The Golden Mortar

Newsletter of the Southern Gauteng Branch of the Pharmaceutical Society of South Africa and Associated Sectors

Edition 2/APRIL 2021

Celebrating and Mourning.

by Cecile Ramonyane & David Sieff

We are celebrating one of our Branch Stalwarts, Raymond Pogir, who celebrated his 90th birthday in March, and was still serving the Pharmaceutical Society of South Africa, Southern Gauteng (PSSA SG) Branch, as the National Museum Curator.

He always joked that he is "one of the oldest exhibits in the Museum!" - but alas, we now have to mourn his recent passing. He was in ill health during the past few months but recovering well after a surgical procedure when he succumbed.

CONTENTS

Ray, as he was affectionately known, qualified as a pharmacist in 1955. Let us look at some of his achievements as a pharmacist.

* 1956 to 1979 – He was a partner in several Retail Pharmacies in Durban and elsewhere.
* 1980 – He relocated to Johannesburg to pursue a career in wholesale pharmacy and was appointed as the Marketing Director of a major wholesale group until 1992.
* 1992 to 1998 – He held the position of Deputy Managing Director of TPS Mutual Trust, a medical scheme claims processing company which was owned by The PSSA Southern Gauteng Branch.
* 1998 to 2008 – Ray was a consultant to various businesses and became instrumental in the establishment of the pharmacy division of a leading supermarket organisation.
* 2009 – He was appointed as Museum Curator of the South African National Pharmacy Museum.

Ray had served in various capacities on several committees within the PSSA.

* Executive member and Chairman of Natal Coastal Branch of PSSA, and he was awarded Honorary Life Member of the Branch.
* Executive member and Chairman of the Southern Gauteng Branch

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of PSSA. He is also an Honorary Life Member of the Branch.

* Chairman of the Pharmaceutical Management Services (PMS) - a SG Branch business division.
* Chairman of the Building Committee for PSSA SG Branch that oversaw the planning and construction of the new Branch headquarters.
* Head of the PSSA Campaign Against Drug Abuse, and was appointed member of SA Government Committee of Inquiry into Drug Abuse.
* National President of PSSA in 1973 and 1974
* Chairman of the Negotiating Committee of the Society for the Pharmacy Act.
* Voted as a Fellow of the PSSA.
* Preliminary Disciplinary Committee of the SA Pharmacy Council (SAPC) Chairman.
* SAPC Informal Inquiry Committee Chairman.
* Member of the Editorial Board of The Golden Mortar, representing the Museum, and a major contributor in planning, content, policy, etc.

Ray Pogir addressing the students in the Museum

With his heart set on always serving the community, he had served in the following positions:

* Natal Jewish Community Council as a member and Chairman.
* SA Delegation member to the World Jewish Congress.

Ray's sporting activities include chairing the Tennis Club League, Squash League, Hockey League, and Swimming. He later started playing bowls and became the "champ" in 2001 and 2002.

As a faithful member of the Society and having served the Society with passion, Ray was awarded the William Paterson Memorial Medal in 2016, *the highest accolade in the Society !*

The Golden Mortar Editorial Board, on behalf of the SG Branch Committee and the membership, would like to posthumously thank, and pay tribute to Raymond Pogir for serving the Society and the Pharmacy Profession with such distinction and devotion - we have lost a true gentleman, a clear thinker who would put his ideas and opinions over in simple, logical terms, thinking always to benefit his colleagues and compatriots and the organisations that he served.

MORE TRIBUTES TO RAYMOND POGIR FROM COLLEAGUES AROUND THE WORLD.

My deepest sympathies on the demise of Raymond Pogir. May his soul rest in peace. He was my mentor and helped me start my first pharmacy.
Rest in peace dear friend.

Ferida

It is with a heavy heart that I have learn't about Raymond Pogirs' passing. Raymond and Uncle Bill Bason were my mentors when I started in Pharmacy in 1984.Please could you pass my sincere condolences to Raymonds' family.

Warmest Regards
Bonnie Beichter

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RAYMOND POGIR, a name synonymous with service to the pharmaceutical profession, has passed away at the age of 90.
Ray, as he was affectionately called, was a doyen in our profession, having given of himself over many years in the service of his fellow colleagues and the profession.

I had known Ray personally for well over 50 years and during this time I referred to him as the "gentle giant." He possessed a gentle manner in all matters that he handled, without any fuss or bother. He had a gift of relaxing those with whom he came into contact and I cannot recall any occasion where he was bad tempered.

Ray, your contribution to our noble profession will long be remembered and you will be forever missed. I extend deepest condolences to Joy and to the entire family.

