

The Golden Mortar



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

Edition 2/April 2019



ASPEN PARTNERS WITH WITS UNIVERSITY AND TRINITY PHARMACY TO PROVIDE HEALTHCARE SERVICES FOR THE HOMELESS

Johannesburg – Aspen Pharmacare, Africa’s largest pharmaceutical company, has partnered with the University of the Witwatersrand’s (Wits University) Department of Pharmacy and Pharmacology and Trinity Pharmacy, to assist with the ongoing supply of medicines to the homeless in and around the Johannesburg central business district (CBD).

Stavros Nicolaou, Aspen Senior Executive Strategic Trade Development said, “This philanthropic initiative reduces the impact on what is an overburdened and resource constrained public sector in the province. Our partnership with Wits University and its Pharmacy Department is consistent with Aspen’s philosophy of assisting resource constrained communities and equally in assisting to build sustainable communities, particularly in those communities where we operate. Wits University and its Pharmacy Department need to be commended for taking the lead in assisting these vulnerable communities. We are privileged to be part of this partnership and we look forward making an ongoing and meaningful contribution to this community.”

In support of this partnership, Aspen presented a sponsorship to Trinity Pharmacy to acquire essential and much needed medicines for the next 12 months to treat patients. The handover was attended by a number of Wits B.Pharm students, who, together with lecturing staff, volunteer their services to the pharmacy and its broader community. This not only enables the students to begin realising the essence of patient care, but it represents a significant social responsibility initiative by the Wits Department of Pharmacy and Pharmacology, Trinity Pharmacy and Aspen.

Prof. Yahya Choonara, Chair and Head of Pharmacy and Pharmacology at Wits thanked Aspen for their support to Trinity Pharmacy. Prof Choonara said, “Pharmacists are the most accessible healthcare professionals. A Wits Pharmacist is not only qualified on dispensing medication, but also to dispense care, hope and important knowledge on the safe and effective use of medication for the most vulnerable in society. This project is also a model to strengthen interprofessional education at Wits by capitalising on the collective skills of other healthcare professionals to optimise patient care for the homeless.”

Gauteng is the most populous province in South Africa and also attracts the highest number of migrants, with many depending on Non-Governmental Organisations (NGOs) and the provincial public health structures for their healthcare needs. These migrants often represent the most vulnerable homeless in our society, with a significant number of these inhabitants residing in the vicinity of the University’s main campus.

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Trinity Pharmacy, which is administered by the University, has for some years provided pharmaceutical services and supplies to this vulnerable catchment group. As the need for healthcare services has increased, it has become important for Trinity Pharmacy to develop partnerships to continue to provide services and access to pharmaceutical products for this marginalised community.



About Aspen

Sanele Khoza , Aspen Pharmacare on behalf of Stavros Nicolaou, Aspen Senior Executive Strategic Trade Development

Aspen is a leading global player in specialty, branded and generic pharmaceuticals with an extensive basket of products that provide treatment for a broad spectrum of acute and chronic conditions experienced through all stages of life.

With an acknowledged presence of nearly 2 decades in the pharmaceutical sector, Aspen remains committed to its core values of providing quality and effective healthcare solutions to millions of patients in more than 150 countries. Its commercial pharmaceutical focus is in the Regional Brands, Anaesthetics, Thrombosis, High Potency & Cytotoxic categories.

Aspen employs more than 10 000 people and has a strong presence in both emerging and developed countries with 70 established business operations in 56 countries. The Group operates 25 manufacturing facilities across 17 sites and holds international manufacturing approvals from some of the most stringent global regulatory agencies. Aspen's manufacturing capabilities are scalable to demand and cover a wide variety of product-types including injectables, oral solid doses, liquids, semi-solids, steriles, biologicals, active pharmaceutical ingredients and nutritional.

With a market capitalisation of approximately \$10 billion, Aspen is the largest pharmaceutical company listed on the JSE Limited (share code: APN) and ranks among the top 40 listed companies on this exchange. For more information visit: <http://www.aspenpharma.com/>.

