



Interventions to improve pharmacist-provided counseling to Mental Health Care Users (MHCUs) on understanding about their psychiatric medication at Weskoppies Hospital

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INTRODUCTION AND BACKGROUND

Mental health disorders are a major public health problem worldwide. According to the South African Depression and Anxiety Group (SADAG), one in six South Africans suffers from anxiety, depression or substance-use problems (and this excludes bipolar disorder and schizophrenia) (1). Furthermore, research also reveals that over 40% of people living with HIV in South Africa have a diagnosable mental disorder, and less than 16% of sufferers receive treatment for mental illnesses. Many of these problems may be due to personal and social problems or reactions to life events such as physical illness or unemployment (1).

With the increasing use of psychotropic drugs and other advanced therapies, pharmacists form an important part of the multidisciplinary care team for patients with mental illnesses (2). The primary role of pharmacists in this field is to counsel patients thoroughly to improve adherence and patient outcomes related to drug therapy(3,4). Other roles the pharmacist may play include (i) reducing the stigma and creating awareness of mental health disorders, (ii) monitoring safe use of the drugs and reporting any adverse drug reactions (ADRs), (iii) working in multi-disciplinary teams to be correctly informed on treatment decisions.

A range of barriers may deter pharmacists from counseling MHCUs. These include pharmacist, patient, health system, and social or cultural factors (5,6). Pharmacists who work at a specialised psychiatric hospital are often faced with serious challenges of counseling MHCUs. Many of these patients have very poor coping skills with life and lack knowledge about medications that they receive from pharmacy. They usually report low levels of adherence to treatment which may result in treatment failure (7). Some MHCUs openly admit that they overdose medicines, as the desired clinical outcome is not achieved, not bearing in mind about potential ADRs. Although it is the responsibility of the pharmacist to provide private counseling and make MHCUs understand about their psychiatric medicines, in most cases private counseling is not provided in public sector settings, resulting in them being ignorant about their medicines.

The study aimed to improve patients' understanding of their psychiatric medication issued at Weskoppies Hospital Pharmacy (WHP) through pharmacist interventions. This initiative is expected to result in WHP complying with relevant legislation and National Core Standards (NCS).

RESULTS AND DISCUSSION

From Figure 1 it is evident that pharmacist-initiated interventions were .../ continued on page 2

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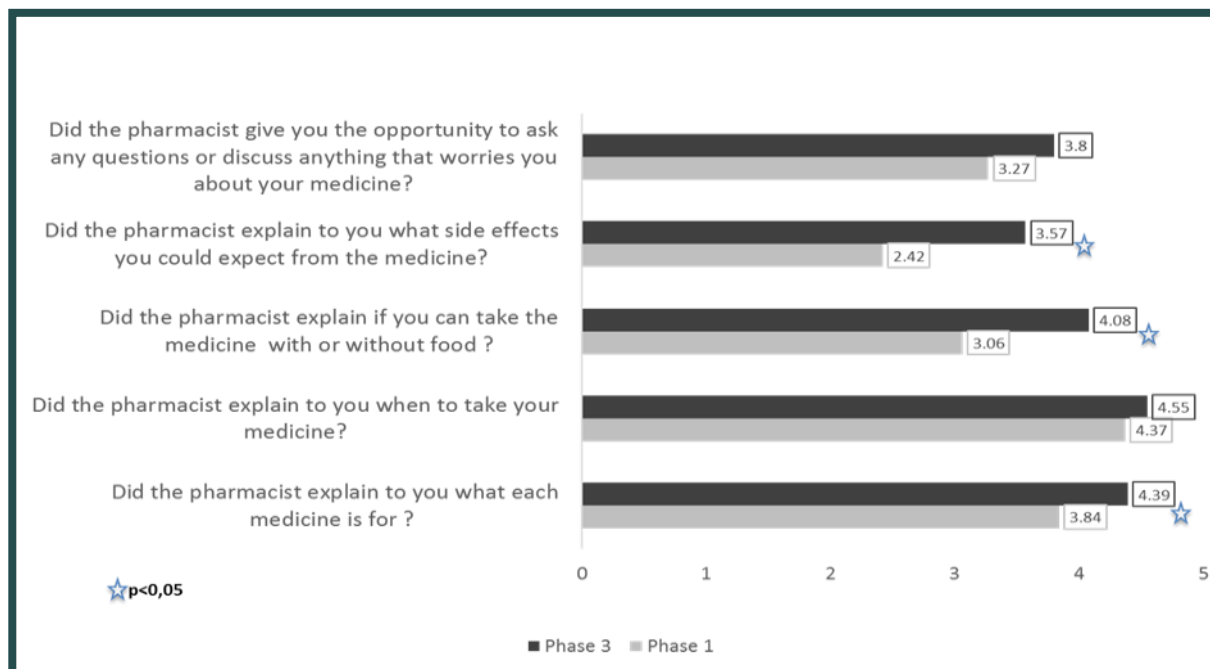
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effective in improving MHCUs' understanding about their psychiatric medication. Although there was an increase in mean scores for all the aspects of the NCS questionnaire, significant differences ($p < 0.05$) in mean scores in Phase 3 and Phase 1 were observed with the following questions:

