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Editors' Desk

The 'World Pharmacists Day' 2016 falls on 25th September and this year this day is very special for pharmacists and pharmacy professionals of the country. The Government of India has included 'World Pharmacists Day' as one of the Health Days for celebration. One can see this at: <http://www.nhp.gov.in/healthprogramme/health-wellness-calendar>

This is a long journey for the pharmacists to have this recognition. The National Health Policy 2002 was completely silent on the role of pharmacists in spite of contributing significantly building the health of the nation. Since then, there have been several representations, several strategically initiatives and of course some recognitions too. To mention just two historic events: Discussion on possible participation of pharmacists in healthcare programmes organized by SEARPharm Forum on 30th October 2007 and Signing of Indian Pharmaceutical Association's initiative MOU on 26th April 2012 between different stake holders for community

pharmacists' participation providing DOTS service to TB patients. The people who had contributed to this achievement deserve our appreciation and we salute them.

The concept of 'World Pharmacists day' is not very old. This is just the 6th year of celebration. The theme of 'World Pharmacists Day 2016' is "Pharmacists – Caring for you". In FIP President's words, "The role of pharmacists has evolved from that of a provider of medicines to that of a provider of care. Pharmacists have a vital role in the outcome of pharmacological therapies and ultimately strive to improve patients' quality of life". Hope the pharmacists at different sphere of professions would celebrate this day highlighting their concern and contribution to the healthcare of the people of India.

As usual we have regular features like: alerts, courses, conferences, medicines to avoid etc. Hope you would enjoy reading this newsletter and continue supporting through your feedback.

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Quote

It is easy to get a thousand prescriptions,
but hard to get a single remedy.

-Chinese Proverb

Courses

Online courses on Pharmaceutical Management

Two free online courses related to pharmaceutical management are available on USAID's Global Health e-Learning Centre. The **first course** is on antimicrobial resistance: the course expands upon the concepts on factors that contribute to the development and spread of antimicrobial resistance. The course can be accessed at:

<http://www.globalhealthlearning.org/course/antimicrobial-resistance-part-2>

The **second course** is on Good Governance in the Management of Medicines that intends to explore the factors that make pharmaceutical systems vulnerable to corruption, as well as problems that can occur as a result of poor governance, and how they influence the effectiveness of

health programs. The course can be accessed at

<http://www.globalhealthlearning.org/course/good-governance-management-medicines>

Self-study eLearning programme on Clinical Research and Research Publication

The British Medical Journal in collaboration with the University of California San Francisco (UCSF) launched six courses: three focused on how to conduct clinical research and three focused on how to get the research published. There are two free modules for people to try out. More details can be seen at www.rtop.bmj.com or can be obtained from Director of Learning & Publishing by sending mail to: pashman@bmj.com

Proton Pump Inhibitors

The Proton Pump Inhibitors (PPIs) are useful in relieving symptoms of gastroesophageal reflux disease (GERD) and in healing erosive esophagitis and peptic ulcers. The low dose is generally used for initial treatment of GERD. Higher or more frequent dosing may be necessary for treatment of erosive esophagitis, peptic ulcer disease, Zollinger – Ellison syndrome and Helicobacter pylori infection.

Drug	Dosage form	Dose	Instruction to the Patient
Esomeprazole	Oral powder, capsule, tablet, powder for injection	20 – 40 mg once a day	The delayed release, sustained release, and enteric coated tablets / capsules are to be swallowed intact without breaking, chewing.
Lansoprazole	Powder for suspension, tablet, capsule	15 – 30 mg once a day	
Omeprazole	Powder for suspension, tablet, capsule	20 – 40 mg once a day	
Pantoprazole	Powder, tablet, powder for injection	40 mg once a day	Look at the label to know the type of the product.
Rabeprazole	Capsule, tablet	20 mg once a day	

All PPIs have similar effectiveness and are well tolerated. Omeprazole and esomeprazole can increase the serum concentration of diazepam and phenytoin. They inhibit the conversion of Clopidogrel to its active form. It is preferable to avoid these combinations. Price or total cost of treatment should be the criteria for preferring PPI.

The PPIs use is associated with increase in hip, spine and wrist fracture; dependence on PPIs (rebound acid hyper secretion risk even after four weeks of use); infection risk (Clostridium difficile caused diarrhoea and community acquired pneumonia); and Magnesium deficiency risk. One needs to avoid self-medication and long term use unless doctor advises.