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Botswana Institute of Health Science visit South Africa

Judy Coates

The Botswana Institute of Health Sciences undertook their annual Industrial Pharmacy Tour to South Africa 24 February -9 March 2019. Over the two-week period PSSA SG and SAAPI supported the team to undertake a number of informative visits within the Pharmaceutical Sector. One visit included a tour of the Sanofi manufacturing site in Waltloo in Pretoria. The students had the opportunity to be exposed to the various elements of manufacturing taking place at the Waltloo site.

Their two-week visit also included presentations and information sessions hosted by PSSA SG and SAAPI, at the PSSA SG's Glenhove Events Hub in Melrose Estate. Industry experts participated in sharing their industry insights spanning Pharmacy as a Profession, Clinical Research (including GCP), Medicines Registration in SA, Pharmacovigilance Medical Affairs & Ethics, My Industry Career, Zazibona and The Value of Innovation. The information sharing session extended to include members from the broader industry including a presentation by the Marketing Code Authority on Code of Marketing Practice and National Intellectual Property Management Office (NIPMO) on Research, Development and Intellectual Property. A further highlight within the tour was a visit to the South African National Pharmacy Museum, where, Ray Pogir (Museum Curator), shared his knowledge and expertise in the rich heritage of pharmacy.

A special thank you to Merck for the water bottles presented to the students and to the South African National Pharmacy Museum for the student prize awards presented.

PSSA SG and SAAPI wish to extend a special thank you to all the partners that contributed to the success of this visit. PSSA SG and SAAPI wish the third year Botswana IHS Industrial Pharmacy Students of 2019 all the best with the further progress of their studies.



Inspired To Take Action

Faith Masingi



Faith Masingi

I first became acquainted with Pharmaceutical Society of South Africa (PSSA) in my first year, which was in 2016, when Mrs Rubina Shaik took us to the SGB for the tour of the museum and the amazing race thereafter. In 2017, while completing my experiential learning hours at Netcare Parklane Pharmacy, working under the direct supervision of Mariam, one of the locum pharmacists there, I found out that I could be a member of PSSA for free as a student. This came about from a conversation I was having with Mariam regarding the internship crisis (Government was paying Clicks to place interns). It was at that point that she advised me to become a member of PSSA and to contact PSSA for assistance should I not get

placed for internship. I wasted no time in seizing her advice. She helped me fill in the membership forms and then faxed them for me. I have been a PSSA member since that year, 2017.

On Tuesday the 5th of February I attended the Annual General Meeting at the PSSA Southern Gauteng Branch (SGB) for the first time. Prior to attending the meeting, I had expressed my interest in the PSSA AGM to some of my colleagues and to the members of Wits Pharmacy Student's Council (WPSC) committee. Even though the majority of them were unaware of this meeting, it was refreshing to see how keen and eager they were about gaining more insight on PSSA and the AGM. A few of my colleagues went on further to express their desire of attend the meeting as well. Unfortunately, none of them could make it to the meeting on the 5th, due to unforeseeable circumstances. Nonetheless, their desire inspired me to take action.

Upon arrival, before the commencement of the meeting, I was presented with a chance to interact with pharmacists from Public sector, private sector and industry. That is when I came to the knowledge that PSSA also has different Sectors within itself, which are: SAAPI, SAACP, SAAHIP and Academia. Being the only student there I felt awkward, however, I enjoyed networking with pharmacists from different sectors, and thought of some of my colleagues who would have also found the experience pleasant.

While giving her report, Lynette Terblanche (Chairperson of the Branch Committee) mentioned that the meaningful relationships established with the Wits Pharmacy Students' Council from previous years has since then continued to blossom. Her statement encouraged me to think of how we, WPSC and pharmacy students at large, can further strengthen our relationship with the Branch. In the week following the PSSA AGM, I raised this point of intervention with the WPSC committee in our year plan meeting. Following the WPSC committee year plan meeting, which was held in consultation with Mr Hilton Stevens it was decided that our first step in taking action would be to get PSSA memberships to students. The membership forms were then disseminated to pharmacy students in all years, accompanied by a pamphlet and a WSPC representative who reiterated the benefits of the PSSA membership as per the pamphlet.