- Did the pharmacist explain to you what side effects you could expect from the medicine? ($p = 0.000$)
- Did the pharmacist explain to you when to take the medicine, and with or without food? ($p = 0.000$)
- Did the pharmacist explain to you what each medicine is for? ($p = 0.044$)

Figure 1: Comparison of mean scores of NCS questions in Phase 1 and Phase 3



Significant differences in mean scores of Phase 3 compared to Phase 1 are attributed to the interventions implemented in Phase 2. During Phase 2 pharmacists were trained on psychiatric conditions, standard operating procedures on dispensing, and designed tools such as patient information leaflets, side-effect profiles of medicines, and food-drug interactions. Rigorous counseling and distribution of these tools assisted MHCUs and their caregivers in understanding about their psychiatric medication.

Pharmacists failing to counsel MHCUs about potential side-effects and food interactions with psychiatric medicines were identified as a major challenge, which resulted in WHP not complying with NCS previously. These documents were made available to pharmacists counselling patients in private counseling areas, and were affixed on the wall for easy reference at all times. The side-effects and food interactions for psychiatric medication were explained to MHCUs in simple terminology by pharmacists. Another possible reason for this improvement may be linked to the designed side-effect profile document which also included the clinical indication for each psychiatric medicine.

CONCLUSION AND RECOMMENDATIONS

Although pharmacist interventions yielded results in improving patients' knowledge of their psychiatric medication, only partial compliance to NCS was achieved. Study results showed that patients may have gained knowledge of their psychiatric medicines through the printed information provided to them. Study results clearly indicated the success of pharmacist interventions in Phase 2. However, a lot of effort is still required to comply with NCS. MHCUs must be provided with rigorous counselling on all individual questions on NCS to their full satisfaction which may result in WHP complying with NCS at all times.

MHCUs knowledge of their psychiatric medication may result in better understanding of their medicines, may prevent treatment failure and less hospitalisations, resulting in overall satisfaction with hospital as well as pharmaceutical services. Implementation of innovative counselling interventions is recommended in order to improve the pharmaceutical services provided to MHCUs.

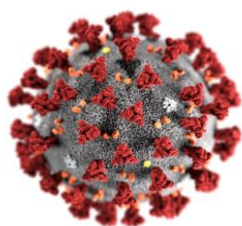
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BEING A STUDENT DURING THE COVID-19 PANDEMIC

Siviwe Ngalo



The novel Corona virus has impacted the lives of people from all walks of life as we had to adapt to the 'new normal'. It has been no different for students as teaching and learning has moved from lecture rooms to online learning platforms. This has brought many challenges and benefits depending on which student you speak to at which particular time of the pandemic.

Fortunately, for Wits Pharmacy students, the move to online learning has been a relatively smooth one thanks to the swift action taken by management to ensure that teaching and learning continues. Students were provided with free data, which enabled them to access online learning platforms. Although this move was appreciated and welcomed by the majority of the student body, one must spare a thought and sympathise with those students that come from parts of the country where there is little to no internet connection.

