



SOPhS President's Message

Where does the time go! I can't believe we are already three weeks away from the end of this term and as Rx2013's, we will soon be heading into the exam period. For our students out on co-op, the Rx2014's are finishing up their last month of their first placement and Rx2012's in their last co-op placement ever! While being in pharmacy school, with the countless hours that we put into our work and the extent of dedication and perseverance we all have to this program, it seems that the days, weeks, and months literally fly by. I am particularly in a reminiscing mood while I write this newsletter piece because I know it is my second to last message I will write as your SOPhS President. As well, with the return of the vanguard class last month for their Convocation, a part of me is still in shock that they will not be returning as students in the Winter and that their time has come to develop as individual health practitioners outside of academia and the walls of our school that have been their home for the last 4 years.

The Vanguard students played such an instrumental role within our institution and showing our appreciation for them at the vanguard pre-convocation reception and to be able to celebrate their success was truly a remarkable moment in the history of the University of Waterloo School of Pharmacy. I was amazed at the number of individuals from within the pharmacy community, University of Waterloo network, as well as family and friends that came from all over the country to celebrate the first graduating pharmacy class of Waterloo. Our school was full of energy on the evening of Friday, October 21st, 2011. We had well over 250 guests attend the Vanguard Pre-Convocation Reception. I had a team of 20 students who dedicated their time to showcase our school to the many guests we welcomed here that evening. We had activities in both the professional practice lab and pharmaceuticals/microbiology lab for our guests to participate in. We had displayed project work and videos that were created in the past by our vanguard students. There was representation from SOPhS, CAPSI, and our newly developed Alumni Committee also made their debut.

A formal program ran in the evening where we had speeches delivered by the mayors of both Kitchener and Waterloo, as well as both David Edwards, Jake Thiessen, and Nancy Waite. Each of the vanguard students were given a timeless gift, of a uniquely designed mortar and pestle that was individually hand crafted by artist Annie Michaud. It was truly a memorable evening and it was equally humbly to watch the vanguards at convocation, walk across the

[Continued on Page 2 \(Click to View\)](#)

In This Issue (Click to View)

- SOPhS President's Message P.1,2
- VP Update: Student Affairs P.2,5
- SEP: Reflections from Australia P.3-4
- Student Exchange Program Information P.4,10
- Recruitment Update P.5
- IP Case Study - Top 5 Lessons P.5
- Interview with Dr. Schneider P.6
- Co-op Chronicle: Hans Lin P.7
- Therapeutics POEM P.8
- Fresh from the Pharm P.8
- Notes from ABCs of OTCs P.9-10
- News & Events P.11
- SOPhS 6 Week Calendar P.12

**(President's Message - Continued
from Page 1)**

stage and receive their diploma, a moment that was significant in so many ways. I encourage everyone to look at some of the pictures housed within this months newsletter, that captured many of the memories from that evening.

November is a good month for reflection (although I know as members of this program that adjective has a different feel to it), I think it is important to separate ourselves every now and again from the mayhem of our lives as pharmacy students and think of all the other positive attributes to our being such as family, friends, activities, significant others, lets not take for granted all of the little things we cherish in this world.

I hope you all enjoy this month as we head into the holiday season!

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Kaitlin Bynkoski, President - Society of Pharmacy Students (SOPhS)



Top Right: Families of graduates participated in activities in the PPL Lab. Middle Right: Volunteers conducted building tours and provided information at booths. Below: Dr. Edwards welcomes graduates, families and friends, and faculty.



Vice President Update: Student Issues

This Fall term has been full of excitement and events, despite the fact that Rx2013 is only class on campus. Pie days, case studies, CAPSI competitions and town hall meetings have been extremely successful because of the dedication of students to the School of Pharmacy. Thank you to all of the volunteers who put time into making this term unforgettable. My last newsletter was focused on passion, and that seemed to be the theme of the month.

The Fall 2011 Town Hall Forum brought out a large number of students from the class of 2013, as well as students from the other classes on coop. The number of great ideas for issue resolution to approach each problem was impressive. For students who have not attended a town hall forum before, its purpose is to allow students to bring their concerns about anything pharmacy-related. After this meeting, the SOPhS president and vice-president meet with Dr. Edwards and Ken Potvin to bring these issues forward. Administration and faculty are able to respond to student issues and work toward creating resolutions for some that are brought up. The following month after this forum and meeting occur, SOPhS communicates each item that was discussed through newsletter articles or in SOPhS updates. Stay tuned for updates about this term's town hall.

SOPhS has been brainstorming ways that students can work toward making a positive impact about ideas they are passionate about. We have decided to pilot student steering committees: a group of key stakeholders that provide proposals or presentations on areas that are relevant to students. These committees will involve both SOPhS council and non-council members to work

Continued on Page 5 (Click to View)

Reflections from an Unforgettable SEP Journey ...in Australia!

