

# The Golden Mortar



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

Edition 4/September 2022



## Pharmacy Month 2022



### September is Pharmacy Month Woman and Youth Health



**The Pharmacy is a safe and trusted  
place for advice and assistance**

**Quality Healthcare for All**

Ask your pharmacist for further information or scan



English



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



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## The PSSA Book Department

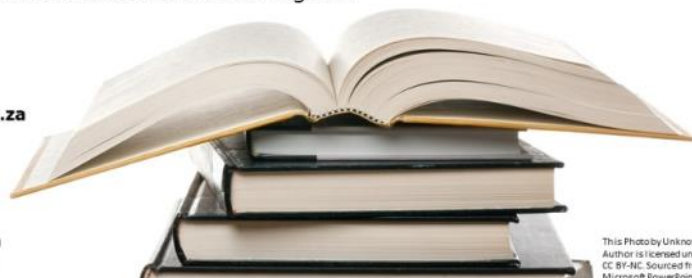
Do you know that the Book Department has a range of essential publications for pharmacists at preferential prices for members of the PSSA?

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](http://www.pssa.org.za) click on Membership and then Member Services.
2. Complete the order form and submit it.
3. Make payment via EFT.

Or contact Dinette at PSSA National Office on (012) 470-9559 or at [dinette@pharmail.co.za](mailto:dinette@pharmail.co.za)



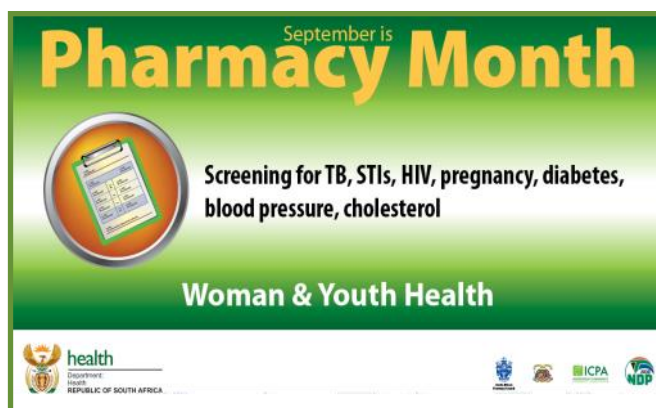
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The theme for Pharmacy Month is **“Woman and Youth Health - The Pharmacy is a safe and trusted place for advice and assistance”**.

Your pharmacist is easily approachable and can be your source of information on:

- Health and healthy lifestyle, including smoking cessation
- Healthy weight, exercise, and substance abuse
- What to expect when you take your medicines
- Monitoring chronic health conditions such as diabetes, high blood pressure, or asthma



The Pharmacy Month campaign informs the public that the pharmacy is a safe and trusted place for advice and assistance, and that pharmacy stands for quality healthcare for all.

The posters and pamphlets can be downloaded from the PSSA website.

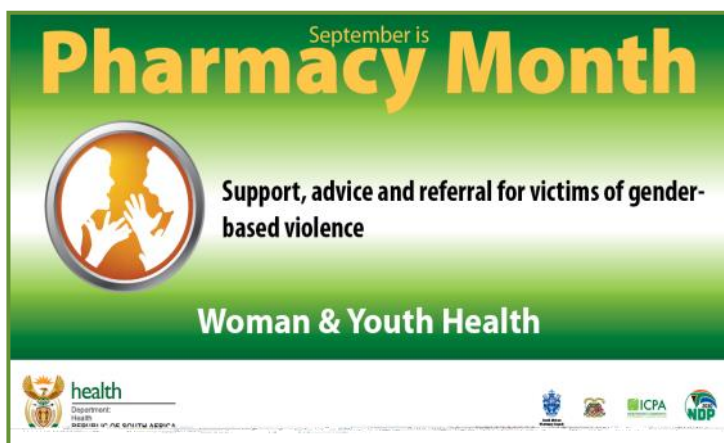
#### **Ideas on how to take part in the theme**

There was recently an opinion piece published in South Africa called: “The Health Sector can help address the impact of violence against women, here’s how”. The piece can be accessed here:

The World Health Organisation (WHO) has detailed the role of the health sector in violence against women as follows: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

While preventing and responding to violence against women requires a multi-sectoral approach, the health sector has an important role to play. The health sector can:

- Advocate to make violence against women unacceptable and for such violence to be addressed as a public health problem.
- Provide comprehensive services, sensitise and train health care providers in responding to the needs of survivors holistically and empathetically.
- Prevent recurrence of violence through early identification of women and children who are experiencing violence and providing approachable referral and support.
- Promote egalitarian gender norms as part of life skills and comprehensive sexuality education curricula to young people.
- Generate evidence on what works and on the magnitude of the problem by carrying out population-based surveys, or including violence against women in population-based demographic and health surveys, as well as in surveillance and health information systems.



The Interagency Gender Working Group (IGWG) has also published a paper on the crucial role of the health services in responding to gender-based violence: <https://www.igwg.org/wp-content/uploads/2017/06/crucial-role-srvices.pdf>

Pharmacies should try and ensure that their facilities are seen as youth-friendly as there are concerns about the number of teenage pregnancies in South Africa, and the fact that young girls and women currently have the highest rate of new HIV infections.

Pharmacies can provide the youth with information and referrals to access health-care specific to their needs.

.../ continued on page 4





September is  
**Pharmacy Month**




**Baby wellness services (immunisations, weighing, feeding advice and infant care, including nappy rash, colic and common infant diseases)**

**Woman & Youth Health**

 **health**  
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September is  
**Pharmacy Month**



**Family planning and reproductive (sexual) health services**

**Woman & Youth Health**

 **health**  
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.../ continued on page 5



# September is Pharmacy Month



**Chronic medicine collection or delivery options  
(Ask your pharmacist about this option)**

## Woman & Youth Health



# September is Pharmacy Month



**First aid, wound care management**

## Woman & Youth Health





## SAAHIP SG: MANDELA MONTH CHARITY INITIATIVE

### Soweto Home for the Aged

*By Shaista Nabee*



The South African Association of Hospital and Institutional Pharmacists, Southern Gauteng Branch (SAAHIP SG) would like to thank its members and the general public for their generosity in donating warm clothing, food, and cash, to the residents of the Soweto Home for the Aged.

We are hoping that they have derived warmth and comfort from these donations, and better protection from the cold of winter.

A special thank you goes out to the Al Hudaar Foundation and Ashrafal Aid for their sponsorship of blankets and hygiene packs. We have been thrilled to work with you on this event. Your contributions and generosity have been vital in making this event a success.

The pictures show the activities at the Home during the event.





## SAAHIP SG ON PHARMACY MONTH



### Women's Health Fact#2

As healthcare providers, pharmacists can provide mothers with information on the correct use of paediatric medication and suggest non-pharmaceutical interventions to ease the symptoms of childhood illness



CARE@THECOUNTER  
by SAAHIP SG



health  
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Health  
REPUBLIC OF SOUTH AFRICA



English



SAACP (SG)

South African Association of Community Pharmacists  
(Southern Gauteng)

Visit our website: [www.saacpsg.co.za](http://www.saacpsg.co.za)

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[info@saacpsg.co.za](mailto:info@saacpsg.co.za)

*SAACP SG is a financial contributor to The Golden Mortar*



# Role of GLP-1 agonists in Type 2 Diabetes

By Linda Steyn (BPharm)

