

# PHARMACY PHILE

University of Waterloo Society of Pharmacy Students  
ISSUE 64 | March & April 2016

## PRESIDENT & VP'S MESSAGE



Another term comes to a close and with it, some fantastic events to reminisce. Leading in to the exam period, we had some social and academic events and the end of the term marks another step closer to graduation.

The first big event of the term was the annual OPA Cup. After a defeat in Toronto last year, we were determined to bring the cup back home and the team did not disappoint. With a 4-1 victory over UoT, Waterloo took home the fifth win in six years. After the game, everyone headed over to the Bombshelter Pub on main campus for an after party with all the players and the fans. The cup got passed around filled with drinks and cheer. Thank you to everyone who worked extremely hard to make it such a great game (both on an off the ice!) and to all the fans for coming out with the noise and signs.

A week later, the Waterloo Health Professions Committee brought medicine, social work and optometry students to the school for a Juvenile Idiopathic Arthritis case study. With pizza in their stomach the students discussed many areas of need for the patient in hand and how each profession could aid in the care. It's a great start to understand each profession and working together one day for the benefit of real patients.

The end of term event in March was bowling at Bingeman's. After all the hard work this term, it's no wonder this event filled up in no time and was a

huge success. This term marked the completion of Rx2019's first pharmacy term as well as Rx2018's first term on coop. The end of the winter term also marked the end our time as President and Vice President of SOPhS. Melanie Sanderson (President) and Kristina Kozlovsky (Vice President) take over at the start of May for their year in office. We have loved being part of SOPhS and can thank our Council and the all the students for the success we've had since May 2015.

*- Luc Charlebois and Nikki Domanski, SOPhS President and VP*



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**SOPhS**  
SOCIETY OF PHARMACY STUDENTS

# CAPSI CORNER

## Reflection from

### CAPSI Senior Representative 2015 - 2016

Dear CAPSI members,

UW CAPSI strives to bring excellence in education, community service and promote unity among our members. We have had a busy past 12 months and are proud to be an integral part of student life at UW. This past summer, we raised over \$1000 for Juvenile Diabetes Research Foundation with our annual beach volleyball tournament and collaboration sports weekend with SOPhS Athletics. This year, we saw the emergence of the "Eat. Sleep. Pharmacy. Repeat" buttons, waffle fundraisers and Freezie sales. Our OTC Week was a hit with trivia night and a Lunch N Learn on photosensitivity. We spiced things up with a creative topic on anti-counterfeit drugs for our IPSF campaign, hosted mock OSCEs and textbook sales. Waterloo was proud to host our first-ever Professional Development Week 2016 in scenic Niagara Falls, with 600 pharmacy students from across Canada. We saw an attendance of 135 UW student delegates, national competitors and award winners. UW CAPSI was proud to bring home 2<sup>nd</sup> place for our IPSF Campaign Award and 3<sup>rd</sup> place for the Award of Professionalism. We had a blast at our revamped annual Waterloo's Next Top Pharmacist event, now a gender neutral pageant, and donated \$500 to the United Nations Refugee Agency. For Pharmacist Awareness Month 2016, we were proud to collaborate with PIC, SOPhS, CSHP, WHPC and UW staff and faculty to bring innovative educational, social and public outreach events.

All of these events would be impossible without the incredible group of people who work tirelessly behind the scenes. It has been an honour and pleasure to be able to work with the members of UW CAPSI council who are responsible for bringing the magic to life. I cannot thank them enough for their countless hours of work, positive energy and attitudes that will continue to inspire myself and others in the years to come.

Although we are saying goodbye to our 2015 - 2016 council, we are proud to welcome back some familiar faces, as well as many new council members! Congratulations to our successful candidates.

If there is one thing that I have learned over the past year, it's that being a part of UW CAPSI means belonging to a pharmacy student community, a family. It means having a voice that empowers you to take control of your own future. Thank for the amazing opportunity for the past year, and I look forward to what 2016 - 2017 will bring!

