



**The South African Association of
Hospital and Institutional
Pharmacists
(SAAHIP)
36th Annual Conference and 66th
Annual General Meeting (AGM)
2 – 5 March 2023**



“Time to Thrive” *Trials, Tribulations & Triumphs*

CALL FOR ABSTRACTS

In 2023, join the South African Association of Hospital and Institutional Pharmacists Southern Gauteng branch in recognising the **trials** and **tribulations** endured while celebrating the **triumphs** of innovative strategies and evolution of our profession during this global crisis. **It is our time to thrive.**

COVID-19, the global health crisis, has tested our health systems to its limits, even in the world's wealthiest and healthiest nations. This crisis has also made it clear that pharmacists and pharmacies are a crucial and integral part of health systems. Never have the trials and tribulations for the pharmacy profession been so great. During this time of uncertainty and emergency, our profession has demonstrated its expertise, strength, courage, and dedication to care at the highest level.

Academics have worked tirelessly to safeguard the continuation of education of our students despite lockdowns, to facilitate a workforce that is adequately equipped to meet the evolving needs of our patients. Community pharmacists have performed triage, vaccine administration, supported governments' pandemic initiatives, and ensured patients have continued access to their medicines, in spite of the risk of infection. Hospital pharmacists continue to face huge intakes of patients into their hospitals, with many of them moving beyond their specialties to provide critical care, and dealing with ICU and hospital medicine shortages, setting up of field hospitals and vaccination centres, contributing towards the advancement of knowledge around COVID-19 treatment, monitoring drug outcomes, and collaborating in the constant updating of treatment guidelines. Moreover, pharmacy students have been volunteering to reduce workforce shortages, while pharmacists from all sectors continue to provide reliable information for preventing, detecting, treating, and managing coronavirus infections.

These are but a few examples from a plethora of triumphs which pharmacists have accomplished through their agility, innovativeness, intellect, and resilience during the pandemic.

We invite and encourage abstract submissions from all practising hospital and institutional pharmacists, community service pharmacists, pharmacist interns, and academics. We also challenge pharmacists to be on the forefront of adopting programmes in their work environments that bolster public health.

CATEGORIES FOR SUBMISSION OF ABSTRACTS

Submit your abstracts in the following categories:

1. *Pharmacovigilance*

- Adverse drug reaction reporting

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- Monitoring of drug safety, quality and efficacy
- 2. *Health System Strengthening*
 - Developing and putting systems in place for sustainable care
- 3. *Differentiated Service Delivery*
 - Implementing and providing care and services using task shifting, providing services in a different location, using a different cadre, e.g., Pharmacist Initiated Management of Antiretroviral Therapy (PIMART), Primary Care Drug Therapy (PCDT)
- 4. *Supply chain management*
 - The rationing of limited medicines and resources
- 5. *Clinical Pharmacy*
 - Treatment of ambulatory conditions
- 6. *Acceleration of “virtual” practice and adopting of new and current technologies to advance patient care*
- 7. *The Pharmacist’s role during Covid-19*
 - Facing and overcoming challenges such as medicine shortages, general supply shortages (face masks, sanitiser), unfair patient expectations, prescription surges as a result of patient stockpiling, Personal Protection Equipment (PPE) shortages, lack of time for clinical counselling, medical aid challenges, inadequate time for breaks, staff shortages, HR- related issues, discomfort in extension of care (e.g. with opioids), and lack of priority access to COVID-19 testing, to name a few.
 - Policy, guideline and SOP adaptation
 - Use of Technology
 - Innovative ways to ensure access to medicines
 - The vaccine roll-out and vaccine administration
 - Contributions within a multidisciplinary team during the pandemic
 - Prescription extensions, renewals and emergency supplies

The above is by no means an exclusive list. Other topics may be worthy of presentation.

PRESENTATION CATEGORIES

Using the following categories, determine the most appropriate format for your presentation:

Podium presentations: A formal 10-minute oral presentation. A further five minutes will be allowed for discussion and to receive questions from the audience. A podium presentation is generally a structured research project with aims, methods, results and conclusions.

