ISSUE 12 - PAGE I JULY 28, 2009

# Pharmacy Phile

### IN THIS ISSUE:

### PAGE I WELCOME

New & improved? Let's hope!

### PAGE 2

### **CELEBRITY DEATHS**

Is pharmacy a risk to celebrity health?

### PAGE 3

#### **BLURBS ON HERBS**

This month's herb is lavender.

### PAGE 4

### REQUIRED READING I

One Hundred Years of Solitude

## ATHLETE OF THE MONTH

This month's athlete is Will Shannon.

### PAGE 5

### FROM THE BENCH

A look back at this term's sports

### PAGE 6

### **IMPORTANT DATES**

See the revised end of term date.

## UNDERGRADUATE STUDENT AFFAIRS

ELPE: what is it & why do I need to write it?

#### PAGE 7

### PUMPKIN'S COOKING CORNER

Sweet Marie Bars!

### **REQUIRED READING 2**

The Forgotten Garden

The term is down to the final month

### Time flies when you're... in school?

Welcome to your new and improved Pharmacy Phile newsletter! As you can see, the newsletter has undergone some serious changes since the last issue. I am hoping that the fresh look will spark interest among readers and give the newsletter a much-needed face-lift. Unfortunately, due to some chaos in the life of your Communications Director, we have not had an issue of the Pharmacy Phile for a while. With this extra time, I have carefully considered the feedback from the online survey and had tried to incorporate suggestions into this issue.

Even though Mother Nature is taking her time heating things up, summer is here. As a matter of fact, summer is almost over! We are nearing the end of co-op for Rx2011 and exams are on the horizon for Rx2012. The exam schedule is available through the 'School of Pharmacy Resources' folder on UW Ace.

Rx 2012 has been busy this term with a BBQ, 3-on-3 basketball tournament and, of course, the second annual Pharmacy Banquet. The banquet also included this term's athletic awards. These events were a great way for students to have a break from their busy schedule! Check out *From the Bench* on page 5 to

read more about the tournament and the athletic awards.

Keep an eye out in this issue for a new addition: *Pharmacy in the News*. These blurbs can be found throughout the issue and provide some news about what's up with pharmacy around the globe. Also new is an article called *Undergraduate Student Affairs* (see page 6). This article is a great addition and provides relevant information that all pharmacy students should know.

As always, I appreciate any feedback you have and if you are interested in getting involved with the newsletter please contact me at <a href="mailto:pharmsoc@uwaterloo.ca">pharmsoc@uwaterloo.ca</a> Good luck to everyone in exams and for the last few weeks of co-op. I wish you all the best and hope you are able to take a bit of a break before the start of classes or your new jobs. See some of you very soon!

### Jean Cameron Communications Director

The Yearbook is looking for your Co-op Work Term pictures!

Anyone wishing to submit a picture please email it to eclamant@scimail.uwaterloo.ca

Deadline for Class of 2011 is August 31st Deadline for Class of 2012 is September 30th.

Thanks!

ISSUE 12 - PAGE 2 JULY 28, 2009



### TOP 5 CELEBRITY RX-RELATED DEATHS

- **I. Michael Jackson, 2009.** Suspected drugs: propofol, meperidine, and alprazolam
- **2. Heath Ledger, 2008.** Suspected drugs: oxycodone, hydrocodone, diazepam, temazepam, alprazolam, and doxylamine
- 3. Anna Nicole Smith, 2008.

  Suspected drugs: clonazepam, diazepam, lorazepam, chloral hydrate, plus others
- **4. Elvis Presley, 1977.** Suspected drugs: ethchlorvynol and dextroamphetamine
- **5. Marilyn Monroe, 1962.** Suspected drugs: pentobarbital and chloral hydrate.

examiner.com)

### Sex, drugs and cardiac arrest

# Does Pharmacy Kill Celebrities?

Addiction does not care how much money you make, or how famous you are. In fact, it seems addiction to prescription medications may actually go hand-in-hand with fame & fortune. So what are the drugs being abused by celebrities and what are the risks?

Opioids, including oxycodone, codeine, meperidine and morphine, are commonly prescribed to treat pain; however, these medications can also be abused. Opioids attach to receptors in the brain and spinal cord and block the perception of pain. These medications can lead to death through respiratory depression, especially when combined with CNS depressants. Actor Chevy Chase suffered addiction to opioids, but was able address this with rehab.

