

COMMUNITY PHARMACY NEWSLETTER

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Editors: Dr. Ramesh Adepu, Dr. G. Parthasarathi, Dr. M. Ramesh, Ms. Shobha Churi,
Mr. Jaidev Kumar B.R and Dr. M. Umesh

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Editorial

Presence of Pharmacist in the Pharmacy - The Need of Hour

Community pharmacist can play a vital role in promoting public health by dispensing the right medicines with adequate information for safe use of medicines and monitoring the patients to improve their health through offering health screening services. The professional identification and recognition to the pharmacist has come through Pharmaceutical care. In order to provide effective pharmaceutical care, pharmacist presence is mandatory. In most of the countries, all medicines are dispensed only under the presence of pharmacist. Pharmacy assistants assist the pharmacist in carrying out all pharmacy operations. The section 42 of the Pharmacy Act mandates the physical presence of pharmacists in the pharmacies to carry out professional activities. But in Indian scenario, the situation is different. The research findings of a survey conducted in Mysore reveal that, more than 70% of the pharmacies do not have the qualified persons present in the pharmacies to dispense medicines. In these pharmacies, prescriptions are filled by the pharmacy assistants who are not qualified enough to provide pharmaceutical care services. Presence of pharmacist in the pharmacies is essential to review the prescriptions to identify the drug related problems and resolve the same and also assist the patients to improve the medication adherence and achieve the desired therapeutic goals. Many research studies have revealed that, the cost to manage the drug related problems is more economic burden to the governments than managing both cardiovascular and metabolic disorders. Thus pharmacist presence is essential in the pharmacy to offer pharmaceutical care services to improve the patients' health outcomes and also their patronage to pharmacies which in turn also improve the pharmacy revenue. The presence of pharmacist in the pharmacy improves public confidence and thereby the image of the pharmacy profession.

Importance of Section 42 in Community Pharmacy

Community pharmacy practice is defined as a patient oriented approach through pharmaceutical care services in the community settings offering various services such as procuring, stocking, and dispensing the prescription medicines and also offer health screening services to monitor patient outcomes under the supervision of a legally qualified, registered and competent person called as the Pharmacist. In the developed part of the world community pharmacy practice is highly developed, patient centered and blended with business. Pharmacy Acts of various governments mandates the dispensing of prescription medicines under the supervision of the Pharmacist.

Advantages of Physical presence of the pharmacist:

Physical presence of the pharmacist in the pharmacy has many advantages to patient, prescribers and governments. They are

- Direct review of the prescriptions for correctness with respect to patient condition.
- Assessment of drug related problems
- Assisting the prescribers in rational use of medicines
- Improving patient medication compliance through medication counseling
- Dispensing errors are minimized

Section 42 of the Indian Pharmacy Act

Section 42 of Indian Pharmacy Act 1948, mandates the sale of prescription medicines only under the supervision of qualified person. The act was expected to come in to force in India from September 1, 1984 but unfortunately even today, Section 42 is not completely implemented in any state of the country. Those who violate section 42, pharmacy act 1948 is liable for imprisonment for six months or a fine of 1000 rupees or both depending upon gravity of offence made by convicted person.

The reality

A research finding in Mysore city has revealed that more than 70% of the community pharmacies are run by non pharmacists. The Drugs and Cosmetics Act of 1940 mandates the presence of qualified person for granting the license to open a pharmacy. Majority non pharmacists consider pharmacies as source of income and operate it as trade. In the process of this, to meet the license requirements, the qualified person's practicing license is hired and displayed only for the sake of inspection requirements by the regulatory authority. The Mysore research study has also observed that the qualified persons do other jobs and hire their license as an additional income source. Thus the public image about the pharmacist is only as trader than the professional. Many pharmacist associations in the government sector complain that pharmacists are under treated and under paid. That is true. But have we made any efforts to assist the public in improving their health? Have we convinced the clinicians that our knowledge and skills support them in caring their patients' health out outcomes? Have we ever monitored the therapy and identified potential ADRs and made an effort to prevent them? Have we made any effort to give the confidence that pharmacists can help the governments in safe guarding the public health and save the unnecessary health care costs? Now the time has come for self introspection about our contributions in safe guarding the public health.

Patient Counseling in Practice:

Mr.GD aged 32 years, a bank employee comes to your pharmacy with complaints of about 6 watery stools, vomiting, abdominal cramping, and a slight fever. All these symptoms had started since the previous night after having a dinner at local hotel. How would you go about counseling this patient?

Effective counseling to a patient involves three important steps.

1. Gathering information from the patient.
2. Processing the information.
3. Information delivery to the patient.

Gathering Information from the patient

Information regarding Mr.GD problem may be collected by asking the following questions.

- Please describe about your symptoms
- Since how long you have these symptoms?
- What makes these symptoms better or worse?
- Have you taken any medicine since you are suffering from this kind of symptoms?
- Describe your food habits?
- Are you on any other medications for any of your chronic diseases?

To process and provide information to patient the pharmacist is advised to refer the background information about the patient's current clinical problem. The current clinical problem looks like gastroenteritis.

