



Official Desk



*Wish you all a very
Happy and Prosperous New Year 2016*

Parkinson's Disease - Role of Pharmacist

Parkinson's is a progressive neurological condition. The average age of diagnosis is 60, but as many as 20 per cent of people with Parkinson's are diagnosed under the age of 50.

Parkinson's disease (PD) results from the death of brain cells that produce the neurotransmitter dopamine. The causes of cell death are unclear and there is no known cure.

Some symptoms of Parkinson's includes slowness in movement (bradykinesia), rigidity and tremor, mental health issues, sleep disturbance, hypotension, constipation, urinary dysfunction and difficulty in swallowing etc.

The therapeutic interventions for Parkinson disease include pharmacologic treatments, rehabilitative techniques and surgical procedures.

Treatment is usually life long, but adjustments and reviews are necessary because the person's symptoms will change as the condition progresses and because of this adverse effects and intolerance to the drugs are common.

The main drug therapies used for Parkinson's disease include levodopa, dopamine agonists, Mono amino oxidase inhibitors (MAOIs) and catechol-O-methyltransferase (COMT) inhibitors. Patients with Parkinson's disease also may need to receive anticholinergics, Selective Serotonin reuptake inhibitors (SSRIs) or antipsychotics for Parkinson's disease-related conditions such as hypotension, depression, hallucinations or psychosis.

Compliance is an important issue with Parkinson's patients. They are very often on multiple medications with complex regimens and their therapies are usually not limited to Parkinson's disease medications alone. An example is use of laxatives for constipation i.e., this medication do not directly treat the disease, but help to manage other symptoms.

Pharmacists can play a significant role in caring for patients with the disease. The medication prescribed can substantially improve symptoms and therefore quality of life. Getting the medicines, dosage and timing right for each individual is a challenge and it's vital that people get their medication on time.

The addition of any medication to the patient's current therapy should be carefully assessed. Patients should also be advised to seek advice every time they purchase Over the counter (OTC) medications, including mineral-containing multivitamins.

The role of the pharmacist in management of the disease can help patients by checking for interactions and counseling on drug use, providing education regarding diet adjustments while on certain medications or dealing with constipation etc. Advice on medications and providing emotional support to patients as well as their family members and caregivers are also important.

Source: 1. <http://www.webmd.com/> 2. <http://www.parkinsons.org.uk/>



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Drug of the Quarter

Drug : Vilazodone

Class : Anti-depressant

Dosage Form : Tablet

DCGI Approval : 19th August 2015

USFDA Approval : 21st January 2011

Indication: Treatment of major depressive disorders in adults.

Dose Information

Adult Dosing:

- Usual dose: 20 to 40 mg once daily with food.
- Titration: 10 mg orally once daily for 7 days, followed by 20 mg once daily; may increase further to 40 mg once daily after an additional 7 days if needed.

Paediatric Dosing: Data not available.

Pharmacokinetics

Absorption

- Tmax, Oral: 4 to 5 hours
- Bioavailability, Oral: 72% with food
- Effect of food: Cmax increased 147% to 160%; AUC increased 64% to 85%

Distribution

- Vd: Wide distribution
- Protein binding: 96% to 99%

Metabolism: Hepatic: primary route

Excretion

- Fecal: 2% unchanged
- Renal: 1% unchanged
- Dialyzable: No

Elimination Half Life: 25 hours

Caution

- Increased risk of suicidal thinking and behavior in children, adolescents and young adults with major depressive disorder. Monitoring recommended
- Hyponatremia may occur in many cases due to syndrome of inappropriate antidiuretic hormone secretion (SIADH).

- Increased risk bleeding events when concomitantly used with NSAIDs, aspirin, warfarin or other anticoagulants.
- Abrupt discontinuation may increase the risk of serious discontinuation symptoms like nausea, sweating, dysphoric mood, irritability, agitation, dizziness, sensory disturbances (eg, paresthesia), tremor, anxiety, confusion, headache, lethargy, emotional changes, insomnia, hypomania, tinnitus or seizures. Gradual dose reduction is recommended.

Mechanism of Action/Pharmacology

Vilazodone hydrochloride is a selective serotonin reuptake inhibitor and a partial agonist of 5HT1A receptors. The activity of vilazodone is primarily by the parent compound.