CNS depressants, including benzodiazepines and barbiturates, are another kind of medication that celebrities may abuse. These medications are prescribed to treat conditions such as anxiety or sleeping disorders. CNS depressants work through the GABA system to slow brain activity and produce a calming effect. If these drugs are discontinued abruptly after regular consumption, individuals may experience seizures due to the sudden increase in brain activity. Overdose of CNS depressants can also lead to death, as was the case for Marilyn Monroe.

Another class of medications that may be abused are the stimulants, including dextro-amphetamine and methylphenidate. These medications are prescribed to treat narcolepsy and attention deficit disorder. Stimulants enhance the brain's activity and cause an increase

in alertness, attention and energy. Excessive use of stimulants can lead to dangerously high body temperatures and irregular heart rates. These drugs can be lethal, causing seizures or cardiac arrest. Elvis Presley's prescription drug abuse began with stimulants; it later progressed to multiple addictions and eventually lead to his death.

The risks associated with these medications are made worse by concomitant use of recreational drugs (i.e., heroin, cocaine, etc.) and alcohol.

For all of your patients, celebrity or otherwise, be sure to counsel on appropriate use of these medications. Watch for signs of abuse and be aware of any questionable prescribing patterns.

Note: the risks discussed for the above medications are due to *abuse* of these medications and are not reflective of responsible use.

(MedlinePlus, 2009)

ISSUE 12 - PAGE 3 JULY 28, 2009



"A decoction made with the flowers of Lavender, Horehound, Fennel and Asparagus root... is very profitably used to help the falling-sickness [epilepsy] and the giddiness or turning of the brain" – Culpepper.

### Issue 6 – English Lavender

(aka: *Lavandula angustifolia*, True or Common Lavender, *Lavandula* spp.)

The lavenders (Lamiaceae) are a group of roughly 40 species/hybrids of related plants. English lavender is the most common and can readily be seen flowering in most Canadian neighbourhoods. Prized for its aromatic essential oil, English lavender has been used as a flavouring agent for foods and beverages, in the manufacturing of pharmaceuticals, as a botanical insect repellent, and as a fragrance ingredient for soaps, cosmetics, and aromatherapy products. Lavender has been long favoured as a medicinal plant by herbalists.

Description and Habitat:
Lavender, a Mediterranean native, flourishes today throughout temperate regions of the world. It is a small, heavily branched shrub, that generally grows to 2 feet high, but can reach heights of 6 feet. It bears woody branches with rod-like, leafy, green shoots. It has greenish narrow leaves, which are oblong and tapered, attached directly at the base, and curled spirally. Its small, blue-violet flowers are arranged in spirals of 6 - 10 blossoms that spike above the

foliage. The oil in the flowers gives the herb its fragrant scent.

Medicinal Constituents:
Essential oil, soluble in alcohol, is extracted from the fresh flowers of the lavender plant. The main active constituents in the oil are terpene alcohol derivatives, primarily linalool. Other constituents include cineol, pinene, limonene, geraniol, borneol and tannins.

Medicinal Use: Lavender essential oil has antiseptic and antiinflammatory properties. The oil was common to antiseptic washes (mouth, eye, and skin) and was used to disinfect hospital walls and floors, particularly during WWI. Lavender also has a long history of use in herbal combination preparations to treat a variety of conditions. Traditionally it has been used to treat restlessness, insomnia, depression, nervous agitation, migraines, and neuralgia, as well as gastrointestinal conditions. Topically, lavender is used to treat hair loss and pain, and when the oil is placed in baths, to treat circulation disorders. It remains popular as a mosquito repellent, and in aromatherapy to treat insomnia, pain, and agitation related to dementia. Lavender flowers have been approved for use in Germany as a tea for insomnia, restlessness, and nervous stomach irritations.

Typical Dosages: Oral doses—of fluidextract (1:1) or
Compound Tincture BP/
USP (traditional
formulation) ½ - 1 drachm;
of Spirit BP/USP 5-30
drops (traditional
formulation); of tincture
(1:4) 20-40 drops taken
1-3x/day; and of tea 1-2
tsp of whole herb per cup

of hot water steeped for 10-15 minutes taken 1-3x/day. Inhalational doses – inhale the vapours of 2-4 drops of essential oil. Topical doses - of essential oil 1-4 drops per tbsp of base oil.