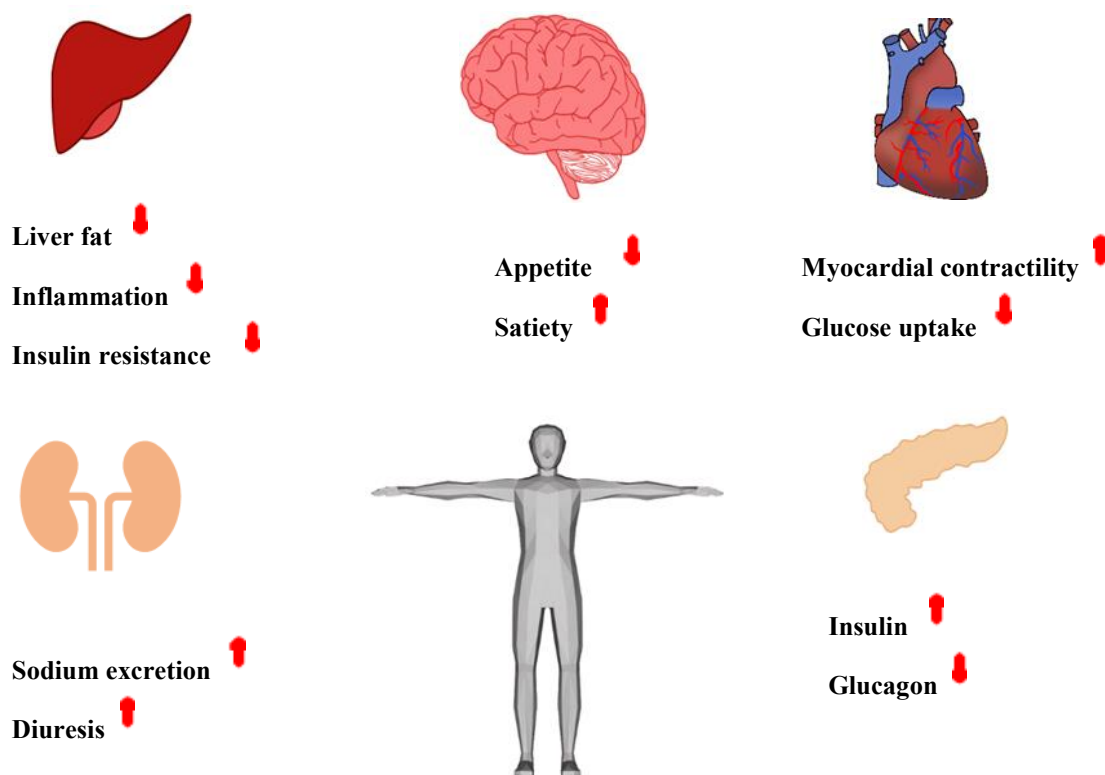
Amayeza Info Services



Newer agents targeting incretins are being used in the management of type 2 diabetes mellitus (T2DM). These agents include glucagon-like peptide 1 (GLP-1) receptor agonists and dipeptidyl peptidase-4 (DPP-4) inhibitors. This article will focus on the injectable GLP-1 receptor agonists.

## MECHANISM OF ACTION

Glucose homeostasis relies on a balance between all involved hormones. Incretin hormones, GLP-1 and glucose-dependent insulintropic polypeptide (GIP) are released once glucose, protein and fat are absorbed from the gastrointestinal tract after the ingestion of a meal. These hormones are responsible for the “connection” between the absorption of the nutrients and the release of insulin from the pancreas.



### Effect of glucagon-like peptide in human physiology

- Body weight
- Blood pressure
- Plasma glucose
- Plasma lipids

GLP-1 binds to specific GLP-1 receptors (found in various tissues including pancreatic beta cells, pancreatic ducts, gastric mucosa, kidneys, and lungs). Binding to these specific receptors stimulates the release of insulin from pancreatic beta cells, slows gastric emptying and inhibits post-prandial glucagon release. If there is a decreased release of postprandial GLP-1, as is seen in patients with T2DM, it follows that there will be a decrease in release of insulin.

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Synthetic Glucagon-like peptide (GLP-1)-based therapies mimic naturally occurring GLP-1 by binding to GLP-1 receptors, thereby managing glucose levels by enhancing glucose-dependent insulin secretion, delaying gastric emptying, and reducing postprandial glucagon.

### TYPES OF GLP-1 AGONISTS

GLP-1 analogues are classified according to their backbone, which may be human, or exendin-derived (based on the naturally occurring protein exendin-4 from a lizard found in New Mexico and Arizona)

Human backbone analogues include:

- Dulaglutide
- Liraglutide
- Semaglutide

Exendin-derived analogues include:

- Exenatide
- Lixisenatide

The frequency of use of injectable GLP-1 receptor agonists is dependent upon their duration of action and half-life.

