

The Golden Mortar



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

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PSSA CONFERENCE 2017

An overview

The recent Pharmaceutical Society event held from the 6th to the 8th July at the Indaba Hotel in Fourways was heralded as the PSSA Conference 2017, but was, in fact, much more than that.

The Conference started with the Annual General Meeting of the S.A. Association of Community Pharmacists (SAACP) and was followed after lunch by the AGM of the Pharmaceutical Society of S.A.

These are typically “business meetings” and follow similar agendas that deal with such matters as Annual Reports – the activities of the associations during the past year, Financial Reports, the presentation and discussion of Motions – matters of concern to members and what should be done about them and Elections – nomination and voting for the members to serve in positions of responsibility on the National Executive Committees.

However, while these meetings were taking place The S.A. Pharmaceutical Students Federation SAPSF was holding a parallel session meeting where students were discussing matters of importance and also dealing with annual reports from their Presco and various Branches.



Mr Gavin Steel

The Conference per sé began the next day with the focus on National Health Insurance and Universal Health Coverage. A number of interesting topics were presented including, *What is Universal Health Coverage?* and *Unpacking the White Paper*. However, the presentation that gave most of the delegates a wake-up call was on *Nationwide Procurement* made by Mr. Gavin Steel from the National Department of Health in which he covered, among other things, the process and factors in the development of norms and standards for health establishments and accreditation for reimbursement by the NHI Fund. Delegates appeared to be quite surprised at how advanced the systems were and some, probably for the first time, were taking this matter seriously. It is quite clear that organised pharmacy now has some catching up to do and needs to dispel the notion that seems to exist in some quarters that Universal Health Coverage and NHI will never happen.

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Mr Tim Logan

Two parallel sessions were taking place simultaneously to this, namely, The Academy and the SAPSF both of whom were exploring matters of particular interest and concern to them.

The third day was given over to a symposium presented by the SA Association of Community Pharmacists. Mr. Tim Logan from the Pharmacy Guild of Australia was the guest speaker who gave a very interesting talk on the Australian experience of *Marketing of Community Pharmacy*. This was an absorbing presentation and highlighted how vital professional, sustained marketing is for the success of the community pharmacy sector. Other presentations included *Community Pharmacy is more than just the sale of medicine* which included services for which a pharmacist may levy a fee and PCDT as well as *Navigating the next wave* that touched on the treatment of minor ailments and the use of technology in pharmacy.

Parallel sessions were running simultaneously with the Young Pharmacists' Group dealing with *Professional Innovation and Development* and *Anti-microbial Stewardship* while SAPSF was wrestling with an *Experiential Learning Workshop* and *Understanding and Teaching Millennials*.

After three days of intense concentration delegates were finally allowed to relax and enjoy a Gala Dinner and Awards Presentation and, as so often happens with these events, organisers start to consider and plan for the next PSSA Conference.



"A look through the eyes of a first-time Delegate"

By Shanice van Schalkwyk and Cazandra da Silva

In the days leading up to 2017 Pharmaceutical Society of South Africa (PSSA) / South African Pharmaceutical Students' Federation (SAPSF) conference, there was not the least bit of excitement to be seen in either of us. For each of us, the thought of being alone in an environment that we were so unfamiliar with was most certainly a petrifying one. We had each other, of course, but then again we barely knew much about one another. We had no idea what to expect and the uncertainty had robbed us of any enthusiasm we may previously have had. Eventually we decided to brave the storm and "suffer through it together".

When the first day finally dawned upon us, we were more anxious than anything else. Upon arrival we met a few of the students and immediately hit it off. Slowly but surely the anxiety started to fade. Throughout the day's proceedings and for the remainder of our stay we became more and more at ease as we met some of the most amazing people we could ever have dreamed of knowing.

Throughout the conference we had not only gathered a great deal of knowledge on our profession and the opportunities that are available to us, but we were also blessed with the privilege of fostering lasting bonds of friendship with our fellow delegates. From the PSSA we learnt the value of being a part of the progress and expansion of the Pharmaceutical profession. We now understand the importance of getting acquainted with our fellow professionals and striving towards a better tomorrow together. From the Young Pharmacists Group (YPG) we have learnt that you do not have to struggle to find your feet in the profession on your own. There are young professionals out there who can guide you from the experiences that they have had. From the SAPSF we learnt as students from different universities we face different struggles but we can always lean on each other for support and advice. And last but not least, we learnt that no matter how meticulous the profession may seem there is always some time to let your hair down and dance like no-one else is watching!

Never in a million years did we expect to have such a splendid time at the conference. It was most certainly a pleasant turn of events! We will for ever be grateful for the experience. The conference may have come to an end, but the memories will live on for ever.

Thank you PSSA for your contributions, guidance and teaching, and thank you YPG and SAPSF for your support and amity.

