

# The Golden Mortar



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

Edition 6/September 2018

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**FAREWELL TO DOUG GORDON**

Lynette Terblanche

Chairperson: PSSA Southern Gauteng Branch

It has been my privilege and honour to have worked with Doug Gordon for a number of years as a member of the Branch Committee and more recently as Chairperson of the Southern Gauteng Branch.

Doug will always be regarded as an exceptional person with a passion for pharmacy and for that we need to recognise, respect and appreciate all the valuable skills, knowledge, and the positive qualities that Doug instilled onto the Branch, the Sectors and everyone who may have had the privilege to interact with him.

I would like to express our sincerest gratitude to Doug for his unselfish giving of his time and effort to shape the pharmacy profession. Doug's contribution to the profession and to this Branch of the PSSA is integral to the success that we enjoy as a Branch.



Doug has spent approximately 17 years guiding and inspiring pharmacists and staff. I deem myself and my colleagues as very fortunate to have worked under Doug's leadership.

Doug has encouraged, inspired and supported many colleagues to reach their true potential. His leadership made working for the profession easy and enjoyable. Thank you for providing opportunities to members of the Branch and for being so passionate about the young pharmacists.

Doug always got the job done well and without delay.

In a recent report Doug was described as: Active, productive, industrious, honest, friendly, reliable, persistent, resourceful, loyal, insightful, analytical, and self-disciplined. I can only venture to say there are probably a lot more...

The Southern Gauteng Branch of the Society is proud to have a colleague and friend of this calibre.

Doug,  
Words cannot express how much we are going to miss you.  
We wish you a happy healthy retirement and many hours of golf.





## FAREWELL TRIBUTE TO DOUG GORDON

*Dave Sieff*

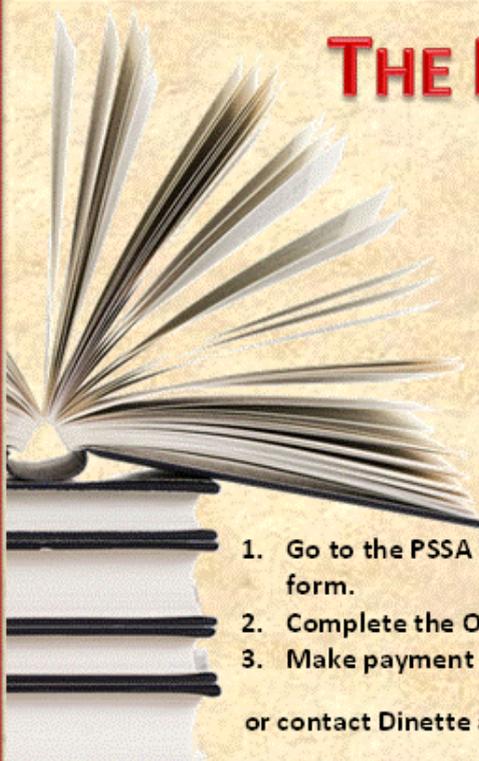
*Chairman of The Golden Mortar*

When Douglas Keith Gordon was appointed to the Southern Gauteng (SG) Branch of the PSSA as the new General Manager, he was interviewed for a welcoming article in the May 2001 edition of The Golden Mortar (GM), in which he expressed his optimistic and positive expectations for Pharmacy in the healthcare delivery requirements of all our people, and was quoted as "I am delighted to be back 'home' in Pharmacy where I feel I really belong and where I believe I can make a meaningful contribution."

Well, as far as The GM, Newsletter of the Branch is concerned, Doug has fulfilled this role more than adequately; he was the driver of the new directions which The GM was taking, particularly in bringing the whole production process 'in house,' followed later by the necessary and very successful move from a printed and posted format to the electronic version now emailed to the Branch membership, as well as its publication on the National PSSA's website.

Doug's regular attendance at the GM's Editorial Board meetings, where policy and planning for future editions is determined, has been invaluable, keeping the Board members up to date with developments in the Pharmacy world in South Africa, as well as voicing his opinions and ideas, and offering his sage advice; he has also overseen and tightly controlled the financial and budget aspects.

Over the many years in this position, the Board, with occasional changes of membership, has come to respect and admire Doug's meaningful contributions, both to policy and to editorial material, and on their behalf, as the Editorial Board Chairman, I must express our sincere gratitude for our long association as friends, colleagues, and fellow contributors; we shall surely miss his attendance, as well as his long presence as the General Manager of the SG Branch, and we wish him well in his retirement.



## 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](http://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!*

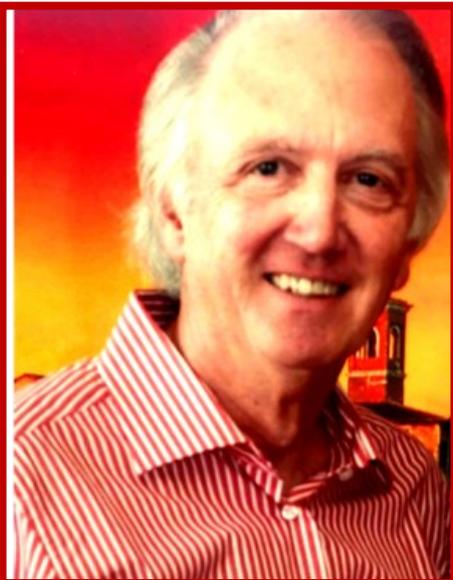


## Goodbye from Doug Gordon

*The Golden Mortar Journey and a Word of Thanks*



Time to  
say Goodbye



**Doug Gordon**

I have really enjoyed the 18 years or so that I have sat around this Editorial Board table. In the past there were up to 10 people on the Board and we employed Anita Heyl as the Managing Editor.

