on the website, but am unable. I would greatly appreciate it, if you could add me to the direct email list snblap@rogers.com . I feel as a former Life Member of the Branch, I like to keep abreast of the activities and health of the Branch.

I am enjoying my retirement in Canada, and now have time to play more golf, with our old colleague, Errol Cimring, who for over 20 years, organised the SARCDA show. Sadly, they refused to let me work in Pharmacy here, which is very frustrating, as our old Secundum Artem degree, with all our CPD lectures, made as more qualified as Pharmacists, than the breed they have working in most of the retail supermarket pharmacies, many cannot speak English properly.

There are a large bunch of unemployed former SA Pharmacists here, many ex-branch members.

Regards to all the colleagues
Jacob Bernard Lapidus

Dear ALL

Draft version of A Practical Guide to Antimicrobial Stewardship in South Africa

One of the Strategic Objectives of the South African Antimicrobial Resistance National Strategy Framework 2014-2024 is to promote the appropriate use of antimicrobials in human health. To this end, the National Department of Health, together with its expert advisors, has developed a draft document for the practical implementation of antimicrobial stewardship programmes at national, provincial, and health facility levels. This document is focused at Human Health.

The Department of Health hereby welcomes comments on the Draft document, available for download from http://www.health.gov.za/index.php/antimicrobial-resistance

Please submit comments via Track Changes on or before **12 August 2016** to Dr Ruth Lancaster at LancaR@health.gov.za.

The Department of Health also requests your assistance in disseminating the Draft document to the members of your organisation.

Thanking you in advance for your assistance.

Dr Ruth Lancaster
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National Department of Health releases the revised edition of the Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Adults

The revised fourth edition (2015) of the Standard Treatment Guidelines (STGs) and Essential Medicines List (EML) for Hospital Level Adults is now available. Please note: it will only be available in electronic format, and is available for download from http://www.health.gov.za/index.php/component/phocadownload/category/197.

New features include:

- the level of evidence cited for updated reviews;
- a separate list of antimicrobial medicines with indications and dosage instructions for ease of use; and
- medicine information in the 'How to use this book' section, such as defining severe penicillin allergy.

Medication reviews developed during the review process are also available on the National Department of Health website (http://www.health.gov.za/index.php/standard-treatment-guidelines-and-essential-medicines-list/category/286-hospital-level-adults)

The PCDT Pharmacist and Vaccinations

Johan Moolman, MPS, PCDT Registered Pharmacist

The most unpopular procedure you will probably get to do is vaccinate a young mother's first born at 6 weeks. It is one of those activities where you have to be cruel to be kind, and just get it done and over with. In most cases it is more traumatic for the mom than for the baby. If you win the trust of the mother, you are likely to have her loyalty forever. Moms like to talk about their vaccination experience. Make sure you create the right impression to have all moms referred to your clinic.

There is nothing better than building long standing patient relationships with young mothers from their baby's 6 weeks vaccination period. Trust is earned or destroyed by the way the pharmacist handles these moms. Moms are often tired, stressed out and don't know who to believe with their child's sleeping, eating and colic problems. They receive so much information from other moms, the internet and older family members that they don't know what to take and what to leave. They are completely overwhelmed. Just by listening to these moms will gain their confidence, and then give them practical advice you know will make a difference.

A few practical points when vaccinating children:

1. Always be friendly and helpful. Listen first before you start talking or doing anything.
2. Always make sure the mom is comfortable with what you are doing.
3. Always start by determining the health of the child, before the child is vaccinated. If the child has a runny nose or the mom says the child has not been well or has just completed a course of an antibiotic, do a check- up on the child first to make sure the child is not suffering from an infection already.
4. Ask the following questions which will determine if the child can be vaccinated at that given moment:
   - 4.1 **Does the child have any allergies?** (This is very important for example egg allergies) Some vaccines get cultured in egg e.g. measles vaccine. Always ascertain whether the child has any allergies.
   - 4.2 **Does the child suffer from seizures or a brain disease?** It is important to manage fever and to make sure there are no contraindications to the vaccine you are about to give.
   - 4.3 **Has the child received any vaccinations in the past 4 weeks?** It is important to retain the recommended waiting period between vaccinations. Remember moms don't know this. This often occurs when a specific vaccine has been out of stock. This may result in the mother becoming anxious that her child has missed a vaccination or was not vaccinated on time. Remember it is never too late to give a vaccine. It is more important to space them correctly. Explain the rationale and make sure the mom understands this, otherwise she might think you are not being helpful.
   - 4.4 **Has the child taken cortisone, other steroids, anti-cancer medication or had x-ray treatment in the last three months.** These suppress the immune system and cause the vaccination not to work well or not at all.
   - 4.5 **Does the child have cancer, AIDS or any other disease that might affect their immune system?** Be discreet when you ask these questions. A good suggestion is to ask the mom about the health of the child over the past three months.