"And time for reflection with colleagues is for me a lifesaver; it is not just a nice thing to do if you have time. It is the only way you can survive." Margaret J Wheatley





Law and Ethics

National Health Insurance Implementation

Contributed by Val Beaumont, FPS



Val Beaumont

The National Health Insurance White Paper, published 30 June, 2017 replaces the White Paper published in December, 2015. It provides further detail on plans for the implementation of NHI.

The National Health Act 61 of 2003 and amendments and the Regulations thereto provide the underlying framework for NHI.

The Department of health has also published a number of supporting documents towards the implementation of NHI.

NHI Implementation: Institutions, bodies and commissions that must be established. GN 660, 7th July, 2017. GG 40969.

NHI Booklet. A guide to understanding National Health Insurance. DoH

National Health Insurance. Implementation structures (Slides). Released by the Department of Health, June 2017.

EXECUTIVE SUMMARY, NHI WHITE PAPER.

1. This White Paper lays the foundation for moving South Africa towards universal health coverage (UHC) through the implementation of National Health Insurance (NHI) and establishment of a unified health system. The move towards Universal Health Coverage (UHC) through implementation of NHI is derived from the following: The Reconstruction and Development Programme (RDP); the Constitutional mandate based on the Section 27 of the Constitution; the 1997 White Paper for the Transformation of the Health System; and Vision 2030 of the National Development Plan Vision 2030.
2. South Africa aims to make significant strides in moving towards UHC through the implementation of NHI based on the principle of the Constitutional right of citizens to have access to quality healthcare services that are delivered equitably, affordably, efficiently, effectively and appropriately based on social solidarity, progressive universalism, equity and health as a public good and a social investment.
3. Moving towards UHC is also guided by several international frameworks of the United Nations multilateral system such as Sustainable Development Goals (SDGs) 2030 and in particular SDG3 as well as the World Health Organisation (WHO) frameworks on moving towards UHC with health equity and the six pillars of the WHO's health systems strengthening framework. Achieving UHC will contribute significantly towards realising the vision of a long and healthy life for South Africans.
4. The White Paper on NHI recognises that good health is an essential value of the social and economic life of humans and is an indispensable prerequisite for poverty reduction, sustained economic growth and socio-economic development. To that effect, the critical role played by Social Determinants of Health (SDH) in contributing towards improved health outcomes and a long and healthy life for all South Africans is recognised. This requires a multi-sectoral approach of addressing SDHs. NHI aims to transform delivery of healthcare services by focusing on health promotion, disease prevention and empowered communities. A multi-sectoral National Health Commission will be established to address non-communicable diseases.
5. National Health Insurance will transform the financing of healthcare in pursuit of financial risk protection, by eliminating fragmentation, ensuring technical and allocative efficiencies in how funds are collected, pooled and used to purchase services, thus creating a unified health system that will move closer to the goal of UHC and SDG 2030.

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6. National Health Insurance will extend population coverage, improve the quality and quantity of services that the population will be entitled to, as well as provide financial risk protection to individuals and households whilst reducing the direct costs that the population will be exposed to when accessing healthcare. This will protect individuals and households from out-of-pocket expenses and financial catastrophe related to healthcare.
7. Transforming the health care financing system also requires changing how revenue is collected to fund healthcare services and, even more importantly, how generated funds are pooled and how quality services are purchased. The key focus of the NHI reforms is therefore to create a single, publicly owned and administered strategic purchaser that will actively purchase healthcare services on behalf of the entire population from suitably accredited public and private providers.
8. To successfully implement NHI requires that an NHI Fund must be established through legislation. The sources of revenue for the Fund will be through a combination of pre-payment taxes derived from general taxes and complemented by mandatory payroll and surcharge taxes. The Fund: It will pool funds and strategically purchase services on behalf of the population to achieve income and risk cross-subsidisation whilst improving the efficiency in purchasing of comprehensive personal health services.
9. Comprehensive healthcare services that are delivered based on scientific evidence will require a strengthened and reorganised health care system. The health care system will be reorganised in the areas of strengthening primary health care (PHC) including PHC re-engineering, hospital services, and EMS, improving leadership and governance in the health system through reforms to the management and governance of clinics, districts and hospitals. The Office of Health Standards Compliance (OHSC) will oversee certification of health care providers and health establishments to ensure they meet quality standards. The provision of healthcare services will be through an integrated system involving accredited and contracted public and private providers.
10. Strategic purchasing requires that health care providers are accredited based on stipulated criteria and in contracting these providers, alternative reimbursement strategies such as capitation for PHC services and DRGs for in-hospital services are applied. Strategic purchasing requires robust information systems to register and monitor utilisation, and mitigate corruption and fraud. Health Technology assessment and procurement systems must ensure that access is improved whilst also delivering healthcare services affordably, based on scientific-evidence and cost-effectively. It is important for the sustainability of NHI that both supply and demand side measures are put in place. These may include interventions such as gate-keeping, implementation of clinical guidelines and protocols and a strong referral mechanism.
11. The population will be registered and issued with a unique identifier linked to the Department of Home Affairs identification system to enable users to access health care services. Vulnerable population groups such children, women, the elderly and people with disability will be prioritised for registration and delivery of services. The population will access services closest to where they live and the healthcare services will be portable.
12. Equally important, is that NHI requires the establishment of strong governance mechanisms and improved accountability for the use of allocated funds. The introduction of NHI will transform the current intergovernmental fiscal arrangements and relations as well as the current medical scheme environment to address technical and allocative efficiency. Once NHI is fully implemented, medical schemes will transform to providing complimentary cover. Other Social Security Funds such as the Road Accident Fund, Compensation Commissioner for Occupational Diseases in Mines and Works Act (ODMWA) and the Compensation for Occupational Injuries and Diseases Fund will transform so that funding for personal healthcare will be consolidated into the NHI Fund to prevent double-dipping.
13. Implementation of NHI will therefore require amendments to related existing legislation and enactment of new laws to ensure that there is not only legislative alignment but also policy consistency across government departments and spheres of government.