I believe that we have made progress since those days in achieving a balanced Branch newsletter that has something of interest or importance for everyone.

In the past, The Golden Mortar used to fluctuate between being a newsy, but relatively unimportant publication and attempting to be something of a clinical journal depending on who was serving on the Board at the time. However, today we do our best to ensure a newsletter that contains a good mix of items of general interest to our members.

Taking the entire production in-house and moving from postal delivery to an online distribution was a bit of a risk because it was such a major change, but fortunately we had ready acceptance of the new format and I believe that we now have a far more acceptable publication than

we did fifteen to twenty years ago.

I am proud to have been associated with the production of The Golden Mortar since 2001 and to have made a contribution to it becoming the only Branch newsletter that has endured through 40 years of publication. It has been a very pleasant experience for me and I wish to congratulate Mr David Sieff, the Chairman of the Editorial Board, for the vital role that he has played in the continuing publication of this journal. My thanks also go to Mr Neville Lyne and all the Editorial Board members who have contributed so positively to the publication over many years.

My special thanks go to Ms Cecile Ramonyane for keeping us all on our toes as well as for her contribution as Secretary of the Board.

I'm fairly sure that I will miss the regular adrenalin rush brought on by an approaching deadline!

### Erratum:

Please note that on page 18 of **The Golden Mortar Edition 5** personal copies a typographical error occurred for which we apologise. The version on the PSSA website is however correct.

(Fig 2). The two surface proteins are:  
Haemagglutinin (N1 through N18) and should read Haemagglutinin (H1 through H18)  
Neuraminidase (N1 through N11)

Type A flu viruses currently circulating:

Influenza A(H1N1)  
Influenza A(H3N2)



# Proposed Amendments to the Medical Schemes Act and NHI

Gary Kohn, FPS

Changes and amendments that have been proposed for implementation affecting the Medical Schemes Act and National Health Insurance Act could herald in major changes to the community pharmacy practice environment, as we have known it up to now.

The presentation by the Minister of Health on the National Health Insurance Bill and the Medical Schemes Amendment Bill to the media, indicated that “a massive shake up in both the Governmental and Private health care systems” would take place.

The unused R60 billion reserves held by Medical Schemes in excess of the 25% legal requirement was mentioned as funds that could be used with the proposed changes.

The following changes to the Medical Schemes Act were presented by the Minister:

## 1. End of Co-payments

All co-payments by members of medical schemes to be removed and the scheme to pay the full amount charged to the patient.

The above follows unhappiness and complaints by consumers to the payment of co-payments or surcharges to the Medical Schemes Council and the Department of Health.

As pharmacy service providers this could have an influence as claims from various pharmacies are different and do not have the same claim amounts or arrangement with the relevant schemes and would have an influence on medical reserves.

With the preference of medical schemes to make use of designated service providers it would be interesting to note how they will deal with paying claims from non-designated providers.

This could also create an opportunity to claim by making use of the Department of Health dispensing fee for medicine claims.

## 2. The Role of Brokers

Two thirds of medical scheme clients currently pay R2.2 billion to brokers who are unknown to them.

According to the Minister the role of brokers is being brought into question as people joining medical schemes over the last few years has 'remained relatively static'.

A role should however be played by someone to advise medical scheme members with regard to options available or intended changes such as planning switches to other options.

## 3. Abolishment of Prescribed Minimum Benefits (PBMs)

The Minister indicated that the PBMs would be replaced with comprehensive service benefits. The intended comprehensive services would include payment for services such as family planning, vaccinations and screening service, in so doing expanding into the primary health care services.

The above could possibly provide an opportunity to community pharmacists in their delivery of screening, immunisation and family planning as Primary Care Drug Therapy (PCDT) practitioners.

## 4. Intention to Address Unequal Benefit Options

According to the Minister this amendment will prevent medical schemes from implementing any benefit option without prior approval by the Registrar of Medical Schemes.

In this way to ensure that changes are in the best interest of the members and should prevent these benefit options from favouring any other party.

.../ continued on page 5



## 5. Fake Medical Schemes

This amendment will make it an offence for a business to label itself as a medical scheme unless it meets the current statutory prescribed requirements in the Act.

The Minister referred to television and radio advertising of various health and cash plans selling similar products to medical schemes that are not properly registered with the correct authorities.

## 6. Creation of a Central Beneficiary Registry

This proposal gives the Registrar of Medical Schemes the means of understanding the trends and behaviours of consumers, when selecting a medical scheme.

This data will include age, disease, and geographical profiles of members but exclude any other personal information for the incoming NHI plan.

Medical schemes do not currently make the above information available.

## 7. Income Cross-Subsidisation Model

This model will ensure that the rich subsidise the poor, the young will subsidise the old and, all must subsidise the sick.

The current system, through the contribution tables, charge lower fees to lower income patients but the same amount for benefits.

No detail of how this subsidisation will work but this will in my opinion increase the contributions of the healthy and the rich.

## 8. Medical Schemes must 'pass back' Savings

Here the principle that Medical Schemes should not be profiting and that all cost-savings should be passed on to the patients.

Currently Medical Schemes instruct and compel members to make use of designated service providers as a cost saving.

These savings are taken by the administrators instead of passing it on to the members in the form of fee reduction.

This principle was supported in the National Drug Policy in 1994.

## 9. Cancellation of Membership

After joining the Medical Scheme there is a time period before members can participate in the Medical Scheme before they are allowed benefits.