Benzie Joffe
Sydney, Australia

It was with deep regret that I learned of the recent passing of Raymond Pogir, one of pharmacy's stalwarts. A year after qualifying and registering as a pharmacist, I did my first retail locum at Rexi's Pharmacy in February 1963. Travel had become more appealing to me than continuing in academia where I had spent my first year as a qualified, and Mr. Pogir needed a locum for a month. That is how a young female pharmacist, a newcomer to the Pharmaceutical Society of South Africa, and one still in awe of the older, wiser members, ended up in a small, but busy pharmacy in Durban's Grey Street area, a bustling Indian shopping area in central Durban, that was owned by one such member. I have remained in awe of Raymond Pogir ever since.
A memory about that locum has remained clear in my mind over the decades. The local traffic police officers were in the habit of calling in daily at Rexi's for coffee and a chat in the dispensary. In those days dispensaries were not open plan as they are now, and it was usual for the pharmacist to be called to the front to converse with the public, not the other way around. However, I benefitted by being able to park my Morris Mini car in a space directly outside the pharmacy all day without fear of finding a parking ticket on the windscreen
My last communication with Raymond occurred a year ago, his reply is dated March 4th 2020, a month after he had been out of action with a fractured femur. The correspondence concerned the history of pharmacy, an interest we both shared. It is my loss that I was not adept enough to manage my limited time during visits to Johannesburg so that I could visit him and the pharmacy history museum he so lovingly and capably curated.
RIP Ray.

Susan Buekes

I first met Ray in 1968 at the famous Beverly Hills PSSA Conference. He was Natal Coastal's Chairman of the organizing committee. The way he conducted all the logistics of the Conference was a clear proof of his organisational prowess.
As a debutante delegate and one of the youngest at a time, I was in awe of the household names in pharmacy at the time - Benny Jacobson, Monty Rubinstein, Phil Davis, Ronnie Pannall, Aaron Kramer *et al,* present at this conference.
Debating exchanges were heated. It was the first Conference where Big Business was threatening to take over Community Pharmacy. A toiletry chain at that time, French Hairdressing Salons, had aligned itself with a major pharmaceutical organisation and threatened the goal at that time - "Channelisation of Medicines.
When it was time for Ray to address the Conference, his contribution was measured, calm, rational and so logical. It was immediately apparent that he was going to follow in the footsteps of the luminaries, whom I mentioned above, and so it proved to be.
Ray was elected onto the National Executive for the first time at that Conference, and from then on his contribution to all fields of pharmacy was always immeasurable.
When he held senior positions be it n the community, wholesale or political fields, he was always approachable for advice.

I know that his family, friends and the world of Pharmacy are going to miss him dearly.

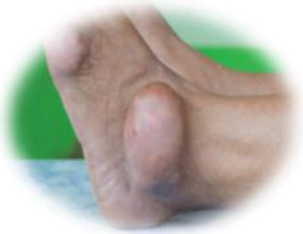
Barry Rudolph
London

THE GOOD THE BAD AND THE DEADLY - COLCHICINE TOXICITY

by Sumari Davis (B. Pharm)
Amayeza Information Services

Once upon a festive season, up in the mountain with good company and even better food, our patient got hit by something bad …GOUT! However, he came prepared, with colchicine and 10 gout packs that he bought from his pharmacy. He took the medicine, and it did not work quickly enough so he took more, until he had diarrhoea, nausea and vomiting with terrible stomach aches. Then, when his family got concerned, they could not get him down the mountain, as the roads were flooded due to rain. This is a story based on a true account of a patient who was allowed to buy ample quantities of gout packs that contain colchicine, without any warning of the risks associated with overdosing.

LACK OF INFORMATION AND PATIENT COMPLIANCE



Colchicine has a narrow therapeutic index, and life-threatening toxicity can occur with overdosing, therapeutic errors, drug interactions, decreased renal/hepatic function and paediatric exposures. Since there is no antidote or consistently effective therapy for colchicine toxicity, prevention remains the key to avoiding colchicine toxicity.
According to the British Columbia Drug and Poison information centre, 29% of colchicine therapeutic errors occurred due to patients who took their doses incorrectly, either more than recommended on the first day, or additional doses because it was not working quickly enough. Some patients continue taking colchicine despite side effects, which can result in worsening toxicity.

It is important to counsel patients on the correct dosing of colchicine and warn them about the risk of colchicine overdose and the symptoms thereof. Studies have shown that a similar proportion of patients using a low-dose regimen experienced more than 50% improvement in joint pain symptoms as patients using a high-dose regimen. The incidence of side effects in the low-dose group were similar to that experienced in the placebo group, whilst 19,2 % of patients in the high-dose group experienced diarrhoea.