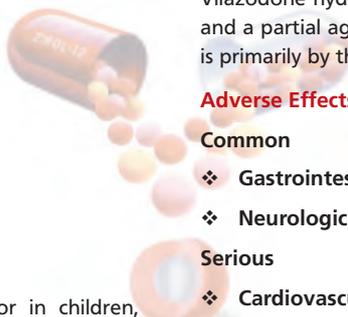
Adverse Effects

Common

- ❖ **Gastrointestinal:** Diarrhea, Nausea, Vomiting
- ❖ **Neurologic:** Insomnia

Serious

- ❖ **Cardiovascular:** Ventricular premature beats
- ❖ **Hematologic:** Bleeding, Abnormal
- ❖ **Psychiatric:** Suicidal behavior, Suicidal thoughts
- ❖ **Other:** Drug withdrawal, Serotonin syndrome



Drug-Drug interactions

Category	Drug/s (Example)	Interaction Effect	Management
Monoamine oxidase inhibitors*	Isocarboxazid, Phenelzine, Procarbazine, Selegiline, Furazolidone, Linezolid	Additive serotonergic effect with an increased risk of serotonin syndrome.	Contraindicated.
Strong CYP3A4 inducers**	Phenytoin, Primidone, Phenobarbital, Rifampin, Oxcarbazepine, Fosphenytoin, St John's wort	Decreases vilazodone plasma concentrations and increases the risk for serotonin syndrome.	Use caution if concomitant use is required.
Strong CYP3A4 inhibitors**	Ketoconazole, Clarithromycin, Itraconazole, Saquinavir, Ritonavir, Indinavir, Nelfinavir, Voriconazole, Lopinavir, Imatinib, Posaconazole	Increases vilazodone plasma concentrations.	Use caution if concomitant use is required.
Serotonergic Agents**	Chlorpheniramine, Dextromethorphan, Pentazocine, Methadone, Nortriptyline, Desipramine, Imipramine, Amitriptyline, Doxepin, Lithium	Increased risk for serotonin syndrome.	Use caution if concomitant use is required.
Anticoagulant & Antiplatelet Agents**	Heparin, Dipyridamole, Ticlopidine, Iloprost, Enoxaparin, Acenocoumarol, Dalteparin, Abciximab, Nadroparin, Clopidogrel, Trepstinil	Concurrent use has been associated with altered anticoagulant effects of anticoagulant and antiplatelet drugs, causing increased risk of bleeding.	If concomitantly used, closely monitor for the risk of bleeding.
Food/beverage		Interaction Effect	Management
Grapefruits or Grapefruit juice		Increases vilazodone plasma concentrations.	Avoid ingestion of grapefruits or grapefruit juice during vilazodone therapy.

Note: Serotonin syndrome-hypertension, hyperthermia, myoclonus, mental status change.

Severity

*The interaction may be life-threatening and/or require medical intervention to minimize or prevent serious adverse effects.

**The interaction may result in exacerbation of the patient's condition and/or require an alteration in therapy.

Effects in Pregnancy and Lactation

Pregnancy: Study report or clinical data during pregnancy are not

available. Weigh the potential benefits of drug treatment against potential risks before prescribing this drug during pregnancy.

Breast-feeding: Study report or clinical data on weaning children are not available.

Patient Education

- Instruct patient to report worsening depression, suicidal ideation, or unusual changes in behavior.
- Avoid activities requiring mental alertness or coordination until drug effects are realized, as drug may cause dizziness and somnolence.

- Counsel patient to report symptoms of serotonin syndrome like hypertension, hyperthermia, myoclonus, behavioural and attitudinal changes.
- Side effects may include diarrhea, nausea, vomiting, headache and insomnia.
- Advise patient to report symptoms of abnormal bleeding and to consult a physician before using nonprescription NSAIDs or aspirin.
- Recommend patient report symptoms of mania or hypomania.
- Advise patient against sudden discontinuation of drug, as this may precipitate withdrawal symptoms.

- Advise patients to strictly avoid alcohol.
- **Instruct patient to take this drug with food only.**

References

1. <http://www.micromedexsolutions.com/>
2. <http://www.rxlist.com/>

Meanings: **Hyperthermia-** The condition of having a body temperature greatly above normal, **Myoclonus-** Spasmodic jerky contraction of groups of muscles, **Somnolence-**Sleepiness or drowsiness. □

Drug News – Around the Globe



1. Drug: Elvitegravir, Cobicistat, Emtricitabine & Tenofovir*

Country: USA

A fixed-dose combination antiretroviral therapy, containing Elvitegravir an integrase inhibitor, Cobicistat a pharmacokinetic enhancer, Emtricitabine and Tenofovir are nucleoside analog HIV-1 reverse transcriptase inhibitors.

Approved Indications: This fixed-dose combination tablet is approved as a complete regimen for the treatment of HIV-1 infection in adults and pediatric patients 12 years of age and older. It appears to be associated with less kidney toxicity and decreases in bone density than previously approved Tenofovir containing regimens based on laboratory measures.

Dosing Information: One tablet taken orally once daily with food.

Side-effects: Nausea¹.

2. Drug: Idarucizumab*

Country: USA

Idarucizumab is a humanized monoclonal antibody fragment

Approved Indications: Idarucizumab is approved for the reversal of the anticoagulant effects of dabigatran; for life-threatening or uncontrolled bleeding or when emergency surgery or procedures are required.