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4.6 **Has the child had a serious reaction to a vaccine in the past?** Ask more questions if the mom says yes. Some moms see a severe reaction as a fever that might have developed after the vaccine. A severe reaction would mean a severe skin reaction, extremely high fever or the child had to be hospitalised. Some children do react more severely than others. A hard sensitive area on the vaccination site that might appear red for a day or two is not always a severe reaction but may cause panic for the mom. Ask the mom to bring the child in to the clinic if she is concerned. Most of these clear up spontaneously within a day or two.

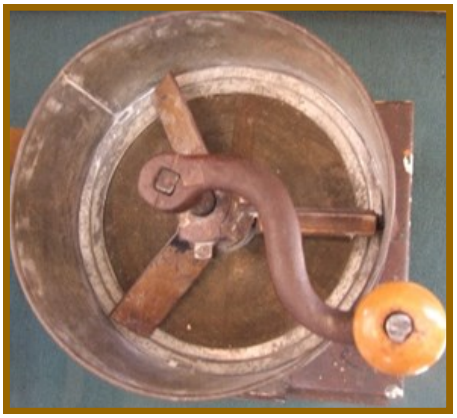
5. Find charts with development milestones or use a clinic programme that has these programmed and ask the questions for the milestones. Mothers love to hear that their child is normal and does things that they should be able to do at that specific age. On the other side of the coin, problem areas can be identified early enough for corrective action to be taken should the child be behind in their development.
6. I always apply a local anaesthetic cream e.g. Emla® where the vaccination is to be given. I apply this on the injection site before I do the weighing or measurements. By the time I am done with this procedure and have recorded the details on the record card, the site is ready for injection. The mother is also completely relaxed because she knows it won't be so painful. Sometimes the baby might not even realise he/she was vaccinated. Besides that it takes the sting away after the injection was done, it helps gain trust with the parents, that you make an extra effort not to hurt their child. Give it about 10-20 minutes to work. You will hear all the oohs and aahs that other clinics normally just do the injections emotionlessly.
7. When you have done one vaccination ask the mother to pick up the child and hold him or her to her chest to calm the baby down. Often the crying ends immediately. You will find if you just carry on with the next injection that you will have a baby screaming at the top of his or her voice and a completely stressed out mother. They might not return to you. Always be sympathetic.
8. Complete all admin before you do the injection.
9. Make sure your clinic is child-friendly. Toys should be available and child-friendly pictures on the walls make a difference for both mom and baby.
10. Remember that with certain vaccines e.g. measles, side effects may appear after 5-7 days with a measles like rash and fever. Make sure you tell the parents. I have often seen patients rushing to their paediatrician because the person who did the vaccination never informed the mother that the side effects may only appear in a week's time. These mild signs and symptoms be similar to those of a measles rash. They might not be impressed with you if you didn't tell them that, and they have just had to spend R1200 with the paediatrician to tell them that it is a common side effect. Know the side effects and inform the parents of what they can expect.
11. For older children always have a sucker at hand. Encourage mothers not to skip any vaccinations because the older the child gets the more difficult the vaccination may become.
12. Make sure you are well informed on all vaccination programmes. Each company has their own schedule and the government vaccines schedule differs substantially from the private programme.
13. Always try and determine which vaccination programme the child is on before giving a quote for the vaccinations. Some programmes are more costly than others. Quoting the wrong vaccine programme vs another pharmacy that quoted on the correct price, might make your pharmacy or clinic look very expensive.
14. Always keep records of vaccinations and other interventions done. Mothers may lose or misplace their cards and could come running to you for help, especially if they need it for school. Having no records of patient vaccinations or other interventions will not do you a favour.
15. Always check expiry dates of the vaccines before you vaccinate the child.
16. Always observe the required storage conditions of vaccines to ensure their efficacy.
17. Don't ever give a mother the impression that a vaccine is not important or necessary. It might come back and bite you in future if a child gets that disease.

Items from the 1920's donated to the Pharmacy Museum

Ray Pogir, FPS
Curator SA National Pharmacy Museum

Mr. Coen de Jager from Parys contacted the Museum some months ago and told us that he had retired from Geen and Velleman Pharmacy, Parys 20 years ago. He was now in his 92nd year and wished to donate a few old items from the pharmacy to the museum. The pharmacy had been in existence since the early 1920's and, at one stage there were a few branches stretching from Parys into the Free State.

Mr. de Jager conscientiously restored the items to working order before having the following 3 interesting old items delivered to the museum.



- A bulk powder mixing and sifting apparatus which was used in the preparation of the final mix of powders for "Genvel Wonder Headache Powder" which was obviously very popular as the apparatus prepared 5 avoirdupois pounds of final preparation in one operation.

- A platform foot scale with a large dial graduated in pounds, branded "Health Meter Junior" This is an example of one of the first "spring" scales of its kind and was manufactured in Chicago.

- A Victorian wooden cash till with a drawer for money. The till operates when the drawer is opened, a bell rings, and the amount of the sale is hand-written on a roll of paper through a slot in the top of the till. At the end of the day the sales are totaled.

UPDATE ON LIPID-LOWERING THERAPY

D.Sieff, FPS

At a recent Clinical CPD presentation by Dr. Tony Dalby of Life Fourways Hospital, on the management of cholesterol levels, he made the following main points.