Scenario presentations: A formal 10-minute oral presentation. A further five minutes will be allowed for discussion and to receive questions from the audience. A scenario could involve an in-depth study of a specific real-world event or a particular problem that was encountered and solved in a clinical or practice-related environment. Scenario presentations should illustrate a good understanding of why the event happened or why the problem occurred. Presentations should highlight the concerns that arise from a scenario (that requires further investigation) and how the problem can be solved.

Pearl Presentations: A short five-minute oral presentation. "Pearls" are a fun-filled way of presenting a serious topic, but with a different slant. Just as a pearl has an intrinsic value, these presentations should focus on something exceptional, precious and not well known generally. The presentation should convey a useful, punchy message that has not been widely published or taught. The ideas could be from any practice setting, e.g. clinical, administrative, pharmaceutical care, or quality improvement. Although both a title and an abstract will need to be submitted for the selection process, only the title will be published in the conference programme. This is to preserve the essence of a pearl presentation. No discussion will take place. Questions will not be invited from the audience.

Poster Presentations: A visual display that facilitates discussion. A poster could be research, a case study, or a real-life event as outlined in the scenario presentations above. Presenters can display their posters for three days and deliver a formal 2-3 minute talk to the full audience during the scheduled poster session. Discussion and questions from the audience will take place at the poster during the subsequent tea or lunch break.



AWARDS

The following awards will be presented:

- **Best podium presentation** by a practising hospital or institutional pharmacist
- **Best poster presentation** by a practising hospital or institutional pharmacist
- **Best scenario presentation** by a practising hospital institutional pharmacist
- **Best presentation** by an academic pharmacist
- **Best pearl presentation**

Only paid-up SAAHIP members will qualify for awards. Award winners from the previous two conferences and members of the judging panel will not be eligible for an award.

ABSTRACT SUBMISSION

Please visit the SAAHIP website for information on the format of abstracts and guidelines for authors: <http://www.saahip.org.za/>

The information is outlined in the Abstract Submission Guideline document.

Abstracts can be submitted electronically by following the link: <https://forms.gle/sSbChghWbJG5dXzf8>

For more information, you can send an email to: liezl.fourie14@gmail.com

IMPORTANT DATES

Abstract submission deadline: **16 September 2022.**

Notification of acceptance or rejection from the Academic Committee: **21 October 2022.**

South African Association of Pharmacists in Industry



2022 / 2023
EXCO COMMITTEE



SAAPI 2022/2023 Exco Committee

 Carin Archibald	 Leanne Blumenthal	 Tammy Chetty	 Prof. Yahya E. Choonara	 Prof. Patrick Demana (Vice chairperson)	 Ingrid Duvenhage	 Dr. Christine Ledimo
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 **SAAPI**
South African Association of Pharmacists in Industry





BUYERS' LETTER WRAP-UP

Dear Buyer

SARCD Africa 2022 thanks you – together, we did it!

I am delighted, and grateful, to report that SARCD Africa 2022 was a resounding success, exhibitor participation, and buyer attendance exceeded our wildest expectations.

33157 buyers of which 498 were new first-time buyers to the exhibition – visited and 160 companies exhibited. This underscored our view that human beings the world over are excited to be getting back to some semblance of normality and being able to interact with each other.

Again and again, buyers stopped by the organisers office to tell us that they were enjoying being able to see everything under the same roof again, and that on-line and catalogue shopping simply does not compare to being able to shop in person at the exhibition.

Similarly, several exhibitors that had decided to adopt a wait-and-see approach to returning to exhibiting, visited SARCD Africa 2022 and dropped in to tell us that they were upset with themselves for missing out on this wonderful opportunity.

No doubt the success of SARCD Africa 2022 bodes well for SARCD Christmas 2022 and we are expecting our flagship exhibition to return with a bang, after a three-year pandemic-induced hiatus.

SARCD Christmas 2022 will take place at Gallagher Convention Centre from **17 – 19 August 2022**.

Thank you for your loyal support and for partnering with SARCD to relaunch our exhibitions in the wake of the pandemic.

The SARCD team looks forward to seeing you in August.