Challenges & Changes for Pharmacy?

Tammy Maitland – Stuart
Executive Director

My first two weeks in the SAAPI office have been quite a whirlwind!

I spent three days in the office and then had the pleasure of attending the PSSA conference at The Indaba Hotel from 06 to 08 July. I would like to thank the PSSA for their hospitality. It was a lovely welcome for me and a wonderful chance to meet or reacquaint myself with those I will be working very closely with, in the future. The conference theme Wild Waters – Navigating the Next Wave, was very apt, as 2017 is proving to bring exciting changes, as well as many challenges and uncertainties in all of our sectors, as was evident from many of the discussions emanating from the presentations. I attended a number of very informative sessions related to the NHI and newly published White Paper, as well as a presentation on Universal Health Coverage by KPMG.



Prof Marique Aucamp

Marique Aucamp, Associate Professor at the Centre of Excellence for Pharmaceutical Sciences at North-West University presented on the very important topic of Physical Stability of Active Pharmaceutical Ingredients, and Dr. Len Konar presented an interesting and interactive discussion on Ethics in Industry and highlighted a number of key concepts. The highlight of the conference was a Gala Dinner where all attendees could relax and socialize and continue to enjoy fruitful discussions related to the topics addressed throughout the conference. It was a thoroughly enjoyable few days and I look forward to the next PSSA Conference.

From the SAAPI office:

Please feel free to contact Alison (saapiadmin@pssasg.co.za) or Tammy (saapi@pssasg.co.za) if you have any queries or require any information or assistance. You may also contact us on the office number (011) 442 3615 Ext. 316 or see our website for information www.saapi.org.za. We look forward to hearing from you.

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?

From overseas publications such as Martindale, the Merck Manual and the Oxford Concise Medical Dictionary to local publications such as Good Pharmacy Practice, the Scheduled Substance Register, Drug wise and many more.

Ordering is as simple as 1, 2, 3.

1. Go to the PSSA website, www.pssa.org.za click on the forms and select book order form.
2. Complete the Order Form and submit it.
3. Make payment via EFT or credit card.

or contact Dinette at PSSA Head Office on 012 470 9559 - How easy is that?

The PSSA – pharmacy in action!



Highlights of the Conference

Godfrey Keele - Vice President, SAAPI

These were:

1. A talk on “Ethics and Dispelling the myths of around industry” by Dr. L Konar - it highlighted how ethical leadership can transform our societies and set us on the path to responsible governance of our institutions and society.
2. Young Pharmacists Group (YPG) - having an official recognition of the YPG was, in my view, a game changer for the future of the PSSA. I was able to attend one of their sessions and I urged them to think broadly about the profession in a way that will balance clinical and industrial aspects of the profession. I also pledged the support of SAAPI to their endeavours.
3. NHI - despite the lack of clarity regarding the role of industry, it is evident that the NHI presents excellent opportunities for SAAPI to position itself as a provider of choice for pharma. This will entail getting a fully-fledged programme in place, especially in the light of the Institute of Regulatory Sciences that was a stillborn.

Overall the conference was well planned and rekindled our love for the profession of pharmacy.

An overview of the PSSA AGM and Conference

By Walter Mbatha

The highlight of the AGM for me was the adoption of the motion to recognize the Young Pharmacist Group, which provides a platform for succession planning for the Society.

The incorporation of the SA Pharmacy Student Federation (SAPSF) conference within the program also allowed the early participation of students in professional politics. This should encourage participation in the PSSA's activities post-graduation.

The key aspects of the NHI were well addressed and included some of the concerns about the role of pharmacists in the NHI.

The presentation by Mr. Hilton Stevens addressing the students on the role that SAPSF could play in the advancement of healthcare systems in South Africa was very insightful and, encouraging to students that one is never too young to have a positive impact and to make a difference within a healthcare space.

Lastly the Antimicrobial Stewardship had great presenters, sharing great ideas on the role a pharmacist can play in combating microbial resistance in South Africa.

My only disappointment was the small number of sponsoring companies that supported the Conference.



