The Golden Mortar

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

Edition 4/June2018

Welcome to Dr Judy Coates

Dr Judy Coates joined the team as Executive Director Designate, Pharmaceutical Society South Africa, Southern Gauteng (PSSA SG) Branch.

Judy has been in the Pharmaceutical industry for fifteen years, initially specializing in research and development and thereafter progressing into investment, government and regulatory affairs. Her career began with Mintek in 2003 after obtaining her PhD in Organic Chemistry at the University of Johannesburg (RAU). Judy started her research career looking at the synthesis and biological activity of a variety of metal-based phosphine compounds in a secondment to University of Witwatersrand. During this time Judy went on a research visit to Heidelberg, Germany, where she investigated the gold labelling of neurologically active pentapeptides. Shortly after her return to South Africa she began heading up the Mintek AuTEK Biomedical Programme, and at the same time Judy took on an honorary position at the University of Witwatersrand. Judy served as the head of the Biomedical Group at Mintek for a period of eight years.

Dr Judy Coates

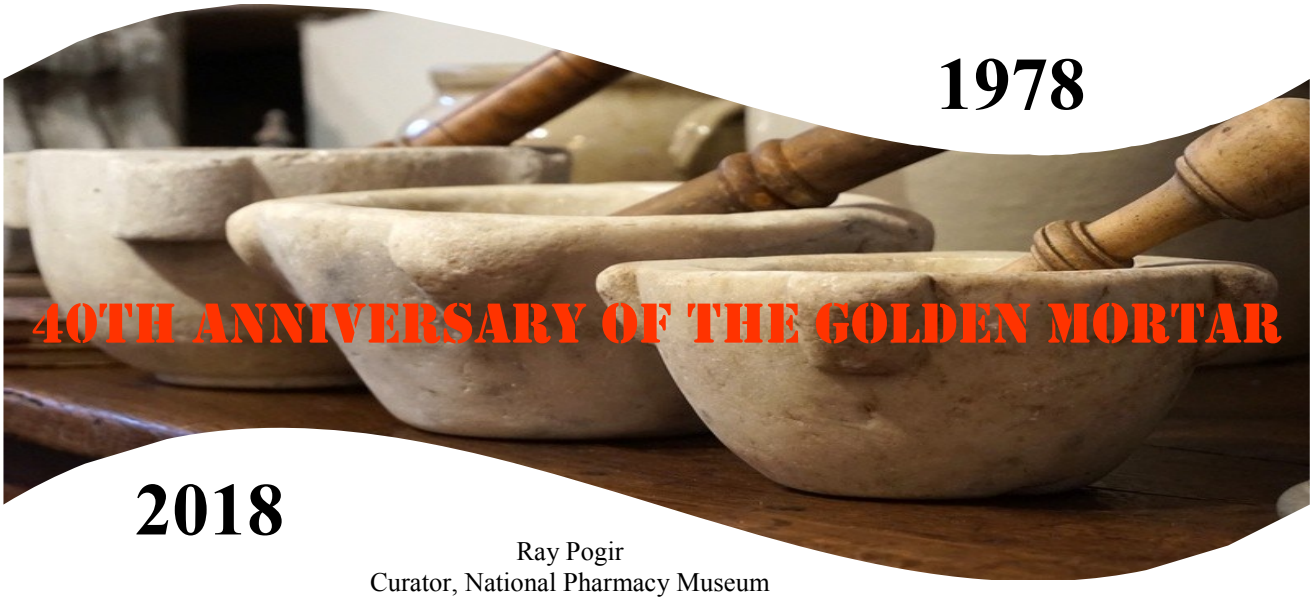
In July 2011 Judy transferred from Head: Biomed to the Human Resources Division in the position of Head: Academic Support. The tenure in this role entailed the managing of Mintek's Learning and Development portfolio. In this role she established a number of frameworks and policies to administer and guide the way Mintek engaged with key stakeholders that fell within the Academic Support portfolio.

At the end of 2012 Judy joined the Technology Innovation Agency (TIA), an entity of the Department of Science and Technology in Pretoria, as the General Manager: Health. She was responsible for the overseeing and leadership of the TIA Health sector team; the development and implementation of the Health sector Strategy, the management and growth of the Health investment portfolio and the management of various stakeholder relationships throughout South Africa. During this tenure Judy engaged across multiple entities including academia, government and private sectors.

After TIA Judy moved to the Innovative Pharmaceutical Association South Africa (IPASA), appointed as the Scientific and Regulatory Affairs Manager. Here she was responsible for monitoring trends, issues, problems, opportunities and activities in the healthcare environment, with a specific focus on Scientific and Regulatory Affairs, in order to identify legislative issues that could affect the industry. She was also responsible for developing IPASA positions on key issues in conjunction with members, and the overall coordination and support of a number of the IPASA Working Groups.

In addition to her employment at the Southern Gauteng Branch of the PSSA, Judy currently serves on the TIA Board and The Innovation Hub's BioPark Steering Committee.

INDEX	PAGE



Ray Pogir
Curator, National Pharmacy Museum

JUNE 1978, Volume 1 Number 1.
Announcement to the members of this branch of the PSSA
HERALDING A BRANCH BULLETIN

The first issue of the Golden Mortar went out with the message to all the members of the Branch that the Committee, to quote "felt that a more topical regional type of publication is required to narrow the large gap in communication".

The main objective was to provide a forum for information regarding changes in legislation, topical articles affecting local pharmacy practice and to allow members to air their views " no matter how provocative and controversial" There must have been a lot of unhappiness amongst pharmacists because the editorial board felt it necessary to add that they will print letters, ("if not libelous"). It is interesting to note that at that time Innovation and Communication was stressed as a vital concern for all.

The current Editorial Board heartily agrees with the principles of the founding committee.

Comments from our readers are welcome

Pharmacy Month Theme for September 2018

It has been a longstanding request by pharmacists to be informed well in advance of planned promotional periods such as Pharmacy Month so that they are able to undertake their own planning to fit in with the promotion. The good news is that the Golden Mortar has been informed well in advance of the Pharmacy Month theme for 2018, which is as follows:

The pharmacy month theme for 2018 is **"Use Medicines Wisely"** with five subthemes:

1. Know your medicine
2. Store your medicines correctly
3. Follow directions
4. Travel safely with your medicines
5. Talk to your pharmacist

The NDoH is currently in the process of designing the posters and pamphlets with the help of a graphic designer. Once the designs have been completed, the electronic versions will be uploaded to the PSSA website under News & Events.