Conferences

Global Evidence Summit (GES): Cochrane, together with four other leading organizations, announced the dates for first 'Global Evidence Summit' in Cape Town, South Africa. It is scheduled during 12-16 September 2017. The theme of the GES, 'Using Evidence. Improving Lives,' aims at highlighting and promoting evidence-informed approaches to health policy and development, offering the most cost-effective interventions. The more details are available at: <http://www.cochrane.org/news/announcing-global-evidence-summit-2017>

68th Indian Pharmaceutical Congress 2016: This annual event is being organized by Indian Pharmaceutical Association during December 16-18, 2016, at Visakhapatnam, Andhra Pradesh, India. More details are available at Congress website: 68thipc.com.

ISPOR 22nd International Meeting: This is scheduled during May 20-24, 2017, at Boston, USA. The abstract submission opens on October 19, 2016. More details can be accessed at ispor.org

6th FIP Pharmaceutical Sciences World Congress 2017: The event is scheduled during 21-24 May 2017 at Stockholm, Sweden. The congress offers opportunity to meet and network with key opinion leaders in pharmaceutical sciences from all over the world. For further details look at <http://www.pswc2017.fip.org/>.

Website of Interest



WHO Essential Medicines and Health Products Information Portal [<http://apps.who.int/medicinedocs/en/>]: The website offers free access to more than 5400 medicines and health products related publications from WHO, other UN partners, global NGOs, development agencies and their partners, countries and academics, and is updated monthly. A powerful search engine ensures that documents can be identified easily.

Alert

Loperamide: The US FDA warns that this anti-diarrhoeal drug can cause potentially deadly heart problems when taken in higher than recommended amounts. "Though many overdoses are not reported, 31 reports of hospitalization including 10 deaths over the last 39 years", confirms the US FDA. The recommended adult dose for acute diarrhoea: 4 mg initial dose after loose stool and then followed by 2 mg after each stool not exceeding 16 mg in any 24 hour period. It is not recommended for children below 2 years.

Olanzapine: It is used to treat mental

health disorders: schizophrenia and bipolar disorder. It can decrease hallucinations, in which people hear or see things that do not exist, and other psychotic symptoms such as disorganized thinking. The US FDA has warned that this can cause a rare but serious skin reaction that can progress to affect other parts of the body. This severe condition is known as Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS). DRESS is a potentially fatal drug reaction with a mortality rate of up to 10%. A fever with a rash and swollen lymph glands, or swelling in the face, are the signs.

Medicines to Avoid

Antidepressants and Other Psychotropic Drugs to Avoid: Rev Prescire, an independent medicine information resource, identified some drugs are more dangerous than beneficial.

Several drugs used in the treatment of depression have greater risk of severe adverse effects but are not more effective than alternatives. In general, antidepressants have only modest efficacy and often take some time to work. It is better to choose an antidepressant with an adequately documented adverse effect profile.

Agomelatine has no proven efficacy beyond the placebo effect, but can cause hepatitis and pancreatitis, suicide and aggression, as well as serious skin disorders including Stevens-Johnson syndrome.

Duloxetine, a serotonin and norepinephrine reuptake inhibitor, not only has the adverse effects of the so-called "selective" serotonin reuptake inhibitors (SSRIs) but also carries a risk of cardiac disorders (hypertension, tachycardia, arrhythmias, etc.) due to its noradrenergic activity. Duloxetine can also cause hepatitis and severe cutaneous hypersensitivity reactions such as Stevens-Johnson syndrome.

Citalopram and **Escitalopram** are SSRI antidepressants that increase the incidence of QT prolongation and torsades de points compared with other SSRI antidepressants.

Milnacipran and **venlafaxine** are non-tricyclic, non-SSRI, non-monoamine oxidase inhibitor (MAOI) antidepressants and have both serotonergic and noradrenergic activity. Not only they have the adverse effects of SSRI antidepressants, they also cause cardiac disorders (hypertension, tachycardia, arrhythmias, QT prolongation) due to their noradrenergic activity. In addition, venlafaxine overdoses are associated with high risk of cardiac arrest.

Tianeptine, a drug with no proven efficacy, can cause hepatitis, life threatening skin reactions (including bullous rash), abuse and addiction.

Dapoxetine, a selective SRI, is used for the treatment premature ejaculation with sexual dissatisfaction. Its adverse effects are disproportionate to its very modest efficacy and include aggressive outburst, serotonin syndrome and syncope. A psychological and behavioural approach is a better option in this situation.