Kind regards

TERESIA STANDER
MANAGING DIRECTOR



South African Association of Community Pharmacists
(Southern Gauteng)

Visit our website: www.saacpsg.co.za

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info@saacpsg.co.za

SAACP SG is a financial contributor to The Golden Mortar





Save the date
CHRISTMAS 2022

WEDNESDAY, 17 - THURSDAY, 18 AUGUST | 9:00 - 17:00
FRIDAY, 19 AUGUST | 9:00 - 16:00

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An update on medicines for weight loss

Sumari Davis - Amayeza Info Services

Obesity is a serious, chronic, and progressive disease and is associated with health risks such as hypertension, dyslipidaemia, coronary heart disease, sleep apnoea, type 2 diabetes mellitus (T2DM), certain types of cancer, asthma, osteoarthritis, and depression, and a significant increase in mortality. According to Stats SA, 31% of men and 68% of women in South Africa are obese.

Overweight refers to a weight above the “normal range” based on the Body Mass Index (BMI), which is calculated by dividing the patient’s weight in kilograms by the patient’s height in metres squared. The higher the BMI, the greater the risk of obesity-associated morbidity and mortality. (BMI calculators are also available online). Table 1 provides the World Health Organisation (WHO) BMI classifications.



Table 1: Body Mass Index classifications as per the WHO

Classification	Body Mass Index (kg/m ²)
Underweight	<18.5
Normal weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese Class I	30.0 – 34.9
Obese Class II	35.0 – 39.9
Obese Class III	≥ 40

Weight loss can be achieved by ensuring that energy expenditure is greater than energy intake. The goal is to prevent, treat, or reverse the complications of obesity and improve quality of life. Advice on lifestyle modification should be offered to all patients with BMI >25 kg/m². Lifestyle modification through diet and exercise remains the first-line approach to managing obesity and overweight. However, the body appears to have a “set point” of adipose tissue mass, with a tendency to revert to its set point.

In individuals where one or more risk factors (diabetes, hypertension, or dyslipidaemia) are present, pharmacological therapy should be considered for those with BMI > 27 kg/m² who have not met weight loss goals (loss of at least 5% of total body weight at three to six months) following comprehensive lifestyle intervention.

PHARMACOLOGICAL OPTIONS

The decision to introduce pharmacotherapy should be individualised and made after evaluation of the risks and benefits of all treatment options. Pharmacotherapy should only be used in addition to diet and exercise. When pharmacotherapy is indicated, it is preferable to use a single agent over combination products. The drug of choice will depend on patient comorbidities, but should also take into consideration patient preferences, adverse effects, and cost.

For most patients, a glucagon-like peptide 1 (GLP-1) agonist is preferred first-line pharmacotherapy. In South Africa, liraglutide (Saxenda®), is registered for patients older than 18 years in patients with BMI > 30 kg/m² and those with BMI > 27 kg/m² with one or more risk factors (see above). Semaglutide (Ozempic®) has demonstrated greater efficacy than liraglutide with once weekly dosing but is not registered for weight loss in South Africa. GLP-1 agonists slow the gastrointestinal (GI) transit, slowing the tempo of absorption and reducing food intake, whilst also acting as an appetite suppressant. GLP-1 agonists are recommended for the treatment of obesity in patients with or without type 2 diabetes mellitus (T2DM). Patients with T2DM should continue monitoring blood glucose levels and it may be necessary to adjust dosages of T2DM medicines to maintain glucose control.

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If response to a GLP-1 agonist is inadequate or if it is not tolerated, treatment with orlistat may be considered. Orlistat (Xenical®) prevents the breakdown and absorption of up to 32% of dietary fat. However, orlistat may cause gastrointestinal adverse effects that often result in poor compliance or discontinuation of treatment. Centrally-acting products such as phentermine are registered for short-term treatment (up to three months) of obesity.

A combination product containing naltrexone and bupropion (Contrave®) is believed to have synergistic effects in suppressing hunger centres in the hypothalamus.

