



news

about
our
section

International
Pharmaceutical
Federation

FIP/Hospital Pharmacy Section

newsletter 46

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A word from the HPS President

Greetings from Marianne Ivey, President of the Hospital Pharmacy Section

Hello, HPS Members,

Thank you for your involvement in the Hospital Pharmacy Section of FIP. I'd like to bring business or news items or requests to you in each publication of our newsletter. I have three items this month.

Hospital Pharmacy Section Membership

We encourage each of you to bring your dues payment up to date. The financial health of any volunteer member organization depends on dues paying members and each of you is important to our section. Can I count on all reading this to go to www.FIP.org and pay if you haven't yet paid for the current time period? Thank you!

I also ask that if you know pharmacists who benefit from the work of the FIP Hospital Pharmacy Section that you encourage them to become members of our section if they aren't already. The more members we have the more we can do as a group to improve practice locally, regionally and globally. It's great to have



colleagues to work together to accomplish big jobs and raising our practices to a higher level on behalf of our patients is an important and big job.

Your Educational Needs

The Hospital Pharmacy Section is very interested in knowing member's desires and needs for various educational topics. Those needs might be addressed in an hour presentation or a 3-hour presentation or an even longer program of presentations. We are considering regular webinars, Congress presentations and other programs that address your needs in creative ways and not all of them require you to leave home. Please send an email to me to let me know what your educational needs are. Thank you.

SIG Membership

I was asked by a member about how to join an FIP SIG (Special Interest Group). Eight SIGs were recently developed by FIP in the Pharmaceutical Sciences area. They are Drug Design and Discovery, Natural Products, Formulation Design and Pharmaceutical Technology, Pharmacokinetics/Pharmacodynamics and Systems Pharmacology, Translational Research and Individualized Medicine, Biotechnology, Analytical Sciences and Pharmaceutical Quality and Regulatory Sciences. Some of the SIGS have focus groups (FG) within the SIG. There are focus groups on vaccines, pharmaceutical enzymes, dissolution/In Vitro drug release, biowaivers and bioavailability/bioequivalence. Our hospital pharmacy section has co-presented with a SIG in such areas as biosimilars which was very well attended at the most recent FIP Congress in Bangkok. If you are interested in joining a SIG, you will find additional information at the following link:

https://www.fip.org/www/index.php?page=pharmaceutical_sciences

FIP MAKES A SPLASH AT ASHP

HPS members certainly had a prescence at the ASHP Midyear meeting. Below are some photos of our members in action.



Paul Abramowitz, CEO of ASHP, Rob Moss- The Netherlands and Roberto Frontini- Germany who presented pharmacy Practice models in their country in a panel that also included Yasuo Takeda- Japan, Jim Stevenson and Marianne Ivey- The Americas.



This large group are all the Doña Donald E Francke Medalists gathered to hear Andy Gray of South Africa, the 2014 medalist. Pictures from left to right: William Zellmer, Barry Goldspiel, Jacqueline Surugue, Andy Gary, Toby Clark and Thomas Thielke Thielke

Update from SEAR (South East Asia Region)

Media Coverage of pharmaceutical issues in Nepal

Eurek Ranjit, Vice President, HPS (SEAR), FIP



Recently, several news, both online and print, published from South East Asia, especially Nepal, gave major coverage to news regarding medicines management in healthcare institutions of Nepal. The seriousness of this news as compared to the regular news is that various media covered such news as their main news. News covered issues ranging from, but not limited to, shortage of free medicines provided in various hospitals and healthcare settings, nationwide shortage of vaccines recommended for routine administration in newborns and children, irregularities in rent contract provided to pharmacy inside hospitals (instead of hospital developing its own pharmacy). Such news coverage highlights the fact that mainstream media and general public in Nepal are becoming more aware and interested in pharmaceutical issues. It also means that it is high time for pharmacists to take up their roles to fulfill the medication related needs in Nepalese institutions.

