

CHAPTER NEWS

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Points for discussion

- Should pharmacists prescribe?
- How is your hospital dealing with the ceftriaxone warnings from Health Canada?
- Non-regulated pharmacy technicians—what is their role once the new legislation is enacted?
- How do you monitor patients started on atypical antipsychotics?

WELCOME!

Welcome to the first edition of Chapter News! My intent is to publish this newsletter quarterly, and perhaps sooner if I have enough information to share with Chapter members. This newsletter will hopefully provide a summary of recent information about CSHP, both National and Ontario Branch, as well as little tidbits of information I've collected from various sources. "Points for discussion" is meant to be a thought-provoking summary of questions related to content within the newsletter. "Drug information corner" will be a bit of drug info pulled from the KGH drug information bulletin or other sources. "Did you know?" will be a compilation of interesting pharmacy facts I learned since the last newsletter. "CE event summary," as the title suggests, will provide a snapshot summary of the most recent Chapter CE event, so that members who were unable to attend will be able to learn the bottom line from the CE event presented. Finally, "Pharmacist Profile" will fea-



Welcome to Chapter News, and Happy Holidays!

ture a pharmacist within our chapter each newsletter, with the intent that we all learn a little bit more about each other. I will be choosing which pharmacist to profile based on an interesting bit of information that I know about them, whether it be that they've worked in several of the Chapter hospitals (as Dinie has), that they're the

longest-running member of CSHP within the Chapter, or that they have an interesting, non-hospital based practice. The possibilities are endless! I hope you enjoy reading this issue, and I welcome any and all feedback, comments, suggestions for improvement, or whatever you wish me to know! Happy holidays!

PHARMACISTS PRESCRIBING?

In November 2008, HPRAC submitted a report to the Ministry of Health, recommending that pharmacists, among others, be given the right to prescribe medications. The right for pharmacists to prescribe remains a controversial issue, despite the fact that in Alberta and

New Brunswick such legislation is already in place. This controversy was demonstrated in two recent articles published by the Toronto Star, and comments made about them. The first article made note of the submission, the second the physician's response. The general public

seems to be unaware of the extent of the pharmacist's role, both in the community and within hospitals. CSHP remains committed to advocating an expanded role for pharmacists across Canada. To view the submissions or for more information, visit www.hprac.org/en.

DRUG INFORMATION CORNER

A Health Canada Notice was released on July 31, 2008 regarding cases of fatal reactions due to ceftriaxone-calcium precipitates in lungs and kidneys that have been described in neonates and infants. In some cases the infusion lines and the times of administration of ceftriaxone and calcium-containing solutions differed. Although reports of intravascular precipitations have only been reported in neonates, it is theoretically possible for an interaction between ceftriaxone and calcium-containing solutions to occur in other patients.

Health Canada recommends

the following:

In patients aged less than 10 weeks, IV ceftriaxone and IV calcium-containing solutions should not be administered within 5 days of each other. In all other patients, IV ceftriaxone and IV calcium-containing solutions should not be administered within 48 hours of each other.

Ceftriaxone and calcium-containing solutions, including continuous calcium-containing infusion such as parenteral nutrition, should not be mixed or co-administered to any patient irrespective of age, even via different infusion lines at different sites.

At Kingston General Hospital, to enable compliance with the above Health Canada recommendations, the Formulary status of ceftriaxone and cefotaxime were revised as follows:

Ceftriaxone injection

Restrict to use in patients 3 months of age and older.

Cefotaxime injection

Change to unrestricted Formulary status

Source: KGH Drug Information Bulletin, October 2008

RXFILES

RxFiles is a pharmacist-written objective comparison of drugs, with the intent that patients receive optimal drug therapy. Published annually, it is a must-have reference for many pharmacists. The drug charts they produce provide a quick and easy reference comparing classes of medications, and medications within

each drug class. Recent topics have included a Q&A about Sitagliptin (Januvia), Rosiglitazone CV controversy links, links to PDA refer-



Now available!

ences, and many more. Since July of this year, Ontario Branch has provided online access to this reference free to all members. To sign up, visit www.rxfiles.ca and click on "Sign up now."

*RxFiles is now
available online to all
Ontario Branch
members!*

CSHP CE UPDATE

Mark your calendars! The 40th annual Professional Practice Conference (PPC) will be held in Toronto at the Sheraton Centre from 31 January-4 February 2009. Highlights will include the Career Opportunities Evening, the Research and Education Foundation Silent Auction, the presentation of national CSHP awards, and of course the most comprehensive hospital pharmacy educational pro-

gram in Canada (but we're not biased)!

CSHP also has an online education course available free of charge to all members. For "The Bottom Line on Dyslipidemia Treatment for Pharmacists," visit www.cshp.ca and click on the link located on the home page.

If you missed the CSHP-Ontario Branch AGM Educa-

tional Sessions in November, fear not—Audio/Visual presentations from the AGM have been recorded and will soon be posted to the website—visit www.cshpontario.ca for more information.

Finally, the next Chapter CE event will be held sometime in February—hypertension and the role of the new direct renin inhibitor aliskiren (Rasilez) are likely to be the topics.

DID YOU KNOW? A BIT OF PHARMACY HISTORY

Paleopharmacological studies attest to the use of medicinal plants in pre-history.