The Wild Waters and how to negotiate the next wave - the 2017 scenario

Gary Kohn, FPS

I have just returned from attending the SAACP and PSSA AGMs and Conference held at the Indaba Hotel in Fourways. The resolutions passed and discussion had relevance in addressing the various challenges in the sectors of pharmacy and planning for the future.

These include supporting the SA Pharmacy Council (SAPC) to be more involved in siting of pharmacies and granting of licences, once the Department of Health (DOH) has granted a licence.

The workshop of the PSSA addressed **Universal Health Coverage**, and unpacking the recently published White Paper on National Health Insurance (NHI) and the work-streams process. Reflections on NHI and Universal Health Coverage were presented by **Joubert Krugel of KPMG Life Sciences Practise in Africa**.

Accreditation for reimbursement by the NHI fund, as well as procurement and norms and standards development, was given by **Gavin Steel, Chief Director of the National Department of Health**.

The SAACP Symposium was presented with ways to address the future structuring of the SAACP and making use of the very successful Australian experience, presented by Mr **Tim Logan of the Australian Guild of Pharmacists**. He described the functions of negotiating with the Australian Government on behalf of the Guild, representing pharmaceutical benefit providers, and in many forums dealing with pharmacy, medicines and Pharmaceutical Benefit Society (PBS) claiming procedures.

The Guild has just completed a human resource renewal by bringing younger colleagues into the organisational fold of the eight geographical areas of the Guild; also the re-emphasising of their very successful marketing campaign in shaping a package that will provide certainty and stability for community pharmacy: An Australian Experience. of **'Ask your pharmacist first'** to the Australian consumer.

Pharmacist Assisted Therapy (PAT) was revisited by **Jackie Maimin** of the **Independent Community Pharmacists Association (ICPA)**. Making use of unscheduled, schedule 1 and 2 medicines and certain controlled schedule 3 medicines (e.g. for emergency gout) to treat minor ailments. The purpose of PAT is to assist the scheme member in the treatment of specific ailments, and not using the scheme to purchase *ad hoc* medicines to deplete the benefits and funds available during and towards the end of the year.

A presentation by **Cassie Schutte, from Health Window**, giving pharmacists the benefit of preparing 'chronic' medicines' repeats before the patient calls for these, to such an extent that the medicine order is given over to the patient completed without any 'to follows' even before the patient requests a repeat; this system also tracks patients to ensure that they get their full allocation of repeats from the pharmacy without skipping a repeat or getting it from another service provider.

Presentation by **Dr Jacques Snyman, of Resolution/Agility Health**, a medical doctor and clinical pharmacologist, on **The Pharmacist and Value Based Healthcare : The Patient Centric Reimbursement Model**. He developed a patient centric process called 'X-patient driven care' which is a patient driven process whereby clinical algorithms embedded in the IT systems detect prescribing behaviours and health related risks to care co-ordinators, for immediate intervention.

A presentation by Mr Johan Moolman explained the success of a PCDT Clinic in a pharmacy. The benefit of enhanced primary health services and the screening and monitoring of chronic conditions e.g. high blood pressure, diabetes and cholesterol. Treating primary care ailments as set out in the primary drug care application and primary care therapy by using the Essential Drug List (EDL). An explanation followed of the financial benefit derived from charging clinic fees as well as the supply of medicines to treat the conditions.

A Presentation by Mojo Mokoena, senior manager of professional affairs (practice) explaining the legal requirements of Good Pharmacy Practice (GPP) and other relevant considerations. He also presented the fees that a pharmacist can charge for services other than dispensing fees.

A final presentation by Prof. Rosoav Rijamampianina entitled: 'Wild waters, we can navigate the next wave.'

In his presentation he warned against complacency and the inability to change. It was stressed that assurances were required that current strategies will withstand the test of time and the rapidly changing environment.

At the start of the implementation of NHI, with imminent resultant changes in service delivery, funding, legislation, and the medical schemes environment, pharmacy should be prepared to address and participate in the new environment.



We Can Navigate the Next Wave

Presentation by Professor R Rijamanpianina
As reported by Mr A Tannous

The 3rd National Symposium for Community Pharmacists was challenging, interesting and enjoyable with many talented speakers, one of whom was Prof Rijamananpianina. His resume reads like a novel. He is involved in many programmes within various institutions world-wide.

Within minutes this dynamic and energetic personality had the audience captivated and enthralled. "VUCA" was the buzz word for the 21st century.

V = Volatility, **U** = Uncertainty, **C** = Complexity, **A** = Ambiguity

We deal with these in different areas on a daily basis. He cautioned that if we want to thrive in the 21st Century and not just survive, we need to be **A**ware, **A**lert, and **A**stute and add value.

Riding the turbulent waters successfully always presents "New Possibilities" which engender Courage and Confidence. This assists us in becoming competent and to collaborate successfully. More importantly we need to establish our Game Plans for the coming wave. We need to exploit the known to be able to explore the unknown.

Focus on where you want to go – NOT on what you fear. Therefore preparation is the key. Vision without preparation leads to blindness.