Information in this regard will be communicated to PSSA members via the by PSSA Newsletter

THE 1ST ISSUE

The Golden Mortar

Die Goue Vysel

Official Bulletin of the Southern Transvaal Branch of the Pharmaceutical Society of South Africa
Amptelike Bulletin van die Suid-Transvaalse Tak van die Aptekersvereniging van Suid-Afrika

Posbus 31195 **Braamfontein** **Telefoon**
P.O. Box **2017** **Telephone** **28 – 7117**

JUNE 1978
VOL. 1 NO. 1

HERALDING A BRANCH BULLETIN

On receiving this, your first issue of your new bulletin "The Golden Mortar", you may well ask yourself: "What? Another newsletter! Is it really necessary?"

Allow me a few moments to explain what motivated the Southern Tranvaal Branch Committee of the PSSA to embark on this new project.

Although the Pharmacy Journal fulfils its role extremely admirably as the official mouthpiece of Pharmacy, it is felt that a more topical regional type of publication is required to narrow that large gap in communication that exists in this, the largest branch of the PSSA comprising as it does about 1/3rd of the total membership of the society.

Somebody once said that there are four factors involved in organised Pharmacy namely Administration, Legislation, Innovation and Communication. The first of these will be aired in future issues. Contributions from our legislation Sub-committee will be published regularly, as the spate of legislation regarding Pharmacy over the last few years is of vital concern to all of us. Innovation and communication; this is what this bulletin is all about.

The many problems facing Pharmacy, can be ventilated and discussed in your bulletin. Please feel free to participate and contribute by sending in, letters and articles, no matter how provocative and controversial they are. We will print them, (if not libellous), even though they do not necessarily reflect the views of the Society.

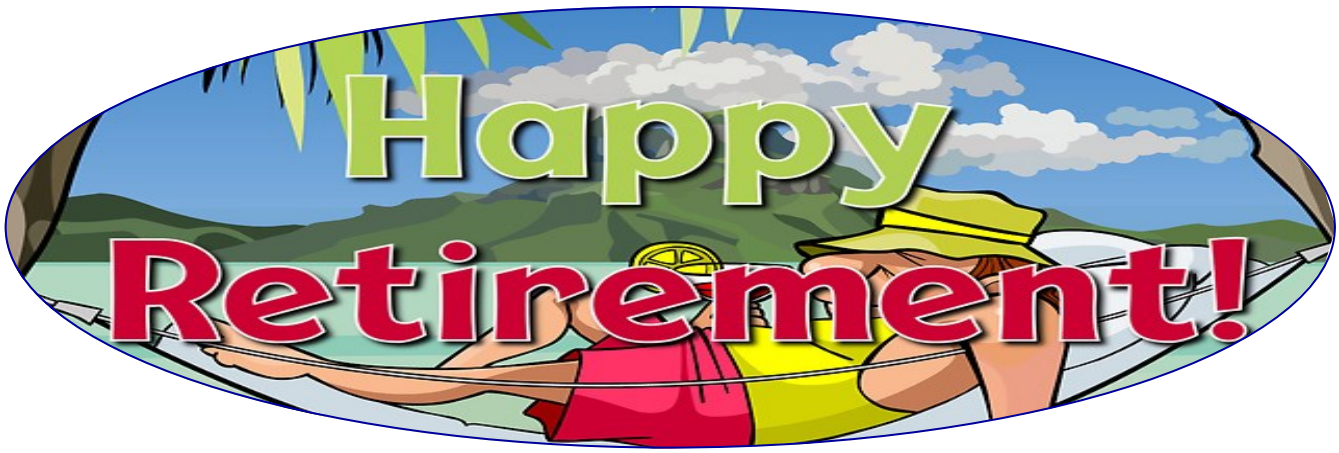
Should you wish to advise for locus, shops for sale, or if you require Heptis Ballibenis, the service is free of charge.

This is our bulletin.

Let's join in, have fun, and make it great.

Max Sklaar

Co-Editor



By Doug Gordon, General Manager

"There is nothing permanent except change"
Heraclitus 540 - 475? BCE

Alan Carter

Alan Carter retired at the end of May after nineteen years with the Branch. Alan was appointed to the staff on the 13th July 1999 as the Branch Administration Manager at the time when Brian Walpole was the Branch Executive Director.

Alan came to us after 24 years in the building supplies trade, - something that stood him in good stead for one of his responsibilities, namely that of maintaining 52 Glenhove Road in peak condition you find it in today, which is essential since it is the face that we show to the world – particularly those members of the public who attend functions and events at our conference facilities.

Alan was responsible for certain accounting functions and assisted the accounts department in a number of ways in addition to managing our IT requirements. He also played a major role in human resources not only in terms of all the legal requirements, but always with compassion, fairness and understanding for our employees.

The development of the office block 54 Glenhove Road was not simply a walk in the park and in fact took a number of years to complete. From the original decision to purchasing the properties, through the various complicated applications, inspections and registrations that formed part of this large project, Alan played a vitally important role in ensuring that all this paper work was attended to efficiently and timeously.

Alan is a reserved individual who enjoys his own space, so it is not surprising that his favourite pastimes include camping, the great outdoors and wildlife. He combines this with his love of freshwater fishing - catch and release only! His avid interest in wildlife was developed during the ten years that he spent in Botswana at a time when one could observe wildlife on the way to work every day! He is also keen on mountain biking as well as competitive cycling. He has ridden in thirteen 94.7 Cycle Challenges and once took part in the Cape Argus event.