Therefore, the recommendation is to treat patients with 1 mg of colchicine within 12-48 hours of onset of gout symptoms, followed by administration of 0.5 mg one hour later. Treatment may be continued 12 hours later (typically the next day) with 0.5 mg once or twice daily until gout symptoms resolve. Colchicine may be less effective once the gouty flare has become established and it is therefore not recommended to start colchicine therapy more than 36 hours after onset of an acute attack.

Ensure that patients understand that colchicine is not an analgesic and the therapeutic effect may take 24 to 36 hours or longer. Instruct patients to stop colchicine and contact their healthcare provider if they develop gastro-intestinal (GI) side effects or symptoms of muscle pain, fatigue, weakness, or numbness.

DRUG INTERACTIONS AND REDUCED RENAL AND RENAL/HEPATIC FUNCTION

Colchicine is metabolised via hepatic P450 cytochrome CYP3A4 and eliminated by transport by P-glycoprotein (P-gp) via biliary excretion and renal excretion. Simultaneous use of colchicine with CYP3A4 inhibitors/competitors, including clarithromycin, many HIV medications, calcium channel blockers, some statins, or azole antifungals, as well as P-gp inhibitors/competitors such as ciclosporin and ranolazine, can lead to accumulation of colchicine, increasing the risk of toxicity.

Colchicine dose reductions are recommended in patients with severe hepatic impairment as well as in patients with severe renal impairment, including those on haemodialysis. Although dosing in the elderly is the same as for younger patients, it is important to consider that the elderly may have renal insufficiency and are also more likely to be taking other medicine which may interact with colchicine, increasing the risk for toxicity. Combining strong CYP3A4 and/or P-gp inhibitors with colchicine is contraindicated in patients with reduced renal or hepatic function.

STAGES OF COLCHICINE TOXICITY

The side-effects of colchicine are dose related and patients often present with GI symptoms at a dose of less

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than 0.5 mg/kg. Systemic toxicity occurs at doses between 0.5-0.8 mg/kg with a 10% mortality risk. Doses of more than 0.8 mg/kg can result in cardiovascular collapse, coagulopathy, acute renal failure and multiorgan failure with a close to 100% mortality rate.

Clinical progression of colchicine toxicity is as follows:

* 2-24 hours: GI symptoms (diarrhoea, nausea, and vomiting) with severe fluid loss resulting in hypotension;
* 2-7 days: Bone marrow suppression and pancytopaenia, rhabdomyolysis, renal failure, metabolic acidosis, respiratory failure, acute respiratory distress syndrome and cardiac dysrhythmias;
* >7 days: rebound leucocytosis and transient alopecia. Complete recovery is expected if the patient survives this stage.

Administer 50 g (1 g/kg in children) of activated charcoal as soon as possible in any patient who has ingested more than 0.5 mg /kg of colchicine, as any reduction in absorption may be lifesaving. Multiple doses are activated charcoal may enhance elimination but is difficult in the vomiting patient and has not been shown to affect outcome.

CONCLUSION

Our patient was lucky enough to have had a pharmacist amongst the family who realised what had happened and instructed him to stop taking colchicine immediately. He recovered and survived and was informed of the dangers and safe use of colchicine in the future. It is critically important to screen patients for the suitability of colchicine use (rule out any interactions and contraindications), and instruct them on the safe dosing and use of colchicine to prevent toxicity and possible death.

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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.

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WITS PHARMACY STUDENTS AWARDS

by Stephanie De Rapper

Students **SITHANDEKILE NCUBE** and **KARMINI DORASAMY** were awarded the ***Dennis Jabulani Khoza Community Service Award*** respectively, for having obtained the highest mark and provided the greatest level of involvement in Work Based Learning programmes across all four years of study.

Student **TASMIYAH LAHER** was awarded the ***Pharmaceutical Society (Southern Gauteng) Award*** for Academic Excellence having been recognized as the student with the highest overall academic aggregate across all four years of study with an academic aggregate of 86.56%.

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SARCDA Christmas 2021

We are disappointed to inform you that we have made the decision to cancel SARCDA Africa 2021, due to the ongoing Covid-19 restrictions.

We have prepared a proposal for the City JOC (the Joint Operations Committee, which is tasked with ensuring that all events held in Johannesburg are safe) explaining the safety precautions that SARCDA is taking and will continue to lobby them to secure permission for SARCDA Christmas 2021 to take place. The exhibition industry as a whole will also continue to lobby government for permission to open the industry up.