His final comment; we must, at all costs, avoid the ABC of decay. We have seen this repetitively in companies, governments and the like.

A = Arrogance, **B** = Beurocracy, **C** = Complacency
Remember that "GOOD" is the enemy of "GREAT"

The orchestration of the conference was played out successfully by each speaker and ended on a high "C" with this exhilarating and pulsating session.

Did You Know that on the PSSA Website www.pssa.org.za under "News and Events" that you can ...

- Access the DOH "Antibiotic Resistance National Strategy Framework 2014 to 2024?"
- National TB Management Guidelines

Also, for those pharmacists who require support videos for Career Guidance presentations at schools, the following "Your Pharmacist Your Health" videos are accessible under NEWS and EVENTS including:-

- Link to Pharmacy Education
- Community Pharmacy
- Hospital Pharmacy
- Manufacturing Pharmacy
- Protecting the Patient

.....plus much more information.



Leadership and strategic action urgently needed!

Gary Kohn, FPS



Gary Kohn

The relaunch of the SA Association of Community Pharmacists is extremely important for our future in addressing all the critical issues facing this Sector of pharmacy. The issues have for too long been allowed to affect our profession negatively and have continued unabated. We should be mapping out our future role in the pharmaceutical delivery system to the benefit of the consumer and the people of South Africa.

Through the years in practice, we have experienced the dispensing doctors; mail order pharmacies; open ownership of pharmacies and the establishment of corporate pharmacies. Medical Schemes that unilaterally decide on our fees; implement closed systems of service providers that exclude Community Pharmacies and if our patients make use of our services it results in penalty fees for those patients; that actively direct our customers to preferred providers; a Pricing Committee that does not do justice to our income, to cover our expenses and to give us justified increments; siting of pharmacies in direct competition with existing pharmacies; shopping centre pharmacies getting preference over the existing pharmacies; no level playing field when it comes to purchasing ethicals and pharmaceuticals thus allowing a system of rebates that destroys the legislative principle of SEP and a professional fee and that favours the corporates by allowing horizontal and vertical integration.

It is very important that the leadership should possess “community pharmacy intelligence”; have the necessary experience in matters of community pharmacy; be very knowledgeable in the detail of the issues; fully understand the issues and the threats but also to be able to be change agents in effecting changes and implementing actions that would benefit the profession. The leadership should be hands-on and active in the community pharmacy delivery system.

We will not allow others to do a capture on our profession and to reap the benefits of our hard work to our detriment. Pharmacists should once again be held in high esteem, as a courageous crusader against negative and unlawful issues.

No more will we only be just caretakers of our inheritance and destiny but reclaim what is ours and become activists to change things to our benefit, and take back what is ours.

We should be courageous in challenging those that affect us negatively in our delivery of service and defend our right to an adequate income and existence.

The President and the Vice-president elect should work in a partnership to implement changes and actions in consultation with the National Executive, national representatives should not necessarily be part of the formal branch structure but there should be national and area representation. Best man government should be implemented and prevail.

The President and Vice-President elect should be empowered to negotiate with Government, DoH, Medical schemes, State organs and relevant Stakeholders.

There remains a positive expansion of our role in pharmacy in Primary Care Drug Therapy, as a delivery system, to meet the future needs of our service provision at a primary level, to our patients and customers.

'The above is linked to unbridled success and effective brilliant leadership both in community and global pharmacy issues'.

'We are seeking a better way of life, coming from chaos, knowing how to deal with a turbulent world and seeking sudden and rapid changes in our pharmacy profession'.





Don't let a sore throat break your heart: Understanding Rheumatic Fever

Lynn Lambert (BPharm) - Amayeza Information Servies

Acute rheumatic fever (ARF) is a consequence of an untreated throat infection caused by group A *Streptococcus* bacteria, also known as “strep throat”. It occurs when the body’s immune system responds to defend against this bacterium, leading to damage of certain tissues in the body. Recurring episodes of rheumatic fever may result in rheumatic heart disease (RHD), a condition where the valves of the heart become permanently damaged.

Globally, ARF and RHD represents a significant public health burden, accounting for almost half a million deaths annually, with South Africa having the fourth highest deaths due to RHD. ARF mostly affects children as young as 5 years of age through the teenage years.

Symptoms of rheumatic fever

ARF usually occurs about two to four weeks following a “strep throat” infection. The following symptoms are characteristic of ARF:

- **Fever** is the most common symptom of ARF, experienced in more than 90% of patients.
- **Arthritis** associated with ARF, occurs in over 75% of patients, responds very well to anti-inflammatory medicines. This is a distinct characteristic of ARF-associated arthritis since if joint symptoms do not respond to NSAIDs, aspirin or corticosteroid treatment within 48 hours, then the diagnosis of ARF should be reconsidered.
- **Carditis** occurs in more than 50% of patients which affects the endocardium (innermost layer of tissue that lines the chambers of the heart), resulting in valvulitis of the mitral valve (mitral regurgitation) and, less often, of the aortic valve (aortic regurgitation). An echocardiogram (ECG) should be conducted in patients with suspected ARF to confirm clinical findings, to determine the severity of cardiac inflammation and to evaluate cardiac function.
- **Chorea** of ARF, also referred to as Sydenham’s chorea or St. Vitus’ dance, occurs in up to 30% of patients with ARF, where the patient exhibits involuntary, non-rhythmic, and unnecessary movements of the trunk and limbs, often more pronounced on one side of the body.
- **Skin symptoms: erythema marginatum and subcutaneous nodules** occur in less than 10% of patients. Erythema marginatum is a bright pink, blanching rash on the trunk and limbs which spreads in a “wavy” pattern (serpiginous). Subcutaneous nodules are painless, mainly found in the elbow region and last for one to two weeks.

How does a throat infection cause rheumatic fever?

The association between “strep throat” and ARF is not fully understood. Evidence suggests that ‘molecular mimicry’ plays a role in the development of the disease as the *strep* bacterium resembles a protein found in certain tissues of the body. As a result, the immune system not only targets the bacterium but it seems like a case of mistaken identity because the immune system ‘sees’ the normal tissues as infectious, thereby damaging tissues of the heart, skin, joints and central nervous system, resulting in inflammation.

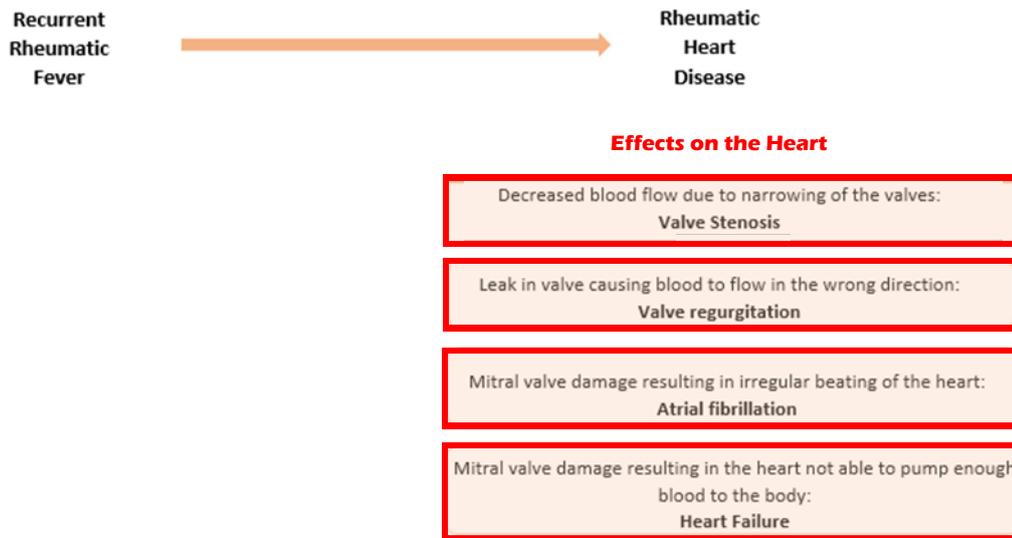
It’s complicated!

Inflammation from ARF can last weeks to months and in some cases result in long-term complications such as RHD and permanent damage to the heart. Figure 1 illustrates the effects that recurrent ARF and subsequently RHD has on the heart.



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Figure 1: Effects of ARF and RHD on the heart