Table 1. *Injectable GLP-1 receptor agonists for type 2 diabetes currently available in South Africa*

GLP-1 agonist	Dosing frequency	Dose	Additional considerations
<b>Subcutaneous</b>			
<b>Liraglutide (Victoza®)</b>	Once daily	0,6mg once daily, for at least one week, thereafter, increase to 1,2mg May be increased to 1,8mg once daily if necessary (maximum dose)	Liraglutide, semaglutide and dulaglutide shown to reduce major adverse cardiovascular events in T2DM patients with established cardiovascular disease
<b>Exenatide standard release (Byetta®)</b>	Twice daily	5 micrograms twice daily for at least one month. Thereafter maybe increased to 10 micrograms twice daily if necessary	Dulaglutide indicated in patients with T2DM and multiple cardiovascular disease risk factors
<b>Dulaglutide (Trulicity®)</b>	Once weekly	Recommended dose:1,5mg once weekly	Semaglutide is the only GLP-1 receptor agonist available in both injectable and oral form (oral form not currently available in South Africa).
<b>Semaglutide (Ozempic®)</b>	Once weekly	Start 0,25mg once weekly for at least 4 weeks, then increase to 0,5mg once weekly. After at least 4 weeks, may be increased to 1mg once weekly if necessary	

### WHERE DO GLP-1 RECEPTOR AGONISTS FIT IN?

Management of T2DM should follow a “patient-centred” approach. The benefits of delaying progression of micro-and macrovascular complications are weighed against the risks of hypoglycaemia and adverse effects of the medications.

First-line therapy of type 2 diabetes typically involves lifestyle changes, weight reduction and monotherapy with metformin. Type 2 diabetic patients with atherosclerotic cardiovascular disease (ASCVD) are at highest risk for death.

.../ continued on page 10



Patients at high risk for the development of ASCVD, as outlined by the American Diabetes Association (ADA) includes those:

- Aged 55 years or older
- Who have coronary, carotid or lower extremity stenosis >50%
- Who have left ventricular hypertrophy
- Who have an estimated glomerular filtration rate <60mL/min/1.73m<sup>2</sup>

GLP1-receptor agonists with or without metformin, may be appropriate initial therapy for patients with type 2 diabetes mellitus and:

- A high risk for, or established atherosclerotic cardiovascular disease (ASCVD)
- Established kidney disease
- Heart failure

In patients with T2DM and without the above risk factors, a GLP-1 receptor agonist is usually recommended as a second- or third-line option as an add-on to metformin.

When T2DM patients need injectable therapy, a GLP-1 receptor agonist is usually preferred before insulin therapy. GLP-1 receptor agonists typically have a similar, or better, efficacy in A1C reduction, minimal risk of hypoglycaemia, and do not contribute to weight gain as compared to insulins.

GLP-1 receptor agonists can be combined with basal insulin. South Africa has two fixed-dose combination GLP-1 receptor agonist/insulin products available, namely:

- Insulin degludec + liraglutide (Xultophy®)
- Lixisenatide + insulin glargine (Soliqua®)

#### BENEFITS AND RISKS OF GLP-1 RECEPTOR AGONISTS

Benefits	Risks
Low risk of hypoglycaemia when used alone	Gastrointestinal (GI) side effects (nausea and vomiting) Lower rate of GI side-effects in long-acting preparations
Aid in weight loss in patients with T2DM Weight loss of 1.5-4kg over 24-52 weeks	Potential for pancreatitis and pancreatic cancer. Alternative therapy should be prescribed in patients with a history of pancreatitis, or who develop pancreatitis on GLP-1 receptor therapy
Reduction in cardiovascular risk and nephropathy	Possible risk of malignant thyroid C-cell tumours. Routine monitoring of serum calcitonin recommended
A1C lowering of 1-2%	Injection site reactions

#### CONCLUSION

The advantages that GLP-1 receptor agonists have in weight neutrality or weight loss, their decreased risk of hypoglycaemia, and their reduction in cardiovascular and kidney disease progression in patients with T2DM, means that these agents are an appealing choice as second or third-line therapies (after metformin), or as an alternative to metformin as first-line (if metformin is contraindicated).