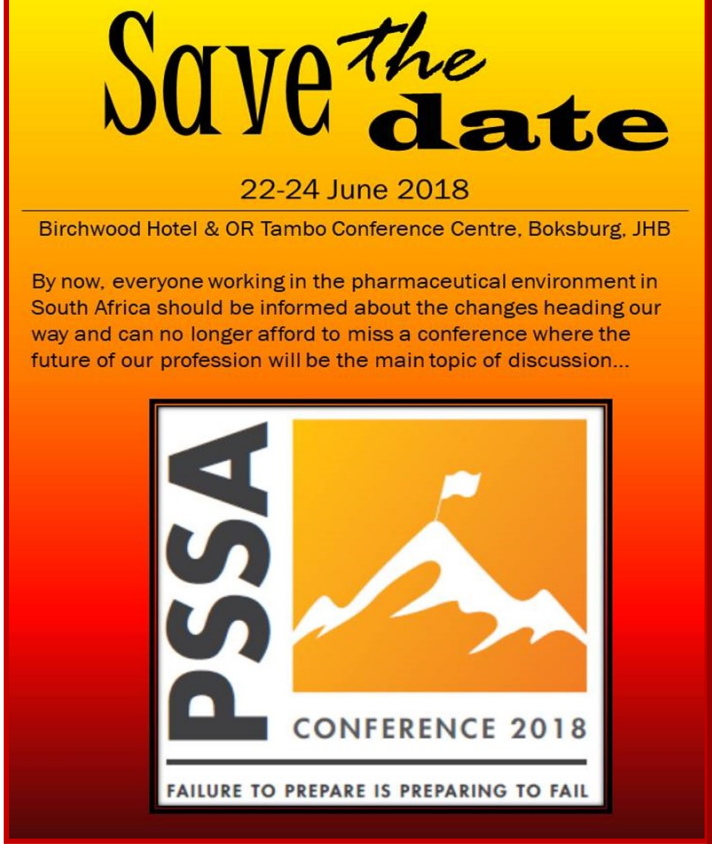
Alan Carter & Doug Gordon

Alan has two children, Alice an attorney and Barry who is completing his studies, both of whom live in Melbourne, Australia. Barry will marry his South African fiancé in September.

Over the years Alan has played an important role on the staff and has diligently performed his duties and for this we are very grateful. We wish him a happy and healthy retirement in the years that lie ahead.

The Pharmaceutical Society of South Africa (PSSA) 73rd Annual General Meeting will take place at the Birchwood Hotel, Boksburg on Friday 22nd June commencing at 9:30.

Be part of the process to see changes you wish to see!



Let your voice be heard at the AGM and at Conference

Prepare for the future

Look at the critical roles of pharmacy and pharmaceutical services.

The pharmacist in the primary health-care context.

Medicine Use Management.

Be involved.

An Opportunity to network.

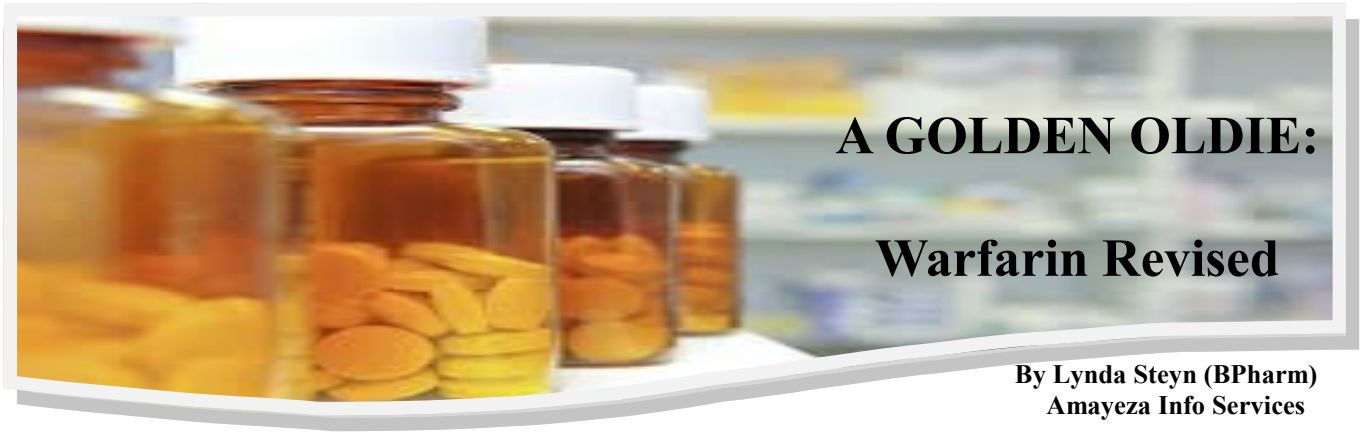
The PSSA Conference 2018 will be taking place from June to 24 June 2018, at the Birchwood Hotel. Under the theme of "Failure to Prepare, is Preparing to Fail". We will focus on the planning and preparations necessary for you, our Pharmacists, to remain abreast and succeed in the changing South African health environment, where in the practice of our profession we continuously aim to reach new heights.

We will look at the critical roles of pharmacy and pharmaceutical services within the evolving National Health Insurance environment, addressing the key role of the pharmacist in the primary health care context and medicine use management, zoning in on antibiotic stewardship. We look forward to stimulating discussions and tangible results, which can only take place through your involvement.

This 2018 conference is a joint venture with the South African Pharmaceutical Students' Federation.

The Young Pharmcists Group will hold its second Business Meeting on Saturday 23 June commencing at 16:00 at the Birchwood Hotel and OR Tambo Conference Centre, Boksburg, Gauteng.

The conference venue will also be the venue for the Young Pharmacists' Group fun evening.
For more information go to the PSSA website at www.pssa.org.za



A GOLDEN OLDIE:

Warfarin Revised

By Lynda Steyn (BPharm)
Amayeza Info Services

Warfarin, an anticoagulant, has been used for over 50 years in the prevention and management of deep venous thrombosis, pulmonary embolism, and in the treatment of transient ischaemic attacks. It is also used to prevent thromboembolism in patients with atrial fibrillation, prosthetic heart valves and post myocardial infarction. Warfarin helps to prevent clot formation and clot enlargement, but has no effect on the removal of clots, nor will it reverse ischaemic tissue damage.

Understanding INR

International normalised ratio (INR) is a standardised measurement of the time it takes for a clot to form (prothrombin time (PT)).

Warfarin is dosed and adjusted according to INR effect and, due to its variable efficacy between patients and narrow therapeutic window, there is a delicate balance between bleeding and clotting.

Patients not on warfarin have an INR of approximately 1.0 (a PT of 11 to 13.5 seconds). The goal of warfarin therapy for most of its indications (see below) is an INR of 2.0 to 3.0. What this means is that the blood takes approximately 2 to 3 times longer to clot. In some instances, a slightly higher INR is required for therapeutic effect.