By: Lois Chung, Rx2013

This past summer, I had one of the most incredible opportunities to travel half way across the world to Australia to partake in the Summer Exchange Program with CAPSI-IPSF for 4 weeks. I worked at an independent pharmacy in the suburbs of Melbourne, being mentored by two outstanding pharmacists who absolutely loved what they did! It was definitely an encouragement to work alongside pharmacists who truly cared about our profession, desiring to continually move things forward and ultimately, to provide exceptional patient care and build such meaningful relationships with their patients.

Even as a foreigner, they embraced me and provided me with the opportunity to learn all about the Australian pharmacy system and experience every aspect of the pharmacist's role, whether it was counselling patients on their medications, dispensing methadone and suboxone, home medication reviews, helping patients in the OTC aisles by directly approaching them in the front shop (also known as "Forward Dispensing"), etc. This experience allowed me to think outside of the box, opened my eyes, and made me envision what I want to incorporate into my future practice.

I also had ample amount of time to travel around Australia when I was not working at the pharmacy (It's always been one of my greatest dreams to explore this beautiful country). I never let a day go by as I wanted to make the most of every moment, whether it was exploring around the city late until night, trying out amazing Australian food every day, traveling along the coastlines on week-



end tours, climbing mountains and seeing kangaroos and koalas everywhere, visiting wineries, shopping around the city, going to the 'Pharmacy Ball', flying to Sydney for a mini vacation, going to beaches, watching sunsets, etc. But, I think one of the best highlights of this trip was meeting so many awesome Australians and other international students from across the world (which happened very randomly, but now, they are lifelong friends!).

[Continued on Page 4 \(Click to View\)](#)



SEP Journey...in Australia! - Continued from Page 3

I strongly encourage all pharmacy students to take part in this incredible life-changing journey, before you graduate – don't let opportunities escape now and do things when you're young (you learn so much from travelling and definitely grow as a person)! Although, money may be an issue especially as a pharmacy student, don't let that ever get in your way of accomplishing dreams because there's always ways to find support. For example, Waterloo has recently started providing scholarships for students participating on exchange (Ontario International Education Opportunity Scholarship, where you are eligible to receive up to \$2,500 for your exchange).

My experience in Australia definitely changed my life forever and I reminisce on these memories when life gets a bit stressful, and it makes me smile :). Feel free to contact me if you have any questions regarding the application process or want to learn more about SEP! (loischung21@gmail.com)

"Twenty years from now you will be more disappointed by the things that you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover." – Mark Twain.



CAPSI-IPSF Student Exchange Program

SEP is a great opportunity to travel to a new place to discover how pharmacy differs there. Host sites are available in retail, hospital, industry and university/research settings.

Exchanges usually take place sometime from May to September. They are typically 1-3 months, but lengths can be varied to accommodate with our co-op program (2 -4 weeks). **You can apply for an exchange for a few weeks in between terms or for a 16 week unpaid position (note that the position will be unpaid).** You will be responsible for paying a student exchange fee and for your travel expenses. Some students are placed with a host family if available. Others are set up with room and board, which is usually provided by the host country.

How do I apply?

- 1) Become a CAPSI member.
- 2) Visit <http://sep.ipsf.org/associations> to find a list of participating countries. You will also find evaluations of students who participated in SEP in that country.
- 3) Apply online at <http://sep.ipsf.org/apply>. Visit <http://capsi.ca/projects/ipsf/register> for details on what you need to apply, fee information, and FAQs. Applications are due at **December 9, 2011**.
- 4) *Optional: Find a Canadian host site, which will make your application much more appealing to the selection committee. This is because the number of Canadians we can send depends on the number of students who come to Canada. **Please contact Carly at cstone-ma@uwaterloo.ca or Lois at loischung21@gmail.com for information about how to seek out host sites.**

This is a great opportunity to learn about pharmacy on an international level and I encourage those interested to apply.

[See our poster on Page 10!](#)
[\(Click to View\)](#)

Recruitment Update

By Stacey D'Angelo, Rx2012

Hi All! As the second class at UW Pharmacy heads towards graduation, we all are starting to think about “the real world” – internship/ residency and a job! If anyone has any questions or comments about recruitment and what happens after we graduate, feel free to get in touch with me at uwrecruitment@gmail.com. There will also be upcoming opportunities to get more involved... Read on to find out more!!