WPSC is in awe of the tremendous work done by PSSA for our pharmacy profession, furthermore, we are grateful for the long standing relationship with the PSSA SGB, and as such, it is our mission to shine a light on the capabilities and vast opportunities that lay before our members thus producing zealous, well-rounded students capable of conducting themselves in an all-encompassing pharmacy environment.

I am of the opinion that it is vital for students to partake in the society from first year and immerse themselves, from the infancy stage of this dynamic profession, in related activities in order to understand where we come from by visiting the Pharmacy museum and most importantly to understand where we are going by attending Branch CPD sessions and symposiums.





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Soweto Netball Association

Cecile Ramonyane

Soweto Netball Association (SONA) is the association running Netball in Soweto. We have a league that runs from March until October. Every year we organise a prize giving function for the league. For our function to be presentable, in 2016 we thought of borrowing table cloths from Glenhove Events Hub (GEH) as we are still a small association with nothing but the heart and passion to grow Netball in Soweto and removing kids from the street. This was the first time after many years in my netball career seeing the beauty we normally see at soccer, rugby, to name a few sports.

In 2019 GEH looked to replacing table cloths currently used.

The Soweto Netball Association would love to thank PSSA SG Branch and Glenhove Events Hub for their decision to donate these table cloths to the Association. To the Association they look new.

Your support makes it possible for our association to exist and make a difference in the youth of Soweto.



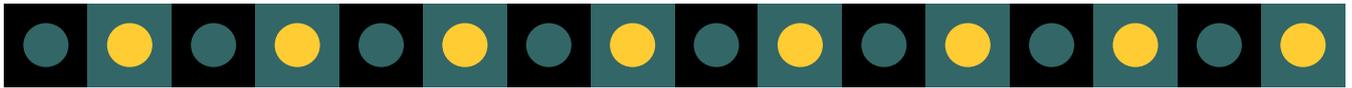
2016 Deco

2017 trophies for the winners



Players enjoying the 2018 celebration party





PSSA SG February CPD Report Back Anxiety and Depression

Judy Coates

Dr. Kim Laxton, guest speaker, opened by acknowledging the one cardinal rule - always listen to the patient, emphasising the need to engage in various ways to manage patients.

Kim moved into defining depression, presenting the mood spectrum, and unpacking the symptoms and stories.

In looking at depression on a journey of **Rewinding**. Depression is a feeling that cannot be explained by words. The mood fluctuates just like with any other disease. Unresponsive to circumstances - The way you feel, the way you think and how you act.

When these feelings last for a few days then we begin worrying about the disease of depression. Mood spectra do not always fluctuate within a normal range. The use of DSM-5 with symptoms; duration and change of function are incredibly helpful. Depression is a personal experience of a disease.



Dr Kim Laxton, Dr Judy Coates, Karen Cramberg (Juta) and Juta Prize Winners

Anxiety is the reverse as this is the brain going **forward too fast** in the wrong direction. A feeling of terror. Anxiety is when fear takes over for no reason.

In all this it is important to help the patient make sense of future chaos. This can be packaged into different categories, including separation anxiety; social anxiety disorder & specific phobias; panic attacks (physical attack) vs panic disorder; agoraphobia and generalized anxiety disorder. It parallels to freaking out but no way to shut down the emotions. It is a human experience.

The importance of the patient history was presented and the need for a full and thorough assessment. It is a personal and internal story that should be interrogated and appreciated to really be able to help and make a difference. So then how do we treat the

patient? Validation and collaboration, along with Patient Support Structure. It always remains important to remember this is a disease of their brain. Name the illness - Give it an identity. **It is a disease and we going to treat it.** Explain the illness longevity / chronic OTT and encourage the patient to identify when and how the anxiety had a functional impact in their lives. Identify and discuss the self medication and behavioural techniques employed to numb / "treat". Discuss management and the way forward. Encourage the patient to speak to a support structures, remembering depression causes you to isolate yourself.