Condition	Recommended INR
History of pulmonary embolism, deep venous thrombosis, atrial fibrillation, myocardial infarction	Range 2-3 (Target 2.5)
Mechanical prosthetic valves	Target between 2.5 and 3.5

An INR below 2.0 increases the risk of thrombosis in high-risk patients, while an INR above 4.0 can lead to serious bleeding risks.

Duration of warfarin therapy depends on the condition and may be lifelong in certain circumstances and conditions, (e.g. mechanical prosthetic valves).

Many factors may affect the INR in patients taking warfarin, including:

- **Compliance** - Has the patient missed any doses? A missed dose will only reflect in the INR approximately 2-5 days later.
- **Changes in medication** - Has the patient taken any over-the counter medications (including natural medications)? Started or stopped any prescription medications? Any changes in doses of regular medications?
- **Health status of patient** - Certain diseases, such as thyroid dysfunction and congestive heart failure, may affect anticoagulation control. In addition, the medications used to treat these conditions may affect the INR.

It is important to maintain the INR within the target range (as noted above) in order for warfarin to be effective and to avoid excessive bleeding risks.

.../ continued on page 7

How does warfarin's pharmacology, pharmacodynamics and pharmacokinetics affect INR?
Warfarin is considered a vitamin K antagonist. Clot formation is prevented through the inhibition of vitamin K-dependent clotting factors (factors II, VII, IX and X). The decrease in the activity and amount of clotting factors results in the anticoagulant effect. It has a delayed onset of action (up to 48 hours) and a half-life (t1/2) of about 40 hours.

Drug-drug interactions are most likely due to two main factors:

- **The way in which warfarin is metabolised**

Warfarin is metabolised in the liver via the cytochrome P450 system by 2C9, 1A2 and 3A4. It is a racemic mixture of R and S enantiomers, of which the S enantiomer is more potent. Medications that inhibit or induce the CYP 2C9 pathway cause more significant drug-drug interactions, as the S enantiomer is primarily metabolised by this enzyme.

Medications that inhibit the CYP450 2C9 pathway, increase warfarin's action by decreasing its metabolism. The result is a **raised INR.** Examples of enzyme inhibitors are: macrolide antibiotics, amiodarone, imidazole antifungals and non-steroidal anti-inflammatory drugs (NSAIDs).

Medications that induce the CYP450 2C9 pathway reduce warfarin's action by increasing its metabolism. These medications, therefore, will **lower the INR**. Examples of enzyme inducers are: barbiturates, carbamazepine and rifampicin.

- **Protein binding**

Warfarin is highly protein bound (>98%), primarily to albumin. Only the small remaining percent of unbound drug is pharmacologically active. Medications that have a higher binding affinity can displace the bound warfarin, allowing for an increase of free warfarin in the blood circulation. However, the consequences of the increase in displaced warfarin are not very noteworthy, as the body compensates for this increased free warfarin by increasing its plasma clearance.

Certain medications, e.g. phenytoin, initially increase INR levels due to its displacement of warfarin from binding sites. However, chronic use leads to a decrease in INR levels, due to it being a CYP 450 inducer.

Aspirin interferes with warfarin and increases the risk of bleeding in two ways. It inhibits platelet aggregation, thereby increasing the risk of bleeding. It also has a higher affinity for protein binding sites than warfarin and therefore displaces warfarin from its binding sites, leading to increased free warfarin. Any medication that affects the ability to clot, such as NSAIDs, antiplatelet agents (e.g. clopidogrel) and SSRIs may lead to an increased risk of bleeding, even if there is no particular drug-drug interaction.
Acute alcohol consumption inhibits the metabolism of warfarin, while chronic alcohol consumption induces liver enzymes, thereby lowering INR.

Drug-food interactions
Foods high in vitamin K lead to a decrease in INR. Examples of these foods include green leafy vegetables (such as kale, broccoli, spinach and lettuce), beetroot, liver, green peas and oriental green tea. Patients should not be discouraged from eating these healthy foods, rather that they keep their diet constant each week.

Warfarin has a very narrow therapeutic window and pharmacists need to be aware of the numerous drug and food interactions with warfarin. In addition to this, there are many other factors that can affect an individual patient's response to this medication, including age, health status of patient, alcohol consumption and compliance. The importance of conveying this information, as well as the need for regular INR monitoring to the patient, is essential.

Pertinent Warfarin Points

- The importance of medication compliance should be stressed. If a patient misses a dose of warfarin, the dose should be taken as soon as possible on the same day. The dose should not be doubled in order to make up for a missed dose.
- A missed dose is usually only reflected in the INR 2-5 days after the dose is missed.
- Changing the administration time of warfarin does not avoid an interaction. The exception would be in the case of bile acid sequestrants and sucralfate, which affect the absorption of medications.
- Other medicines, diet and disease states can all have an impact on warfarin's action. This response is not always consistent and may differ between patients. Patients should have their INR tested after any dose changes, new medications that can potentially interact with warfarin, or dietary changes. It is recommended to wait at least 48 hours before testing INR in order to reflect the full response.
- Alcohol should only be consumed in low or moderate amounts.
- Patients should be made aware of the implications of a high or low INR. Signs and symptoms of bleeding include black tarry stools, nose bleeds and haematomas (bruising).
- Patients should be counselled on the importance of regular INR testing. INR testing is done more frequently during initiation of treatment, and then less frequently once the INR is in the therapeutic range.
- Patients should be encouraged to speak to their doctor before starting or stopping any new medication, including over-the-counter or herbal medications.

Reference available on request

2018 SAAHIP CONFERENCE

The 32nd Annual Conference and 61st Annual General Meeting (AGM) of the SA Association of Hospital and Institutional Pharmacists (SAAHIP) was held from the 8th to 10th March, 2018, again at the Champagne Sports Resort, Central Drakensberg, KwaZulu-Natal. The Southern Gauteng (SG) Branch delegation of 22 was led by Chairperson Tabassum ('Tabs') Shaik.

In opening of Conference the SAAHIP National President, Mr 'Joggie' Hattingh, extended a welcome to all delegates, observers, invited guests (notably 8 from Kenya), past Presidents, and representatives of the trade. He then read the formal AGM Notice. This was followed by the introduction of all the Branch Chairpersons and a roll call of delegates and observers was done.

As usual on the first afternoon, the proceedings continued with a motivational speaker, Mr Femi Adebjani, whose topic was 'Adapt and Thrive,' with his message aimed at equipping delegates to know what must be done, and who they must become, living in a world with many changes, challenges, and competition; the lesson learned is that to build a high performance culture, we need to change with the times, adapt, and embrace the changes and challenges.