Table II: Pharmacological options for obesity in South Africa

Active ingredient	Dosing	Notes	Side effects
GLP-1 agonists			
Liraglutide SC* inj.	0.6 mg daily for week 1 1.2 mg daily for week 2 1.8 mg daily for week 3 2.4 mg daily for week 4 3 mg daily after that	Administer SC in the abdomen, thigh, or upper arm at around the same time each day	GI upset Hypoglycaemia in patients with T2DM Acute pancreatitis
Semaglutide SC* inj.	0.25 mg weekly for 4 weeks 0.5 mg weekly for 4 weeks Can increase to max 1 mg weekly if additional glycaemic control is required	Administer SC in the abdomen, thigh, or upper arm on the same day each week	Contraindicated in pregnancy
Peripherally acting anti-obesity products			
Orlistat	120 mg orally with each main meal	Take during or up to 1 hour after a meal. Omit the dose if a meal is skipped or does not contain fat Contraindicated in pregnancy	Oily stools, faecal urgency, and incontinence May reduce absorption of fat-soluble vitamins
Centrally-acting anti-obesity products (appetite suppressants)			
Phentermine	15-30 mg before breakfast	Do not use for longer than 3 months	Anxiety, agitation, hypertension, insomnia, potential for dependence/abuse
d-Norpseudoephedrine	20-40 mg daily after breakfast followed by 20 mg at lunch	Do not use for longer than 4 weeks at a time	
Phendimetrazine	35-70 mg 1 hour before breakfast and lunch	Do not use for longer than 6 weeks at a time	
Combination product			
Naltrexone 8 mg / bupropion 90 mg	1 tablet daily in the morning for week 1 1 tablet twice daily for week 2 2 tablets in the morning and one at night for week 3	Take tablets with meals Contraindicated in: uncontrolled hypertension, seizure disorder, eating disorder, chronic opioid use, within 14 days of monoamine-oxidase (MAO) inhibitors, pregnancy/ breastfeeding	Nausea, vomiting Headache Dry mouth Constipation Dizziness Insomnia

* SC - Subcutaneous

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Patients should be aware that not all drugs work for all patients. Therefore, if a weight loss target of at least 5% of body weight has not been reached after 12 weeks of optimal dosing, pharmacotherapy with that product should be stopped and another product or treatment option should then be considered.

CONCLUSION

In addition to reducing the rate of progression from impaired glucose tolerance to diabetes, hypertension and lipid levels, weight loss also results in other benefits. This includes reductions in urinary incontinence, sleep apnoea and depression and improvements in quality of life, physical functioning, and mobility. When patients do not reach targets for weight loss, addition of pharmacotherapy may be considered in patients with BMI >27 kg/m² and one of the GLP-1 agonists is the preferred choice of treatment. If the response to GLP-1 agonists is insufficient or treatment is not tolerated, patients may be switched to orlistat or combination treatment. Appetite suppressants should only be used as short-term treatment for obesity.

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Professional Indemnity Insurance

You should be aware that pharmacists in all spheres of Practice require Personal Indemnity Insurance. Not to have it is simply not an option – it is a requirement of the South African Pharmacy Council.

PSSA offers its members access to the essential cover at very competitive rates through the Professional Provident Society.



For further details please contact Nikita at the PSSA National Office on (012) 470-9557 or at Nikita@pharmail.co.za

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OBITUARY AND TRIBUTES TO LEE BAKER

Jacky van Schoor



Lee Baker, age 69, passed away unexpectedly on 1 May 2022. She had just retired from a lifelong career in drug information, which was Amayeza Info Services for the last 21 years, and TPS Drug Information Centre before that. Lee started out her career as a nurse but switched to pharmacy, completing her pharmacy diploma in 1975 and her traineeship at Addington Hospital in 1976. Lee worked in community pharmacy in South Africa and Zimbabwe for nine years but was then offered the opportunity to be part of a drug information centre in Johannesburg. Here Lee found her passion: the possibility to learn something new every day while offering a much-needed drug information service to health professionals.

In 2001, Lee started Amayeza Info Services, the only private drug information centre in South Africa. The Centre thrived under Lee's leadership and Lee Baker's name became synonymous with medicines-, malaria-, and vaccine-information in South Africa. Lee was incredibly thorough in everything she did and would check as many resources as were available to find an answer to a challenging enquiry.