Background information

Gastroenteritis

Gastroenteritis is an inflammation and infection of the stomach, small and large intestines caused by viruses, bacteria, and parasites.

The common symptoms of gastroenteritis are:

- Fever
- Nausea
- Abdominal cramping
- Loss of appetite
- Vomiting
- Weight loss
- Watery diarrhea
- Dehydration

Generally two types of Gastroenteritis are seen:

1. Viral Gastroenteritis
2. Bacterial Gastroenteritis

Most cases of acute gastroenteritis cases are due to viral with norovirus being the most common pathogen and is the most common cause of hospitalization for acute gastroenteritis. The other common pathogens causing viral gastroenteritis are rotavirus, enteric adenovirus, and astrovirus. Some antibiotics can also cause gastroenteritis in susceptible people. It can be identified only by testing the stool or vomit sample.

How does it spread?

Infectious gastroenteritis spread by eating food or drinking water that has been contaminated by small amounts of vomit or faeces from infected animals or people. It can also be acquired through contact with a contaminated environment.

Who is at risk?

Anyone can get gastroenteritis. The very young and the elderly are most at risk of developing severe dehydration. Travellers to areas with inadequately treated water may become ill from drinking contaminated water or eating incorrectly washed food.

What is the treatment?

The most important part of treatment is preventing and treating dehydration. Anyone with diarrhoea or vomiting should drink extra fluids to avoid dehydration. Rehydration therapy with oral glucose/electrolyte solution is particularly effective. Babies should continue to be offered their normal feeds plus extra fluids in between feeds. Children with diarrhoea who vomit or who refuse extra fluids should see a doctor. Anyone with prolonged or severe diarrhoea, or who has symptoms causing concern, should see a doctor. Sometimes specific medications are required to treat gastroenteritis caused by bacteria, viruses or parasites. Medicines to prevent vomiting or diarrhoea should not be given, especially to children, unless recommended by a doctor.

What fluid to use for oral rehydration?

A simple recipe for a homemade oral rehydration solution from WHO is

- 1 Lit of clean drinking water or cooled boiled water
- 8 tsp sugar
- 1 tsp salt

Stir the contents in the water until the salt and sugar dissolves. Store the rehydration solution in the refrigerator. Oral rehydration salts properly mixed with water can be used. Chilling the oral rehydration solution (or freezing into ice blocks) can improve palatability.

How can gastroenteritis be controlled?

Good hygiene is important in limiting the spread of gastroenteritis. Hands should be washed thoroughly with warm soapy water, particularly

After going to the toilet.

Before preparing or handling food.

After every nappy change.

After changing soiled linen.

Other measures include

- Never try to change nappies on tables or counters where food is prepared or eaten.
- Use chlorine based sterilizers to clean the surfaces that are contaminated.
- Cook meat, fish and poultry thoroughly and do not let raw meat contaminate other food.
- Keep cold food cold (below 5°C) and hot food hot (above 60°C) to discourage bacterial growth.
- People suffering from vomiting or diarrhoea should not prepare or handle food that are going to eaten by others.

When travelling in areas where there are concerns about the safety of the water supply, do not drink tap



water. Avoid uncooked or undercooked food and be sure to eat only fruit or vegetables that can be peeled. Health care workers and food handlers should not go back to work until 48 hours after diarrhoea and vomiting have ceased. Children should be excluded from childcare /school until 24 hours has passed since a loose bowel motion or episode of vomiting.

Anyone with diarrhoea should not swim, wade or paddle in public pools.

When should you contact your doctor?

- Children with diarrhoea, who vomit or who refuse extra fluids should see a doctor.
- Additionally, anyone
- With prolonged (>3 days) or severe diarrhoea.
 - With blood in their stools.
 - Who has just returned from overseas.
 - Who is concerned about their symptoms should also see a doctor.
 - Proper hygiene is still the first preventative step in viral gastroenteritis. Hand washing to prevent fecal-oral transmission is very important. It also includes properly handling food and using clean water supplies.
 - On a community level, proper sanitation, clean water supplies, and surveillance programs for outbreaks are important steps in prevention.

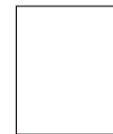
News and Views

Conducted Training Program for Community Pharmacists on Adverse Drug Reaction Reporting and Monitoring

A half-day workshop on adverse drug reaction reporting and monitoring was conducted for practicing community pharmacists on 18th December 2014 at JSS College of Pharmacy, Mysuru. Dr. G. Parthasarathi, Dean, Faculty of Pharmacy, JSS University delivered the opening remarks about the workshop to the participants. Dr. M. Ramesh, Head, Department of Pharmacy Practice, presented the talk on "Pharmacovigilance Global Scenario". Dr. Adepu Ramesh, coordinator of the workshop presented the participants about "Basic Concepts on ADRs. Dr. Justin Kurian spoke on "ADR Monitoring and Reporting of ADRs and their management". Mr. M.S. Srikanth, Research Scholar discussed few case studies on ADR detection and reporting. About 26 practicing community pharmacists from various parts of Mysuru city attended the workshop. During the program, Knowledge, Attitude and Practice (KAP) of the practicing community pharmacists was assessed by applying a validated 19-item questionnaire



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