Yours truly,

- Elaine Dinh, UW CAPSI  
Senior Representative 2015-2016



# CAPSI CORNER

## UW COUNCIL 2015 - 2016

National Sr. Representative	Elaine Dinh
National Jr. Representative	Monique Eisa
Secretary	Joanna Leake
Finance Director	Deep Shah
Sr. Fundraising Coordinator	Natasha Szabolcs
Co - Jr. Fundraising Coordinator	Robert Taglione & Melanie Sanderson
PAM Chair	Heidi Fernandes
Communications/CAPSIL Director	Heather Wren
Sr. Education and Outreach Coordinator	Minh-Thu Nguyen
Co - Jr. Education and Outreach Coordinator	Emily Cowley & Melika Bozorgi
Sr. Competitions Coordinator	Jody Brooks
Jr. Competitions Coordinator	Max Chong
Sr. IPSF Coordinator	Cindy Wang
Jr. IPSF Coordinator	Joyce Yu
Rx 2018 Representative	Kelvin Yam

## UW COUNCIL 2016 - 2017

National Sr. Representative	Monique Eisa
National Jr. Representative	Emily Cowley
Secretary	Areen Duqoum
Finance Director	Sachin Duggal
Co-Sr. Fundraising Coordinator	Robert Taglione & Melanie Sanderson
Jr. Fundraising Coordinator	Pauline Bal
PAM Chair	Joanna Leake
Communications/CAPSIL Director	(TBA)
Sr. Education and Outreach Coordinator	Melika Bozorgi
Co - Jr. Education and Outreach Coordinator	Blake Houle & Naushin Hooda
Sr. Competitions Coordinator	Max Chong
Jr. Competitions Coordinator	Louis Wei
Sr. IPSF Coordinator	Joyce Yu
Jr. IPSF Coordinator	Munaza Saleem
Rx 2019 Representative	Riley Minji Kim



# ONTARIO PHARMACIST'S ASSOCIATION OPA CUP 2016

On Sunday March 13<sup>th</sup> 2016, the Waterloo School of Pharmacy welcomed the University of Toronto's Faculty of Pharmacy to Waterloo for the Annual OPA Cup. The OPA Cup is a student-organized event that takes place every year during Pharmacist Awareness Month. This year, Waterloo Pharmacy brought home an incredible win with an impressive 4-1 final score for Waterloo. A special thank you to all the team players and the OPA Cup Planning Committee for organizing such a successful event this year! With over 400 attendees at this year's game, it was a huge success! Thank you as well to our event sponsors: the Ontario Pharmacists Association, the Federation of Students, and Shoppers Drug Mart/Loblaws. Go Waterloo Go!

*-Kavita Puri,  
OPA Student Board Director,  
UW OPA Student Council President*

## OPA Cup 2016 Planning Committee

**Kavita Puri,**  
OPA Student Board Member  
Co-Chair

**Jenn Bonneau**  
Coach,  
Co-Chair



## Committee Members

Heather Wren

Sofija Bulovic

Taylor Gelinas

Celina McLeod

Katie Gammage

Gaganpal Mutti

Kyle Nagel

Cynthia Sritharan

Sachin Duggal

Naushin Hooda

Rani Odesh

Sarah Blythe

Kristina Kozlovsky

Luc Charlebois



# PAEDIATRIC ADVOCACY GROUP

On March 22nd, 2016, the UW Paediatric Pharmacy Advocacy Group hosted its first Paediatric Pharmacy Info Night. We were joined by UW Pharmacy alumni, Jas Otal and Jonathan Wong, who currently work as clinical pharmacists at The Hospital for Sick Children in Toronto. Jas and Jonathan discussed their career paths that led up to their current positions, which included a variety of coop experiences and residencies at Hamilton Health Sciences. As many of us are fairly unfamiliar working with the paediatric population, Jas and Jonathan reviewed special considerations, such as weight based dosing, medication dosage forms and common disease states. They also walked us through “a day in the life of a paediatric pharmacist”. Typically, they start off with patient work-ups, follow ups and monitoring, followed by bedside rounds, medication reconciliation, therapeutic monitoring, and discharge planning. Jas and Jonathan concluded the Info session by presenting a few challenging patient cases requiring adjustment to pain and antibiotic regimens and initiation of an appropriate PPI regimen for reflux. Overall, we were happy to have Jas and Jonathan join us to help demonstrate the responsibilities and challenges encountered while working with the paediatric population.

*-Kevin,*

*Paediatric Advocacy Group*

**SickKids**  
THE HOSPITAL FOR  
SICK CHILDREN

# PHRESH FROM THE PHARM

## Seared Okra & Tomatoes

### Ingredients:

1/2 lb Okra  
1/2 Onion (Thinly Sliced)  
2 Diced Tomatoes  
2 TBSP Oil  
Salt to taste

### Optional:

Ginger  
Garlic  
Herbs  
Chillies

Sautee onions in oil on medium heat. Slice okra diagonally and add to onions. Once the okra is lightly cooked, add the diced tomatoes. Cook at low/medium heat with a cover for ~5 min until done, Add salt as needed.

You can enjoy this dish with some rice, quinoa or bread.