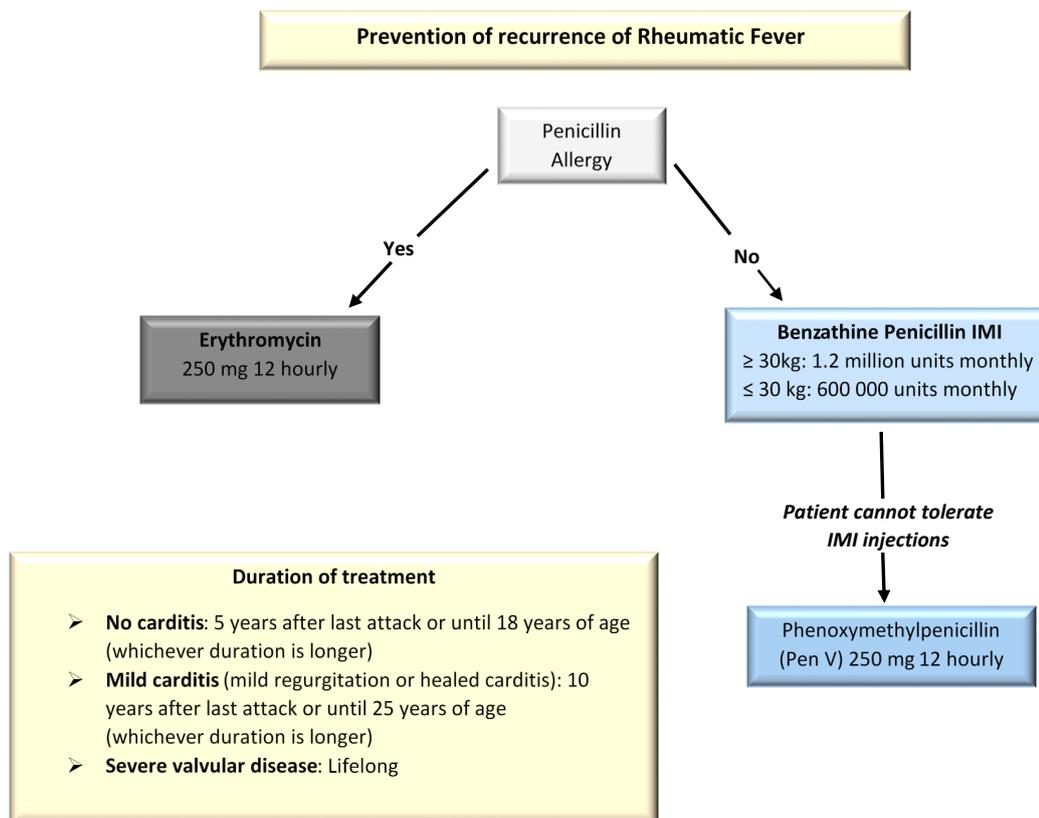


Management of rheumatic fever

When there is a high degree of suspicion of ARF, the first step is to confirm the diagnosis. Thereafter, treatment goals include:

- Complete elimination of the *Streptococcus* bacteria and then initiating secondary prophylaxis.
- Managing other symptoms such as arthritis, carditis, chorea, where applicable.
- Patients and caregivers must be educated about ARF and RHD and the importance of being compliant with secondary prophylaxis.

Figure 2 outlines the medical management of ARF.



Early detection is key to preventing ARF and RHD

Sore throat without a cough, rhinorrhoea or other flu-like symptoms should be investigated further as it may indicate “strep throat”. Early detection of strep throat ensures prompt treatment which may, in turn, prevent ARF and its complications.

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CUPPING AND SCARIFYING

Ray Pogir, FPS - Curator, National Pharmacy Museum



The Cupping set in the photograph is from our museum collection and dates back to the mid 1800's.

Cupping therapy is a form of alternative medicine in which a local suction is created on the skin.

This traditional treatment of cupping and also of scarifying the skin, dates back thousands of years and is found in traditional healing cultures ranging from China, Egypt, Greece.

The earliest records describing this practice appear in the Eben Papyrus dated some 3000 years BC.

During last year's Rio Olympic Games cupping received international exposure when photographs showing round bruises over the muscles of some Olympians appeared in newspapers. The claim was that after cupping, which caused the bruises, they recovered quicker than usual from muscle fatigue after long training sessions or extensive exercise.



The procedure starts by dry heating the cups and then applying them over the area to be treated. The cup is then cooled and this creates a vacuum which sucks the skin into the cup.

This is supposed to increase the blood and lymph flow over the affected area and stimulate rapid recovery.

The reporting of this therapy drew letters with favourable comments from various practitioners of cupping. Articles from a number of doctors, however, drew adverse comments and claimed that there was no medical or other evidence that sucking the skin into a vacuum had any effect whatsoever on the underlying tissues or muscles. In fact there was the danger that it could cause harmful internal bleeding.

Is this another example of a positive effect to a “placebo”?

The cupping set above, also shows a brass scarifier with 10 very sharp retractable blades. This was used by some practitioners to cause bleeding over the cupped area to further encourage the removal of “bad blood” from the area.



Management of Common Ear Conditions



At the Clinical CPD session held on June 22 Dr Marius Conidaris, ENT, addressed the above subject providing practical ways of treating various ear conditions. The presentation was well illustrated. During his presentation he explained the two types of otalgia and the difference between dizziness and vertigo. He described the types of hearing loss experienced by patients of different age groups and the pharmacotherapy where it could be appropriate.

Dr Conidaris described Tinnitus, a common problem which condition can be very disturbing for patients.

Otitis Externa was also addressed. He gave examples of causes and their management.

The session was followed by numerous questions from the audience after which Geraldine Bartlett thanked Dr Conidaris for his very interesting presentation and the helpful advice he provided.

The CPD session was sponsored by the Southern Gauteng Branch of the Pharmaceutical Society in the interests of their members.



Please diarise the date

Quo Vadis?

(Where are you going?)

You need to "future proof" your pharmacy career by accepting that change is inevitable and start preparing for it now!

The Southern Gauteng Branch of the PSSA is holding a Workshop with a difference on **Saturday the 2nd September 2017 at 52 Glenhove Road, Melrose Estate from 08h00 to 14h30** and you really should make every effort to be there.

Why? Stop a minute and consider these three important questions.

Are you going to be the successful pharmacist of tomorrow?

Are you doing anything about recreating your career?

Are you empowering yourself for the important changes coming your way?

Perhaps not, so **come and be stimulated**, challenged and enlightened by top speakers on topics that are set to change pharmacy practice in the very near future.