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**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**, 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/](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/>.



## SAACP REPRESENTATIVES AT THE PSSA CONFERENCE



Winny Ndlovu, Pumza Hlekane & Frans Landman



Tshif Rabali, Winny Ndlovu, Pumza Hlekane, Frans Landman & Gary Kohn





## GARY BLACK RETIRES

Mr. Gary Black  
PSSA - CWP

Dear Gary

We recently learnt that you will be retiring

On behalf of the SAACP SG Branch Committee, I would like to take this opportunity to acknowledge and thank you for your involvement in the pharmacy profession for many years. Your valuable guidance, input and passion is recognized and we also congratulate you on a remarkable and stellar career and wish you every success and best wishes for your next chapter and retirement.

Furthermore, we also heard that your wife is not well and we extend our best wishes to her for a speedy recovery.

Kind regards

Winnie Ndlovu  
Chairman  
SAACP SG Branch

Dear Winnie and colleagues,

Thank you so much for your letter. Your kindness and acknowledgment are deeply appreciated. Anne is most grateful for your well-wishes.

Having grown up at my Father's knee in Tarka Pharmacy and spent most of my working life in that sector, community pharmacy practice has always been my passion. For myself, the very real difference (no matter how big or small) one can make in the lives of your patients in a community pharmacy remains professionally and personally most satisfying. Even at this stage of my life, I meet up with old patients who express their thanks for what I did for them 30 or more years ago!

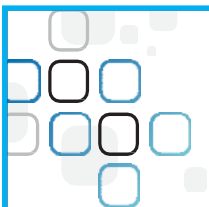
The other half of my working life has been dedicated to assisting my colleagues and promoting our profession. This has been equally satisfying, and I hope that you have found some benefit from my involvement in SAACP. In my retirement from my position as Director of the CWP Branch, I hope to have more time to develop "My Little Black Book of pharmacy practice" and be available to assist my colleagues.

Once again, thank you!

Regards,

Gary Black (Dip. Pharm) FPS  
Director: PSSA (CWP) Branch





# SAAPI Online Workshops - What's Coming Up?

## **"WRITING AND REFERENCING PIS AND PILS FOR ZA ECTD SUBMISSIONS"**

SESSION 1 : 13 October 2022 (11am - 3pm)

SESSION 2: 14 October 2022 (11am - 3pm)

Venue: Microsoft Teams

Presented by: Henriette Vienings (MRA  
Regulatory Consultants)

## **"COLD CHAIN MANAGEMENT: INSULATED CONTAINER SYSTEMS "**

20 October 2022 (9am – 4:30pm)

Venue: Gordon Institute of Business Science (GIBS)  
Presented by: Strategnos

Please visit [www.saapi.org.za](http://www.saapi.org.za) to register or contact Alison at  
[alison@saapi.org.za](mailto:alison@saapi.org.za) for more information.

## **"CODE OF PRACTICE FOR THE MARKETING OF HEALTH PRODUCTS"**

02 November 2022 (9am – 11am)

Venue: Microsoft Teams

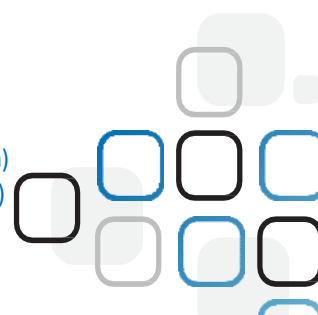
Presented by: Val Beaumont  
(Marketing Code Authority)

## **"A PRACTICAL APPROACH IN THE APPLICATION OF NEAR-INFRARED SPECTROSCOPY (NIRS) IN THE PHARMACEUTICAL INDUSTRY"**

DAY 1 : 26 October 2022 (9am – 1pm)

DAY 2: 27 October 2022 (9am – 1pm)

Venue: Microsoft Teams  
Presented by: Mbonisi Ncube



## 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](mailto:Nikita@pharmail.co.za)

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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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Thanushya Pillaye

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Academic Pharmacy:	Prof Yahya Choonara & Muhammed Vally

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

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