Evidence: Some evidence suggests that lavender aromatherapy is effective for treating insomnia, post-operative pain, and as an adjuvant to antidepressant therapy. The oil slows the activity of the nervous system, promotes relaxation, reduces anxiety, and improves sleep quality and mood. Topically, lavender essential oil has stimulated hair growth among men in one study. Herbalists treat fungal infections and wounds of the skin, eczema, and acne with lavender oil; many in vitro studies confirm the essential oil's antiseptic properties.

Lavender in Pharmacy Practice:
Lavender is generally a very safe
herb, particularly in aromatherapy.
Although uncommon, some
individuals develop an allergic
reaction to the oil. Side effects
following inhalation or absorption of
lavender through the skin are also
rare, but include nausea, vomiting,
headache, and chills. It also has the
potential to interact with some
antidepressant, anxiolytic, and pain
management therapies. Lavender oil
has been implicated in a case of
breast development in a young boy,

and should not be used by children. It also should also be avoided by women who are pregnant or breastfeeding. Counsel patients accordingly.

Jason Budzinski (Pharm 2011)



ISSUE 12 - PAGE 4 JULY 28, 2009



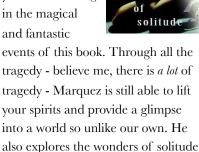
### Your source for great books

### Required Reading I

This month's first Required Read is *One Hundred Years of Solitude* by Nobel Peace Prize winning author Gabriel Garcia Marquez. This book is by no means a quick or easy read, but it is well worth it in the end.

One Hundred Years of Solitude is the story about the rise and fall of a small town called Macondo. It follows the Buendia family through many generations, each with its own share of tribulations and amazing events. I challenge you to keep track of the names of the characters throughout, as most of the children share the same names as their predecessors.

Marquez has an amazing talent and paints a story so real that you find yourself believing in the magical and fantastic



and forbidden love, interwoven with

magic and compassion.



# PHARMACY IN THE NEWS

North America's first women's only pharmacy opened in Vancouver July 7, 2009. The pharmacy is staffed by female pharmacists and provides womencentered services. The pharmacy has sparked protest from many groups, including the transgendered group (the Femininjas), who feel excluded under the pharmacy's "women only" rule. Despite the protests, the pharmacy claims to have had a very successful first week. (The Vancouver Sun)

### Congratulations Will Shannon!

#### Athlete of the Month

Aside from being known for his love of Ramipril, the Athlete of the Month for July is also known to be a Jack of All Trades in sports. Will Shannon has been nominated for his all-round athletic capabilities. To describe Will in one word is impossible because he is talented in every single sport. He has participated in many intramural sports, including: dodgeball, beach volleyball, hockey, and slopitch. He has never missed a game and is truly a proud athlete for the School of Pharmacy.

If there is one thing we should all remember Will for, it would be his fashion statement. He is not only great in every sport he participated, but he is also dressed in style and fills the opponent with intimidation and fear. In dodgeball, he had his signature headband and would rip off his tearaway pants just before the referee blew the whistle to start the game. He was also usually the last man standing in dodgeball and fought to the bitter end like a true Spartan.

He also extends his fashion statement to slo-pitch where he is always seen with his signature long socks and baseball jerseys. Maybe it's the socks or invisible wings on his back, but Will is amazing at fielding and there isn't a ball he can't catch. His throws are also furiously hard and fast as if it was going to burn a hole in your glove.

The best thing about playing with Will is his friendly



smile and enthusiasm. He is always a source for support and motivation on his team and jokes around to make everybody feel comfortable. Win or lose, Will is there to make athletics more enjoyable.

Congratulations to Will for being the athlete of the month for July.

ISSUE 12 - PAGE 5 JULY 28, 2009



### Summer is the time for sports!

### From the Bench

This month marked the end of almost every team's intramural season. All of the pharmacy teams carried themselves with pride, and represented the school of pharmacy well. Their enthusiasm, dedication, and positive attitudes made this season a memorable one.