Some members are forced to keep paying even after cancelling their membership. This should not be allowed according to the Minister.

## 10. Governance of Medical Aid Schemes

This proposed amendment will mean that minimum education requirements will be imposed before someone is allowed to join a board of, or become a CEO, of a medical aid scheme. Dr Motsoaledi said this was to prevent persons from 'just listening to whatever the principle officer is saying, rather than the other way round.'

## Further Comment

There are concerns as to how exactly the NHI will be funded.

The full impact of the NHI on the private medical scheme market cannot be estimated at this stage.

The medical aid contractual credit facility offered by community pharmacy has served the medical schemes and their patients through the years. Although having to deal with designated service providers and being reimbursed at medical scheme rates.

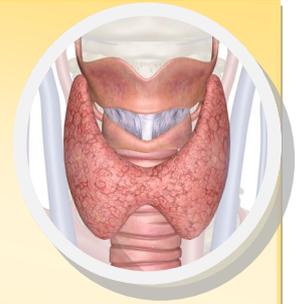
For community pharmacy the capitation per area could result in financial implications and differs completely from the current fee-for-service model.

Area allocation and the accreditation of service providers and establishments and, the various control issues could pose a problem for community pharmacy.



# The Highlights of Hypothyroidism

By Linda Steyn (B. Pharm)  
Amayeza Info Services



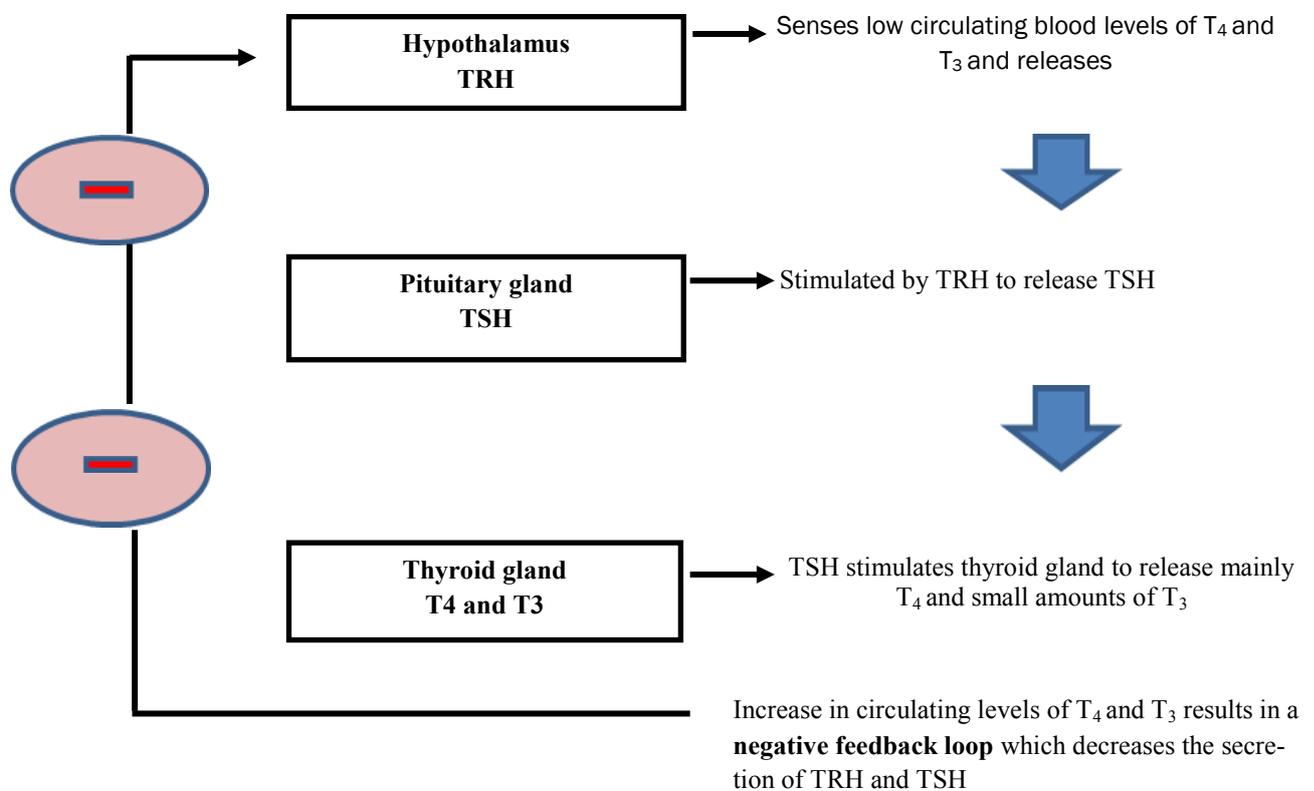
Hypothyroidism occurs mainly due to an improper functioning of the thyroid gland, leading to a decrease in the production of thyroid hormone. There is consequently an inadequate amount of thyroid hormone to meet the needs of the peripheral tissue.

This article will mainly focus on primary hypothyroidism and its treatment.

Under normal circumstances, thyroid hormones are released by the thyroid gland and the circulating levels are regulated by a negative feedback system involving the hypothalamus and pituitary gland (illustrated below).

Thyroxine ( $T_4$ ) is released from the thyroid gland in a much higher percentage than triiodothyronine ( $T_3$ ). The majority of  $T_3$  is produced by the peripheral conversion of  $T_4$ , which is considered to be a prohormone of  $T_3$ . The more active hormone,  $T_3$ , is responsible for regulating vital body functions, normal growth and development, as well as body tissue maintenance.