- The relationships of serum cholesterol to cardiovascular disease (CVD) –"bad or lethal", Low Density Lipid cholesterol (LDL-c) elicits an inflammatory response provoking development of atherosclerotic plaque, rupture or erosion of which is the root cause of myocardial infarction. He illustrated the relationships between lifestyle, other health risks, and genetic factors which lead to CVD.
- Primary and secondary prevention – differentiates the relative cardiovascular risks between healthy persons and patients with established atherosclerotic CVD (ASCVD). Examples are Type 2 diabetes, or Type 1 with microalbuminuria or proteinuria, very high LDL-c levels, and chronic kidney disease. These patients require immediate treatment, without screening, with lifestyle (reducing dietary saturated fats) and medication interventions.
- The effect of reducing LDL-c- CVD risks are classified between low, moderate, high and very high, with suitable treatment targets. Statin therapy can reduce LDL-c between 30% and 40%. Studies have shown that plaque growth is reduced, and non-statin drugs also reduce CV events – in the last two decades the risk of CVD has declined in developed countries.
- Side-effects of statins – myalgia (muscle aches), new-onset diabetes, and cataract formation are possible. While the choice of drug and strength; excessive consumption of grapefruit juice; female gender; comorbidities like diabetes, hepatic dysfunction, acute illness, infection or major trauma, and certain concomitant medications – are all factors predisposing to statin myopathy. These are managed by altering strength, frequency and type of statin, using non-statin monotherapy, supplementation with vitamin D (if deficient) or co-enzyme Q10, or even OTC preparations like red rice yeast extract.
- Novel therapies: what works and what doesn't work – trials with positive outcomes include adding non-statin ezetimibe to simvastatin to augment its effect; 20% reduction in CV events in a moderate risk population; 40% in higher BP patients on anti-hypertensive treatment; and new non-statin PCSK9 inhibitors which reduce LDL-c by 50-60%, with fewer side-effects, but by sub-cutaneous injection, and very high cost, and no outcome studies as yet.
- Other medication trials had no positive CV event outcomes, but CETP (Cholesteryl Ester Transfer Protein) inhibitors that raised the "good" High Density cholesterol (HDL-c) substantially had no effect on the outcome of ASCVD; HDL-c is also increased by certain dietary components like nuts, olive oil, red wine, and even dark chocolate!

Dr. Dalby concluded with the view that ACSVD has numerous interacting origins, and that statins are the only known lipid-lowering therapy proven to reduce its effects; that statins have wide application in primary and secondary prevention; and that side-effects should be recognised and managed.

Some questions were raised from the floor and were answered, bringing to a close an enlightening and very informative evening, kindly sponsored by the Southern Gauteng Branch of the PSSA.

Managing the Newborn

Prof. Robin Green

In his Clinical CPD presentation on 21 June Prof Robin Green introduced the subject by discussing and illustrating benign neonatal skin conditions such as Erythema Toxicum Neonatum, Stork Bites and Mongolian Blue Spot. In contrast Transient Pustular Melanosis is characterised by pustules which rupture easily and become pigmented. The condition is uncommon but is relatively more common in black babies. This condition like those mentioned earlier, require no treatment. He also illustrated Milia, Miliaria and sucking blisters which are all benign conditions.

He addressed Fever in Neonates and stressed that all neonates with a fever must see a doctor –preferably a paediatrician. A diagnosis of the underlying illness is essential for an appropriate treatment to be instituted.

The Respiratory Syncytial Virus (RSV) disease can be serious (as can any upper respiratory tract infection be in the neonate period) as the neonate is an obligate nasal breather and is thus unable to breathe through the mouth. Apnoea, bronchiolitis and pneumonia may be a consequential development in RSV disease. A blocked nose in neonates is common and is best treated with Ringer's solution or normal saline. Topical decongestants should be avoided as should cough and cold medicines. The education of parents and caregivers is a vital part of the successful management of bronchiolitis.

Prof Green also addressed Gastro-oesophogeal Reflux in infants, and "Windows of Opportunity" in allergy prevention from pregnancy of the mother-to-be to 4-6 months of the baby's life.

In closing Prof Green summarised his presentation as follows:-

→ Most skin rashes don't need treatment.
→ Fevers are dangerous and need care.
→ A blocked nose is serious and needs lubrication.
→ Viruses are important but don't need antibiotics
→ Gastro – oesophageal reflux is normal.
→ Allergy prevention is a reality.

The presentation was supported by the Southern Gauteng Branch of the PSSA.

The Chairman of the Editorial Board is David Sieff and the members are Doug Gordon, Neville Lyne, Ray Pogir, Miranda Viljoen, Val Beaumont, Gary Kohn & Jan du Toit. All articles and information contained in The Golden Mortar of whatsoever nature do not necessarily reflect the views or imply endorsement of the Editorial Board, the Branch Committee, the PSSA, its Branches or Sectors. The Editorial Board and the afore-said cannot therefore be held liable. Every effort is made to ensure accurate reproduction and The Golden Mortar is not responsible for any errors, omissions or inaccuracies which may occur in the production process.
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