Lee was an active and caring person and loved to surround herself with family and friends. She took a keen interest in the people around her and cared deeply for them, remembering special occasions and important events. Lee is survived by her husband, her four children and nine grandchildren. She will be greatly missed by her dear family, friends, and colleagues.

As already indicated in the obituary and tribute by Jacky van Schoor, Lee had a varied career background before finding her niche in medicines information services to the health professions.

She was well known to the PSSA Branch membership for her live presentations, either as CPD events and panel discussions, or in numerous studies and articles published in pharmaceutical and medical journals, and particularly in our Branch newsletter, *The Golden Mortar*, personally written or supervised as a Director of the Amayeza Info Services.

Lee was internationally acknowledged and consulted for her expertise in the transmission of many diseases and their vectors, as well as their courses, symptoms, and treatments. Her contributions to the body of medical and pharmaceutical knowledge were vast, and will be missed.

Sincere condolences are conveyed to her family on their sad and sudden loss, by the Branch Committee and the Editorial Board of *The Golden Mortar*.

David Sieff



**WEBSITE FOR MEDICINES - CURRENT
AVAILABILITY OR OTHERWISE, NEW AND
DISCONTINUED PRODUCTS, ETC.**

The website was first launched in 2011 as "Medical News & Events", which had over 600,000 pageviews. In 2019 we decided that a new "face" was required and we updated the website to [PharmaNews](https://pharmanews.co.za/), click on the link to view.

Our mission is to supply information that is fast, reliable, and accurate, regarding Scheduled products that directly impact on the medical and pharmaceutical professions, using push notifications.

A Healthcare Professional (Pharmacist, Pharmacist Intern, Community Service Pharmacist, Pharmacist's Assistant, Doctor, Intern, and Nurse) will be able to check on New Products as they are launched, the availability, should there be a supply problem, and the withdrawal of a drug for whatever reason. This is of particular interest to pharmacists in the Community Pharmacy Sector, and Locum pharmacists. We have seen an increase in readership since Covid restrictions on Company Representative visits.

In order to comply with the National Code of Marketing, the website is secure and the Healthcare Professional needs to register with their respective "P" Numbers. This prevents the consumer from seeing sensitive information. (The number you use is, e.g. "11585", without the "P". I cannot see your password, in terms of the POPI Act and you can generate a new one if so desired).

The log-in link is https://pharmanews.co.za/wp-login.php?redirect_to=https://pharmanews.co.za/ and for those colleagues that want to register the link is : <https://pharmanews.co.za/register/>



TRIBUTES TO RICHARD BARRY

5 December 1947 – 16 May 2022

Gary Köhn

Richard du Plessis Barry was first and foremost a pharmacist in mind, body and spirit, giving his life fully to his profession and to the service and care of his patients, and at all times acting in the interests of his colleagues in the pharmacy profession.



Richard qualified as a pharmacist at the University of Port Elizabeth, (now known as the Nelson Mandela University) in 1974. He owned a pharmacy in Port Elizabeth and was also very involved in the Burns Unit at the Dora Nginza Hospital in Port Elizabeth where he assisted in making improvements to the facility.

Thereafter he owned Selcourt Pharmacy in Springs, Gauteng, where he was fully committed to serving the community; when he sold Selcourt Pharmacy, Richard practiced as a locum pharmacist and Responsible Pharmacist in some dispensaries, doing locums in community pharmacies and Clicks pharmacies in the Gauteng area.

I'll mention some of the many committees and organisations he served on for many years, and the activities he was involved with on a professional level, where he gave of himself and served with commitment and dedication:

1. On the SA Association of Community Pharmacists Southern Gauteng (SAACP SG) Branch Committee, where he was a past Chairman and was the Honorary Treasurer from 2014 until the time of his passing.
2. He was a recipient of the Community Pharmacist Sector (CPS) (now known as SAACP) of the PSSA SG Branch's prestigious Jack Bloom Award in 2009 for outstanding service to the Association

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3. A SAACP SG Branch representative on the SAACP National Executive Committee.
4. A Director on the Board of SARCD Trade Exhibitions (Pty) Limited.
5. Alternate Director on Pharmacy Mutual, a company of the PSSA SG Branch, representing an investment made by SAACP SG Branch.
6. A SAACP SG representative on the PSSA SG Branch Committee.
7. A member of the USAP community pharmacies' organisation.
8. He was involved, together with the late Johan Bothma (previous Executive Director of the CPS), and other pharmacists in the East Rand, when cell groups were formed to assist the pharmacists during the period when doctors started dispensing.
9. Richard was also involved in working in the community pharmacy drug abuse campaign as a Drug Wise Counselor.