## Hypothalamic-pituitary-thyroid axis



Adapted from Orlander P. Hypothyroidism. Medscape

TRH= thyrotropin-releasing hormone, TSH= thyroid-stimulating hormone

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**Primary hypothyroidism** is commonly caused by autoimmune thyroiditis (Hashimoto disease) and, in many parts of the world, due to an inadequate intake of iodine.

The thyroid gland is unable to produce enough thyroid hormone to maintain normal levels of TSH. Failure of the negative feedback loop causes the pituitary gland to compensate by releasing more TSH, resulting in increased circulating levels of TSH.

The disease is therefore characterised by a *high serum concentration of TSH and a low serum concentration of T<sub>4</sub>*.

The symptoms of primary hypothyroidism may be non-specific and in some cases, patients may be asymptomatic.

#### Symptoms may include (amongst others):

- Tiredness or lethargy
- Insomnia
- Cold intolerance
- Weight gain
- Decrease in appetite
- Impaired memory or difficulty in concentrating
- Dry skin and hair loss
- Depression
- Muscle and joint pain
- Puffiness

**Subclinical hypothyroidism** can also occur, where the serum levels of TSH are high, but the serum T<sub>4</sub> levels are within the normal range. Most of these patients are asymptomatic.

Drug-induced hypothyroidism has been associated with certain drugs, including (but not limited to): amiodarone, lithium, stavudine, rifampin, carbamazepine and phenobarbital.

#### Management of hypothyroidism

Therapy is aimed at returning the body to its euthyroid or 'normal' thyroid state, thereby improving the symptoms. The goal of therapy is to maintain serum TSH levels within a specific acceptable range.

The treatment of choice for primary hypothyroidism is levothyroxine (LT<sub>4</sub>) monotherapy.

Once ingested, this drug is then converted to the active metabolite triiodothyronine (T<sub>3</sub>) through a deiodination process in the peripheral tissues.

#### Dose

LT<sub>4</sub> has an average half-life of about 7 days, and is administered as a once daily dose. It should be taken on an empty stomach with water (at least 30 minutes before breakfast).

The dose for adults with primary hypothyroidism is calculated according to lean body mass (1.6 µg/kg). The full calculated dose may be initiated in young patients, but in elderly patients (>65 years), it is recommended that they be started on a lower dose (12.5 - 25 µg daily) and have the dose adjusted in small increments every 4-6 weeks until the patient is euthyroid. This lower dose initiation also applies to patients with heart failure, ischaemic heart disease, or arrhythmias.

Patients usually experience an improvement of their symptoms within 2 weeks of initiation, but it may take a few months for complete recovery. TSH steady-state concentrations are only achieved approximately 6 weeks after initiation of treatment or after a dosage change. Serum TSH levels in patients who show symptomatic improvement should be measured every 4-6 weeks, and if levels are not within the reference range, the dose of T<sub>4</sub> is adjusted (either up or down) in doses of 12 to 25 µg/day. Patients who are not showing any improvement of symptoms after 2-3 weeks of initiation of therapy, are usually re-evaluated after 3 weeks. Serum TSH, as well as free T<sub>4</sub> levels, are measured, and adjustments are made accordingly.

Once TSH serum levels are within the normal range, measurements may be taken every 6-12 months.

#### Dose adjustments

Certain factors may require the dose of LT<sub>4</sub> to be adjusted.

These factors include:

- Pregnancy
- Loss of weight, or weight gain
- Addition of certain medications (see below)
- Gastrointestinal disease
- Aging
- Androgen or oestrogen therapy initiation or discontinuation

#### Overtreatment

The aim of therapy is to keep the patient's serum TSH levels within their target range. If overtreatment

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with LT4 occurs, the patient may develop subclinical hyperthyroidism and be at risk for atrial fibrillation (mainly in the elderly) and accelerated bone loss (mainly postmenopausal women).

Symptoms of overtreatment may include:

- Sleeplessness and tiredness
- Over excitability
- Tachycardia or palpitations
- Nervousness
- Diarrhoea
- Chest pain
- Heat intolerance
- Headache
- Atrial fibrillation
- Tremors

### Elderly

Elderly patients (>65 years) have increased serum TSH levels. These patients may have normal thyroid function, but the TSH level may be above, or at the upper limit, of the traditional reference range for thyroid function. A higher target TSH level for elderly patients on LT4 therapy may be more suitable.

### Food and Drug interactions

Certain drugs may interfere with the absorption and metabolism of LT4 and should be separated from LT4 intake by 4-5 hours.

Drugs interfering with LT4 absorption include:	Drugs interfering with LT4 metabolism include:
Proton pump inhibitors Cholestyramine Oral bisphosphonates Ferrous sulphate Calcium salts Sucralfate Ciprofloxacin H <sub>2</sub> receptor antagonists	Rifampin (rifampicin) Carbamazapine Phenytoin Phenobarbital Sertraline

Patients taking warfarin may need to have their dose of warfarin adjusted.

LT4 should be taken on an empty stomach with water (at least 30 minutes, but preferably 60 minutes before breakfast). Grapefruit juice, espresso coffee, soy, and soybean formula have been shown to significantly affect the absorption of LT4.

#### Important to note:

- ⇒ It takes approximately 6 weeks to achieve steady- state TSH levels after initiation or dosage change of LT4 therapy.
- ⇒ LT4 should be taken on an empty stomach, with water, to maximise absorption.
- ⇒ Frequent TSH level monitoring is recommended in the elderly patient, as reduction in lean body mass, co-morbidities and co-administered medications may affect absorption and metabolism of LT4.
- ⇒ If a patient is switched to a different LT4 formulation, the patient should be monitored to ensure that the serum TSH is still within the target range (test approximately 6 weeks after product change), especially if the patient experiences a re-emergence of symptoms or has symptoms of overtreatment.