Career Survey

In July 2011, Rx2011 was given a Career Survey to see where they stood with regards to job positions after graduation. It should be kept in mind that the survey was given a few months before graduation. Here are a few interesting results:

- 67/88 (~76%) of students participated in the survey
- At the time, ~47% had secured employment, ~30% had not, and ~24% answered unknown
- 39% were returning to a previous co-op employer, ~42% were not and ~20% were unspecified
- When asked if they were going to try to take time off to prepare for PEBC exams in November, ~56% said yes, ~24% said no, and ~20% were unspecified
- Practice settings indicated for those who were employed at the time:
 - Community chain – ~17%
 - Community independent – ~20%
 - Hospital internship – 22%
 - Hospital residency – 19.5%
 - LTC – 2.4%
 - Unspecified – ~20%
- When asked if they were required to sign a contract for a minimum specified time, 22% of those employed said yes, ~54% said no, and ~24% were unspecified
- When asked if they had signed an agreement with an employer for a tuition assistance program, ~10% said yes, ~71% said no, and ~20% were unspecified
- When asked if they would have benefited from a Career Fair hosted by SOPhS:
 - Of those who were employed at the time: ~56% said yes, ~24% said no, and ~20% were unspecified
 - Of those who were NOT employed at the time: ~84% said yes and ~16% said no

At the same time, Rx2012 was also sent a Career Survey. With good participation (79/103 – 76.7%), the majority of the class said they would benefit from having a Career Fair hosted by SOPhS – ~83% said yes, ~7% no, and ~9% unspecified.

Upcoming Career Fair

In light of the previous surveys, we have decided to plan the first ever UW Pharmacy Career Fair for graduating students. Details of the event are still being worked out, but watch for upcoming SOPhS emails to get involved with the planning committee. Invitations will be sent out before the end of the year using the School's extensive employer contacts. That said, if you know someone, either through personal connections or a co-op employer, who is interested in hiring a new graduate in 2012, please send me their contact information at uwrecruitment@gmail.com and we will ensure they get an invitation to the event.

JobMine

Students may not know that JobMine will continue to be a resource for us in years to come. JobMine is used for employers to post jobs for upcoming graduates. They are able to post a job for a set number of weeks to which a student can apply by uploading a resume in similar fashion to co-op. *However, employers then contact candidates directly to schedule an interview, and there will be **no** ranking/system match for positions for graduates.* UW also offers the Tatham Centre free of charge for employers to interview students if they post through JobMine. Last year, 25 job postings for graduates were available through JobMine. We expect this number to rise with the Career Fair this year.

In addition to using this resource as an upcoming graduate, JobMine will be available to us as we graduate and move into Alumni status. As employers become more familiar with our program (and how fabulous our graduates are!), they will likely continue to use this avenue to get at UW pharmacy graduates – so keep that in mind as you continue throughout your career!

(VP Update - Continued from Page 2)

toward specific topics that can be resolved. SOPhS will act as support and communicate ongoing with the key contacts of these committees.

Lastly, I would like to commend my peers for responding in a positive and professional way to the difficult situations you are faced with. I am so excited to work together with you on some of these committees.

“An idea is like a play. It needs a good producer and a good promoter even if it is a masterpiece. Otherwise the play may never open; or it may open but, for a lack of an audience, close after a week. Similarly, an idea will not move from the fringes to the mainstream simply because it is good; it must be skillfully marketed before it will actually shift people's perceptions and behavior.” — David Bornstein,

Robyn McArthur, *Vice-President - Society of Pharmacy Students (SOPhS)*

Top 5 Things Learned at This Month's Interprofessional Case Study:

1. Students learned about the roles of other professions. They said this would help them refer patients to other healthcare providers in the future.
2. Discussing a case study in an interprofessional group allowed students to learn about the entire experience of a patient across the healthcare system.
3. Social workers perform assessment for life goal expectancy in patients with newly diagnosed chronic diseases.
4. Pharmacists use Review of Systems to assess patients.
5. Family physicians have an extremely difficult role coordinating complex care plans in patients with chronic disease.

Getting To Know Dr. Schneider

Interviewer: Nick Malian, Rx2013

What brought you to the UW School of Pharmacy?

I moved here for many reasons...many of them personal. Between my funny accent and the strange way I pronounce words like "angina," I also realize that I have sparked a bit of curiosity among the students and my new colleagues. I moved here from Northwest Arkansas, most notably known as Walmart's World Headquarters. The personal part that resulted in looking for a position in Canada is being in a long-distance relationship with a Canadian. After almost two years of travelling back and forth every 6 weeks or so, it was time for one of us to make a move. Then I started looking. Honestly, I didn't think the odds looked too good for me with only 10 schools of pharmacy in the whole country (and given that the handful of French words I know come only from doing crossword puzzles, two were ruled out immediately). It only took a few conversations with Dr. Waite about the program at UWaterloo to make me realize what an amazing career move coming here would be. I feel lucky that I was chosen to be a member of the UWaterloo team.

Where did you earn your Bachelor of Pharmacy, PharmD, and BCPS?