Dosing Information: 5 g (2 vials) IV.

Side-effects: Hypokalemia, confusion, constipation, fever and pneumonia¹.

3. Drug: Cariprazine*

Country: USA

Cariprazine is an atypical antipsychotic.

Approved Indications: Cariprazine tablet is approved in adults for the treatment of schizophrenia or the acute treatment of manic or mixed bipolar I episodes.

Dosing Information: For schizophrenia and bipolar disorder, initiate with 1.5 mg orally once daily on day 1; may increase to 3 mg once daily on day 2; adjust dose in 1.5 or 3 mg increments as needed.

Side-effects: Extrapyramidal symptoms, akathisia, dyspepsia, vomiting, somnolence and restlessness¹.

4. Drug: Rolapitant*

Country: USA

Rolapitant is a P/neurokinin 1 (NK1) receptor antagonist.

Approved Indications: Rolapitant tablet in combination with other antiemetic agents, is approved in adults for the prevention of delayed nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including highly emetogenic chemotherapy.

Dosing Information: For schizophrenia and bipolar disorder, initiate with 1.5 mg orally once daily on day 1; may increase to 3 mg once daily on day 2; adjust dose in 1.5 or 3 mg increments as needed.

Side-effects: Low white blood cell count (neutropenia), hiccups, decreased appetite, and dizziness¹.

5. Drug: Aripiprazole Lauroxil*

Country: USA

Aripiprazole Lauroxil is an atypical antipsychotic and is a prodrug of aripiprazole.

Approved Indications: Aripiprazole lauroxil is approved for the treatment of schizophrenia.

Dosing Information: The recommended initial dose is 441, 662, or 882 mg IM monthly or 882 mg IM every 6 weeks, individualized based on established tolerability to oral aripiprazole dosing. Administer with oral aripiprazole for 21 days in conjunction with the initial IM injection.

Side-effects: Injection-site pain and extrapyramidal symptoms including akathisia and restlessness¹.

6. Drug: Glycopyrrolate oral inhalation powder* Country: USA

Glycopyrrolate oral inhalation powder is an anticholinergic medication.

Approved Indications: Glycopyrrolate oral inhalation powder is approved in adult patients with COPD for the long-term maintenance treatment of airflow obstruction, including chronic bronchitis and emphysema. Avoid coadministration with other anticholinergic agents.

Dosing Information: Orally inhale the contents of 1 capsule (15.6 mcg) twice daily at the same time each day.

Side-effects: Nasopharyngitis and upper respiratory tract infections¹.

7. Drug: Asfotase Alfa*

Country: USA

Asfotase Alfa is a first-in-class tissue nonspecific alkaline phosphatase.

Approved Indications: Asfotase Alfa injection is approved for treatment of perinatal, infantile and juvenile-onset hypophosphatasia (HPP). Asfotase alfa replaces the defective alkaline phosphatase enzyme to improve bone health.

Dosing Information: 6 mg/kg subQ per week administered as either 2 mg/kg 3 times per week or 1 mg/kg 6 times per week.

Side-effects: Injection site reactions¹.

Reference: www.fda.gov/

Note - * Not available in India

Meanings: **Akathisia-** the urge to move or a movement disorder, **Dyspepsia-** indigestion. □

Safety Alerts

1. Drugs: Canagliflozin**

Country: USA

May cause bone fracture risk and decreased bone mineral density

Canagliflozin belongs to a class of drugs called sodium-glucose cotransporter-2 (SGLT2) inhibitors. It is used with diet and exercise to lower blood sugar in adults with type 2 diabetes.

Alert: The USFDA warns that this class of drugs may cause increased risk of bone fractures and decreases bone mineral density at the hip and lower spine. The USFDA is continuing to evaluate the risk of bone fractures with other drugs in the SGLT2 inhibitor class, including dapagliflozin and empagliflozin.

Hence, KSPC-DIRC alerts the healthcare professionals to be cautious while prescribing Canagliflozin¹.

2. Drugs: Sodium-glucose cotransporter-2 inhibitors**

Country: USA

May cause serious urinary tract infections

Sodium-glucose cotransporter-2 (SGLT2) inhibitors like canagliflozin, dapagliflozin, empagliflozin are used with diet and exercise to lower blood sugar in adults with type 2 diabetes.

Alert: The USFDA warns that this class of drugs may cause serious urinary tract infections such as a feeling of burning when urinating or the need to urinate often or right away; pain in the lower part of the stomach area or pelvis, fever or blood in the urine.

Hence, KSPC-DIRC alerts the healthcare professionals to be cautious while prescribing Sodium-glucose cotransporter-2 (SGLT2) inhibitors¹.