A thorough discussion on first line and augmentation therapies was shared.

Always remember this presents as an opportunity to touch a human being.

Self realization is so important but then by giving them hope we can turn this around. It is a Process and journey
The human spirit is stronger than any drug and that is what needs to be nourished

The session was attended by over 80 delegates, emphasising the importance of this field.

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Thank you once again to Dr Kim Laxton for sharing her knowledge so openly and with such passion.

A special thank you to Juta for the book prize and to SAGDA for their exhibition and engaging team on site.

Resources of Interest

Clinical psychotherapy (cognitive behavioral therapy) Emotions (feel) thoughts (think) behaviors (do)
Dont Feed The Monkey Mind - Jennifer Shannon LMFT

Books: Mindfulness and meditation (learning to accept those thoughts and to react in a different way); Awakenings - Oliver Sacks

Exercise Podcasts: 10% Happier with Dan Harris, A hilarious world of depression, Useful Apps (calm, headspace, sattva)

Music and art therapy: Pets are wonderful - therapeutic foundation Nutrition Mediterranean diet Holistic approach

PSSA SG March 2019 CPD Report Back

Pharmacovigilance - Your Role as the Pharmacist

Proudly sponsored by ESCO Global

Judy Coates

The evening kicked off with a fun presentation by Sonja Strydom from ESCO, sharing the key offerings of ESCO, an equipment manufacturer. Full details available on request.

Lee Baker from Amayeza then shared an in-depth presentation on Pharmacovigilance unpacking the **Why What How and Who?**

The **why** began with thalidomide - a well know tragic story.

Lee shared **what** PV is and who the key stakeholders are and their focus areas with respect to reporting, noting regulators and industry – focus on product, Public health programmes – focus on systems, and Healthcare providers – focus on patients. All efforts combined to improve safe and rational use of medicines and to improve patient care and public health.

Evidence to why PV reporting is so important can be seen through recent disasters in the clinical trials of 2006 in London and 2016 in France. The need for post marketing safety monitoring was detailed, noting that now these drugs are no longer being administered under strict ideal conditions and therefore more safety aspects are likely to occur. Post marketing surveillance takes place through active and passive surveillance.

An interesting overview of Pharmacovigilance in SA was profiled with associated timelines of how PV has developed over the years.

What is an adverse event? It's any medical sign or symptom that may occur after the administration of a drug and which might be (or not) related to the drug. After assessment the event may still remain an event or become an Adverse Drug Reaction. Lee shared details on differentiating a Side Effect and Adverse Drug Reaction, and how ADRs are classified? When is an ADR serious? And What is a Severe Adverse Event?



.../ continued on page 9





Lee Baker (Amayeza)

A fun element being from an “unanticipated beneficial effect” includes the new uses found through these reports. Another interesting highlight included under Medication errors (potential or actual) relates to **the value the pharmacist can add in correcting a potential error.**

It is not for one to decide if a death is related or not. Everything should be reported.

PV reporting applies to drugs, vaccines, biologicals, medical devices and CAMS.

Lee explained that counterfeit drugs lack efficacy, noting the numerous reports on the incidence of poor or fake quality medicines in Africa, and noting how these relate to lack of efficacy and even to worse toxic effects.

Did you know? Vaccines or treatment failures are considered adverse events.

In the **How** Lee shared the minimum requirements / minimum information to report an adverse event noting an identifiable source, an identifiable patient, an identifiable product and the adverse event.

It was again emphasised that it is not up to the reporter to determine the causality! Report all!

In South Africa reporting can take place to the NDoH through SAHPRA or to the manufacturer.

In the **Who** The Actors were shared, all ending at the World Health Organization.

Important reminder to all pharmacists - Good Pharmacy Practice 2010 requires that all have a reporting system in place.

Causality assessments require careful assessment including immediate vs delayed temporary association; biological plausibility, laboratory findings, exclusion of other causes (including underlying disease, other drugs), bibliography (an important role played by Amayeza eg rota virus being injected instead of oral), local reaction.