The theme of the first evening dinner event, sponsored by Fresenius-Kabi, was '50 shades of F, with a shade of blue' and the SG (South Gauteng) adopted the 'Facebook' look as their creative and original idea.

Day 2 started with academic presentations, showcasing the brilliant work done by members at their respective institutions; the SG presenters at this session were Ms Theodora Mdunge at the podium on "Evaluation of Antimicrobial Stewardship in a Public Health Care Facility in Gauteng," and Ms Charmaine Hlalo's poster on "An Investigation into Antimicrobial Prescribing and Usage Patterns in Johannesburg Metro District" – winner of the 'Life Best Poster Award.'

A Workshop on "Quality Patient Care" focused on the Conference theme – '50 Shades of Pharmacy' – with case studies to resolve using clinical skills and knowledge, indicating no limits in practising pharmaceutical care, and followed by academic sessions on quality patient care, and SG had two more presentations : Ms Antoinette Terblanche's "Improving Adverse Drug Reaction Reporting in a Secondary Hospital in Gauteng – a Pharmacist-driven Pharmacovigilance Intervention" which won the 'Sanlam Best Academic Presentation Award'; Charmaine Hlalo's second presentation was on "Impact of the Central Dispensing Unit (CDU) on Management of Chronic Disease Burden in the Facilities of the Johannesburg Metro District."

An address by the President of the PSSA, Prof Sarel Malan, was followed by a repeat presentation by the winners of the 'Clinical Skills Competition' at the SA Pharmaceutical Students Federation conference; the Young Pharmacists Group presented the YPG Innovation Project, followed by the Public Service Association's (PSA) opportunity to share how Public Service Unions function in the Bargaining Council in cooperation with PSA and SAAHIP during negotiations.

The formal AGM session continued with reports on Branch Focus Areas, while the President, Vice-president and National Director gave a report on relationships with employers and policy makers. Motions were then tabled, including two Late Motions to confer Honorary Life Membership on two long serving SAAHIP stalwarts, Ms Lorraine Osman and Mr. Lourens van der Merwe, to be awarded at the final Gala Dinner evening. The theme for the evening's dinner and karaoke event was 'African Safari,' in line with the launch of their anti-malaria drug by the sponsors, Equity Pharmaceuticals, with appropriate dress code and cardboard game drive vehicle mock-up.

The last day of Conference featured academic sessions focussing on quality medicine and supply, and the SG

.../ continued on page 9

Branch's Dr Belinda Strydom's poster featured "Innovation to Solution : the RADU Journey" – revealing the role of Remote Automatic Dispensing Unit in managing medicine supply systems in the public sector. An address by Mr Amos Masango, the Registrar of the SA Pharmacy Council, highlighted the expanding role of pharmacy support personnel – Pharmacist's Assistants and Technicians - and their scopes of practice; this was followed by academic presentations on safe use of medicines, pharmacy practice among others, and the popular and brief "Pearl Presentations," showing the lighter side of pharmacy situations and scenarios.

Branches continued with respective portfolio reports, after which the Elections were conducted, resulting in these office bearers being elected:-

- President – Ms Refiloe Mogale
- Vice-President – Mr Shawn Zeelie
- National Secretary – Mr Mohale Seepe,
- National Treasurer - Bhavrith Jaganath

Other members of the National Executive Committee are the Branch Chairpersons, and all were wished well by the outgoing Past President.

Several issues were discussed under 'General' to conclude the formal AGM Agenda.

Dr Belinda Strydom

Charmaine Hlalo

Antoinette Terblanche

- Dr Belinda Strydom,"Life Best Podium Presentation" award,
- Charmaine Hlalo, "Best Poster" award ", and
- Antoinette Terblanche, "Best Academic Presentation" award.

The Gala Evening dinner, with "The Great Gatsby" decor and dress theme, concluded the Conference on a joyous note, including the Awards presentations, with Southern Gauteng being major winners, as mentioned above.

MESSAGE FROM THE GOLDEN MORTAR EDITORIAL BOARD CHAIRMAN

David Sieff

It is with great pleasure that I write this message on the occasion of the 40th Anniversary of the first edition of The Golden Mortar, issued in June 1978.

After an intensive search through accumulated copies of The Golden Mortar, which gave me an almost complete history of the important events, issues, opinions, personalities, and news in Pharmacy over the many years covered in this nostalgic exercise, I found the 10th and 25th bumper Commemorative Editions, the latter including a reproduction of the opening page of Issue 1, number 1, a copy of which appears elsewhere in this edition. I was surprised to find that I had been a member of the Editorial Boards, apparently almost from the start.

Many congratulatory messages were published, from all former Managing Editors of our newsletter over the years, and as this is not an exclusive anniversary edition, I write this as a consolidated message on behalf of all our Sector and Branch Chairmen, their Committee members and representatives on the PSSA Southern Gauteng Branch Committee, the General Manager and Executive Director Designate, Editors of other similar branch newsletters, and the current Editorial Board.

This edition also has an appropriate message from Benzie Joffe, who was the Branch Chairman in 1978, as well as an article from Ray Pogir, Curator of our fabulous National Pharmacy Museum, housed in our Glenhove headquarters building.

I express the sincere wish that when The Golden Mortar reaches it's 50th anniversary, that the 2028 Editorial Board and Branch Executive will eagerly arrange for a really special Commemorative Edition of our beloved member communication newsletter to be compiled and published.

REPORT ON 17 MAY CPD: "HYPERTENSION"

David Sieff

Ray Pogir & Dr Eric Klug

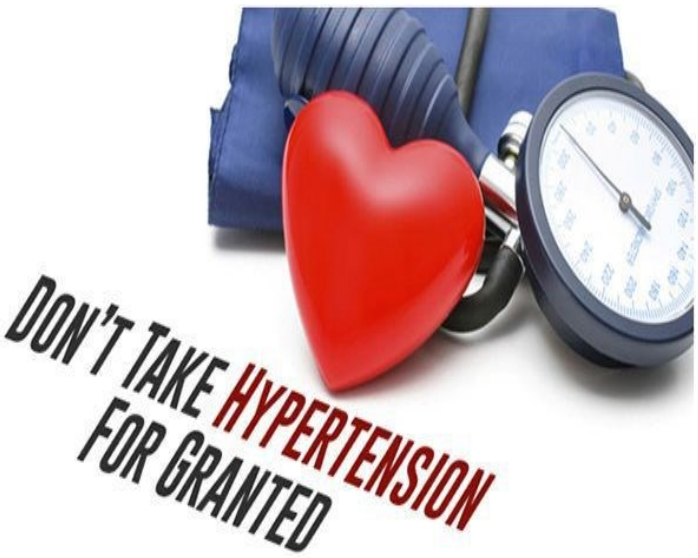
A large audience attended the recent CPD presentation by Dr Eric Klug on "Hypertension – an Update on it's Treatment" held by the Southern Gauteng Branch of the Pharmaceutical Society.

