

BV DU PCP

## Pharmawiz Newsletter

## INSIDE THIS ISSUE:

☛ Editorial Desk	1
☛ Guest Column	1
☛ FDA Drug alert	2
☛ News Strike	2
☛ Evidence Based Drug Review	2
☛ Drug Warning	2
☛ Drug Information	3
☛ Helpline	
☛ Drug Safety Advice	3
☛ Case Report	3
☛ Department News & Activity	4

*Editorial desk....*

*It has been a great year at the Dept. of Clinical Pharmacy. Faculty and students have contributed in various community awareness activities like Osteoarthritis camp organized in association with IRSHA and Medical Health camp in collaboration with Orthopedics Department of Bharathi Medical College. Department also has done five publications in International & National journals.*

*Our enthusiastic PharmD students have bagged 1<sup>st</sup> Runner-up Championship Trophy in overall category during the National Pharmacy Week (2014-2015).*

*We have also had eminent speakers from various fields of Drug regulation & FDA, Clinical Research & regulatory updates, Clinical Data Management and Pharmaco-vigilance from reputed industries such as Sciformix, Cognizant and Aditya Birla & Jehangir hospital. Campus interviews were conducted & students were also placed in different sectors of industry such as Pharmaco-vigilance, Clinical research coordinator, Subject matter experts in IT industries & Clinical Pharmacist in hospitals. Some of our students have gone abroad for further education in fields of regulatory affairs & public health management.*

Mrs Renuka Patwardhan

**Challenges & opportunities in Drug Regulation & FDA as career Option****Purpose of Law:**

❖ The Drug regulations and FDA mainly works to make medicines available to general people at reasonable costs and of desired quality by keeping vigilant and by penalizing the people involved in misbranded, adulterated and spurious medicines. Protecting law abiding people is also their main purpose.

**➤ Opportunities in Regulatory department of Pharmaceutical Manufacturing Companies:**

- ❖ In Quality Assurance, by ensuring Good Manufacturing Practice (GMP) and stability parameters before marketing.
- ❖ Understanding law of land & procedures followed by the concerned department.
- ❖ Document Preparation for exporting the medicines.
- ❖ Understanding laws of different countries.

**➤ Opportunities in FDA:**

- ❖ Serving as a regulatory authority in Central Govt. (DCGI, CDSCO).
- ❖ Serving as a regulatory authority in state governments. (Maharashtra State Pharmacy Council).
- ❖ Serving as an analyst in Drugs Control Lab.
- ❖ Serving as a FSSAI authority (FSO, DO, AO).

**➤ Possibilities of Vacancies in Govt.:**

❖ In the past 25 years, there was not a situation where all the posts were filled. In central govt. and all the state governments there are plenty of posts available. Most commonly the vacancy ads are given in news papers.

**➤ Requirements:**

❖ An applicant must possess thorough technical and legal knowledge of other laws except D & C Act, IPC, Cr. Pc, etc. Passion to enforce the law, fighting spirit, relation developing attitude and updating self with knowledge are key requirements.

**➤ Challenges:**

❖ Every job has its challenges. Low frequency of recruiting and changes in methodology are the common challenges at entry point. Improper working conditions, insufficient staff, insufficient resources and no fixing hours are challenges at work. Less cooperation from society, police and licensee, frequent transfers, political influences and no significant system oriented work are the challenges to be face during work.



Dr. R.B. Joshi  
Assistant  
Commissioner(Retd)



## News Corner



US doctors fear that there might be a link to a nationwide outbreak of a usually rare respiratory virus after the reported 12 cases of muscle weakness or paralysis among children in Colorado. EV-D68 will be added to the list of non-poliovirus enteroviruses capable of causing severe, potentially irreversible neurologic damage, and finding effective antiviral therapies and vaccines will be a priority. Exposure comes from close contact with an infected person, through sneezes, coughing and shaking hands with them or touching surfaces that have the virus on it. There is currently no vaccine or targeted treatment.

References:- <http://www.medindia.net/news>

**NEWS STRIKE-** Indian Medical Association is against the new directive of the MCI which mandates heads of medical colleges, hospitals and its state chapters prescribe medicines only in generic terms.