The most worrying part of the lockdown as pharmacy students has been completing the practical component of the curriculum. This includes activities such as work-based learning, laboratory sessions, and practical assessments. During the initial phases of the lockdown, a lot of emphasis was placed on getting ahead with the theory work so that once students return to campus, there will be sufficient time to focus on activities requiring practical work.

The gradual easing of the lockdown has seen a return of students to campus. This has allowed for the necessary practical activities and tests to take place in much smaller groups, to allow for social distancing; lectures, however, do remain online to keep physical interaction among students and lecturers to a minimum.

Wits pharmacy students have taken the opportunity that the pandemic has presented to volunteer in various institutions where they screened patients and worked in hospital pharmacies. They made a meaningful contribution in the fight against the virus, while gaining invaluable work experience which will come in handy as future pharmacists.

With many suggestions, such as the "pass-one-pass-all" being brought forward on how to complete the academic year, there has been a fear that the integrity and quality of the education will be compromised by the pandemic. Although this might be a valid point to raise given the circumstances, this has not been the case given the fact that all assessments have been completed in time for final examinations. The curriculum has not been reduced, and tests are still being conducted in the presence of invigilators. If anything, students during this pandemic have gone through hardships and learned an attribute of adaptability which will put them in good stead in their future workplace.





Africa

SARCD A ONLINE PROVES TO BE A VALUABLE PLATFORM

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National Pharmacy Museum Artefacts



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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?

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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.
3. Make payment via EFT.

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Interview with Ken Hanna

Dave Sieff



Ken Hanna

Ken (KH): Dave, thank you so much for inviting me to be interviewed for your Golden Mortar newsletter; as a pharmacist, I've always been a keen reader of each edition, from cover to cover.

Dave (GM): Who is Kenneth Anthony Hanna the person ? - please tell us about your family origins and upbringing.

KH: Born a 'Gemini' on 15th June 1935, to Richard and Moralinda, and I grew up as the oldest of 8 brothers and sisters, playing happily on the streets and mine dumps of Fordsburg and Mayfair, then a rich melting pot of races and cultures. I remember the neighbourhood spirit of friendship and acceptance, and the days we spent at our 'Jid's' and 'Situ's' (grandfather's and grandmother's) house, with doors and arms wide open, packed with family, the table 'groaning' with food, and the countless hours of laughter and stories.

GM: Your daughter Irene writes in an article for the newsletter serving the South African (S A) Lebanese community, 'The Cedar Leaf,' founded by you, and been the Honorary Editor and publisher for over 50 years, that this is where you developed your "ability to excel and to touch peoples' lives," which he attributes to his mother, who "by believing in and loving us, allowed us to feel 'extraordinary', and teaching us the importance of family values and love." Tell us about your education and career.

KH: I matriculated at Marist Brothers College, Observatory, at the tender age of 16, before commencing my studies at the 'Wits Tech' and the Natal School of Pharmacy, and I rose to the top of student affairs as Chairman of the Transvaal Pharmacy Students Association; After graduating, as many others did, I headed for London to work in a hospital, where I met and married my lovely bride Joyce, and we returned to make our lives in S A. Not satisfied to be an 'ordinary' pharmacist, I undertook ongoing training and development to ensure excellence as a qualified 'Drug Wise' counsellor, an acoustician, and a Primary Care Drug Therapist; my community pharmacy and Family Clinic in the heart of inner 'Jozi' offered AIDS Counselling, pregnancy and hearing aids testing, and not least of all, a caring pharmacist !

GM: Ken, I've known that you've always been very involved in the religious and community affairs of the Lebanese community, and in illustration of this, I quote from Irene's book : "The Maronite Christian spirituality with it's beautiful eastern mysticism, Aramaic rite, and traditional fasting and connection to nature, dwells deeply within Ken, a spiritual man who has dedicated himself to the Maronite Catholic Church; he represented the community at the World Lebanese Cultural Union Congress in Mexico, and also the Maronite Community at the Second World Congresses in Montreal and New York." *" His spiritual growth led to Ken's decision to become a Deacon and remains a highlight in his life."*

I read also of your other career experiences - please talk about these.

