# The Golden Mortar

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

**Edition 5/November 2022**


PSSA YPG Mentorship Programme

## Call for Mentorship Programme Working Group Volunteers

**The mentorship team welcomes all volunteers to assist with hosting and managing the Mentorship Programme.**

Specific areas of interest for assistance include:

- Assisting in the organisation of various events and components of the Programme
- Communication with mentorship pairs and guests
- Distribution of information to mentorship pairs
- Administration during events

Applications can be submitted by filling in the google form: https://forms.gle/jRgWQ2vAMv3zkkh4

Applicants will be notified in early December regarding the outcome of their application.

**Applications close on 30 November 2022.**

YPG

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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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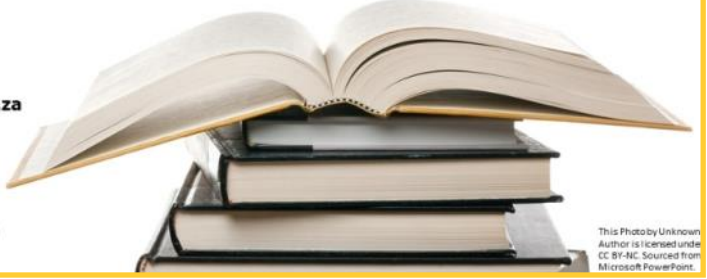

# What's New in ADHD?

*by Sumari Davis*

*Amayeza Information Services*

## INTRODUCTION

Attention-deficit/hyperactivity disorder (ADHD) is characterised by inattention, hyperactivity and impulsivity which affects cognitive, academic, behavioural, emotional, and social functioning. In childhood, the most problematic symptoms are hyperactivity, impulsivity, and inattention, often leading to disruptive behaviour at home and at school.

Hyperactivity decreases in adulthood, but inattention, disorganisation and impulsivity make it difficult for these patients to plan, organise, initiate, and complete necessary tasks. The outcomes can include higher rates of academic failure, higher rates of job loss and turnover, higher rates of accidents and injuries, and increased rates of divorce. This population also presents with a higher prevalence of anxiety, depression, drug abuse and antisocial behaviours compared to the general population.

## MANAGEMENT AND TREATMENT OPTIONS

Behavioural and psychological interventions are recommended as first-line management of ADHD in pre-school children, with medications as an add-on treatment in those who do not respond to behavioural interventions alone.

For school-aged children, adolescents and adults with ADHD, pharmacotherapy is recommended as first-line treatment, and clinical trials have shown a greater reduction in symptoms when medication is combined with cognitive-behavioural therapy (CBT) as compared to each modality on its own. Treatment options available in South Africa include stimulants, non-stimulants, and others as listed in Table 1.

Table 1: Products available for treatment of ADHD in South Africa.

| STIMULANTS | NON-STIMULANTS | OTHERS (Not registered for ADHD in SA) |
|---|---|---|
| **Methylphenidate** | **Atomoxetine** | |
| ***Immediate release:*** | | |
| Ritalin®<br>Methylphenidate Douglas®<br>Methylphenidate Biotech® | Atastrat®<br>Attenicit®<br>Attentra®<br>Atteze®<br>Inir®<br>Strattera® | Bupropion<br>Clonidine<br>SSRIs (venlafaxine)<br>Guanfacine<br>Modafinil<br>Tricyclic antidepressants (e.g. imipramine) |
| ***Intermediate release:*** | | |
| Ritalin LA®<br>Medikinet MR®<br>Acerta®<br>Concerta/Neucon®<br>Contramyl XR®<br>Mefedinel®<br>Radd® | | |
| **Amphetamines** | | |
| Dexamphetamine sulfate (Amfexa®)<br>Lisdexamphetamine dimesilate (Vyvanse®) | | |

The different oral dosing release systems of the products used for the treatment of ADHD allow for differences in the onset of action, peak concentrations, and duration of action, that make it easier to truly individualise treatment. Patients who experience a good effect that does not last long enough often need higher doses or a longer-acting formulation.