The news covered presents a gloomy picture, which probably is a call for active and professional involvement of whom else, but pharmacists? For example, the Nepalese government routinely declares several essential medicines as “free medicines” i.e. to be provided free of cost to patients attending healthcare institutions in Nepal. However, several reports have mentioned that only a handful of these free medicines are actually available; with patients having to pay even for free medicines. Similarly, a leading newspaper from South Asia called the scenario of shortage of vaccines as health crisis in Nepal as several hospitals ran out of TB and MR vaccines which could lead to spread of tuberculosis, measles and rubella outbreak, all of which are highly contagious diseases (Parashar, 2014). These vaccines are part of routine immunization programs and must routinely be provided to infants and children. Whilst the situation could be blamed to mismanagement, it could also be stated that these are the specific type of situations that should be addressed both by individual pharmacists and pharmaceutical associations. This nationwide shortage caused many districts in Nepal to be completely out of stock of two vaccines given for routine immunization (Poudel, 2014). Ultimately, after much outburst in national media, even the National Human Rights Commission of Nepal had to urge the government to make vaccines available at the earliest possibility. The Nepalese government ultimately sought the help of UNICEF (United Nations Children’s Fund) for the delivery of the above mentioned vaccines (The Himalayan Times, 2014). The situation of shortage of medicines is not new and it has been highlighted in WHO (World Health Organization) regional committee documents of SEAR (South East Asia Region) recommending the member states to act on issues that lead to shortages of vaccines (WHO, 2014).

Since the first hospitals in Nepal were established more than a hundred years ago, hospital pharmacy services have been neglected by healthcare authorities. Exceptions to this rule were the missionary hospitals, partly governed by United Mission to Nepal, especially Shanta Bhavan Hospital (later evolved to Patan Hospital), which have established hospital pharmacy services. Most hospitals in Nepal, till as recently as a decade ago, had been operating without hospital pharmacy. Patients had to receive medicines from medicine shops opened in or just in the vicinity of the hospitals. Hospitals also used to allocate space within the hospitals to medicine shops rented out to the highest bidders. Though the situation has slightly improved in last 10 years, with many hospitals in Nepal running a pharmacy service with the presence of qualified pharmacists; several hospitals, even major hospitals in the capital city, Kathmandu, still continue to rent out a space to private bidders to run medicine shops/contract pharmacies. Thus, the hospital pharmacies and hospital pharmacists are faced with

unfair competition from these contract pharmacies, most of which operate without qualified pharmacists. Growing numbers of pharmacy graduates in the past decade have started working in hospital pharmacies, however, hospital pharmacies in most hospitals remain undeveloped due to presence of these medicines shops, operated within or close by the hospitals. The fundamental problem with such medicines shop(s) is that they are specifically profit oriented, and lack basic infrastructure and therefore are mostly operated without the presence of qualified pharmacists. Further, they hinder the development of hospital pharmacy services. For developing countries like Nepal, the challenge then is probably the need in change of drug regulation or strengthening of drug regulation so that standards are laid out regarding pharmacies that operate in the hospital premises. Regulations might also have to expand to cover the limit in the number and standard of pharmacies being run in the surrounding area of the hospital (say for example within 100 metre of hospital). Media coverage highlighting the current situation that leads to increase in public awareness regarding the need of proper medicines management should be taken positively. Such steps generate public awareness and trigger decision makers to improve roles and presence of qualified pharmacists to manage a hospital's own hospital pharmacy as well as call for minimum standards to be maintained in hospital pharmacy. As in most developing countries, pharmacists in hospitals should not only be confined to pharmacy stores to handle procurement services, but should expand pharmaceutical services to the needy patients. One tool that would definitely help pharmacists globally, including in SEAR (South East Asia Region) is the Basel Statements on Hospital Pharmacy Practice aimed to improve the hospital services.