KH: As an 'unqualified' I did stints at the PSSA's Emergency Depot in Africa House which was open all night; the pharmacist on duty slept on the premises, and I worked with some great pharmacy personalities. I had also worked for SAPDC Pharmaceutical Wholesalers as an order clerk, checker, marker, packer, collector, and also in the 'ethicals' department, and similarly later at SA Druggists Wholesale as manager at their newly opened Vereeniging branch. I learnt from the best buyers in the industry, powerful business 'giants,' so it was natural for me to want to expand into pharmaceutical wholesaling, and this later led to me opening my own small business, Vereeniging Wholesale Druggists, with the help of 'venture capital' from about 20-25 colleagues. I bought well, and had good stock control systems - no computers then ! - and we thrived, collectively.

GM: Did you remain in the wholesaling sector ?

KH: No, I wanted to run my own business, so after two years I took over an old and declining pharmacy, Viv's Pharmacy in Vereeniging; my 'Head Man' was Jacob Mofokeng, and we spent over 20 years there together, expanding into a group of four branches. I also trained the first black pharmacist, Edward Moleko, whom I believe later studied Medicine.

"I also trained the first black pharmacist, Edward Moleko, whom I believe later studied Medicine."

GM: You've always been a keen sportsman, Ken; please relate some of your experiences, achievements, and accolades.

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KH: Well, I excelled in soccer and squash, representing the 'Vaal Provincial Masters' in Inter-Provincial Championships; osteoarthritis and two hip replacements led me to begin to swim, and five years later I got a medal in the 'Midmar Mile,' and have garnered numerous medals for participating in 12 S A Masters Championships, and last year the award for the 'Most Improved Swimmer,' in time (26.05%, over 800 metres freestyle) while the most prestigious is the 2016 'Western Province Memorial Award' for "a person who depicts the true spirit of a 'Masters' swimmer."

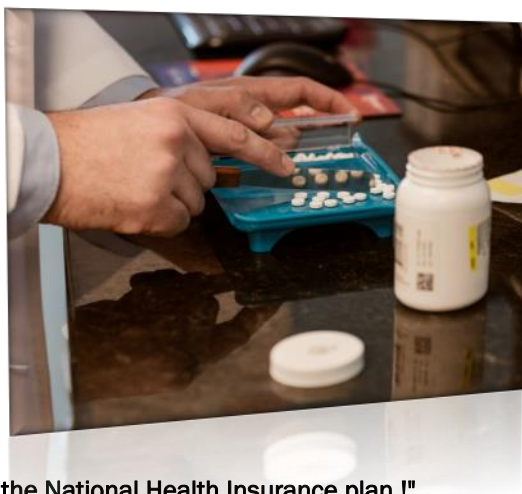


GM: Ken, what about your involvement in pharmacy organisations and 'politics,' and associated accolades ?

KH: I was a Committee member of the Transvaal Pharmacy Students Association (TPSA) and rose to become Chairman, and was later awarded the 'Jack Bloom Memorial Medal' for my contribution to Community Pharmacy; in 1994 I received the award for 'outstanding Pharmacist of the Year' in Gauteng, as well as a place in the finals of the National PSSA 'Pharmacist of the Year.' I served a four-year term as Treasurer of the SA Association of Community Pharmacists.

GM: Finally, Ken, what are your thoughts about the future of the pharmacy profession, and what plans do you have ?

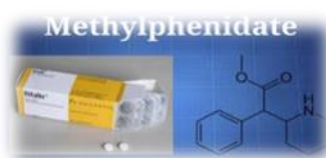
KH: I have been a part of the 'Chemist and Druggist' era, enjoyed the advent of Clinics in pharmacies, witnessed the regretful eroding of the financial margins of community pharmacy - by dispensing doctors and the medical schemes - and the rise of the large Corporate Pharmacy groups, with their discounting of products and dispensing services. I'm considering opening a 'joint venture' complex of licensed health-related facilities - a medical practice, optician, acoustician, an 'Addiction-Free Clinic,' therapeutic massage, and a 'beautician, with a dispensary as the 'anchor tenant' - at low rentals and for their own independent gain; my aim is to dispense 'chronic' medicines with no, or very little copayment.