I received a Bachelor's in Science in Pharmacy from the St. Louis College of Pharmacy and a PharmD from the Medical University of South Carolina (MUSC) in Charleston, South Carolina. I completed a clinical pharmacy residency at MUSC through the Departments of Community Pharmacy Practice/Administration and Family Medicine. The BCPS designation is Board Certified Pharmacotherapy Specialist, granted by the American Pharmacists Association Board of Pharmaceutical Specialties. To become a BCPS pharmacist, you must have three years of pharmacotherapeutics practice experience and pass a qualifying exam. Recertification is required every 7 years.

Can you describe some of your previous work experiences?

Having been out of school for over 20 years, I have had many opportunities as a pharmacist. After graduating in 1987, I worked at a large pharmacy that serviced long term care facilities in the metro St. Louis, Missouri area. I quickly realized that working in a high volume pharmacy that filled over 2000 prescriptions daily was not for me. I then was accepted into the PharmD program at MUSC. Since graduation from my residency, most of my career has been spent teaching and practicing in the area of Family Med-



icine. I have been associated with the Faculties of 3 Colleges/Schools of Pharmacy, 3 Colleges of Medicine, and a College of Nursing. I have had the privilege of teaching pharmacotherapeutics to pharmacy/medical students and residents and advanced practice nurses. My most recent position was with the University of Arkansas for Medical Sciences as Associate Dean for the College of Pharmacy's regional campus in NW Arkansas.

As far as my clinical practice goes, I have worked collaboratively with Family Physicians in 4 different physician residency training programs (which would look very much like practicing in a family health team here). Most of my patient care activities have been co-managing patients on anticoagulation and those with diabetes, asthma, dyslipidemia, hypertension, metabolic syndrome, or taking complex polypharmacy regimens. For many years of my career I have maintained a part-time practice in a community pharmacy, which has helped me stay current with the issues facing the community pharmacist.

What is your most passionate area of study in pharmacy?

This is a hard question to answer. I love to learn (and often describe myself as a 28th year pharmacy student—but I suppose that makes it sound like I have failed a LOT of classes). Clinically it is the area of endocrinology because I find the pathophysiology and therapeutics so complex and amazing. But I am equally passionate about education. Whether it is in the classroom or the clinic, the best moments in my career have been the times that I have seen someone light up with new understanding. Some days I marvel at the fact that I actually get paid to come interact with, teach and learn from students.

Briefly describe your teaching philosophy.

Over my 20 years as an educator, I have developed several tenets that I believe in.

- Students use a variety of learning styles and teaching should stimulate all students.
- Learning is an active process and teaching should be engaging.
- Pharmacy educators do more than teach—we serve as mentors and role models.
- Learning is a lifelong process that only begins with school. I hope to spark a desire in every student to become a self-directed learner throughout his or her career.

As a student, what (if any) was the most challenging class and why?

In my PharmD program we took a course called pharmacokinetics theory. We spent a term deriving equations using Laplace transforms.

$$\mathcal{L}\{f(t)\} = \int_{-\infty}^{\infty} e^{-st} f(t) dt$$

Need I say more?

If you couldn't be a pharmacist, what would you be?

Being able to help and interact with people is important to me. If not a pharmacist, I would most likely be a physician or teacher.

What is your biggest pet-peeve about Canada/Canadians?

I have only been here for 2½ months. Give me time and I am sure I will find some, but for now I cannot think of any.

What is your favourite thing about Canada?

Hands down it is the people. From the moment I crossed the border I have found people to be friendly, helpful, and nonjudgmental.

Toronto Maple Leafs or Montreal Canadians or Other?

Definitely other...my hometown team, the St. Louis Blues. Though I have to admit, it has been many years since I have been to a live hockey game (I can almost hear the gasps of horror as you read this!) Did I mention that the St. Louis Cardinals won the 2011 World Series?

What's the one thing that you want but cannot have because it's only available in the US?

Hmmm...it is not Walmart, since they are everywhere! Seriously though, what I miss is not what, but rather, who. I miss spending time with my friends and family in the States.

Co-op Chronicle:

Hans Lin

Interviewer: Mandip Khela, Rx2012

Just as a refresher, where did your second co-op take place?

I completed my second co-op abroad - at an international orphanage project in Hunan province, China. The organization I worked with is called International China Concern (www.chinaconcern.org) - it is a Christian orphan care organization with its vision focused on the abandoned and disabled chil-



dren in three cities in two provinces. It is definitely a non-traditional setting for a pharmacy student!

What kind of things did you do?

I spent most of my time concentrating on the medication therapy component for our children. Ranging from antiepileptics, antipsychotics, and medical nutritional support, I worked with local medical team, hospitals, and foreign telemedicine agency to assess and improve medication being used on children and youth at our orphanage. I was involved in constructing a drug database, facilitated the initial steps for a 3-step heart surgery for a ten-year-old boy, and provided pharmaceutical care to disabled orphans through a truly collaborative team effort. In addition, after forming relationships with our youth, I played the role of a big brother to our children - providing companionship to our children. Just being a friend, really!