During the recent congress of International Pharmaceutical Federation (FIP) held in South East Asia region i.e. Bangkok in 2014, the hospital pharmacy section of FIP held a day long program dedicated to editing the Basel Statements, with the presence of several pharmacists from around the globe. As the editing was done in a world café style, it gave a great opportunity for several pharmacists from SEAR (South East Asia Region) to be actively involved in the editing process of these Basel Statements.

It is hoped that hospital pharmacy practice globally, including in the South East Asia Region, could improve their standards by adopting the Basel Statements, which can act as a comprehensive tool for improvement of hospital pharmacy services. With the adoption of proper recommendations and regulations, news reports in media regarding medicine use in Nepal would probably not appear as unwelcoming as they do now.

References:

Parashar, U. (2014) Health crisis in Nepal due to shortage of BCG and MR vaccines. Hindustan Times Available from: <http://www.hindustantimes.com/india-news/health-crisis-in-nepal-due-to-shortage-of-bcg-and-mr-vaccines/article1-1298218.aspx> [Accessed online 14 February 2015]

Poudel, A. (2014). Indecision, fear of CIAA cost vaccine program dear. Republica: Kathmandu. Available from: http://www.myrepublica.com/portal/index.php?action=news_details&news_id=88807 [Accessed online: 20 January 2015]

The Himalayan Times (2014). Vaccine crisis leaves govt scrambling. The Himalayan Times: Kathmandu. Available from: <http://thehimalayantimes.com/rssReference.php?headline=Vaccine+crisis+leaves+govt+scrambling&NewsID=437569>. [Accessed online 1 February 2015]

World Health Organization (2014). Progress reports on selected Regional Committee resolutions. World Health Organization. Available from: http://www.searo.who.int/mediacentre/events/governance/rc/rc67-18_agenda_9.5.pdf.



DO YOU HAVE WHAT IT TAKES TO BE A WINNER?

This is a picture of Solomon Okorie who was the poster winner in Dublin. Over the page is a copy of the winning poster. Its been a while since he won, but a nice reminder that this year it could be you! So get your abstracts ready and join us in Dusseldorf.



IF YOU MISSED BANGKOK, THEN YOU OWE IT TO YOUR PROFESSIONAL CAREER TO BE JOIN US IN DÜSSELDORF

Düsseldorf, Germany • 29 September - 3 October 2015

The 2015 FIP congress, to be held in Düsseldorf, invites pharmacists from all over the world to delve into the issue of working towards best possible pharmacy practice, which should be based on science and has to be evidence driven.

Sessions that HPS have input into planned for the Dusseldorf Congress include:

- Remuneration for pharmacy services
- Cancer Immunotherapy
- Personalized medicines
- Strategic Workforce
- Medicines for All
- Recognition of specialization

The HPS sessions are always stimulating and bring perspectives on their topics from around the world (and it is amazing how much you can learn from hearing the perspectives of other cultures and approaches to a topic).

SIGN UP TODAY AT THE FIP WEBSITE – WWW.FIP.ORG

Outcomes of Pharmaceutical Care Interventions in Type 2 Diabetes Mellitus Patients: A Prospective Pilot Study at Federal Teaching Hospital Abakaliki, Ebonyi State Nigeria

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1. Introduction.

Background of the Study: Several non-randomized studies have shown the benefits of pharmaceutical care interventions in chronic diseases such as hypertension (Oparah et. al., 2006) and diabetes mellitus (Cioffi et. al., 2004; Leal et. al., 2004). This study was designed with considerations for glycosylated haemoglobin (HbA_{1c}), cardiovascular risk factors, drug therapy problems (especially counterfeit medication problems) and Point of Care Tests (PCTs).

Statement of the Problem: No published non-randomised prospective studies have shown the benefits of pharmaceutical care interventions in type 2 diabetes mellitus patients in Nigeria at the time of this study. Hence, the need for this study in the Federal Teaching Hospital Abakaliki to address the problem.