Add some chillies for an extra kick!

Enjoy the meal! Okra is a great vegetable full of antioxidants.



# CO-OP CHRONICLE

## Cathy Zhang, RX2018

### *Exceptional Access Program of the Ministry of Health*

#### **Tell us about the roles and responsibilities you took on in your co-op placement?**

At the Exceptional Access Program of the Ministry of Health, requests for drugs that are not under general benefit are assessed individually based criteria set by the Committee to Evaluate Drugs (CED). My responsibilities included assessing drug requests via fax or phone. For faxed requests, physicians would complete drugs requests on behalf of their patients and fax in their requests. Based the CED criteria, I assess whether requests are eligible for funding. Funding for some drugs can also be assessed on the phone with the physician or their delegate (e.g. nurse, pharmacist, pharmacy student, social worker, etc) through the Telephone Request Service (TRS). Callers usually like this service since their requests can be processed rapidly. On TRS, I ask a series of “yes” or “no” questions to determine the phone request meets funding criteria established by the CED.

#### **What was the biggest lesson you learned from co-op?**

I learn to be precise in how I communicate on the phone. On the phone, the callers may not be fully informed about the procedure or criteria to obtain funding for their drug request. It is my job to explain the turn-around time for re-imburement or what clinical information is required if more information is needed. I think it's important to provide clear information to the caller so that patients can receive timely treatment. Sometimes when a request does not meet funding criteria, I would need to clarify the reason as coherently as possible. This allows to caller to feel that their request was fairly assessed.

#### **What were some barriers or challenges that you encountered?**

Sometimes the caller would like funding for a particular drug right away. However, their patient does not meet immediate funding criteria of the Telephone Request Service therefore the clinical situation must be reviewed fur-

ther. This review may take some time. It is sometimes difficult to explain to the caller about the time it takes to carefully review their unique clinical situation. I feel I have gotten better at providing the right information so that the caller can have realistic expectations while doing as much as I can to expedite the review process.

#### **What were some personal highlights?**

I received a drug request through the phone from a physician for a drug that cannot be assessed over the phone. Since the patient was getting discharged from the hospital soon and the physician would like a quick assessment of his request. At the time, I had just learned about a rapid service dedicated for patients that were getting discharged from the hospital. I sent the physician the appropriate form and outlined specific clinical information needed for funding assessment of his drug request. I felt I was able to utilize the correct resources to help the physician. Moreover, I made sure the physician was provided with the right information to avoid delays.

#### **Does one day in particular stand out to you?**

The first CED meeting that I listened to was very interesting. I was impressed by the care that the reviewers took in analyzing the clinical and economic data to assess clinical efficacy and cost-effectiveness to fund a particular drug. I was also impressed by the presence of patients who spoke about how the medication under review has impacted their lives. It is interesting to hear about the statistical results of a clinical trial but also how patients are coping with their illness including the benefits and side-effects of a particular medication.

#### **Any words of wisdom to fellow students?**

I think this co-op placement was an unique learning experience. Although I work in an office environment, I had conversations with pharmacists, physicians, nurse practitioners and other health care workers that were very clinical. There also exposure how Ontario drugs are funded. I think it's a great opportunity to gain some insight into the Ontario Drug Benefit Program and to reinforce the knowledge I acquired from my IPFC courses.



## The opioid obstacle: Roles of hospital pharmacists in opioid therapy management

Opioid use in Ontario is currently the second-highest per capita in the world. In the past decade, the number of emergency visits due to opioid overdose increased by 72% in Ontario. As medication experts, hospital pharmacists play a crucial role in the treatment of opioid overdose as well as preventing future cases through patient education.

Use of opioids for managing chronic pain presents a challenging area of modern pharmacy practice. Undertreated chronic pain can precipitate depression, disability, or an inevitably diminished quality of life. On the other hand, the misuse and abuse of prescription opioids comprise a public health crisis that burdens the universal healthcare system.

Hospital pharmacists have a critical position in mitigating this health challenge. To ensure a prompt and optimal medical care for at-risk patients, pharmacists must be aware of the characteristics of opioid overdose. Common symptoms include: apnea, altered mental status, stupor, miosis, and respiratory depression. Signs of opioid withdrawal include: insomnia, anxiety, lacrimation, diaphoresis, mydriasis, nausea, and vomiting.

In the hospital, pharmacists are involved in many ways to provide an optimal opioid therapy. Pharmacists review patient profiles and perform interviews to evaluate a patient's history of opioid use and determine whether the patient is opioid naïve or tolerant. Opioid tolerance must be reviewed to prevent underdosing that leads to acute pain and opioid withdrawal.