He stated at the outset that "Hypertension is a leading risk for cardiovascular disease (CVD), the greatest cause of morbidity and mortality internationally," and explained that the newest definitions and classifications of categories of blood pressure (BP) levels adopted by the European Society of Hypertension, and probably to be followed locally, show reductions in the previously used values; the new "High Normal" values are 130-139 (diastolic) and/or 85-89 (systolic), while the "Optimal" targets are : less than 120 and below 80 respectively.

The redefined American practice guidelines are similar, and reveal that a stunning 46% of adults, 76% in the 65-74 years age group, and 82% of 75 years and older, are hypertensive.

A new recommended approach aims for "greater absolute risk reduction in those with higher predicted risk," and a 10-year CVD risk is now considered, with treatment focussed on more CVD events being prevented, and patients most likely to have such events. While the target for systolic BP lowering is uncertain, several clinical trials have shown that treatment greatly reduces the risk of CVD outcomes for stroke, myocardial infarction, and heart failure.

Dr Klug then discussed first-line drug therapy, with low-dose thiazide diuretics showing most favourable outcomes in adults with moderate to severe primary hypertension; he discussed the categories and dosages of commonly prescribed medications, and showed statistics for primary, secondary and renal outcomes.



He revealed the impact of intensive BP lowering on serious adverse events and injurious falls on casualty department visits, as shown in the "SPRINT" study, as well as patient exclusion criteria, and life expectancy figures.

There is no one-size-fits-all in treatment of the elderly, i.e. no uniform BP treatment goal for all older patients in this exceedingly heterogeneous group; quality of life, independence, and longer life are the real goals, but costs, of medication and hospitalisation, drug interactions, and symptoms are concerns.

People with diabetes need individualised and lower BP targets, especially if at high risk of CV or kidney disease; non-adherence and non-persistence to anti-hypertensive therapy is a concern, while the benefits of medication on outcomes are offset by side effects, patient risk factors, and healthcare system risk factors, as well as inappropriate prescribing.

Another Informative Workshop

Arranged by the SG Branch of the Community Pharmacy Sector (SAACP)

David Sieff

Dr Marlin McKay

A Sector Workshop was held on 5th June 2018 at the PSSA's Glen Hove auditorium by the S A Association of Community Pharmacists, Southern Gauteng Branch (SAACP SG), and the opportunity to enjoy and benefit from "AN UPDATE ON HIV MANAGEMENT – THE ROLE OF THE PHARMACIST" was missed by those who could not to attend.

Tshifhiwa Rabali, the SAACP SG Branch Chairman, and National President, welcomed the attendees, representatives of Mylan Pharmaceuticals and Healthcare Waste Services, and Dr Judy Coates, newly appointed Executive Director Designated of the PSSA Branch, and introduced the keynote speaker, Dr Marlin J McKay, a General Practitioner who specialises in HIV Management, and whose CV covers a vast range of experience and participation in several health initiatives and projects, both locally and internationally.

Dr McKay's presentation, delivered in a friendly and relaxed manner, with simple and easily understood ideas, and an invitation for questions at any time, began with a brief history of the HIV / AIDs-related illness, with the first official reporting being on this very day in 1981, and he showed a timeline of the events and treatments and tests done, revealing that the majority of people worldwide eligible for treatment are now receiving antiretrovirals (ARVs), which are shown to reduce the risk of transmitting HIV by 96%; patient numbers have increased from 8 million in the early 1990s to 36.7 million living with HIV by 2016, the greatest majority in Africa (7.1 million in South Africa), and about 21 million on HIV treatment by 2017.

Mr. Brian Mohalane (Right) of Mylan thanked by Mr. Rabali

An update was given on the commonly used acronyms now used and their meanings; examples are UTT/TAT (Universal Testing and Treatment/Test and Treat); PrEP (Pre-Exposure Prophylaxis); and the very important concept of "U=U" –" Undetectable is Untransmittable," i.e. between sexually active couples. He explained also that the patient's CD-count or Viral Load (VL) level is no longer the determining factor for treatment, and that for a positive diagnosis immediate treatment is advised.

"We have come a long way since 1981 – today HIV is a chronic, manageable condition, and no longer a death sentence, and people die WITH and not FROM HIV"; we have good drugs, with fixed dose combinations, once daily doses, and better tolerability" stated Dr McKay.

The testing, and particularly Self-testing (HIVST), was then discussed, revealing that in South Africa, those aware of their HIV status has increased from 50% in 2008 to 66.5% in 2014, but there remains a testing gap, and new approaches must be considered; HIVST does not provide a definitive diagnosis, and a positive result always requires confirmatory testing by a trained health professional. Policy and guidance for HIVST, types of test kits, possible pluses and minuses – e.g. misunderstanding of procedure and interpretation - were then illustrated, followed by updated guidelines for pre- and post-exposure prophylaxis, including eligibility, the number of drugs, preferred regimens for adults and children, period and frequency of courses and follow-ups, and adherence counselling.

BELOW: A brief demonstration of the Temperature SMS Alert equipment for cold chain monitoring and maintenance was given by Mr. Pieter Lombard of PicC Elctronics

At-risk populations in South Africa were listed, and 2017 guidelines for therapy with ARVs was then discussed, as well as all the available single, dual- or triple-combination drugs, and the regimens of choice for individual patient types, ageing, co-morbidities, and treatment failure and change of ARVs.