The And 1 Ballers, an intermediate basketball team, ended the regular season winless, but rallied back to win their bracket in the playoff finals. Each game was hard fought, but through teamwork and communication, they were able to come out on top. Congratulations to the And 1 Ballers for their playoff championship! (see photo)

The beginner slo-pitch team, *The Pharmacy Phielders*, played well throughout the regular season, heading into the playoffs in fourth place. However, due to the timing of the proceeding playoff games, the team was forced to forfeit the series due to class conflicts and the pharmacy banquet. Hopefully next year they will be able to continue on further. Great season, guys!

The advanced beach volleyball team, *The Beta Blockers*, fought hard throughout the whole season, but lost in the playoffs after a tough match. Unfortunately, the intermediate volleyball team, *The Dosettes*, suffered the same fate. Despite tough fights and hard playing, the volleyball teams were unable to catch a break. Best of luck next season!!

The players on the advanced

soccer team, *TFC Select*, rounded out their season with a win, ending in a 5-1 record, and finishing third in the division. Unfortunately, after winning the quarter finals, the team suffered a tough loss in the semis, and their season came to an end. Best of luck next year!

The two pharmacy players on *The Sci-Hawks*, the intermediate ice hockey team, ended their season with a 4-2 record. At the time of writing this article, they were still continuing forward in their playoff season. We wish them the best of luck as they battle for another playoff victory!

At the end of term Banquet on July 17, 2009, Athletics was proud to present several awards. Steve Danylchuk won the Most Improved Player award for his remarkable basketball skills after only a single term of play, Nancy Bazzi won Most Aggressive, for her prowess on the volleyball court, Kim Adamczyk won Most Enthusiastic and Calvin Poon won Most Sportsmanlike. Our Athletes of the Year were Katie Poredos and Jay Miron for their participation on several sports each, and for excelling in every sport they participated in. Congratulations to these award recipients for their dedication to Pharmacy Athletics. We hope you will continue to contribute your talents to our teams next time.

Also, thank you to everyone who helped make our first 3-on-3 basketball tournament a huge success. The day would not have been possible without your passion and energy. Congratulations to Jay Miron, Stacey Willfang, Mélodie Harik and Dilpreet Singh Bhathal for coming first in the tournament!



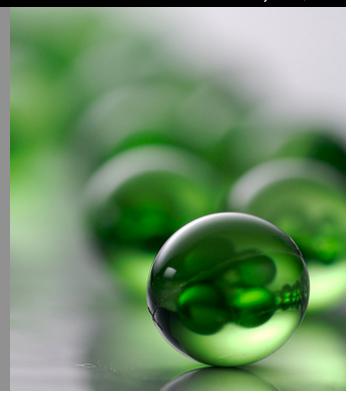
ISSUE 12 - PAGE 6 JULY 28, 2009

### **IMPORTANT DATES:**

### SEE REVISED DATE FOR END OF LECTURES

### Fall 2009:

- Tuition Due (cheque, money order, promissory note):
   August 31st (Note: UW no longer accepts personal cheques; it must be a certified cheque)
- Tuition Due (bank payment, international wire transfer): September 9th
- Lectures Begin: September 14th
- Lectures End: Saturday, December 5th (Monday schedule)
- University Holiday (Thanksgiving): October 12th
- ELPE (in the PAC): December 8th
- Exams Begin: December 9th
- Exams End: December 22nd



### **Undergraduate Student Affairs**

# ELPE: What is it & why do I need to write it?

Maybe you don't!

As you will undoubtedly know, the School of Pharmacy falls under the Faculty of Science here at the University of Waterloo. As such, we are guided by the policies, regulations, and practices of Science. The Undergraduate Calendar is an excellent source of information on many matters affecting students in all faculties. As noted in the Calendar:

All Faculty of Science students entering degree programs must satisfy the English Language Proficiency Requirement. Successful completion of this requirement is mandatory for graduation. The English Language Proficiency Requirement can be satisfied by one of the following:

- writing and obtaining a "pass" on the English Language Proficiency Examination (ELPE). The ELPE is held during orientation week and at other times during the year.
- successful completion of the writing assignments of the University of Waterloo Writing Centre.
- successful completion of a university level English course with a grade of 60% or better. Acceptable UW courses would be ENGL 109, 129R, 210E, F, or H, or ESL 102R.

Many of you have been informed by the Office of the Registrar that you have received an ELPE exemption, on the basis that you have completed a university level English course with a grade of at least 60%. Those who have not received such a notice will need to satisfy this English Language Proficiency Requirement through one of the mechanisms noted above.