Hospital pharmacists facilitate medication reconciliation by confirming dosages of all medications taken by the patient, and reviewing medication history to identify concurrent drugs such as sedatives, benzodiazepines, or other psychoactive drugs that exacerbate opioid toxicity.

When an opioid is substituted to a morphine equivalent, hospital pharmacists initiate the lowest starting dose and accurately titrate upwards after carefully monitoring the patient. After an opioid substitution or changes to the route of

administration are made, pharmacists confirm the dose conversion to ensure an equianalgesic drug therapy. For example, a calculation error made in transitioning a postoperative patient from an effective parenteral dose to a non-equivalent oral opioid could cause an overdose. Conversely, the dose could be ineffective and result in pain relief failure, in which the patient would exhibit opioid addiction when actually seeking appropriate pain relief.

Emphasis is placed on monitoring for respiratory depression, as opioids increase the risk for vomiting and pulmonary aspiration that can aggravate this condition. A reduced respiratory rate is thus characteristic of opioid toxicity, and hospital pharmacists can establish or improve opioid monitoring or reporting of adverse drug events. In addition, pharmacists play an important role by analyzing the reports of adverse drug events to improve patient safety strategies. For example, pharmacists can implement dose limits and alerts for opioid dosing to help limit errors in dispensing and administration.

Lastly, hospital pharmacists are responsible for educating patients and prescribers on risk factors, common risk points, and proper prescription use. Counselling patients in the hospital or ambulatory setting on new medications or discharge medications, such as fentanyl patches or long-acting opioids, reinforces patient education and prevent opioid misuse.

As drug therapy experts, hospital pharmacists can effectively reduce opioid overuse by optimizing opioid use for pain management as well as providing drug information to patients and health care providers. While opioids are effective for its analgesic properties, misuse may lead to addiction and serious side effects. Pharmacists have the responsibility in the healthcare team to ensure proper use of the drug and actively recommend adjustments to the dose depending on the patient's condition.

The rising trend of opioid consumption reflects a greater need for hospital pharmacists to optimize opioid therapy for pain management and further educate patients and healthcare mem-

bers. While opioids are effective for its analgesic properties, misuse can lead to adverse drug events and addiction. Hospital pharmacists are relied upon to ensure the proper use of opioids and actively make adjustments to the drug therapy in response to the patient's condition. In light of the issue, hospital pharmacists have an opportunity to inform healthcare members on the nature of opioid abuse, in order to humanize overdose victims and dispel the stigmatism against them. While patients' health needs continue to be prioritized, opioid abuse remains as the responsibility of the healthcare team.

### References

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-Eunice Ku, UW CSHP



## SOPhS Communications

Have an opinion about our expanded scope of practice? Experience something on co-op that you'd like to share?

SOPhS encourages you to submit an article for the **Pharm Phile** newsletter! Submissions can be sent to [pharmsoc@uwaterloo.ca](mailto:pharmsoc@uwaterloo.ca) by the end of every month for inclusion in the next edition!

If you have any interest in becoming involved with the SOPhS Communications Committee please send an email our way! We are especially looking for individuals interested in helping out with the SOPhS website.

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Please check out the calendar on the next page, or the weekly SOPhS Updates, for information about all of our 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](mailto:pharmsoc@uwaterloo.ca).




## Society of Pharmacy Students (SOPhS)

10A Victoria Street  
Kitchener, Ontario N2G 1C5  
[www.sophs.ca](http://www.sophs.ca)





# SOPhS 6 WEEK CALENDAR

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1	May 1	2 First day of Spring 2016 Classes!	3	4 SOPhS BoT Social	5 2015 Yearbook Sales	6	7
	8	9	10 PIC Lunch and Learn Rx2018 Last Day for Round 1 JobMine Apps	11 Rural Healthy Policy Workshop	12 OPA Lunch and Learn	13 CDA Pharmacy Gala Fundraiser	14
Week 3	15	16	17	18 Rx2018 JobMine Interview Day	19	20	21
	22	23 Victoria Day	24	25	26	27 Rx2018 Round 1 JobMine Matches	28
Week 5	29	30	31	June 1	2	3	4
	5	6	7	8	9	10	11
Week 6							

## SOPhS Calendar Notes

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

You may also find this information on the SOPhS Google Calendar (<http://tinyurl.com/nhrh158>). It is our hope that this calendar will provide you with all of the event and deadline information you need during each term. If you would like to add an event to the SOPhS calendar please email the SOPhS Secretary at [secretary@sophs.ca](mailto:secretary@sophs.ca).