Significance of the Study: This study would pave way for the integration of pharmaceutical care services in Federal Teaching Hospital Abakaliki and provide evidence to guide the future implementation of pharmaceutical care in Nigeria for type 2 diabetes mellitus patients.

2. Aims.

General Aim: To investigate the outcomes of pharmaceutical care interventions in ambulatory type 2 diabetes mellitus patients attending the out-patient diabetology clinic of the Federal Teaching Hospital Abakaliki.

Specific Aims: To measure the impact of pharmaceutical care interventions on some humanistic and clinical outcome measures of care of ambulatory type 2 diabetes mellitus patients.

Primary Outcome Aims: Reduction in glycosylated haemoglobin A1C, improvement in the physical and mental domain scores of health related quality of life (Short Form – 12), increase in percentage of drug therapy problems resolved and improvements in the quality of prescribing by the end of the study period.

3. Methods.

Study Design: Non-randomized prospective pre-post clinical study. Modelled on two studies conducted by Cioffi et. al. (2004) and Leal et. al. (2004).

Study Site: The medical out-patient department (MOPD) of the Federal Teaching Hospital Abakaliki. A tertiary health care delivery service centre (About FETHA 2013).

Sampling Technique and Duration: A Convenient sample of 18 patients was targeted. The duration of the study was eight (8) months.

Pharmaceutical Care Interventions:

1. Development of pharmaceutical care plan.
2. Point of Care Testing (PCTs).
3. Visual drug inspection/ pharmacovigilance reporting.
4. Medication adherence counselling.
5. Therapeutic lifestyle counselling (TLC) and
6. Pharmacotherapeutic modifications.

4. Results.

Table 3.1 – Effects of Pharmaceutical Care on Clinical and Humanistic Outcomes

Parameter	baseline	6-months	P- value
Fasting blood sugar (mg/ dl)	170.19±87.37	115.63±52.26	0.048
Glycosylated haemoglobin (%)	8.68±2.54	6.94±1.44	0.018
Systolic BP (mmHg)	141.25±19.37	125.94±13.19	0.012
Diastolic BP (mmHg)	88.75±12.97	75.63±12.23	0.002
LDL – Cholesterol (mg/ dl)	114.06±51.23	51.19±52.70	0.006
HDL – Cholesterol (mg/ dl)	51.69±6.03	63.89±17.22	0.008
Total cholesterol (mg/ dl)	215.81±45.93	156.75±53.09	0.002
Triglycerides (mg/ dl)	112.31±44.52	78.19±30.87	0.035
10 yrs coronary heart disease risk (%)	15.89±8.75	8.63±6.86	0.001
Body mass index (Kg/ m ²)	29.37±4.27	28.10±3.76	0.016
Physical domain score	40.36±12.61	51.83±5.00	0.001
Mental domain score	48.45±7.64	55.76±4.69	0.003

Acknowledgements: ²Ukwe, Victoria Chinwe (Supervisor), ²Okonta, Mathew (Co-Supervisor), ¹Ezeokpo, Basil (Consultant Endocrinologist), ¹Ezeonu, Paul (Chief Medical Director), Onyia Chijioko (Chief Executive Officer Pinecrest Healthcare Limited, Lagos State, Nigeria) and ³Okorie Edith Ugochi (Wife).