What did you take away from your first experience?

My first experience completely challenged my world view and re-shaped it. I no longer see people the same way I used to. This co-op not only affects my personal values, but fundamentally challenged my perception of the responsibility of a health care practitioner, in light of 145 million disadvantaged children in this world. To be frank, it is difficult for me to walk away from this experience and still pursue an American-dream lifestyle.

How long after did you go back?

I went back after 1 year. To be exact, I used the break between Spring term 2011 (my study term) and Fall 2011 (my last co-op term) - mid-August to early-September for a follow-up trip and bringing along two Class of 2012 classmates, Lucy and Cindy and Joyce, a Waterloo-trained Optometrist.

What did you do during this second trip?

This trip was an extremely busy trip! To sum up, let me **re-post** a portion of a letter I wrote recently to thank our sponsors, regarding the work we did/were planning to do:

"As planned, we were there for 3 weeks from August 15 to September 6, 2011. And as my previous prayer support letter (sent on August 22, 2011 whilst in China) suggested, we were hoping to do the following:

- Community Eye Care
- Compounding for abandoned children's hospice
- Exploring/assisting VTC product marketing
- Nurse Training on appropriate use of medications
- Comprehensive medication reviews

Indeed, thanks to your support and prayer, we were able to complete all of the above in a short 3-week span!

In summary:

Community Eye Care was completed for many children who had never received such personal level of eye care. Children's hospice received much-needed compounding support. Ideas were generated and discussed to continue to improve ICC's Vocational Training Centre for disabled people. Three training sessions were delivered to a group of nurses from both Changsha and Hengyang - covering antibiotics, pain medication, antiepileptic medication, and antipsychotics medication. Many children had their long term medication re-assessed and new adjustment is under way to help decrease cost and increase a safer and more efficacious use of medications. Special cases (such as refractory epilepsy) were brought back to Canada for

further specialists' consultation and currently being followed up.



Not to mention, as a result of your support and after careful consultation with the field, over CAD\$1000 worth of medication, medical supplies, and nutritional supplements were brought over - and these supplies were distributed to all three ICC projects: Changsha, Hengyang, and Sanmenxia."

Any lasting impressions?

For anyone interested in the work of orphan care, I highly recommend watching a story of a young man and how he became the founder of ICC: <http://www.youtube.com/watch?v=RtXJEaarTVs>

Reflecting on the past 2 years, I am convinced that being a pharmacist (or a pharmacy student), should be about serving -serving those in need in our community; those who cannot care for themselves, both locally and internationally - as there is a lot of needs in this world both within and beyond Canadian border.

Generosity and compassion are core Canadian values, and I trust that Waterloo pharmacy will continue to support and enable and incorporate these values as an element of its innovative co-op programs, so as to educate compassionate leaders in pharmacy that will be committed to achieving global impact in health care



Therapeutic POEM: Safety of SSRIs in MI Patients

By: Saurabh Patel, Rx 2012

Clinical question: Does SSRI increase the risk of bleeding with concomitant use of antiplatelet agents following acute MI?

Reviewing: Labos C, Dasgupta K, Ne-djar H, Turecki G, Rahme E. Risk of bleeding associated with combined use of selective serotonin reuptake inhibitors and antiplatelet therapy following acute myocardial infarction. *CMAJ* 2011; 183:1835-43

Bottom line: In patients with acute MI, concomitant use of SSRI with ASA and dual antiplatelet therapy (ASA & clopidogrel) increased the risk of bleeding in this 10 year cohort study. However, the authors did not break down bleeding risk associated with different SSRI, dose of SSRIs used, or timing when prevalence of bleeding was high after MI. Clinicians can use lowest possible dose, frequent monitoring, patient education on bleeding signs, and utilization of PPI to minimize the bleeding risk.

Study design: 10 year retrospective cohort study

Synopsis: The authors included 27058 patients with age 50 and above who were discharged after hospital admission for acute MI between 1998 and 2007. The cohort was divided into six categories: three categories of antiplatelet therapy (ASA alone, clopidogrel alone, and ASA and clopidogrel) and three for antiplatelet therapy combined with an SSRI (citalopram, escitalopram, fluvoxamine, fluoxetine, paroxetine, and sertraline). The primary outcome was bleeding defined as a bleeding episode (GI bleeding, hemorrhagic stroke, or other bleeding) that either necessitated admission to hospital or occurred in-hospital during follow-up. After adjustment for patient baseline characteristics, **ASA + SSRI** (HR 1.42, 95% CI 1.08-1.87) and **dual antiplatelet therapy + SSRI** (HR 2.35, 95% CI 1.61-3.42) increased the risk of bleeding compared to ASA alone (Reference, HR 1). The bleeding risk remained high when dual antiplatelet

therapy + SSRI was compared to dual antiplatelet therapy alone (HR 1.57, 95% CI 1.07-2.32). Interestingly, there was **NO** increase bleeding risk in clopidogrel + SSRI group compared to ASA (HR 1.76, 95% CI 0.83-3.73) or clopidogrel group alone (HR 1.54, 95% CI 0.70-3.39).