## AZATHIOPRINE INDUCED PANCYTOPENIA

A 60 y/o male patient came up with complaints of bilateral jaw pain, difficulty in eating, generalized weakness and on-off fever. A known case of Myasthenia Gravis (MG) since 1 year and was on tab. Azoran (Azathioprine 50 mg twice a day), Mystin (Pyridostigmine, 60 mg four times a day), Omnacortil (Prednisolone 40 mg once a day) and a known case of TB pleural effusion on antitubercular drugs. After admission to hospital, CBC report showed pancytopenia with low Hb 8.2 g/dl, **TLC 700 cmm**, platelet count **1.45 lakhs/mm<sup>3</sup>** and decrease in PCV. This is a usual case of drug induced pancytopenia (azathioprine, an immunomodulator). On literature review it was found out that azathioprine induces pancytopenia mainly in patient with an enzyme deficiency. This was proved in a study where out of 2000 patient 600 suffered from pancytopenia who took azathioprine within duration of 1-5 years. Another study suggests that there is a prevalence of 5-25% of patient with pancytopenia on azathioprine. The patient was withdrawn from the offending drug and immediately the day after blood reports 2 units of whole blood was transfused. A granulocyte-colony stimulating factor Filgrastim (300 mcg, twice a day, subcuteniously) to improve WBC and neutrophils so as to prevent/treat infections.

Limited evidence from randomized, controlled trials (RCTs) suggests that corticosteroid therapy provides a short-term benefit in MG; this supports the conclusions of previous observational studies, as well as expert opinion. A systematic review found no clear difference between steroids and IVIG or azathioprine; however, further trials are indicated because of the flaws in the trials reviewed.

## Drug Warning

FDA is reminding health care professionals to stop prescribing and pharmacists to stop dispensing prescription combination drug products that contain more than 325 milligrams (mg) of acetaminophen per tablet, capsule, or other dosage unit. If a pharmacist receives a prescription for a combination product with more than 325 mg of acetaminophen per dosage unit, FDA recommends that they contact the prescriber to discuss a product with a lower dose of acetaminophen.

References: - [FDA.gov/drug](http://FDA.gov/drug) alerts and statements

## Pharmaw1z Quiz-1

**The common Adverse effect associated with the Quinolone group of Antibiotic is....**

- A-Hepatic Dysfunction**
- B-CNS Stimulation**
- C-Muscle Pain**
- D-Ototoxicity**

Submit answer at:- [bvpcp.dic@gmail.com](mailto:bvpcp.dic@gmail.com) , [www.bvupcp.edu.in](http://www.bvupcp.edu.in)  
Till then Happy Searching...

## Drug Information “Helpline” And Paediatric Dose Division (PDD) Services

Activities	Drug Information	DRP/ADR	Intervention	Patient history interview	Patient counseling	Pediatric dosing
Total number	277	39	28	157	123	31

We can help you with any questions you might have on the use of drugs or any information regarding the drugs . We assist you with any drug related problems you face in your daily practice.  
**Phone (020) 24368227** **E-mail: [bvpcp.dic@gmail.com](mailto:bvpcp.dic@gmail.com)**

### Drug Safety Advice

#### **Paclitaxel Injection Concentrate for Nanodispersion 100mg and 300mg.**

For the treatment of Breast cancer after failure of combination therapy metastatic disease or relapse within six months of adjuvant chemotherapy.

#### **Rivaroxaban Tablet 15/20mg (Additional strength/indication)**

Treatment of deep vein thrombosis and for prevention of recurrent DVT and pulmonary embolism.

For the prevention of stroke and systemic embolism in patient with non-valvular arterial fibrillation.

#### **Canagliflozin Tablet 100/300mg**

Indicated as an adjunct to diet and exercise to improve glycemic control in adults with Type-2 Diabetic Mellitus”

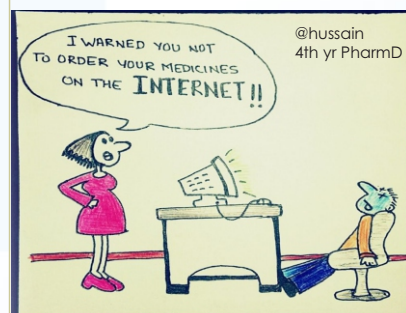
**References:** - [cdsco.nic.in/updated](http://cdsco.nic.in/updated) list of new drugs and fixed dose combinations