Reference: www.fda.gov/

Note - **Available in India



Continuing Pharmacy Education (CPE)

Dispensing Instructions to the Pharmacists

Inflammatory Bowel diseases

Inflammatory Bowel Disease (IBD) is a broad term that describes conditions with chronic or recurring immune response and inflammation of the gastrointestinal tract.

It's often confused with the non-inflammatory condition irritable bowel syndrome (IBS). Unlike IBD, IBS does not cause inflammation, ulcers or other damage to the bowel. Instead, IBS is a much less serious problem called a functional disorder.

In this article we discuss more on Inflammatory Bowel Disease.

IBD primarily includes Ulcerative colitis (UC) and Crohn's disease (CD). Although the diseases have some features in common, there are some important differences.

Ulcerative colitis is a long-lasting inflammation and sores (ulcers) in the innermost lining of the large intestine (colon) and rectum where as Crohn's disease is the inflammation often spreads deep into affected tissues. The inflammation can involve different areas of the digestive tract — the large intestine, small intestine or both. Both illnesses are characterized by an abnormal response to the body's immune system.

The exact cause of IBD remains unknown; however, a variety of genetic, environmental, immunological and infectious factors all may play a role.

Signs and symptoms that are common to both Crohn's disease and ulcerative colitis include: Diarrhea, Fever and fatigue, Abdominal pain and cramping, Loss of small amounts of blood in the stool, Reduced appetite, Unintended weight loss

Risk factors includes age, race or ethnicity, family history, tobacco smoking or medicines like NSAID's, Isotretinoin

Drug treatment is the main method for relieving the symptoms of both ulcerative colitis and Crohn's disease.

There are different types of oral medications used in patients with IBD in appropriate combination:

- 5-Aminosalicylic acid derivatives eg, Sulfasalazine, Mesalamine
- Antibiotics eg: Metronidazole, Ciprofloxacin
- Corticosteroid agents eg: Hydrocortisone, Prednisolone, Methylprednisolone, Dexamethasone
- Immunosuppressant agents eg: Azathioprine, 6-mercaptopurine, methotrexate, Cyclosporine
- Tumor necrosis factor inhibitors eg: infliximab, adalimumab, certolizumab-Infusions
- H2-receptor antagonists eg: Cimetidine, Ranitidine
- Proton pump inhibitors eg: Omeprazole, Lansoprazole, Esomeprazole, Rabeprazole, Pantoprazole
- Antidiarrheal agents eg: Diphenoxylate and atropine, Loperamide, Cholestyramine
- Anticholinergic antispasmodic agents eg: Dicyclomine, Hyoscyamine

Below is a brief overview of few classes.

Drugs	Use	Warnings*	Less serious side effects	Advice
5-Aminosalicylic acid derivatives: eg. Sulfasalazine	Treats ulcerative colitis and rheumatoid arthritis.	Prescription to be reconfirmed in case of patients with a history of kidney disease, liver disease, difficulty in passing urine, asthma, blood or bone marrow problems.	Pruritus, rash, abdominal pain, indigestion, loss of appetite, nausea, stomatitis, vomiting, dizziness, headache, discolored urine	Advise to take this drug in evenly divided doses after meals. Advise patient to consume plenty of fluids to safe guard kidney. Keep using this medicine for the full treatment time, even if you feel better after the first few doses

Drugs	Use	Warnings*	Less serious side effects	Advice
5-Aminosalicylic acid derivatives: eg. Mesalamine	Treats and prevents flare-ups of ulcerative colitis.	Prescription to be reconfirmed in case of patients with a history of kidney disease, liver disease, myocarditis or pericarditis or any blood disorders like agranulocytosis, neutropenia, pancytopenia.	Rash, abdominal pain, diarrhea, nausea, vomiting, arthralgia, headache, nasopharyngitis, pain.	Keep taking this medicine for the full time of treatment, even if you begin to feel better after a few days.
Antibiotics: Ciprofloxacin	Treats disease-related to intestinal infections.	Prescription to be reconfirmed in case of patients with history of kidney disease or liver disease, diabetes, heart rhythm disturbances (such as QT prolongation), rheumatoid arthritis or joint problems or a history of seizures, epilepsy, head injury or stroke.	Blurred vision, nervous, restless, anxious or agitated, headache, migraine, disturbed sleep, mild muscle or joint pain, mild skin rash or itching, nausea, vomiting, diarrhea or stomach pain, sores or white patches in the mouth or throat.	Advice to take with full glass of water; at least 1 hr before or 2 hr after food. Do not take this medicine with milk, yogurt or other dairy products.
Antibiotics: Metronidazole	Treats disease-related intestinal infections.	Prescription to be reconfirmed in case of patients with history of kidney disease or liver disease, leukopenia (low white blood cells), oral thrush, epilepsy (seizures), optic neuropathy (eye disease with vision changes), or peripheral neuropathy (nerve disease with pain, numbness, or tingling)	Dizziness or lightheadedness, dry mouth, headache, loss of appetite, mild diarrhea, constipation, nausea, vomiting, or stomach pain, mild skin rash or itching, sores, ulcers or white patches, unusual or unpleasant taste in the mouth.	Advice to take with food or milk to avoid stomach irritation.