He passed though this life where our paths crossed, and we were fortunate to also share time and mutual life experiences.

The friendship forged between us as colleagues and our association through our passion and service to our profession created a special bond between us.

My mind and memories go back to hours of discussions, deliberations, and actions taken to the benefit of our profession of pharmacy and the unstinting service rendered to our patients.

Richard was always a caring and loving family man who were very proud of him.

After his wife passed away, he was a devoted life partner to Ruth for many years. He met her in his pharmacy where she was a customer. Heartfelt condolences are extended to his family and friends.

I thank you Richard for the time shared with you, and we now greet you and salute you my colleague and friend in your passing, and you will always remain in our memories and thoughts.

.....

Richard Barry served on the Committee of the Southern Gauteng (SG) Branch of the Community Pharmacy Association for many years, and has been my friend, colleague, and guide in financial matters of the Branch.

He successfully headed the Honorary Treasurer portfolio of the SG Branch since 2014, reporting at each monthly meeting of the Branch; his expertise and deep involvement were displayed and recognised while elucidating the finer points and queries raised by members of the Committee about items in his Financial Reports. His participation in the Business/Finance Sub-Committee was essential in deliberations and decisions, sometimes complicated, and in the interests of the Branch's financial welfare; he was also instrumental in negotiations for the purchase of the adjoining property of the Branch premises.

More recently, the special Communications Sub-Committee of the Branch was chaired by Richard, and his presence and practical approach will be sorely missed.

Richard's dedication, involvement, and interest in the SARCD Trade Shows' division of the Branch were supportive of the careful planning required and the implementation that led to many successful shows being staged.

I would like to dedicate this tribute to Richard on behalf of the Branch and its committees, and also the Editorial Board of The Golden Mortar, newsletter of the PSSA SG Branch, to which budget allocations are made, and which Richard had always supported.

Sincere and heartfelt condolences are extended to Ruth and all the family.

David Sieff





The PSSA Book Department

Do you know that the Book Department has a range of essential publications for pharmacists at preferential prices for members of the PSSA?

From overseas publications such as Martindale, Merck Manual and Dorland's Illustrated Medical Dictionary to local publications such as the Daily Drug Use, South African Medicines Formulary (SAMF) and the Scheduled Substance Register.

Ordering is as simple as 1, 2, 3.

1. Go to the PSSA website, www.pssa.org.za click on Membership and then Member Services.
2. Complete the order form and submit it.
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National Pharmacy Museum Artefacts



R360



R165



R40



R325



R285



R95

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The Chairman of the Editorial Board is David Sieff, and the members are Tabassum Chicktay, Stephanie De Rapper, Gary Kohn, Tammy Maitland-Stuart and Cecile Ramonyane, Branch Secretary. All articles and information contained in The Golden Mortar, of whatsoever nature, do not necessarily reflect the views or imply endorsement of the Editorial Board, the Branch Committee, the PSSA, its Branches or Sectors. The Editorial Board and the aforesaid cannot therefore be held liable. Every effort is made to ensure accurate reproduction and The Golden Mortar is not responsible for any errors, omissions or inaccuracies which may occur in the production process.

The Editor reserves the right to amend punctuation or text for correctness, and to summarise where necessary.

We welcome all contributions and as space permits, these will be published.

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Hospital Pharmacy:	Rashmi Gosai & Tabassum Chicktay
Industrial Pharmacy:	Thavashini Pather, Gina Partridge & Tammy Maitland-Stuart (Alt)
Academic Pharmacy:	Prof Yahya Choonara & Muhammed Vally

Contact them through the Branch Office: Tel: 011 442 3615

The Editorial Board acknowledges, with thanks, the contributions made by the SA Association of Community Pharmacists (SAACP) Southern Gauteng Branch, to the production of this newsletter.