⇒ **Patient counselling:**

- \* Patients should be made aware that primary hypothyroidism is a lifelong condition and that LT4 therapy is effective and well-tolerated when taken at the correct dose
- \* Annual or biannual TSH testing should be encouraged
- \* Patients should be encouraged not to miss a dose and to take the dose at the same time every day
- \* Patients should be made aware of the risks of overtreatment (see above)
- \* Elderly patients may be over- or undertreated and should be encouraged to have their serum TSH levels monitored regularly

**Conclusion**

Proper functioning of the thyroid gland is essential for the production of thyroid hormone. Untreated hypothyroidism may lead to coma and may even be fatal. Pharmacists play a vital role in counselling patients about the disease, encouraging compliance and administration, as well as knowing when to refer the patient for evaluation.

**References:**

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8. Euthyrox® (levothyroxine sodium). Package Insert. Merck (Pty)Ltd. 15 Aug 2008.

## 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!*



# SAAPI Conference 2018

“Right time – Right now”

4-5 October 2018

The South African Association of Pharmacists in Industry (SAAPI) will be hosting a two day conference at the **Bytes Conference Centre** on 4 and 5 October 2018. The aim of this conference will be to address topical subjects relevant to the pharmaceutical industry and the changing landscape we face this year.

We will provide you with practical tools and share ideas on how we can work together with other stakeholders to achieve our common objectives.

## Topics:

### Day 1

- Update from SAHPRA  
*Prof. Shabir Banoo - Technical Operations & Regulatory Strategy Committee – SAHPRA*
- The Impact of Local and Global Regulations and Guidelines on the South African Clinical Trial Industry  
*Nicola Main - Clinical Research Manager - Cato Research and SACRA Vice Chairperson*
- Role of the RP and QA in a Manufacturing Environment  
*Enos Motshitela – Inspectorate – SAHPRA*  
From Compliance Check to Quality Oversight  
*Dr. Georg Sindelar - Division Manager Qualification and Consulting - Chemgineering Business Design GmbH*  
Metrics & KPIs – a Case Study  
*Dr. Georg Sindelar - Division Manager Qualification and Consulting - Chemgineering Business Design GmbH*
- Medical Devices: The Roles and Responsibilities of the Authorised Representative, Medical Device Regulations and Guidelines – Progress made and the way forward, and Product Surveillance and Reporting  
*Andrea Julsing Keyter - Deputy Director: Medical Devices – SAHPRA*  
Cybercrime in South Africa with a specific focus on the medical industry  
*Candice Sutherland - Cyber Insurance Underwriter. ITOO Special Risks*

### Day 2

- International Society of Pharmaceutical Engineering (ISPE)  
Session 1 – Data Integrity  
*Alice Redmond, Vice President, European Operations Commissioning Agents, Inc. and Director of The International Society of Pharmaceutical Engineering (ISPE)*  
International Society of Pharmaceutical Engineering (ISPE)  
Session 2 – Pharma 4.0  
*Alice Redmond, Vice President, European Operations Commissioning Agents, Inc. and Director of The International Society of Pharmaceutical Engineering (ISPE)*
- Specialization – MPharm (Industrial Pharmacy) - An update  
*Amos Masango - Registrar/Chief Executive Officer South African Pharmacy Council*

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- Pharmacy Technicians and the Mid-Level Pharmacy Workforce  
**South African Pharmacy Council**
- The Marketing Code Authority - An Update  
**Suzette van Rooyen – Director Ethics and Compliance - Astellas Pharma**
- Motivational Speaker  
**Arthie Moore**

*\*Please note some of the Topics might be subject to change.*

The link to register for the conference is : <https://confpro.outsystemscloud.com/SAAPI2018/>

### Conference Fees

Full Conference Fee – SAAPI Members	<b>R 4 000</b>
Full Conference Fee – Non Members	<b>R 4 700</b>
One Day Registration Fee – SAAPI Members	<b>R 2 860</b>
One Day Registration Fee – Non Members	<b>R 3 300</b>

Please take note of the following: The closing date for registrations is 1 October 2018.  
Late registrations will be charged from 28 September 2018.  
An additional surcharge of R600 will apply to all Strictly Halaal and Kosher dietary requirements.

### Green Notice

SAAPI is keenly aware of environmental issues and strives to keep this year’s conference as green and environmentally friendly as possible. Printed material will be kept to a minimum this year and no printed folders will be provided. We will hand out a flash drive with the presentations.

### Lucky Draw

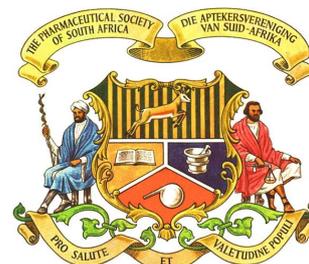
**Stand a chance to win R 1000 towards a SAAPI workshop of your choice**

Delegate must be present at the time of the draw to claim the prize. Delegate must book seat as soon as the desired workshop is announced, as space is limited.

### Networking Cocktail Function

There will be a Cocktail Function on Thursday evening directly after the conference closes at 17:00. Everyone is invited to this networking opportunity.

**Please note that there will be a cash bar available.**



# Wits 1st Year Pharmacy Students visit the PSSA Southern Gauteng Branch and the National Pharmacy Museum



The curriculum for the pharmacy students includes “The History of Pharmacy”. A visit to 52 Glenhove Road and a tour of the museum has become the traditional introduction of Wits Pharmacy students to the Pharmaceutical Society, the Branch and, to the history of pharmacy.