#### **Alternative for Eptoin in post traumatic patient of seizure prophylaxis**

A 30 y/o male patient k/c/o Traumatic brain injury on post traumatic syndrome prophylaxis using Tab.Eptoin (100mg) came up with complaints of dizziness, confusion, blurred vision, and anxiety. After admission to hospital, laboratory biochemistry report showed increased albumin levels. This is a usual case of eptoin induced toxicities. A study suggests that efficacy of phenytoin for PTS prophylaxis in patients with severe Traumatic brain injury. However one recent randomized, single blinded study of 52 patients compared IV levetiracetam with IV Phenytoin with severe TBI. Patients treated with levetiracetam experienced long-term benefits than those on phenytoin. This was proved in a study where 5.2% of patients stopped phenytoin therapy owing to patient request or idiosyncratic and other reactions.

Limited evidence of guidelines intended to serve as a general statement regarding appropriate patient care practices suggests that levetiracetam or carbamazepine therapy which provides a long-term benefit in altered albumin level in PTS patients with TBI; this supports the conclusions of previous observational studies, as well as expert opinion. A systematic review found no clear difference between levetiracetam and carbamazepine when carbamazepine is not showing compatibility, levetiracetam is preferred. However, further trials are indicated because of the biases in the trials reviewed.

- 1) WE DO NOT PRESCRIBE OR ADVISE TO TREAT ANY DISEASES. IT IS THE ROLE OF PHYSICIANS.
- 2) WE PURELY PROVIDE INFORMATION ON HOW A PRESCRIBED DRUG WORKS, DRUGS ADMINISTRATION TECHNIQUES, SIDE-EFFECTS, INTERACTION WITH OTHER DRUGS AND FOOD, COUNSEL ON DRUG PROBLEMS AND HEALTH PROBLEMS.
- 3) GUIDE PUBLIC REGARDING FALSE CLAIM MADE IN AN ADVERTISEMENT A DRUG OR DISEASE CURE METHOD BY DRUGS.
- 4) DO NOT PROVIDE ANY INFORMATION RELATED TO SURGERIES, ALLIED MEDICAL TREATMENTS. ALWAYS CONSULT THE RESPECTIVE HEALTH CARE PROVIDER.
- 5) WE DO NOT ASSIST IN EMERGENCY TREATMENTS.



### EXPERIENCE AS A PATIENT COUNSELLOR

During our posting in orthopedics, we as a clinical pharmacist intern decided to extend our valuable services to the OPD patients in the form of counselling and recording their valuable inputs in return. Patients were mainly warned of the side effects due to long use of NSIADs, muscle relaxants and antisecretory drugs as well as lifestyle modifications to be inculcated. Patients were mainly counseled about when and how to use the drugs, what all should be avoided while using the drugs and what all precautions to be seen. Apprehension at the beginning soon turned into enthusiasm seeing the excellent response from patients in knowing about the drugs which they use. Urging each and every pharmacist to take an initiative in providing such valuable services to the community.

Counselling builds a rapport with the patient and provides a confidence within a professional. A simple way to start such counselling activity is to introduce yourself and briefly describe your role in healthcare management. Focus on conveying drug name, purpose of administration, time and technique of administration and side effects to monitor and report to physician or a pharmacist. Finally, ascertain the understanding regarding the prescription medicine and clarify if any confusion persists.

**By: Sankeertana Yrdiam, PharmD Intern**



## Departmental News And Activities

### An Official Publication:

**Poona College of Pharmacy  
Bharati Vidyapeeth Deemed  
University**

**Dept. of Clinical Pharmacy  
Pharm.D. Program**

**Bharati Hospital & Research  
Centre Dhankawadi, Pune  
Maharashtra- 411 043**

**Phone (020) 40555555  
Ext.308**

#### E-mail:

**bvpcp.dic@gmail.com  
www.bvupcp.edu.in**

### Department Endeavour

Drug information services  
ADR monitoring  
Paediatrics Dose Division services  
Patient counseling

#### Editorial Board:

Dr. Atmaram Pawar  
Ms. Asawari Raut  
Mrs. Sunita Pawar  
Mrs. Manjusha Sajith  
Mrs Renuka Patwardhan

#### Advisory Board:

Dr. Arundhati Diwan  
Dr. Prajakt Barde  
Dr. Ravisekhar Kasibhatta  
Mrs. Sayali Masal  
Mr. Anil Lavander  
Mrs. Manjiri Gharat