"The key future decider will be the National Health Insurance plan !"

GM: Ken, I thank you for your time and generous sharing of your life's stories, even though much more detail had to be left out, for space reasons; you have drawn on many memories and anecdotes for our readers' information.

Linda Steyn (BPharm)
Amayeza Info Services



Methylphenidate (MPH), a drug that belongs in the amphetamine family, is a psychostimulant used to treat conditions such as Attention Deficit Hyperactivity Disorder (ADHD) and narcolepsy.

Alarming, there is a growing trend amongst high school and university students to misuse MPH, including other prescription cognitive enhancers, such as modafinil, as a "study drug" to improve memory and focus.

This article explores what the term "misuse" means, including the reasons why students are more likely to misuse the drug, and also the potential dangers of this misuse.

HOW MPH WORKS IN THE BRAIN

A basic knowledge of how MPH works in the brain helps in understanding why this drug is misused. Misuse of these stimulants is defined as "taking stimulants without a valid prescription or use of stimulants other than as prescribed."

In the central nervous system (CNS), MPH works similarly to cocaine and other amphetamines by inhibiting the reuptake of dopamine and noradrenaline. This causes an increase in dopamine and noradrenaline in the synaptic cleft, which produces a stimulatory effect on the CNS. Although the affinity of MPH for dopamine and noradrenaline transporters is higher than it is for cocaine, MPH elimination is slower, thereby limiting the ability of MPH to produce a "high" when used repeatedly.

It is believed that people with ADHD have an imbalance of dopamine and noradrenaline and that the use of MPH restores this imbalance, improving attention, working memory, decreasing distraction, and increasing motivation.

MPH may become a drug of abuse when it is obtained and used illicitly, at higher than regular doses, or when used in a way that is not indicated by the manufacturer (i.e. crushing and snorting, or intravenous administration). When MPH is used in the latter two ways, it produces a euphoria that is similar to that of cocaine.

WHAT ARE THE DANGERS OF MISUSE OF STIMULANTS?

When prescription stimulants are used as prescribed for the treatment of ADHD, there is not a significant health risk to the patient. Common side effects are dose-dependent and may include: decreased appetite, abdominal pain, insomnia, weight loss, nervousness and dry mouth.

Severe side effects are rare at therapeutic doses, but may include psychosis, convulsions, and cardiac events including sudden death.

However, when these drugs are misused (e.g. excessive dose or route of administration other than oral), there is a potential for serious side effects including addiction, cardiovascular failure, high blood pressure, irregular heart rate and paranoia.

MPH may exacerbate existing conditions, such as behavioural, central nervous system (CNS) and cardiovascular (CVS) disorders. Students misusing MPH have also not been screened for hypertension, heart defects (or a family history thereof), which are all contraindications for its use.

Despite the perception among students that the use of these drugs will help them stay awake (cognitive enhancement), increase academic performance and increase productivity, studies have shown that misuse of MPH may negatively impact academic performance. A combination of possible sleep deprivation and the long-term effects of this medication may override any memory improving effects.

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REASONS FOR MISUSE

Studies have shown that the most common reason for MPH misuse are misconceptions regarding the enhancement of academic performance and as a coping mechanism in a pressurised academic environment. Weight loss, euphoria ("getting high") and curiosity are other less common reasons listed for students misusing methylphenidate.

Certain mitigating factors among students were found to be associated with MPH misuse:

- Age: more common between the ages of 18 and 25 years
- Gender: more prevalent in males
- Time management difficulties: procrastination, poor self-efficacy (belief in one's ability to complete a task or challenge successfully)
- Pressure to perform academically (fear of failing)
- Lower average grades
- Poor accommodation of special needs
- Underlying mental health issues (e.g. depression, anxiety, history of inattention or untreated ADHD)
- Previously undiagnosed ADHD symptoms
- History of substance abuse
- Concomitant high-risk behaviours, such as excessive alcohol use, illicit drug use, drunk-driving.