The topics will be presented in short, hard-hitting bursts of 20 minutes each and include;

The Cannabis debate

NHI impact on the pharmacist

Medical devices

Vaccines now and in the future

RADA

3D printed drugs

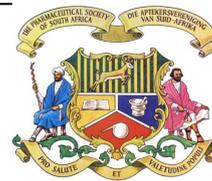
A formal e-mail invitation to this exciting event will be sent to members shortly and booking your place will be essential. See you there.





**SOUTH AFRICAN ASSOCIATION OF COMMUNITY PHARMACISTS
(SAACP)**

**SUID-AFRIKAANSE VERENIGING VAN GEMEENSKAPSAPTEKERS
(SAVGA)**



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Southern Gauteng Branch

(Representing the Community Pharmacy Sector of the PSSA)

Dear Member

Please diarise **Tuesday, 15th August 2017** when a Sector Workshop will be held.

Where: The Auditorium at 52 Glenhove Road, Melrose Estate, Johannesburg

Topic: Centralised Chronic Medicine Dispensing and Distribution (CCMDD) – How to become part of the programme

Speaker: Mr Bongani Mlambo, Pharmacist, BroadReach Healthcare

Registration and Refreshments: 19:30 for 20:00

Workshop Session: 20:00 - +/- 21:30

RSVP: to Ella Edelstein at ella@saacp.co.za / Telephone 011 728-6668 by Friday 11 August 2017

Professional Indemnity Insurance

You should be aware that pharmacists in all spheres of Practice require Personal Indemnity Insurance.

Not to have it is simply not an option – it is a requirement of The SA Pharmacy Council.

You should also be aware that the PSSA offers its members access to the essential cover at very competitive rates through the Professional Provident Society

For further details please contact; Tersea at PSSA Head Office on 012 470 9558

How easy is that? The PSSA – pharmacy in action!





Next Clinical CPD Session - Tuesday 22 August, 2017

The Southern Gauteng Branch of the PSSA has pleasure in confirming that Dr Roz Rabie, Allergist / Immunologist will address the topic of "The Management of Allergies". Please advise Cecile of your attendance by telephone at 011442 3615 or e-mail her at ceciler@pssasg.co.za

Venue: The Auditorium, 52 Glenhove Road, Melrose Estate.

Please make a note of the date. – official invitation and reminder will be distributed to members in the usual way.



A Reminder for the WPSC Blanket Drive

The Southern Gauteng Branch of the PSSA has a close association with the Wits Pharmacy Students Council and the Trinity Pharmacy project to assist the homeless and the street children in the Hillbrow area of Johannesburg.

The Student's Council has embarked on a Blanket Drive this year to further assist these unfortunate people and has asked for our assistance. The project will run for the months of July and August and we are appealing to all members who can help by providing a blanket or non-perishable foodstuffs to do so by leaving the items at Reception at the PSSA Southern Gauteng Branch Office at 52 Glenhove Road, Melrose Estate or, after hours, with security at the entrance to the premises.

Any assistance that you can give will be greatly appreciated.



The WPSC Blanket Drive



"Cold Days – Warm Hearts"

Donate a blanket and help keep someone warm this winter

Blankets can be handed to any WPSC executive and will also be collected from the PSSA Southern Gauteng Branch

Blankets will be distributed throughout the months of July and August







A Museum Walk?

Ray Pogir, FPS - Curator of the National Pharmacy Museum

How about a meander through a few hundred years of pharmacy nostalgia?

Come walk with me to view apothecary jars from the years 1550 onwards. Beautifully decorated storage jars, leech jars used for storing leeches, 1820 settlers' medicine chest.

Equipment from the era of "secundum artem" to make cachets, pills, suppositories, infusions and many other preparations.

Do you remember how to use?.....

Powder folders and cork presses. Pill rounders and coating cups.

Cachet filling apparatus and rice-paper cachets.

We have a wide range of pharmacognosy specimens.

Beautiful sets of bottles and jars displayed in a pharmacy from the early 1900s

A "home - made" eucalyptus oil distillation unit.

Script books with the original doctors scripts from the late 1800's

Pill Machines in sizes ranging from 24's, 30's to 50's

Who was the pharmacist prisoner of war who inscribed "Ceylon 1901" on his hand - made spatula, while pining away in a camp?

The original minute-book of the meeting in King Williamstown on the 13th June 1885 recording the formation of the South African Pharmaceutical Association.

The collection is unique in South Africa and is a fascinating visual experience of the development of pharmacy over the last four or five centuries.

To make an appointment, contact Ray Pogir:

Telephone: 011 442 3615

or by e-mail raypogir@pssasg.co.za



The Chairman of the Editorial Board is David Sieff and the members are Doug Gordon, Neville Lyne, Ray Pogir, Tammy Maitland-Stuart & Gary Kohn . 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.

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

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Hospital Pharmacy: Liesl Nightingale & Jocelyn Manley

Industrial Pharmacy: Godfrey Keele

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 SAACP 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