Critical Appraisal: This was a cohort study, which was long enough to assess the bleeding risk associated with SSRI when combined with antiplatelet therapy. The authors adjusted for various confounding factors that could have increased the risk of bleeding using regression and sensitivity analysis. However, with cohort studies there is the risk for "unknown" confounding factors to influence the result due to lack of randomization. It was unclear how many patients were needed in the cohort to detect clinically meaningful difference between two groups (power of the study). This may have been the reason why clopidogrel +SSRI did not show increase in risk of bleeding. The authors also did not elaborate on the timing when the patients were at high risk of bleeding post-MI. Finally, there was no information on the dose and type of SSRI that had the highest risk of bleeding, as SSRIs have different safety profile. In absence of this information, clinicians should balance the risks and benefits of SSRI in patients with MI. If needed, clinicians can start with lowest possible dose of SSRI and taper/discontinue when remission is achieved¹. One can also prescribe proton-pump inhibitor to decrease the risk of bleeding². As always, patients should be educated on bleeding signs such as black tarry stools, fatigue, and black vomitus to prompt early diagnosis and treatment.

References: 1. *CMAJ* 2011; 183: 65-69
2. *Arch Gen Psychiatry* 2008; 65 (7): 795-803

Fresh from the Pharm

A Culinary Blog by
Chelsea Barr, Rx2013



"5 Ingredient Hummus"

It seems like these days I don't have anything more than 5 minutes between class, studying, presentations, and exams!

So here is an extra-easy-extra-healthy-extra-quick recipe for homemade hummus!

Caution: this hummus is HIGHLY ADDICTIVE!!! It can be enjoyed with a warmed pita, carrots, celery, or in a sandwich. A healthy and flavourful snack!

1 15 oz. (large) can chickpeas, drained, liquid reserved
2 cloves garlic, crushed
2 tsps. ground cumin
1/2 tsp. salt
1 tbsp. sesame oil

In a blender or food processor combine chickpeas, garlic, cumin, salt and sesame oil.

Blend on low speed, gradually adding reserved bean liquid, until desired consistency is achieved.

It's THAT easy!! Enjoy!

ABCs of OTCs: UW pharmacy Students Expand Their OTC Knowledge

By: Sara Dawood, Rx2014

The Canadian Healthcare Network hosted the 4th symposium in the ABCs of OTCs educational series for pharmacists on Sunday, November 6, 2011 with about 130 pharmacists and pharmacy students from all over Ontario in attendance.

According to Drugstore Canada magazine's annual survey, community pharmacists counsel on OTC products an average of 13 times per work shift. Pharmacists routinely help patients who present at the pharmacy with different symptoms of conditions such as cough and cold, acne, and low back pain, as well as with questions regarding nutritional supplements. These were the 4 topics discussed at this ABCs of OTCs event.

Pharmacist Dorothy Pardalis, president of Proactive Health Strategies Inc, examined the differential diagnoses of cold, allergic rhinitis and flu, and provided the attendees with the most recent Cochrane reviews regarding the effectiveness and safety of different OTC medications. Attendees also learned about the most recent Health Canada recommendations for children, and the most up to date studies on the effectiveness of natural health products in treating cough and cold.

Cough & Cold - Take Home Messages:

- Refer patient to physician if they present with difficulty breathing, cough with blood, fever $>38.5^{\circ}\text{C}$ for >72 hours, if the patient is < 3 months old with fever $>38.5^{\circ}\text{C}$
- Encourage all patients, ages > 6 months, to get the annual flu vaccination, especially those at high risk of complications
- Non-pharmacological treatment for cough and cold of heated humidified air (Cochrane Review 2011) has demonstrated no consistent benefits
- There has not been sufficient evidence to advise for or against the use of honey to treat cough and cold symptoms; however, honey was found to be more effective in reducing the frequency of cough and in improving sleep quality of children, compared to the no treatment group (Cochrane Review 2010)
- According to the Health Canada 2008 advisory, OTC cough and cold medications should NOT be used in children < 6 years of age, due to their overexposure to these medications since children < 6 usually get 6-8 episodes of cough and cold a year
- What can I recommend for children? Acetaminophen or ibuprofen for pain/

fever; saline drops for congestion, and cool mist humidifier; ensure that dosing is by weight and not by age or by what is on the box