(to be continued.....)

Notes: * The patient should inform the doctor the pregnancy and lactating status.

References

1. Handbook of Pharma SOS, Educational Series-III, 6th Edition 2014, published by Karnataka State Pharmacy Council, Bangalore.
2. www.micromedexolutions.com, Micromedex (R) 2.0, 2002-2015, Truven Health Analytics Inc.
3. <http://www.cdc.gov/> 4. <http://emedicine.medscape.com/>



Drug Usage in Special Population - Pediatrics and Geriatrics

(From our publications)

Cardiovascular System Drugs (oral)

Drug (Oral)	Use in Children (Paediatrics)	Use in Elderly (Geriatric)
Fruzemide	Safety and effectiveness have been established. Safe to use in children.	Dosage adjustment necessary in patients with liver disease.
Glyceryl Trinitrate (Nitroglycerin)	Safety and effectiveness in children have not been established.	Dosage adjustment may be required in geriatric patients.
Hydrochlorothiazide	Safety and effectiveness have been established. Safe to use in children.	Dosage adjustment may be required in geriatric patients.
Indapamide	Safety and effectiveness in children have not been established.	Dosage adjustment may be required in patients with liver disease and caution while use in patients with renal failure.
Propranolol	Safety and effectiveness have been established. Safe to use in children.	No dosage adjustment required.

(to be continued.....)

Reference: Drug Usage in special Population-Pediatrics and Geriatrics, Educational Series-II, 5th Edition 2014, published by Karnataka State Pharmacy Council, Bangalore.



Drug Usage in Special Population - Pregnancy and Lactation

(From our publications)

Cardiovascular System Drugs (oral)

Drug (Oral)	Use in Pregnancy (Teratogenicity)	Use in Breastfeeding (Lactation)
Fruzemide	USFDA Category C. Limited data on Fruzemide during pregnancy. To be used when benefit outweighs risk.	Excreted in milk. Medical advice is necessary.
Glyceryl Trinitrate (Nitroglycerin)	USFDA Category C. Limited data on Glyceryl Trinitrate use during pregnancy. Use only if the potential benefit outweighs the potential risk to the fetus.	Data not available. Medical advice is necessary

Drug (Oral)	Use in Pregnancy (Teratogenicity)	Use in Breastfeeding (Lactation)
Hydrochlorothiazide	USFDA Category B. Limited data on Hydrochlorothiazide during pregnancy. Caution while use.	Excreted in milk. Medical advice is necessary.
Indapamide	USFDA Category B. Limited data on Indapamide during pregnancy. Caution while use.	Data not available. Medical advice is necessary.
Propranolol	USFDA Category C. Teratogenicity with this drug is confirmed. To be used when benefit outweighs risk.	Excreted in milk. Medical advice is necessary.

(to be continued.....)

USFDA Category B: Either animal-reproduction studies have not demonstrated a fetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the first trimester (and there is no evidence of a risk in later trimesters).

USFDA Category C: Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans. Drug should be given only if the potential benefit justifies the potential risk to the fetus.

Reference: Drug Usage in special Population-Pregnancy and Lactation, Educational Series-I, 5th Edition 2014, published by Karnataka State Pharmacy Council, Bangalore. □

ಫಾರ್ಮಾಸಿಸ್ಟ್‌ರ ಹೆಮ್ಮೆ (Pharmacist's Pride)

'ಫಾರ್ಮಸಿ'ಯು ಆರೋಗ್ಯಕಾಳಜಿಯ (Healthcare) ಚಟುವಟಿಕೆಗೆ ಪೂರಕ ಸೇವೆಯಾಗಿದೆ ಹಾಗೂ ಫಾರ್ಮಾಸಿಸ್ಟರು ಆರೋಗ್ಯಕಾಳಜಿ ತಂಡದಲ್ಲಿ ವೈದ್ಯರಿಗೆ ಸಹಾಯಕ ವೃತ್ತಿಪರ ಸದಸ್ಯರಾಗಿರುತ್ತಾರೆ.

ಫಾರ್ಮಾಸಿಸ್ಟ್‌ರ 'ಹೆಮ್ಮೆಯು' ಚಿಕಿತ್ಸಾ ತಂಡದ ಉತ್ತಮ ಕಾರ್ಯನಿರ್ವಹಣೆ ಹಾಗೂ ಅವರ ಕೊಡುಗೆ ಹಾಗೂ ತಂಡದ ಮುಖಂಡರು/ನಾಯಕರಿಗೆ ನೀಡುವ ಬೆಂಬಲವನ್ನು ಅವಲಂಬಿಸಿದೆ.