Etifoxine, a drug poorly evaluated in anxiety, can cause hepatitis and severe hypersensitivity reactions (including DRESS syndrome, Stevens-Johnson syndrome and toxic epidermal necrosis). When an anxiolytic drug is justified, it is better to choose a benzodiazepine, for shortest possible period.

[Source: Medicines to Avoid (Prescire: 1 February 2016)]

Health Days (October - December)

Oct	Breast Cancer Month
Oct 1	International Day for the Elderly World Vegetarian Day
Oct 2	National Anti Drug Addiction Day
Oct 9	World Sight Day
Oct 10	World Mental Health Day
Oct 12	World Arthritis Day
Oct 15	Pregnancy and Infant Loss Remembrance Day Global Handwashing Day
Oct 16	World Food Day
Oct 17	World Trauma Day
Oct 20	World Osteoporosis Day
Oct 21	World Iodine Deficiency Day
Oct 24	World Polio Day
Oct 26	World Obesity Day
Oct 29	World Stroke Day
Oct 30	World Thrift Day
Nov 10	World Immunisation Day
Nov 12	World Pneumonia Day
Nov 14	World Diabetes Day
Nov 17	National Epilepsy Day
Nov 19	World COPD Day World Toilet Day
Nov 15-21	New Born Care Week
Nov 16-22	World Antibiotic Awareness Week
Dec 1	World AIDS Day
Dec 2	National Pollution Prevention Day
Dec 3	International Day of persons with disabilities
Dec 9	World Patient Safety Day
Dec 12	Universal Health Coverage Day

Gene Therapy a Reality: The aim of gene therapies is to cure the disease by introducing healthy copies of the gene into the patient. The advantage of the treatment is that it only needs to be given once and it offers a potentially permanent cure. Recently, GSK's Strimvelis is approved for an illness called ADA-SCID which prevents babies from fighting off everyday infections. Earlier, two gene therapy were approved: Glybera for a pancreatic disorder and T-Vec for skin cancer.

New Hepatitis C Drug in India: Epclusa, a breakthrough treatment for all genotypes of the Hepatitis C virus has been recently approved by the US Drug Regulating Authority. There are about 12 million affected Indians. Person tests positive for Hepatitis C needs to take this medicine: one pill a day for 8 to 12 weeks for a cure. 11 firms in India have obtained license from the innovator Gilead Sciences to manufacture and sale in India. It is expected that the affordable treatment would soon be available.

Resources

Clinical management of patients with viral haemorrhagic fever

Viral haemorrhagic fevers (VHF) are severe and life-threatening viral diseases. They can spread within a hospital setting, have a high case-fatality rate and are difficult to recognize and detect rapidly. The recent publication of WHO is a pocket guide provides clear guidance on current best management practices for VHF across health-care facilities. The pocket guide is available free at

http://apps.who.int/iris/bitstream/10665/205570/1/9789241549608_eng.pdf

A Guide to Training Resources on the Internet:

The guide is produced annually by the American International Health Alliance (AIHA) as part of its Knowledge Management Program. This guide provides information on how to obtain access to a variety of free and low-cost online training resources in health care, social work, medicine and related fields. This can be accessed at: http://www.hifa2015.org/wp-content/uploads/TrResGuide_June2016.pdf

Hesperian Health Guides on Cancer and Diabetes:

Two new resources are released as two new chapters under 'Where There is no Doctor Project'. These chapters explain and discuss the prevention, treatment, and social issues related to cancer and diabetes. Link for access:

Cancer (English): http://en.hesperian.org/hhg/New_Where_There_Is_No_Doctor:Chapter_20:_Cancer

Diabetes (English): http://en.hesperian.org/hhg/New_Where_There_Is_No_Doctor:Chapter_21:_Diabetes

These can also be freely downloaded from: http://hesperian.org/books-and-resources/?book=download_advance_chapters_from_the_new_where_there_is_no_doctor#tabs-downloads

DISCLAIMER:

The Newsletter intends to provide updated and reliable information on medicines and other related issues in an attempt to equip healthcare professionals to take informed decision in recommending medicines to the patients. However, they are encouraged to validate the contents. None of the people associated with the publication of the Newsletter nor the University shall be responsible for any liability for any damage incurred as a result of use of contents of this publication. The brand names of medicines, if mentioned, are for illustration only and the Newsletter does not endorse them.