From all this it can then be decided if it is from the drug.

In extreme cases this can result in product recalls, and in less extreme cases can result in recommendation changes, new safety information, diffusing information to the public and initiating a post marketing study.

In conclusion the need for constant monitoring and reporting was emphasised, especially with new products.

All are legally obliged be reported within 24hours. The more information one can provide the better, even though only the minimum four are needed. Reports can be done anonymously.

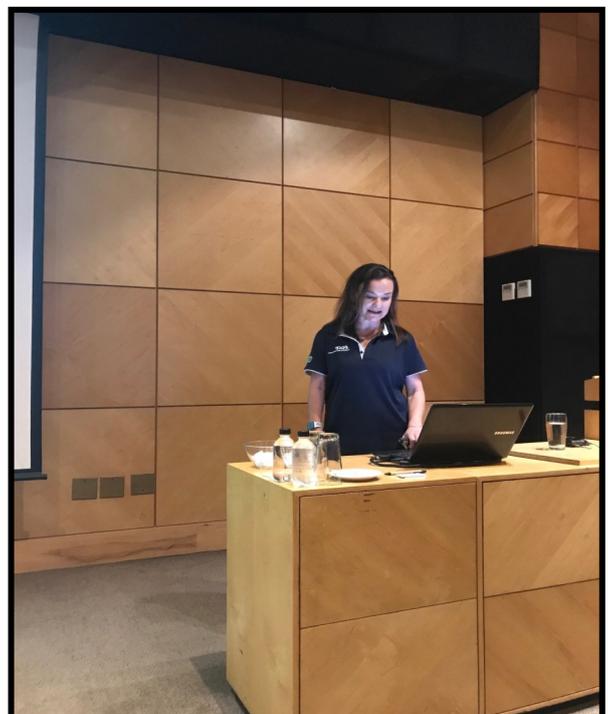
Always remember the purpose of reporting is not to get anyone into trouble, but to ensure the safety of the patient and the medication.

An interactive Q&A session unfolded. Through this the need to ensure the patient information leaflet accompanies all sub units of a bulk unit was highlighted. This should not be confused with the package insert as this can have a negative result on the patient’s desire to take the drug.

Unfortunately, due to the “bad press” around measles vaccines and the perceived link to autism this has resulted in significant Measles outbreaks in areas that previously had limited to no cases of measles.

The evening closed with a lucky draw sponsored by Jut

- 1st Timothy Ekosse (one year online subscription)



Sonja Strydom (ESCO)

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- 2nd Jiten Patel (book prize)
- 3rd Jameelah Shaikjee (book prize)



L - R: Timothy Ekosse, Lee Baker, Judy Coates, Jameelah Shaikjee & Jiten Patel

A special thanks to ESCO for their exhibition and generous sponsorship, to our speaker Lee for the in-depth insights shared and to Juta for the fun lucky draw.



The PSSA Book Department

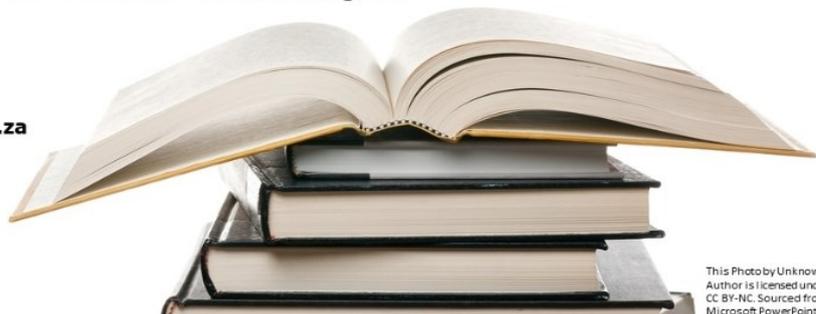
Do you know that the Book Department has a range of essential publications for pharmacists at preferential prices for members of the PSSA?

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