The SARCDA team would like to thank you from the bottom of our hearts for your ongoing support in these most difficult of times – we cannot wait to see you in person at an exhibition again. Fingers crossed, that this will come to pass at SARCDA Christmas 2021. Until then, stay safe and healthy!

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IMPORTANT NOTICE

The link below will direct members to the required information regarding their SAPC CPD entries:

https://www.pharmcouncil.co.za/Pharmacists_CPD

The information that can be accessed by clicking on the above link, which includes guidance documents and instructions on how to log CPD on the SAPC website:

The CPD cycle comprising the following four steps must be followed when submitting CPD activities online:

Step 1: Reflection on practice (Answers the questions – what do I need to know? What do I need to be able to do?)

Step 2: Planning (Answers the question – How can I learn?)

Step 3: Implementation (Describes the action taken)

Step 4: Evaluation or reflection on learning (Answers the questions – What have I learnt? How is it benefiting my practice?)

CPD Documents

- CPD Guidance Document
- CPD Brochure
- How to submit CPDs online
- CPD Process Flow
- 2020 Intern/Tutor Training: CPD Portfolio
- An Ideal CPD
- CPD Presentation
- CPD Verification Training For Tutors

South African Pharmacy Council

SAACP (SG)

South African Association of Community Pharmacist (Southern Gauteng)

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SAACP SG is a financial contributor to The Golden Mortar.

REPORT ON A COVID-19 THERAPEUTICS CPD

by Muhammed Vally

Muhammed Vally

On the 23rd of March 2021, PSSA SG Branch members were invited to attend a CPD event about COVID-19 therapeutics which was delivered by Mr. Muhammed Vally. Mr. Vally is a lecturer in Clinical Pharmacy at the Department of Pharmacy and Pharmacology at Witwatersrand University.

The approach that Mr. Vally decided to take was evidence-based and discussed the evidence behind therapies used in the management as well as the therapies used as prophylaxis for COVID-19. In terms of the management of COVID, Mr. Vally discussed therapies such as glucocorticosteroid, colchicine, vitamin C, zinc, vitamin D, chloroquine + azithromycin, anticoagulants, ivermectin, and tocilizumab.

In terms of the discussion around prophylaxis, Mr. Vally discussed ivermectin and chloroquine, and gave an overview of the Janssen Vaccine and the Pfizer vaccine, as he stated that these were the two most likely vaccines to get rolled out in South Africa.

Regarding the evidence base behind these therapies, Mr. Vally was clear that the best evidence available suggested that glucocorticosteroids are useful in reducing mortality in patients with COVID-19 who are on oxygen or on a ventilator. Additionally, he detailed the conflicting evidence behind the use of colchicine by citing the press release of the ColCARONA trial and compared it to the press release of the RECOVERY trial. He discussed a recently completed open-label trial which found no evidence for the use of vitamin c or zinc or the combination of vitamin c and zinc during that time to the reduction of COVID 19 symptoms in ambulatory patients.

He also explained that high single doses of vitamin D seemed to have no effect on the length of hospital stay in patients who were admitted, based on trial data.

Regarding chloroquine and hydroxychloroquine, Mr. Vally made it clear that a recently published Cochrane meta-analysis demonstrated that these therapies, either by themselves or when combined with azithromycin, have no place in the management of COVID or as prophylactic agents.

Mr. Vally also discussed the evidence behind the use of prophylactic anticoagulants for patients in hospital, as well as that of therapeutic anticoagulation. He reviewed the evidence which suggested that prophylactic anticoagulants could have a benefit in hospitalised COVID patients, but that there is no compelling evidence for the use of therapeutic anticoagulation, and in fact, clinical trials investigating therapeutic anticoagulation were stopped early due to futility.

In terms of ivermectin, Mr. Vally discussed the lack of evidence behind its use, as well as the recent randomised controlled trial from Brazil which demonstrated the lack of efficacy behind the use of ivermectin in patients with mild COVID.

Mr. Vally then discussed the emerging evidence behind tocilizumab and its potential utility to reduce mortality in hospitalised COVID-19 patients in the yet-to-be peer-reviewed data from the RECOVERY trial.

In the final 30 minutes of the session, Mr Vally discussed the evidence behind the Janssen J&J vaccine and the Pfizer/BioNTech vaccines as agents to prevent COVID-19. A significant portion of the time was spent discussing the Janssen J&J vaccine data which was derived from the company's FDA submission. Mr. Vally concluded by discussing both the Pfizer/BioNTech vaccine trial, as well as a real-world study looking at the efficacy of this vaccine.

The Southern Gauteng Branch of the PSSA would like to thank Mr. Vally for his time and effort in preparing this CPD session.

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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Academic Pharmacy:	Zelna Booth & Muhammed Vally

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