The earliest known compilation of medicinal substances was the Sushruta Samhita, an Indian Ayurvedic treatise attributed to Sushruta in the 6th century BC. However, the earliest text as preserved dates to the 3rd or 4th century AD.

The world's oldest continuously operating public pharmacy is in Dubrovnik, Croatia. It was opened in 1317 and still operates today. In addition

to getting your prescriptions filled, you can sample a selection of creams made from local products according to traditional recipes. It's actually the 3rd oldest pharmacy in Europe, but the oldest one open to the public.



Niagara Apothecary

In Canada, the Niagara Apothecary opened its doors at its present location in 1869 (during the Canadian Confederation period). It is the only surviving building of that time in the town. The Niagara Apothecary operated for nearly 150 years under a

succession of six owners, starting about 1818/1820, at another location in town, and it closed in 1964 due to the ill health of the last pharmacist owner.

Sources: Wikipedia, Google

REGULATION OF PHARMACY TECHNICIANS

At the AGM, there was an update about the regulation of pharmacy technicians. All pharmacy technicians who wish to become regulated with OCP must complete the bridging program currently piloted at some colleges. This allows them to write the PEBC Qualifying Exam and OSCE. For pharmacy technicians

currently certified with the college, they are eligible now to take the bridging courses. For techs who are not certified, they must write a PEBC Evaluating exam in order to be eligible to register for the bridging program. While the bridging program is now only available in person/on campus, online courses and part-

time opportunities will be available in the future. In addition, the college is looking into implementing Prior Learning Assessments (PLATs) so that some technicians could be exempted from one or more courses based on previous experience. Stay tuned to the OCP website for more information.

CE EVENT NOVEMBER 24TH: METABOLIC CONSIDERATIONS OF ANTIPSYCHOTICS

On November 24th, eight intrepid pharmacists braved the rain and gathered at Mino's in Kingston for a talk about metabolic syndrome and atypical antipsychotics.

At least 1 in 5 patients with schizophrenia has metabolic syndrome, 4 times the rate of the general population. The reasons vary: poor nutrition, sedentary lifestyle, smoking, poverty, poor access to medical care. Medications can

contribute to in two ways: by causing weight gain and due to their sedating effects, which adds to a sedentary lifestyle.

Patients with severe mental illness have a much shorter lifespan, primarily because of cardiovascular disease. Metabolic syndrome and dyslipidemia are the primary contributors to the development of CVD in these patients.

Antipsychotics contribute to metabolic syndrome by causing weight gain, with clozapine, olanzapine and quetiapine the worst offenders. These drugs also increase the risk of developing diabetes. To prevent metabolic syndrome, clinical management of these patients includes regular lab work, early and aggressive intervention when a problem is noted, and routine discussions about diet, nutrition and exercise.

1 in 5 patients with schizophrenia has metabolic syndrome, 4 times the rate of the general population

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Chapter News is brought to you by Christina Cella, Chapter Chair, Quinte-St. Lawrence Chapter. This newsletter will be published quarterly, or more often if I have enough submissions, for the general interest of members and to keep them informed about current goings-on within Ontario Branch.

For comments, submissions, ideas, email ccella@qhc.on.ca

PHARMACIST PROFILE: DINIE ENGELS

Each newsletter, pharmacist profile will feature a different pharmacist within the Chapter, with the intent that we get to know more about our colleagues. This issue, we feature Dinie Engels, a pharmacist who has practiced in several of the Chapter's hospitals!

Where did you do your training and when? I graduated from the University of Toronto in 1992.

What areas and places have you practiced?

From 1992-96 at Hotel Dieu Hospital in Kingston ON, in the areas of orthopedics, burns and plastic surgery. From 1997-2004, once Hotel Dieu Hospital and Kingston General Hospital merged, I worked at KGH in psychiatry, neurology/neurosurgery, drug use management and nephrology. After that, I went to the Brockville General Hospital and worked in management for a year. Finally, I worked at the Queensway-Carleton Hospital in internal medicine and ICU.

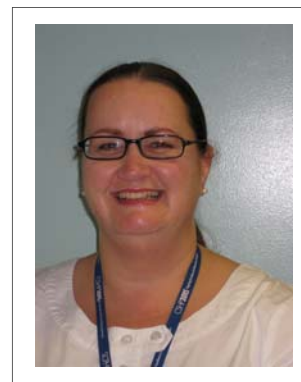
Where do you currently practice?

Since 2007 I have been with Quinte Health Care. I started off with internal medicine mainly, but now I am focusing on intensive care. QHC is transitioning to a closed ICU model, and I am quite involved in this process. It's a very exciting time!

What has been the most satisfying part of your career?

The most satisfying aspect are the opportunities I've received: the ability to practice in a many different areas (as I get bored easily!) and to combine clinical practice with project work, which I have always used as a learning experience. I've had the experience of working in more than one hospital which has broadened my view and allowed me to see more than one way of doing things. There is always something new to learn and opportunities to grow!

What do you think is the biggest challenge facing pharma-



cists in the future?

One of the upcoming challenges is the issue of pharmacist prescribing. I have mixed feelings regarding this. I think we will have to be very careful in how this is applied, if this does go forward. We will have to define required training, exactly what classes of medications we would be able to prescribe and instances in which it would be appropriate, ie. renewing a stabilized medication in an emergency as opposed to prescribing antibiotics for UTIs.

Thanks!