The first year class for 2018 consists of 98 students. As the programme, consisting of the history and conducted tour, can accommodate a maximum of 25 students at any one time, the visits took place in two sessions of 46 students each on the 23<sup>rd</sup> and 30<sup>th</sup> July. The programme is arranged for one half of the students to attend a lecture and DVD explaining the PSSA, the sectors, and career options in pharmacy, while the other half are on a guided tour of the museum and history of the profession. After refreshments the 2<sup>nd</sup> group follows the same procedure.

Rubinah Shaik organises a “FUN TREASURE HUNT” in the museum where students have to find historical items that were mentioned during the tour.

Quotes from the students in the visitor’s book include “Such an informative tour!” “Inspiring for new pharmacy professionals entering this great career” and “A treasure of rich history - inspiring to see the journey of pharmacy”.

We wish the students success in their studies.



# Invitation to SAAHIP Park Run



The poster features a red vertical bar on the left with the text 'PARK RUN' in large white letters and 'ALBERTS FARM' at the bottom. The main content is on a light blue background. At the top left is the SAAHIP logo, a circular emblem with 'S.A.' at the top, 'A.H.I.P.' at the bottom, and 'V.H.I.A.' at the bottom. To the right of the logo, the text reads: 'SAAHIP SOUTH AFRICAN ASSOCIATION OF HOSPITAL AND INSTITUTIONAL PHARMACISTS SOUTHERN GAUTENG BRANCH INVITES ALL PHARMACISTS TO JOIN IN FOR THIS RUN/WALK IN HONOUR OF PHARMACY MONTH'. Below this, four colorful, stylized human figures (green, blue, purple, orange) are shown running. Each figure has a thought bubble with a message: 'Know your medicine', 'Talk to your pharmacist', 'Store your medicines correctly', and 'Travel safely with your medicines'. The date and time are 'Saturday, 29 September 2018 @ 7:30 am'. At the bottom, it says 'FREE REGISTRATION. www.parkrun.co.za' and 'Dress Code: White T-shirt and Sign Board with a Message to Public on One of the Above Themes'. On the far right, the text 'LIGHT BREAKFAST AFTER FROM PHARMACY' is written vertically.

To register for the Park Run please go to [www.parkrun.co.za](http://www.parkrun.co.za) or email Tabassum [Shaik@gauteng.gov.za](mailto:Shaik@gauteng.gov.za) or telephone Tabassum on 083 304 4623.

## MANAGEMENT OF COMMON DERMATOLOGICAL CONDITIONS

*Dave Sieff*

Dr Robert Weiss, a Specialist Dermatologist in private practice, recently gave a presentation on “Management of some Common Dermatological Conditions for the Pharmacist,” opening with a few photos of some unusual geological features in the Johannesburg area, and promising to reveal the reason later in his talk.

He continued with a comparison of percentages and differences of skin conditions in general and hospital practices respectively, and proceeded with a distinction between types of common skin conditions, their definitions and clinical features. A classification of exogenous and endogenous Eczema into various types was illustrated and explained in detail, and similarly for psoriasis.

The management of eczema and psoriasis by pharmaceutical agents was then explained, followed by a discussion of Acne and related disorders and their treatment, topically and orally; the features of perioral dermatitis, rosacea, bacterial, fungal, and viral infections, and dermatophyte (e.g. Scabies and Lice) infestations, Tinea versicolour, pityriasis, and various annular (ring-like) skin conditions were then illustrated.



*Acute Stage*

.../ continued on page 14



The symptoms and treatment of 'itchy skin,' caused mainly by dryness during the winter months, concluded the clinical presentation.

Dr Weiss then returned to the geological aspect of the session, likening the appearance of many eruption-like dermatological symptoms to the eruptions caused by the impact of the largest meteor to hit the Earth, causing the huge crater of the Vredefort Dome in the north-eastern Free State Province, and effects for up to about 200 kilometres northwards; these geological movements of the Earth's crust exposed the rich veins of gold- and platinum-bearing rock at the surface which are mined, often to a great depth, in the area. He urged the audience members to visit the Dome and to read the whole story in a recent book, "Earth and Life."

Some questions from the floor ended an interesting, informative, entertaining and 'different' CPD evening, sponsored by the Southern Gauteng Branch of the PSSA.



*Contact Dermatitis*

## A playground of Colour and Delight.

On the 27-29 August 2018 the Glenhove Events Hub (GEH) hosted a client by the name of Laceys. Laceys is an international balloon manufacturer who offer a course in creating balloon displays.

52 Glenhove Road, Melrose Estate was turned into a massive playground with colour and delight. At the end of the event Laceys leaves the balloons for the Branch to distribute to a worthy cause .

Last year we donated some balloon displays to a little girl who has SPD (Sensory Processing Disorder). This year we donated all the balloons to the Johannesburg Children's Home on Saturday 1st September, Spring Day.

Unfortunately, we were not allowed to take pictures of the kids but definitely a worthwhile cause.

Thank you to Matthew Passos for taking time out on Saturday to make the donation.

Laceys has made reservation to offer the course in August 2019 again.





## “ANTI-DOPING IN SPORT - THE PHARMACIST’S ROLE”

**Dave Sieff**

### Report of a Workshop for Pharmacists

At a recent Workshop on “ANTI-DOPING IN SPORT,” arranged by the Southern Gauteng Branch of the S A Association of Community Pharmacists (SAACP SG), Mr David Bayever, Wits University lecturer and Director of the S A Institute for Drug-Free Sport (SAIDS), introduced his presentation with the sub-title “The line between ‘safe’ and ‘risky’ dietary supplements.”