Date: 2/ 09/ 2013

Hospital Pharmacy Section

Abstract Code: HPS - P - 043

Table 3.2 – Effects of Pharmaceutical Care in Resolving Drug Therapy Problems

Types of DTPs	% resolved	% unresolved	% total
Needs additional drug therapy	40.1	8.7	48.8
Inappropriate adherence	21.9	0.0	21.9
Wrong drug	6.8	0.5	7.3
Dosage too low	5.3	2.0	7.3
Adverse drug reaction	6.7	0.0	6.7
Dosage too high	4.6	1.5	6.1
Unnecessary drug therapy	1.3	0.5	1.8

Table 3.3 – Effects of Pharmaceutical Care in Resolving Causes of ADR Drug Therapy Problems

Types of DTPs	% resolved	% unresolved	% total
Adverse drug reaction (% causes)	6.7	0.0	6.7
Causes			
Undesirable effect	60.3	0.0	4.1
Counterfeit/ unsafe drug	25.9	0.0	1.7
Drug interaction	8.6	0.0	0.6
Dosage increase too fast	5.2	0.0	0.3

Data are obtained from cross tabulation values

Table 3.4 – Descriptive Statistics for Effects of Pharmaceutical Care on Medications

Medications used	Mean DD at baseline	Mean DD at 6-mnths
Glibenclamide (mg)	6.50±3.25(15)	5.71±3.13(7)
Metformin (g)	1.38±0.59(16)	1.75±0.45(16)
Lisinopril (mg)	5.42±2.46 (6)	8.33±2.89(3)
Losartan (mg)	NF	50.00±0.00(7)
Amlodipine (mg)	NF	5.00±0.00(2)
Hydrochlorothiazide (mg)	17.50±6.85(5)	23.61±4.17(9)
Simvastatin (mg)	20.00±0.00(1)	18.89±3.33(9)
Aspirin (mg)	75.00±0.00(11)	75.00±0.00(6)

Data are presented as means ± SD (number of subjects taking the medication), NF (no figure), DD (daily dose)

5. Conclusions.

The results of the present study have demonstrated that six (6) months pharmaceutical care interventions can produce improved clinical and humanistic outcomes of type 2 diabetes care such as: improvements in glycaemic, blood pressure and lipid controls; improvements in quality of prescribing; improvements in resolving drug therapy problems; improvements in physical and mental component scores of health related quality of life, in type 2 diabetes mellitus patients attending the out-patient diabetology clinic of the Federal Teaching Hospital Abakaliki.

References

About FETHA (2013). Available online at www.fetha.org accessed February 2013.

Cioffi ST, Caron MF, Kalus JS, Hill P, Buckley TE (2004). Glycosylated haemoglobin, cardiovascular and renal outcomes in a pharmacist-managed clinic. *Ann Pharmacother*; 38: 771-5.

Leal S, Glover JJ, Herrier RN, Felix A (2004). Improving quality of care in diabetes through a comprehensive pharmacist-based disease management program. *Diabetes Care*; 27: 2983-2984.

Oparah AC, Adje DU, Enato EF (2006). Outcomes of pharmaceutical care intervention to hypertensive patients in a Nigerian community pharmacy. *International Journal of Pharmacy Practice*, 14: 115-122.



Basel Statement Revision Update

The Basel Statements, developed and approved in 2008, underwent a major revision starting in 2012. In 2014, the Section completed that revision process. HPS ExCo members met in Santpoort in March 2014 to review the results of a survey conducted of Section member and others and begin drafting revisions to the Statements. Additional input from members was then collected through a moderated blog review during the summer of 2014. In Bangkok, we completed the revision process. In a full-day session, we reviewed all draft revisions using the World Café method involving many Section members and our ExCo leadership. The revised Statements are now being prepared for publication. We believe these revised Statements will be more accessible and actionable by hospital pharmacists worldwide, and will continue to guide HPS activities for many years to come. The newly revised Basel Statements will be released very soon, along with a new web site that will provide more information on the Statements and how they can be used to improve hospital pharmacy practice worldwide. Please watch for announcements about that release coming soon!

The Hospital Pharmacy Section is very grateful to these sponsors for their support of Section activities:



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In addition to corporate sponsors, many national and regional pharmacy organizations have provided financial and in-kind support of the activities of the FIP Hospital Pharmacy Section. We gratefully recognize these contributors:

- The French Ordre des Pharmaciens
- The Japanese Society of Hospital Pharmacists

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