CONCLUSION

Students with ADHD should also be made aware that it is illegal to sell or give away their prescription medications and that it is also illegal to buy the medications without a valid prescription. An understanding or recognition of the mitigating factors that lead to MPH misuse, can help educators to identify at-risk students, or risky behaviours which predispose students towards misuse of stimulants. Measures should also be put into place to help students cope with stress, improve study habits and time management skills. Students should be encouraged to make use of mental health facilities to seek help for underlying mental health issues, such as anxiety and depression. Educators at institutions, as well as healthcare professionals, should make a concerted effort to inform students of the dangers of MPH misuse.

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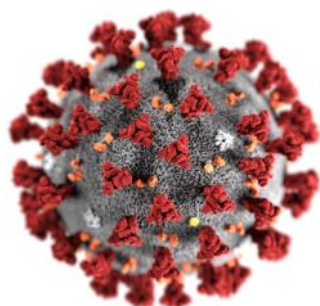
LET US CONTINUE TO DO RIGHT FOR OUR HEALTH

Keep Social Distance

Wash Hands Regularly & Sanitise

Wear Mask

Avoid Crowded Areas



The Pharmaceutical Society of South Africa Southern Gauteng Branch



NOMINATION AND ELECTION PROCESS 2020 - PSSA SG BRANCH

Members have found the SMS system of calling for nominations and voting for the nominees to serve on the Southern Gauteng Branch Committee to be an efficient and user friendly method and as a result we have received more nominations and more member participation in the voting process than in the past.

We will conduct the process of nomination and election in the same manner again this year and members are asked to take note of these important dates in the process;

1. Call for nominations for members to serve on the Branch Committee – 2nd to 6th November 2020. You must respond to our original SMS in 72 hours, failing which you will have 72 hours to respond to the reminder SMS with your nominations.
2. Voting for eight of these nominees to serve on Branch Committee – 16th to 20th November 2020. Once again, you must respond with your vote in 72 hours, failing which you will have 72 hours to respond to the reminder SMS with your vote.

We will prepare and make available to you via email a photograph and a short manifesto for each candidate to provide more information about those members for whom you may wish to vote.

It is important that members be assured that complete confidentiality is maintained throughout the entire process and that only cell phone numbers registered in the PSSA membership database are accepted for this election process.

In addition, each registered cell phone number should only be used *once* for voting purposes and a comprehensive, auditable reporting system will be in place to ensure that these controls are strictly adhered to and you must only respond via the Reply function on your cell phone.

In order for you to participate in this important process we suggest that you make sure that you have informed the PSSA of any changes that may have occurred in regard to your contact details, particularly your current cellphone number.

This is the one occasion during the year when members have the opportunity to nominate themselves and/or colleagues to serve on the Branch Committee that will be responsible for directing and controlling the affairs of the Branch during the forthcoming year. Consequently you are urged to participate in this process by making yourself available for nomination, making a nomination and voting for the nominees that you believe have the ability to make a difference and the commitment to serve.





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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SAAPI Online Workshops - What's Coming Up?

Workshop : "Out of Specification (OOS) and Conducting Effective Investigations"

DAY 1 : Wednesday 04 November 2020

09:00am – 12:30pm

DAY 2: Thursday 05 November 2020

09:00pm – 12:30pm

Venue: Microsoft Teams

Presented by: Mbonisi Ncube

Workshop : "Bioequivalence Studies in Drug Development, Product Registration and Product Life Cycle Management"

DAY 1 : Tuesday 17 November 2020

08:30am – 14:00pm

DAY 2: Wednesday 18 November 2020

08:30pm – 14:00pm

Venue: Microsoft Teams

Presented by: Dr. Carine Page

Please visit www.saapi.org.za to register.

Workshop : "Medical Ethics of New Technologies In Medicine"

Dates: 17 August 2020 – 13 November 2020

Course content to be delivered via pre-recorded videos with a Q & A session on Microsoft Teams at course completion.

Presented by: Candice De Carvalho





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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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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