ತಂಡದ ಒಳ್ಳೆಯ 'ಕಾರ್ಯನಿರ್ವಹಣೆ' ಎಂದರೆ ಸಮಯೋಚಿತ ಹಾಗೂ ಫಲದಾಯಕವಾದ ಫಲಿತಾಂಶಗಳನ್ನು ಒದಗಿಸುವ ಪರಿಣಾಮಕಾರಿ ನೆರವು ಹಾಗೂ ಪರಸ್ಪರ ಸಹಯೋಗವಾಗಿದ್ದು ಚಿಕಿತ್ಸೆಯನ್ನು ಯಶಸ್ವಿಗೊಳಿಸುವುದಾಗಿರುತ್ತದೆ. ಇದರಿಂದ ರೋಗಿ ಹಾಗೂ ಹಿತೈಷಿಗಳ ಮುಖದಲ್ಲಿ ಮಂದಹಾಸ ಮೂಡುತ್ತದೆ.

ಕೆಲವೊಮ್ಮೆ ಚಿಕಿತ್ಸೆಯು ಅಪೇಕ್ಷಿತ ಫಲಿತಾಂಶವನ್ನು ನೀಡದೇ ಇರಬಹುದು. ಆದರೆ ಸಮರ್ಪಿತವಾದ ಬೆಂಬಲ ಹಾಗೂ ನೀಡಿದ ಸೇವೆಯು ನಾವು ನಮ್ಮಿಂದ ಅತ್ಯುತ್ತಮವಾದುದನ್ನು ಮಾಡಿದ್ದೇವೆ ಎಂಬ 'ತೃಪ್ತಿ'ಯನ್ನು ಒದಗಿಸುತ್ತದೆ.

ಪ್ರತಿಯೊಬ್ಬ ಫಾರ್ಮಾಸಿಸ್ಟನ ವೃತ್ತಿ ಜೀವನದಲ್ಲಿ ರಾತ್ರಿಯ ಸಮಯದಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸಬೇಕಾದ ಕೋರಿಕೆ ಅಥವಾ ಜಾಗತಿಕ ಸಂಪರ್ಕಗಳ ಮೂಲಕ ಔಷಧಗಳನ್ನು ವ್ಯವಸ್ಥೆ ಮಾಡುವ ಹಾಗೂ ಮಾಡಿದ ಅನೇಕ ಉದಾಹರಣೆಗಳು ಇರಬಹುದು ಅಥವಾ ಒದಗಬಹುದು. ಇಂತಹ ಪ್ರತಿಯೊಂದು ಕ್ರಮವೂ ಸಂತೋಷ ಹಾಗೂ ತೃಪ್ತಿಯನ್ನು ಒದಗಿಸುತ್ತದೆ. ಆದ್ದರಿಂದ ಆರೋಗ್ಯಕಾಳಜಿ ಸೇವೆಯಲ್ಲಿ ಯಾರಿಗೂ ಸಹ ನಾನೆ ಹೆಚ್ಚು ಎಂದು ಅಹಂಕಾರ ಪಡುವ ಸಂದರ್ಭ ಇರುವುದಿಲ್ಲ.

ಆದ್ದರಿಂದ ನಾವು ಫಾರ್ಮಾಸಿಸ್ಟರು 'ಆರೋಗ್ಯ ಕಾಳಜಿ ತಂಡದ' ಮುಖಂಡರಿಗೆ ಹಾಗೂ ಇತರ ಸದಸ್ಯರಿಗೆ ಗೌರವವನ್ನು ಹಾಗೂ ಬೆಂಬಲವನ್ನು ನೀಡಬೇಕು ಮತ್ತು ತಂಡವು ಯಶಸ್ಸನ್ನು ಸಾಧಿಸಿದಾಗ ಅದನ್ನು ಸಂಭ್ರಮದಿಂದ ಆಚರಿಸಬೇಕು. ಅದೊಂದು ಸತ್ಯಪ್ರದಾಯದ 'ಹೆಮ್ಮೆ' ಯಾಗಿರುತ್ತದೆ.