- Recommend water as an expectorant to promote clearance of airway secretions (Cochrane Review 2008)
- Echinacea purpurea may shorten duration or decrease severity of cold symptoms (Cochrane Review 2006); do not recommend for patients who are allergic to chrysanthemums, ragweed, and daisies
- Health Canada has approved Cold FX (*Panax quinquefolius*) to "reduce the frequency, severity and duration of cold and flu symptoms by boosting the immune system" (200mg bid for 3-4 months); Cold FX pack of Day 1: 3 caps tid, Day 2: 2 caps tid, Day 3: 1 cap tid has not received a recommendation by Health Canada (yet)
- Cochrane Review (2007) on vitamin C daily supplementation showed its failure in reducing the incidence of colds in normal population; $>2\text{g}$ daily not recommended
- Zinc lozenges taken within 24 hrs of onset of a cold decrease duration and severity of the cold in healthy people

The second presentation, by Dr. Debra Sibbald from the University of Toronto's Faculty of Pharmacy, examined the topic of acne, and some common medications that patients use to treat the different forms of this condition. Dr. Sibbald also provided the attendees

with information on when pharmacists can determine whether to recommend an OTC treatment for acne, or to refer the patient to a physician.

Acne - Take Home Messages:

- Always read the ingredients label and concentration of ingredients in "magic" acne creams available in stores to determine effectiveness and appropriateness for acne
- Drug-induced acne presents as inflammatory papules and pustules, whereas acne vulgaris consists of mixed comedones, papules, and pustules
- OTC bleachers, eg hydroquinone, have been clinically found to be a possible carcinogen and cause a blue-black discoloration known as ochronosis; banned in Japan, and much of the European Union and Africa
- Recommend a soapless cleanser to patients with a history of acne, such as Cetaphil
- Salicylic acid acts as a peeling agent when found in products at a concentration of 5-10%; concentrations of $<5\%$ found to be ineffective
- Benzoyl peroxide is a good OTC product to recommend, it has antibacterial and anti-inflammatory properties, as well as peeling effects
- Retinoic acid/benzoyl peroxide combination therapy is effective, but pharma

[Continued on Page 10 - Click to View](#)



Rx2014 students at the UofT Leslie Dan Faculty of Pharmacy on November 13th.

(ABCs of OTCs - Continued from Page 9)

cists must be aware of drug-drug interaction present; the two drugs oxidize one another, therefore one must be applied in the morning, and the other at bedtime

- Always recommend an oil-free moisturizer/sunscreen to patients with acne-prone skin; also note that waterproof sunscreen = oil-based
- Topical medications that are gel-based are better than cream-based medications (eg SpectroGel), since they are oil-free, however be careful when compounding gels due to gel stability problems
- Cut out high glycemic foods (eg white bread, white potatoes, watermelon, doughnuts, and dates) and increase intake of low glycemic foods (eg peanuts, low fat yoghurt, apples, kidney beans) (American Academy of Dermatology 2011)

Pharmacist Paul Murphy from Hamilton Family Health Team presented on the latest regarding low back pain, a condition that most individuals will likely experience at one point in their lives.

Lower Back Pain - Take Home Messages:

- Discourage patients from prolonged bed rest, since lying down for too long will weaken core muscles, and back muscles as a result
- Studies have shown no evidence to support the role of orthotics, back belts, regular manipulative treatment (sorry chiropractors), and special mattresses and chairs in the prevention of low back pain
- Advise the patient to stay active, since extended periods of bed rest will slow recovery time, and result in longer periods of missed work and daily activities
- Acetaminophen is still a good medication to recommend for musculoskeletal pain

Dragana Skokovic-Sunjic, a pharmacist and a prominent speaker in the topics of nutrition, women's health and natural remedies, provided a thorough review of nutrition supplements and vitamins used by older adults.

Nutrition - Take Home Messages:

- Longterm use of PPIs can lead in reduced absorption of Calcium (mostly CaCO₃), Magnesium, and Vitamin B12
- Vitamin B12 depletion is directly associated with the dose and duration of metformin therapy
- Vitamin A has a high potential for unintentional overdosing; overdosing in-

Student Exchange Program 2012

Why?

- Gain an understanding about pharmacy in another country
- Meet new students, see new places, and experience a new culture

How?

- Visit <http://sep.ipsf.org/> for more information and to apply
- Deadline is the end of December 9, 2011

Who?

- SEP is open to all CAPSI members
- Travel to a host site in one of over 50 participating countries

Questions? Contact your Sr. IPSF Rep Lois (loischung21@gmail.com), Jr. IPSF Rep Carly (cstonema@uwaterloo.ca) or Canadian Student Exchange Officer (seo@capsi.ca)