Dr McKay proceeded with considerations of heart side effects, further

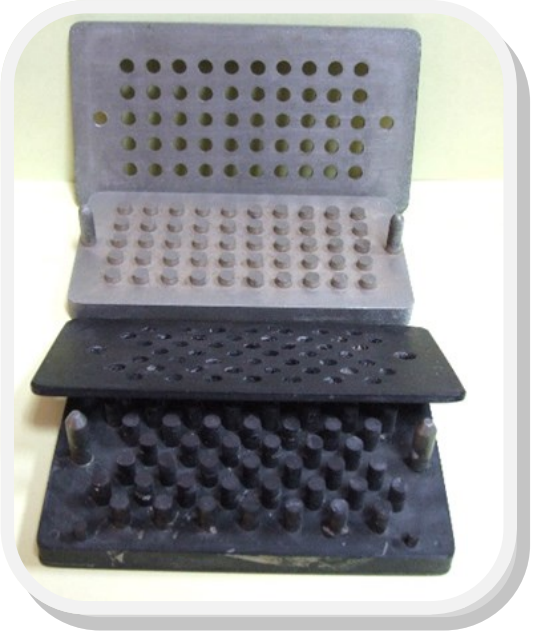
.../ continued on page 13

studies being conducted and resulting comprehensive guidelines, and advised that the PATIENT, not HIV, must be managed; new options for future drug therapy strategies such as long-acting injectable might remove the need for daily pills for some patients, and also reduction of treatment costs. Mr Rabali announced that a Workshop : "ANTI-DOPING – THE ROLE OF THE PHARMACIST" would be held at the same venue; he then thanked the evening's sponsors of the refreshments, Healthcare Waste Services, and Mylan Ltd., who sponsored Dr McKay's talk. He called on Dr McKay, Mr Pieter Lombard, Mr Brian Mohalane and Mr Happiness Ngwenya respectively to receive token gifts in appreciation; he also thanked the pharmacists who attended.

Mr Rabali offered attendees print-outs of Dr McKay's presentation slides, for more comprehensive information; they should contact Ms Edelstein at the SAACP offices at 011 728 6668

TABLET TRITURATES

Ray Pogir - Curator, National Pharmacy Museum



Tablet triturates are small, flat or rounded tablets, each containing very small amounts of potent active ingredients. Any substance having a single dose of the active ingredient of 0.5mg or less is considered as "Potent" and thus needed to be prepared in the pharmacy by the trituration process.
An example is Tablets of Glyceryl Trinitrate BP 1953 each containing 0.0005 gram (0,5 milligram) of glyceryl trinitrate.
The prescription would generally be for about 20 tablets. The amount of glyceryl trinitrate 0,5mg x 20 =10mg. This mass is obviously too small to weigh on a dispensary scale. The dispensing process used for this purpose is Tablet Trituration.

The photograph shows examples of Tablet Triturate molds. One mold is made of metal and the other of vulcanite. The latter is black in colour. It is inert and will not interact with any medication.
The molds consist of two parts. The upper plate has 50 holes and the lower plate has 50 pegs which fit into the holes. 50 tablets will have to be made. The amount of the active ingredient, in this case for Tabellae Glyceryl Trinitratis, B.P. to make 50 tablets would be weighed and a total of an inert diluent such as lactose is weighed and added so as to make up a final volume of base in which each of the 50 tablets will contain 0,5mg of the prescribed active ingredient. The minimum number which can be made by this process is 50 tablets. In the case of Glyceryl Trinitrate some formulations suggest a chocolate base as the tablets need to be chewed for absorption in the buccal mucosa.

The active ingredient and the inert powder are carefully mixed to produce a uniform distribution of the active medication, then lightly moistened to enable the preparation of a flat paste to fit exactly onto the upper plate of the mold over the holes. Pushing this plate down over the pegs of the bottom plate produces 50 molded tablets.

Wits Pharmacy Students Council for 2018 / 2019

The following are the office bearers of the Student Council. The Southern Gauteng Branch of the Pharmaceutical Society of SA extends best wishes for a successful tenure of office.

Chairperson:	Ofentse Mabokela	Vice –Chair:	Nokulunga Mbatha
Secretary:	Anesca Singh	Treasurer:	Mosale Tlaka
Academics:	Faith Masingi	Community Outreach:	Nandile Qwabe
Events Officer:	Nothando Ayambi	Media & Communications:	Omphile Schunoe

Greetings from the SAPJ

Lorraine Osman
Executive Editor: South African Pharmaceutical Journal

Not too long ago, I was congratulating the Golden Mortar on its 25th year. Suddenly (or so it seems), the 25 year old has morphed into a 40 year old. What is the difference between being 25 and being 40? Older, yes. Wiser? I refuse to answer that question. Better able to cope with all the demands of life, yes and no!

The PSSA has long recognised that communicating with its members is really important. The Southern Gauteng branch of the PSSA has supported the Golden Mortar as its means of sharing with its members the events that shape its (and their) environment.

Well done, Golden Mortar. Continue to support branch members by informing, educating and inspiring them!

The South African Pharmacy Council Elections

Doug Gordon

Ref: PSSA National Latest Newsletter

Once every five years all registered pharmacists in this country are given the opportunity to elect colleagues onto the S.A. Pharmacy Council to represent their professional and commercial interests.

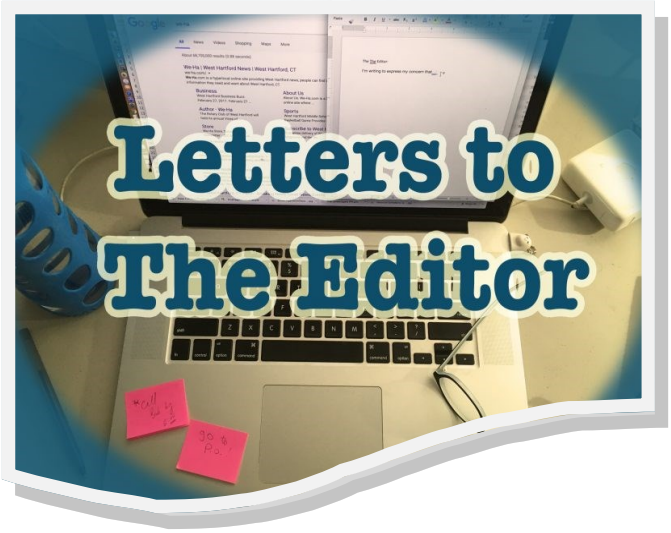
In the past this opportunity has not necessarily been used to best advantage - the number of pharmacists actually taking the trouble to nominate and vote has been disappointingly small, but this is probably typical of many similar groupings of individuals - we don't make the effort to attempt to make a difference until the situation becomes untenable and by that time it is often too late.