He described the ‘winning’ approach to supplement use as a process of due diligence least likely to harm the health of consumers or ruin the sporting career of athletes; the obstacles to be ‘jumped’ are : is it SAFE ?; is it LEGAL ?; is it EFFECTIVE ?; and is it NEEDED ?

Major obstacles include lack of supplement legislation and enforcement, locally and abroad; exaggerated or false claims of efficacy and safety; incorrect dosages and not all ingredients listed; an increasing number containing pharmaceutical-grade ingredients or un-approved drugs; and more athletes testing positive. Sport and health authorities have warned against the risk of supplement use, amid an increase of ill-health effects.

Mr Bayever gave detailed examples of many dietary supplements containing pharmaceutical-grade ingredients which might have unknown stimulant, addictive, and other adverse effects, and are prohibited in sport by regulatory authorities due to the risks to human health.

‘Intended or Unintended Doping’ was the subject of numerous studies of over 100 products analysed for content of substances and metabolites, anabolic steroids, and stimulants, as well as individual athletes; many banned substances were not listed on the labels, resulting in positive test results.

The risk to public health attributed to herbal and dietary products was then highlighted, with anabolic

steroids, green tea extract, and ‘multi-ingredient’ nutritional supplements accounting for 20% of liver toxicity in one study, and much more in some countries. Supplements advertised for active kids and adolescents for performance enhancement can lead to a ‘quick-fix’ mentality, and be a ‘gateway / predictor’ of future doping behaviour, and might affect growth and development; an exception is clinical use to correct deficiencies, e.g. calcium, iron, vitamin D.

Natural health products and dietary supplements were the subject of an analytic study which raised concerns about the ethics of these being sold in pharmacies, and about pharmacists being expected to counsel about products of which they have little knowledge. A growing problem is on-line shopping for prescription and veterinary drugs, used for weight gain.

The role of health professionals, including pharmacists, in clean sport was discussed, making sure that what athletes want to take is not harmful, banned, or performance-impairing; they rely on us for expert guidance on performance-enhancing substances, and it is our responsibility to educate them about the facts vs claims of these products, and also being ethically bound to discourage substances that violate the spirit of sport and the rules of competition.

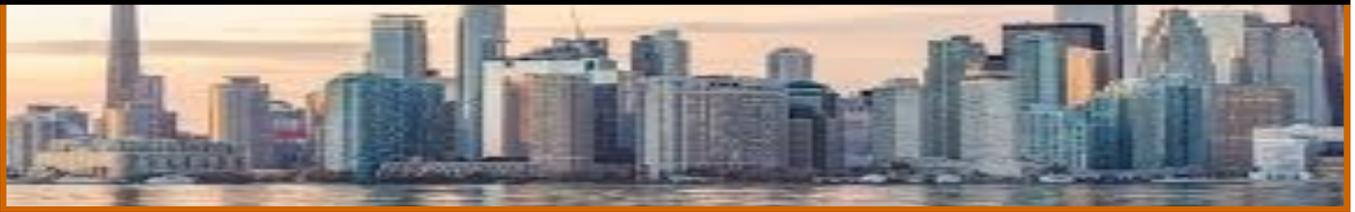
The controversial case of Caster Semanya and her physiological and genetic condition was clarified, followed by a discussion on Cannabis Oil and its Cannabidiol component, and the current legal situation, internationally and locally.

Mr. Bayever took questions and comments from the floor in concluding his his informative and interesting presentation, and provided a website link for further information on the subject:

[www.drugfreesport.org.za](http://www.drugfreesport.org.za)



# Introducing the International Pharmaceutical Federation (FIP)



Tammy Chetty

A current member of the **Industrial Pharmacy Section (IPS)** of FIP

Over the past few years, you would have noticed SAAP! publishing attendance at events hosted by FIP – well, if you ever wondered how to become a member, now is your opportunity!

FIP was founded in 1912 and is a global federation of national associations representing 4 million pharmacists and pharmaceutical scientists. FIP has official relations with the WHO. As a potential member it is important that you are privy to the Vision and Mission to identify and belong to an organisation.

Vision: Wherever and whenever decision makers discuss any aspects of medicines on a global level, FIP is at the table.

Mission: FIP's mission is to “improve global health by advancing Pharmaceutical Education, Pharmaceutical Sciences and Pharmaceutical Practice thus encouraging, promoting and enabling better discovery, development, access to and responsible use of appropriate, cost-effective, quality medicines worldwide”.

The benefits for individual members are depicted below:

## FIP individual membership

What's in it for you?



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## FIP Individual Membership Benefits

- NETWORK with global leaders who share your professional interests and aspirations
- Keep current with international developments and new trends in pharmacy, including ACCESS to the International Pharmacy Journal (IPJ) and Section newsletters
- Earn continuing EDUCATION credits across the different settings of practice and science at our global meetings and events
- Develop OUTREACH programmes to advance pharmaceutical practice, sciences and education, especially in developing countries
- INFLUENCE the direction and impact of the pharmacy profession through discussion groups, working groups and task-forces
- Enjoy DISCOUNTS to the FIP annual congress: the FIP World Congress of Pharmacy and Pharmaceutical Sciences

Upon individual membership, you can choose to become a member of one of the 8 pharmacy practice Sections viz. Academic pharmacy, Clinical biology, Community pharmacy, Health and medicines information, Hospital pharmacy, Industrial pharmacy, Military and emergency pharmacy and Social and administrative pharmacy. And if that is not enough, an individual member also gets the opportunity to join one Special Interest Group through which they can interact with peers and colleagues with similar interests from all over the world. Major platforms for these interactions include the annual FIP World Congress and the Pharmaceutical Science World Congresses (PSWC) which take place every three years. (The next PSWC will be held in Montreal, Canada, 22-27 May

2020.)