ಮೂಲ: ಭಗವಾನ್ ಪಿ.ಎಸ್.ರವರ ಬ್ಲಾಗ್‌ನಿಂದ

ಅನುವಾದಕರು: ಗಣೇಶ ಬಟ್, ಫಿಲಾನ್ಸ್ ಬರಹಗಾರರು, ಯಲ್ಲಪುರ, ಉತ್ತರ ಕನ್ನಡ. □

KSPC News



1. M.S. Ramaiah College of Pharmacy, Bengaluru

Sri. Bhagavan P.S., Registrar, Karnataka State Pharmacy Council, Bengaluru was a panel speaker to address the students and faculty of Medical, Dental, Physiotherapy and PharmD courses organized by the Department of Community, Medicine, M.S. Ramaiah Medical College, Bengaluru on "Community Service-Perception vs Practice"

He delivered the presentation oriented to pharmacy and highlighted how the Community Pharmacist service would impact in safeguarding



the potency of the medication and compliance by the patient besides preventing misuse and abuse of drugs leading to reduced morbidity.

He expressed that such events helps in better understanding of professionals and service potential of different streams so that service delivery becomes more patient focused.

Other guests were Dr. Shalini Chandrashekar, Prof. & HOD, Community Medicine and Dr. E. Maheswari, Professor and Head, Department of Pharmacy Practice, M.S. Ramaiah University of Applied Science, Bengaluru.

2. Nargund College of Pharmacy, Bengaluru

Sri Bhagavan P.S, Registrar, Karnataka State Pharmacy Council was one of the speaker at the National Conference titled "Filling the gap between Pharmacist and Community" held at Nargund College of Pharmacy, Bengaluru on 5th October 2015. He appreciated the organizers for selecting the right topic "Pharmacist-Patient relationship".

He lamented that due to various reasons Pharmacist has distanced himself from the Community and patient in particular by confining

to the dispensing counter and the most needed outreach activity has become out of his domain.

The gap is so wide and needs to be bridged by the pharmacy service both in preventive and curative health care.

Other speakers present in the conference were Dr. Anantha Naik Nagappa, Prof. & HOD. Dept., of Pharmacy Management, Manipal College of Pharmaceutical Science, Manipal University, Dr. E. Maheshwari, Prof & HOD. Dept. of Pharmacy Practice, M.S Ramaiah University of Applied Science, Bengaluru, Sri Ramakant Nargund, Pharma Marketing Consultant, Dr. Hrishikeshavan Prof. & HOD Dept. of Pharmacy Practice, Nargund College of Pharmacy, Bengaluru.

Dr. L.V.G Nargund, Principal & Convenor, Nargund College of Pharmacy, Smt. Dimple Pirgal and Smt. Chaya H.N, Lecturer Nargund College of Pharmacy were the chief organizers of this conference.

The conference was attended by more than 200 delegates from student community and academics.

3. Srinivas College of Pharmacy

Dr. E.V.S Subrahmanyam, Professor, Srinivas College of Pharmacy & Vice President, IPA, Dakshina Kannada, Local Branch Mangalore and Member, Karnataka State Pharmacy Council, Bangalore attended the 'National Anti-Drug Addiction Day' organised by NSS Unit of Srinivas College of Pharmacy in association with Indian Pharmaceutical Association, Dakshina Kannada District Local Branch Mangalore on 3rd October 2015.



Dr. A.R. Shabaraya Principal and President, IPA, Dakshina Kannada District Local Branch Mangalore in his presidential remarks called the students to make use of the information which helps during patient counselling.

Other guests and speakers were Dr. Animesh Gupta, Department of Community Medicine, Srinivas Institute of Medical Sciences & Research Centre, Mukka, Surathkal and Dr. Shahul Hameed, Department of Community Medicine, Srinivas Institute of Medical Sciences & Research Centre, Mukka, Surathkal.

4. Srinivas College of Pharmacy

Dr. E.V.S Subrahmanyam, Professor, Srinivas College of Pharmacy & Vice President, IPA, Dakshina Kannada, Local Branch Mangalore and Member, Karnataka State Pharmacy Council, Bangalore attended the " World Heart Day" organised by Srinivas College of Pharmacy in association with Indian Pharmaceutical Association, Dakshina Kannada District Local Branch Mangalore.

Dr. Santosh D'Souza, Clinical Cardiologist, Srinivas Hospital, Mukka, Surathkal was the chief guest and inaugurated the session. He highlighted the heart related problems are always correlated with our

daily life style, those who change their life style by cultivating good healthy habits can afford a healthy heart.

Dr. Karunakar Hegde, Associate Professor, Ms. Chinmayi Upadhyya and Dr. Satish S, Asst. Professor was the co-ordinators of the program.



National Pharmacy Week

1. Sri Adichunchanagiri College of Pharmacy, Mandya

Sri D.A Gundu Rao, President, Karnataka State Pharmacy Council and Sri Samson P George, Drug Information Pharmacist, Drug Information and Research Center, Karnataka State Pharmacy Council was one of the Chief guest for the "World Pharmacist Day" programme organized by Sri Adichunchanagiri College of Pharmacy on 28th September 2015. Sri D.A Gundu Rao highlighted the challenges the pharmacist would face in the coming days and the need to adopt professional outlook both in appearance and service & Sri Samson P George encouraged all the fellow pharmacists, pharmacy students to use World Pharmacist Day as an opportunity to promote to the government, other health care professionals, media as well as general public the valuable role the pharmacists could play in bringing good health in the community.