At a time in our history when the profession is being threatened from all sides, we encourage all our readers to make use of this opportunity to participate in these elections and vote those pharmacists into office whom they believe can help to make a difference.

"You get the government that you deserve" applies here and if we don't take the trouble to participate in this election we should not complain when things don't seem to be going our way in the future.

The details of the nominees for the nine elected positions will be made available on the Council's website at www.sapc.org.za

It is the intention of Council to send ballot papers and supporting documents to the registered address of all pharmacists who appear in the register and are entitled to vote. You are urged to carefully consider your options before making your choice, but please - exercise your right to vote.



It is with much pleasure that I have accepted an invitation from the Editor to write a few words on this auspicious occasion of the 40th Anniversary of the popular Golden Mortar, the Newsletter of the Southern Gauteng Branch of the PSSA.

1977-1978 were two very memorable years in my personal life and career as it was during this time that I served as President of the Pharmaceutical Society of South Africa, two years which still remain deeply etched in my memory. It was during this time that the then Southern Transvaal Branch Executive of the Pharmaceutical Society made a decision to launch their own communication to their members, and in June 1978 the Golden Mortar was born.

Despite the fact that I reside in Sydney, Australia, I eagerly look forward to receiving my emailed copy which keeps me updated with current Branch news and associated Sectors. In looking back on the years I remember with affection the articles written by the late Cecil Abramson which were titled "Stirring the Pot". He raised items of a very contentious nature and we often crossed swords at various meetings debating until agreement was reached. I would love to see the reintroduction of Cecil's type column, as I am certain that there is much on which to agree or disagree.

My heartiest congratulations are extended to the Editorial Board. David, you have been Chairman of the Board for many years and have given yeoman service. All readers appreciate the time and effort that the Editorial Board members give in striving to attain your ultimate aims and objectives. May "The Golden Mortar" go from strength to strength in the future and we look forward to its 50th anniversary.

Best of luck

Kind regards
Benzie Joffe

Dear Sir,

Re. The decision making process at important meetings when proxies are allowed/used.

The use of proxies at meetings and annual general meetings has recently again caused considerable unhappiness amongst members who attend meetings with the object of making recommendations and debating important matters which affect the organisation and the members. Imagine the frustration of an attending member, who is concerned about the future of the organisation, when confronted by one member, holding proxies for his entire absent delegation, who decides to abort the discussion by exercising a host of proxies on behalf of members to close the discussion. The members concerned had not even had the right or opportunity to hear or make a contribution to the final decision. One could almost describe such a situation as allowing a form of "dictatorship". One person, in a hurry to go home kills discussion and closes the meeting. This ignores the basic and fundamental right of people to discuss and come to decisions which affect their futures. This is especially important in view of the amazingly rapid changes which technology is bringing into the way of work in almost every aspect. There is no doubt that the rules about the use of proxies need to be reviewed by our responsible leaders and executive committees.

Are we really satisfied with this situation when the opinions and contributions of thousands of our members are decided by a few attendees holding hundreds of proxies? Do not complain when you are affected by decisions taken on your behalf by one person holding all the right-to- exercise-large-numbers-of-votes by using your proxy.

THE OPINION OF MY COLLEAGUES WILL BE APPRECIATED.

Signed: Ray Pogir

…/ continued on page 16

Dear Sir

Re: The use of proxies at meetings of the PSSA and its Sectors

In no way do I or intend to criticize the chair, the meeting or the outcome of the SAACP meeting earlier this year. The intention is to address an example of the wrong use of proxies and the resultant implications thereof.

At the recent general meeting that I attended the use of proxies was made and included in the vote on whether or not to allow discussion to take place on an important matter that was not on the agenda and had not been previously circulated. As a result of allowing the proxy votes to be used in this manner the vote was lost and discussion on this important matter of real concern could not take place.

The matter of concern to the profession to which I refer was the public media reporting on fraudulent claims and dishonesty by a minority group of pharmacists. The formal press report was quoted out of context by creating the impression that a large grouping of the pharmacy profession acts fraudulently and unethically.
Care must be taken with the manner in which these statements are made and worded to avoid creating such false impressions.

The intention of the SAACP was to meet with certain administrators and medical schemes to encourage them to do the correct thing when reporting instances such as the above and to check to ensure that their press releases and media statements are reported accurately and in the correct context. The damage caused by the above actions is often impossible to correct after the event so every precaution must be taken to avoid such a situation in the first place.

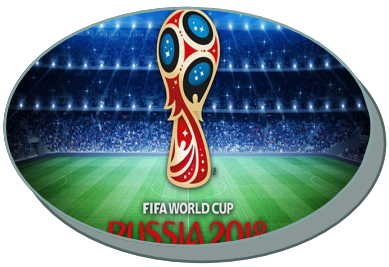
The intention of the late motion at the meeting was to request the incoming executive to develop a strategy to communicate and/or meet with the BHF, the Medical Schemes Council and certain medical schemes and administrators to ask them to desist from making media and public statements that reflect negatively on the profession of pharmacy.

The pharmacists referred to in the report were investigated by the BHF fraud unit over a period of some months. They were asked to produce invoices covering stock items purchased to check against the medicines claimed from the medical schemes and checks were also conducted on scheme members and their dependants. All payments of claims submitted to the medical scheme were then suspended and the pharmacists asked to sign an admission of guilt.

This report does not support fraudulent actions and dishonesty by pharmacists in any way. Pharmacists guilty of these actions should be severely dealt with.

The implications to medical schemes and their members are unfair and could lead to increases in costs for the member. The correct procedure should be that any unethical behaviour that could bring the profession into disrepute should be reported to the SAPC that could then take action as it is bound to do

Gary Kohn, FPS



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

The Golden Mortar
P O Box 2467, Houghton, 2041
Tel: 011 442 3615, Fax: 011 442 3661
pssa@pssasg.co.za

Your SG Branch Chairman: Lynette Terblanche

Your PSSA Southern Gauteng Branch Sector representatives are:

Community Pharmacy:	Tshifhiwa Rabali & Richard Barry
Hospital Pharmacy:	Tabassum Chicktay & Rofhiwa Mulibana
Industrial:	Hilton Stevens
Academy:	Paul Danckwerts & Stephanie de Rapper

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