The Special Interest Groups are: Analytical sciences and pharmaceutical quality (this SIG currently has one focus group: pharmaceutical enzymes), Biotechnology, Drug design and discovery, Formulation design and pharmaceutical technology, Natural products, Pharmacokinetics (PK), Pharmacodynamics (PD) and systems pharmacology, Pharmacy practice research, Regulatory sciences (this SIG currently has four focus groups: dissolution/*in vitro* drug release, BCS and biowaivers, BA/BE and clinical bridging studies) and Translational research and precision medicine.

I am a current member of the **Industrial Pharmacy Section (IPS)** and I look forward to the quarterly Industrial Pharmacy Journal as well as the quarterly IPS newsletters that are filled with global updates on development and manufacturing, biotechnology, QC/QA and the regulation of pharmaceuticals and FREE webinars. Members can look back at all webinars that are held in the past, in the member only area.

For an initial registration of 60 EUROS for South Africans, that's a small investment towards a wealth of knowledge that awaits. Membership is renewed annually.

Join the global pharmacy network by becoming a FIP member today!

Visit the FIP website <https://www.fip.org/> or email [membership@fip.org](mailto:membership@fip.org)



## WORLD PHARMACISTS DAY – 25 SEPTEMBER

In 2009 the International Pharmaceutical Federation (FIP) officially designated the 25th of September of each year as World Pharmacists Day. This day was adopted to raise awareness of the role of the pharmacist in healthcare and to further this exact role through increased community involvement of pharmacists on national and local levels. As a proud and active FIP member organisation, the Pharmaceutical Society of South Africa (PSSA) is pleased to participate in World Pharmacists Day and further the shared goal of increased pharmacists' involvement in the betterment of patient health and their recognition for such services.

The 2018 theme for World Pharmacists Day is: "**Pharmacist - your medicines expert**".  
For more information go to the PSSA website and click on World Pharmacists Day



# Wits Pharmacy Students in Action at Trinity Health Services



*Top left: Michele Lategan; Bukwase Lekeba; Avumile Mbali; Vonani Shilenge*

*Top right: Amirah Asmall and Yashka Singh*

*Bottom middle: Faith Masingi, Omphile Sehunoe, Jameelah Shaikjee, Amirah Asmall, Anescha Singh, Hansel Pilson*

Trinity Health Services, reestablished in 2016, continues to provide medical and pharmaceutical services to homeless community in the Braamfontein area on alternate Monday evenings.

The focus of the clinic is to provide acute primary healthcare services. Patients needing further assistance are referred to Hillbrow Community Health Clinic. A study conducted at the clinic in 2016 found that majority of the patients presented with respiratory and dermatological infections as well as dental and gastro-intestinal conditions.

The clinic was assisted by Wits Reproductive Health Institute to offer HIV testing and counselling services. As the project continues to expand, we would like to extend the services offered to include dental as well as psychological and social care.

The project is supported by the Wits Pharmacy Students Council and approximately five pharmacy students volunteer to work on each night the clinic open. The pharmacy students not only work in the dispensary but also participate in patient consultations where they advise on the pharmacological treatment in accordance with the clinic formulary.

Trinity Pharmacy is registered as a community pharmacy and when inspected in 2016 received a Grade A rating.

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The pharmacy stocks medications and items aligned to the clinic's formulary and consists of approximately 50 items. In 2016, 238 prescriptions were dispensed amounting to 423 items. This increased in 2017 to 335 prescriptions and 631 items.

THS (Trinity Health Services), a free healthcare service, is responsible for raising funds needed to continue serving the community. We have a wish list for the pharmacy and any assistance with the following would be greatly appreciated:

- The current shelving needs to be replaced and additional shelving is required.
- Electronic resource of the Compendium of Laws (Lexis Nexis) will help students to navigate the legislation using available technology and apply content taught in lectures.
- Warning labels, for example: "Complete the course", "Penicillin", "May cause drowsiness", are needed for dispensing.
- The annual pharmacy fees are a considerable cost Trinity Pharmacy incurs.
- The pharmacy needs to renew its annual subscription to Mims.

We are also recruiting registered pharmacists to volunteer to supervise students from 6:00 – 9:00pm. There is a roster and supervising pharmacists are asked to assist one Monday night every 8 weeks.

We would like to thank the South Gauteng Branch of the PSSA for their continued support. For more information, please contact Deanne Johnston ([Deanne.Johnston@wits.ac.za](mailto:Deanne.Johnston@wits.ac.za)).



Dear Editor of the Golden Mortar,

I would like to express our gratitude to the members of the South Gauteng Branch Committee that responded so quickly to our call for assistance.

Thank you to Frans Landman for the donation of labels.

Thank you to Val Beaumont for assisting with the subscription to Juta's Pharmapedia. We are so appreciative to Juta and Frances Ngobeni for the sponsorship of a subscription to Pharmapedia.

These donations not only help the pharmacy to be legally compliant, but are an excellent tool our undergraduate students will learn to use and allow us to provide quality pharmaceutical care to the community we serve.

Thanking you,  
Deanne Johnston  
Responsible Pharmacist Trinity Pharmacy



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

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