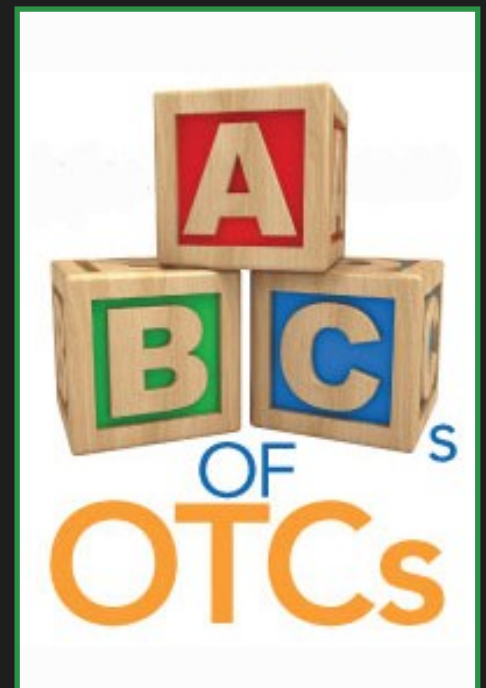
creates the risk of osteoporotic hip fractures in older patients; daily requirement in older population of 2,300IU-10,000IU

- Low folate levels have been linked to poor response rates for patients taking antidepressants
- Vegetarians are at a high risk of Vitamin B12 deficiency (food sources: meat, fish, dairy products)
- Absorption of Vitamin B12 requires high acidity in stomach and intrinsic factors in the intestine; better to recommend sublingual OTC Vitamin B12 supplements to ensure absorption since it is not dependent on these two aforementioned criteria (500-1000mcg per day)
- Vitamin D has two forms, D2 and D3; most foods are fortified with D2; recommended Vitamin D supplementation of 1,000-2,000 IU per day for adults
- To improve compliance in patients taking fish oil supplements, recommend placing the gel capsules in the freezer and taking them frozen, this will prevent the "fish burp" that most patients complain about
- Probiotics have been proven to decrease the incidence of diarrhea and vaginal yeast infections in healthy individuals

University of Waterloo pharmacy students got the chance to mingle with pharmacists

and other pharmacy students over lunch, as well as gain valuable knowledge on select products such as Biacna, Cold Fx, Cold Sore Fx, and Sensodyne from drug representatives from Afexa, GlaxoSmith Kline Consumer Healthcare, and Valeant, who were sponsors of the event.

The next symposium in the ABCs of OTCs series is planned for May 2012, and registration information will be provided on www.canadianhealthcarenetwork.ca, so stay tuned!





Upper Left: Vanguard Students accept their uniquely crafted mortar and pestle from Dr. Waite and Dr. Theissen, and Kaitlin Bynkoski.

Lower Left: Dr. Edwards smiles as Matt DeMarco and Heather Foley address the crowd on behalf of UW Pharmacy's first alumni.



Thank you all for reading this issue of the Pharmacy Phile. It has been a busy term for those of us here in Waterloo and I'm sure things are similar out on co-op.

With the end of term around the corner we would like to wish everyone the best of luck with their remaining weeks at work and with their final exams.

Thank you to everyone that contributed material to the newsletter this month and to Jas Otal, our Junior Communications Director, for putting this issue together.

**Pharmacy Phile
ISSUE 28 - November 2011**

Upcoming Events

SOPhS Website Launch

In case you haven't heard, SOPhS is currently in the process of designing a new website that will be much more user friendly for students and anyone else looking for information about the Society of Pharmacy Students.

The new site will include term calendars for each class, detailed information about SOPhS Council and the various committees that students can sign up for, image galleries from SOPhS events, and much more!

We've been working hard to get the website on track to launch in January and it is anticipated that it will be ready for the first week of the Winter 2012 term, just in time for Phrosh week.

We're still ironing out some details but there will be more information provided in the December newsletter. If you are interested in helping with the website please email pharmsoc@uwaterloo.ca.

Please check out the calendar on the next page, or check out the weekly SOPhS Updates for information about all other events. If you have an event coming up that you would like to inform students about please submit an article for a SOPhS Update to pharmsoc@uwaterloo.ca using the guidelines available on the SOPhS website.

Society of Pharmacy Students (SOPhS) University of Waterloo School of Pharmacy



10A Victoria Street
Kitchener, Ontario N2G 1C5
www.sophs.uwaterloo.ca

SOPhS 6 Week Calendar

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 11	20	21	22	23	24	25 Newsletter Release Date	26
Week 12	27	28	29	30	December 1	2	3 Rx2013 Ugly Sweater Party & Potluck
Exams	4	5 Last Day of Classes	6	7	8	9	10
Exams	11	12	13	14 Last Day of Exams	15	16	17
Holidays	18	19	20	21	22	23	24 Christmas Eve
Holidays	25 Christmas Day 	26 Boxing Day	27	28	29	30	31 

SOPhS Calendar Notes

Please note that event dates may be subject to change. Contact SOPhS if you are unsure of an event date

Beginning in the Fall Term the new SOPhS Office will have a hard copy of the calendar for students to use. In addition, there will be dedicated calendars for each class on the new SOPhS website in January.

If you would like to add an event to the SOPhS calendar please email Caitlin at c3meyer@uwaterloo.ca