#### Principal:

Dr. K R Mahadik

#### Newsletter Co-ordinator:

Mr. Bijoy Kumar Panda

#### Prepared By:

Hussain.G, B. Bhosle, T. Pore  
(Pharm D Interns)

### Osteoarthritis Camp Interactive Research School for Health Affairs

An osteoarthritis camp was organized by Interactive Research School for Health Affairs (IRSHA) and Dept of Clinical Pharmacy, Poona College of Pharmacy, BVDU on 12 December 2014, at Bharati Hospital, Sangli around 10.30 a.m. under the guidance of Dr. Halsulkar. The purpose of the camp was to screen Osteoarthritis patients with the objective of "Knee Help". Fifth year Pharm. D students participated actively in the camp which was attended by about 40 patients and they were actively involved in history taking procedure on a predesigned data collection form. Patients were enquired about their past medical history as well as medication history to understand the current pharmacotherapy status in osteoarthritis. The patients were administered WOMAC questionnaire to assess pain, stiffness, and physical function in patients with hip and / or knee osteoarthritis. Higher scores on the WOMAC indicate worsened pain, stiffness, and functional limitations. By administering this questionnaire we learnt various features associated with osteoarthritis and assessment of disease severity. After assessment, patients were counseled about drugs, different exercise and diet using pamphlets.

Only eligible patients were given free primary treatment (analgesics & calcium supplements). Participating in this camp provided the students a clinical insight and counseling confidence through communication.



### Medical Health Camp organized at Katraj Depot

The Department of Clinical Pharmacy organized a free medical checkup camp for the PMC staff on 24th November, 2014 in collaboration with Orthopedic Department of Bharati Medical College. The health camp was organized with the objective of

- Providing free medical examination
- To make the employers aware of their health condition
- To take up Preventive or curative measures to lead health life.

Pharm.D interns along with a faculty member participated actively in the camp. A suitable history and data collection sheet was designed for collecting details about employers demographics like name, age, type of occupation (i.e. driver/ conductors/ workers), residence, contact details, height, weight, medical/ medication history along with personal and social



### PHARMACIST: For Betterment of Mankind

#### Quality Improvement Programme

A Quality Improvement Programme (QIP) was organized by the department of Pharmacy Practice, Pharm D Program on "Healthcare System And Pharmacy: New Avenues And Applications". Thirty delegates (academic class of pharmacy discipline) from various universities and pharmacy institutions participated in this QIP. The speakers were from core pharmaceutical industries, Clinical Research Organizations, academics, and hospital industry. The two week QIP program focused on the changing scenario of Indian healthcare system and various recent avenues for a pharmacist to contribute in healthcare industry.

#### Paper And Poster Presentations

Sr.	Name of the Student	Conference	Title	Guide	Presentation
1	Urja Jani	ABMH-Pharmacon	Evaluation Of Corrosive Poisoning	Ms. Asawari Raut	Oral
2	Tanmay Pore	ABMH-Pharmacon	Evaluation Of Drug Poisoning	Ms. Asawari Raut	Oral
3	Divya Jacob	ABMH-Pharmacon	Evaluation Of Safety Of Perioperative Preventive Medical Therapy In Patient Undergoing Non-Cardiac Surgery with Previous History Of IHD	Ms. Sunita Pawar	Oral
4	Nitee Nakade/ Shailesh Bhosle	ABMH-Pharmacon	Anti-Hypertensive Drug Therapy- Rational And Safety	Ms. Asawari Raut	Poster
5	Amrita Singh/ Harsh Trivedi	ABMH-Pharmacon	Assessment Of Patient Compliance Of Therapeutic Management Of Schizophrenia	Ms. Sunita Pawar	Poster
6	Krapanshu Dwivedi	ABMH-Pharmacon	Drug Utilization Review Statins in Teaching Hospital	Mr. Bijoy Panda	Poster
7	Amey Pujari	ABMH-Pharmacon	Drug Utilization OF Anti-Coagulants as Thromboprophylaxis for Venous Thromboembolism in ICU Patients	Mr. Bijoy Panda	Poster
8	Sumit Falls	ISPOR India	Assessment Of Patient Compliance Of Drug Therapy in Schizophrenia	Ms. Sunita Pawar	Poster