Other guest of honour were Mr. Cheluvarya Swamy, Local MLA, Mr. B. Lokesh, President Druggist & Chemist Association, Mandya District, Vice-President, Karnataka, Druggist & Chemist Association, Smt. Shylaja, Assistant Drugs Controller, Mandya, Smt. Vishalakshi, Drug Inspector, Mandya, Dr. B. Ramesh, Principal, Sri Adichunchanagiri College of Pharmacy, Sri. Y. Veerananarayana Gowda, Community Pharmacist and Rajayogini Brahmakumari Sharada.



"Pharmacist: Your Partner in Health" book was released by Mr. Cheluvarya Swamy, Local MLA and was distributed to the public.

More than 400 staffs, students, druggist & chemists ASHA, workers, CDA member participated in the rally organized by students of SACCPC, SAC first Grade Students and Druggist & Chemists, Nagamangala.

2. Srinivas College of Pharmacy

Dr. E.V.S Subrahmanyam, Professor, Srinivas College of Pharmacy and Member, Karnataka State Pharmacy Council, Bangalore welcomed the gathering at the "World Pharmacists Day" organised by Srinivas College of Pharmacy in association with Indian Pharmaceutical Association (IPA), Local branch, Mangalore.



Dr. A.R. Shabaraya, Principal & Director, Srinivas College of Pharmacy and also President, IPA, local branch, Mangalore explained the relevance of Indian Pharmaceutical Association role of Pharmacists as an important healthcare professionals

Other speakers present for the conference were Sri. Manohar S Shetty, Managing Director, Sai Radha Group and Sri. Shankar Naik, Asst. Drugs Controller, Sri. Dhananjay H, Drugs Inspector.

Felicitation: On this occasion Dr. A.R. Shabaraya and Dr. E.V.S Subrahmanyam were felicitated by staff and students for being elected unanimously as President and Vice-President of IPA, Local Branch, Mangalore respectively and Shri Sadanand V Shetty, Managing Partner, Ganesh Medicals, Kankanady, Mangalore was felicitated in recognition of his services in community Pharmacy.

Release of Newsletter: First issue of Pharmacy Practice News letter and new issue of Pharmacy College bulletin were released during the occasion.

3. Aditya College of Pharmacy

Sri D.A Gundu Rao, President, Karnataka State Pharmacy Council was one of the chief guest for the World Pharmacist Day celebration held at Aditya Bangalore Institute of Pharmacy Education & Research, Yelahanka, Bangalore on 8th Oct 2015.

Other guests of honour were Dr. M.D. Karvekar, Executive Council



Editorial Board

Mr. Banavi V. S., Mr. Bhagavan P.S., Mr. Gangadhar V. Yavagal,
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Additional Information on any article is available on request

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Member, Pharmacy Council of India, Dr. Pradeep Naik, Medical Director of ASTER CMI Hospital, Bengaluru, and Sri. Y. Veera Narayana Gowda of IPA. The programme was presided by Dr. B.A. Vishwanath, Chairman of the Institution.

4. KLE College of Pharmacy, Hubli

Sri V.S. Banavi, Member, Karnataka State Pharmacy Council and Vice President, IPA Hubli was one of the chief guests for the "National Pharmacy Week" celebration conducted by IPA Hubli branch & KLE College of Pharmacy, Hubli on 21st Nov 2015.



The topic discussed was "Responsible use of Antibiotics-Saves Life". Dr. Prof. P.C. Gadad, Associate Professor, Dept. of Pharmacology, KLE College of Pharmacy, Hubli was the main speaker.

Sri. Manohar Bhatt, Secretary, IPA Hubli welcomed the gathering.

Other guests present were Sri.G.R. Ramangoudar, President, IPA Hubli, Dr. B.M.Patil, Principal, KLE College of Pharmacy, Hubli and Sri. Ramkant Kunte, Assistant Drugs Controller, Dharwad, Sri.Ravibhu.

About 45 members attended the function, which was very useful for the Pharmacist.

Visitor of Honour

Clini-India Clinical Research & Management

Mr. Dheeraj Awasthi, Manager-L&D, Academy of Clinical Research & Management, Bengaluru visited this council on 29th September 2015 to study and discuss the functioning methods of this council and Drug Information and Research Center.

He was presented a set of KSPC publications by Sri. Bhagavan P.S., Registrar. He appreciated the activity and development of Karnataka State Pharmacy Council and Drug Information and Research Center.



BOOK-POST