Not sure where you stand on this matter? You can check on Quest, under UG Milestone, to see if you have completed this milestone. If you don't see it recorded there, then the onus is on you to make the appropriate arrangements to fulfill this requirement by the end of your 2B academic term (fall of second year).

The ELPE website provides the examination dates and other information. The School of Pharmacy is investigating whether it will be feasible to offer a sitting of the ELPE here at the Health Sciences Campus this fall. We will keep you posted on any such plans as they develop.

With the inclusion of the Reading Comprehension/Writing Test as part of our admissions process, the School is also of the opinion that there may be solid rationale for considering all Pharmacy students to have met the English Language Proficiency Requirement upon admission to our program. We will be participating in meetings with university officials this fall, to discuss whether there is support for such a position. If this direction is ultimately approved, it will be formally incorporated into the Undergraduate Calendar and will affect future Pharmacy students. Current students should make the necessary plans to fulfill the requirements as stated above, as failure to do so could jeopardize your academic progression.

If you have any questions on this matter, or if you would like to suggest other topics for this regular Pharmacy Phile column, please send an email to kpotvin@uwaterloo.ca. ISSUE 12 - PAGE 7 JULY 28, 2009



### Pumpkin's Cooking Corner

### **Sweet Marie Bars**

Sorry for missing the last Newsletter as I was busy upgrading the menu at every Ritz-Carlton in Burkina Faso. This time 'round we're going to cover a dessert, so you can nix the "nutritious" part of the central dogma behind this newsletter contribution. With this dynamite recipe you'll be the first to shout out, "I've got dessert!" the next time you're invited to a potluck. When my mother used to make this stuff I was consistently scorned for eating half the pan before anyone else even got a crack at it. Alright, I'll stop building it up; just promise me you'll try it.



Combine the following in a pot and melt over low heat:

1/2 cup of brown sugar

1/2 cup of corn syrup

1/2 cup of peanut butter

1 tablespoon of butter

Remove from heat and add:

3 cups of Rice Krispies (Generic substitutions are permitted)

<sup>1</sup>/<sub>2</sub> cup salted peanuts (optional)

Stir well, and spread into a buttered, 8" X 8" pan.

Melt 300 grams of semi-sweet chocolate chips and 1 tablespoon of butter in the microwave; spread over the Rice Krispies mixture. Chill.

This recipe can easily be doubled for a 9" x 13" pan. Double all ingredients except the chocolate chips (for some reason).

Note: This picture comes from Google Images and may not represent the product of this recipe!

### Your source for great books

### **Required Reading 2**

The Forgotten Garden by Kate Morton is a tale told from the perspective of three individuals, spanning three generations. The story centers around the news Nell Andrews receives from her father on her 21st birthday: that she isn't his child; she was "found" wondering alone at age 4. And so began Nell's journey to discover who she was before being taken in.

However the story isn't without its complications. Just as Nell finally discovers her identity she is forced back home to raise her granddaughter. When Nell passes away, she leaves her Granddaughter, Cassandra, an inheritance that re-awakens the journey into Nell's past. *The Forgotten Garden* is eloquently

written, and a
definite page-turner
right from the
beginning. Kate
Morton has a way of
capturing her
audience, and
bringing them along
for the journey too.



# PHARMACY IN THE NEWS

Gamblers in a certain Nevada casino can now have their prescriptions filled from a **pharmacy in the casino**. The pharmacy is similar to those in the community, except the technicians wear white tuxedos and the pharmacy has a spinning, "wheel of fortune" sign. (Los Angeles Times)

Pharmacists working in 29 Boots pharmacist (a popular chain in the UK) will be part of a service to **prescribe Viagra** to patients without physician intervention. Pharmacists receive extra training and must spend 30 min with each patient to rule out any serious problems (Pharmacy Gateway).

Pharmacists in Ireland prepare to strike following announcements of huge cuts to pharmacy profits. The cuts are being made in a similar style to the banning of rebates with Bill 102 and the introduction of professional allowances (Pharmacy News).

Recent changes will allow BC pharmacists to give injections. Pharmacists must undergo training similar to the program in Alberta before offering the service to patients. (Daily Business News)





Apply for a part-time position by sending your resume to our Pharmacy Recruitment Specialist, Kim Smith **ksmith@shoppersdrugmart.ca** 