*.../ continued on page 4*

Short-acting formulations are often used as an add-on dose to cover symptoms later in the day.

## WHAT IS NEW?

Stimulants, specifically methylphenidate, are recommended as the first-line treatment of ADHD. Long lasting, extended-release formulations of methylphenidate are preferred because of the lower abuse potential, less frequent dosing with fewer rebound symptoms, and improved adherence. Medikinet® MR is a new agent formulated to reach peak serum concentrations soon after absorption with sustained action up to 8 hours. A second dose is possible at midday to sustain effect throughout the day. Medikinet® MR capsules can also be opened to sprinkle the contents over food, making consumption easier for children and those who struggle to swallow the capsule.

Dexamphetamine is recommended for patients who do not respond to or who develop intolerable side-effects to methylphenidate. Vyvanse® is recommended for adolescents and adults, and contains lisdexamphetamine, a pro-drug which is metabolised into dexamphetamine and L-Lysine. Vyvanse® was found to have a lower potential for recreational misuse.

Atomoxetine is a non-stimulant, recommended as second-line treatment for patients with insufficient response or intolerance to stimulants. Amfexa® is a new short-acting amphetamine for treatment of ADHD in children and adolescents (6-17 years). The major benefit of this new snap-tablet is the possibility of administering doses in increments as small as 1.25 mg. This helps to individualise doses, especially in young children. Another new product recently released is Strattera® oral solution which contains 4 mg/ml atomoxetine. In addition to easing administration in those who cannot take tablets, the oral solution also facilitates more accurate dosing.

## SAFETY CONSIDERATIONS

### *Stimulants*

Patients with glaucoma, severe anxiety, tension or agitation, motor tics or Tourette's syndrome, overactive thyroid, history of substance abuse, high blood pressure, and heart conditions such as irregular heartbeat or coronary artery disease, and those on treatment with monoamine oxidase inhibitors (MAOIs) should not take stimulants.

Some of the main side effects of stimulants include appetite suppression with weight loss, insomnia, headache, dizziness, skin rashes, visual disturbances. Less common side effects may include gastrointestinal symptoms, priapism, tics and peripheral vasculopathy, including Raynaud phenomenon.

### *Non-Stimulants*

Patients with glaucoma, severe cardiovascular disorders, a current or history of pheochromocytoma, using MAOIs or reporting MAOI use within the past 14 days should not take atomoxetine.
Common adverse events with the use of atomoxetine may include nausea and vomiting, dry mouth, constipation, sweating, stomach aches, insomnia, dizziness, headaches, and irritability. More serious side effects include suicidal thoughts, liver damage (rare), and priapism (rare).

## WHAT IS IMPORTANT FOR YOUR PATIENTS?

Although there is concern about the potential of drug abuse with some of the agents used for treatment of ADHD, it has been shown that successful treatment of ADHD reduces the incidence of drug abuse in this population. It is important though, to monitor medication use in patients to ensure that medication is not shared or sold to those who do abuse it. The slower release of the active ingredients in long-acting formulations has also reduced the stimulant effect that drug users crave, which has reduced the potential for abuse of these formulations. In patients with a history of substance abuse, stimulants should be avoided, or the formulations with lower abuse potential (such as lisdexamphetamine or long-acting formulations should be used.

Since treatment can decrease appetite, patients often lose weight. Recommend that patients take their first dose of the day with or after meals and start the day off with a healthy well-balanced breakfast. Addition of protein shakes or snacks during the day can also help curb the weight loss associated with ADHD treatment.

Stimulants can also cause sleeplessness or insomnia that can be reduced by avoiding doses too late in the day. It is also helpful to establish a bedtime routine and good sleep hygiene habits. Patients on methylphenidate

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treatment presented with less insomnia if they did not take methylphenidate over weekends.

## CONCLUSION

ADHD is a chronic condition seen in children and often persists through adulthood. Most effective treatment usually involves pharmacotherapy in combination with psychotherapy. In South Africa, several formulations with different durations of action make it easier to individualise treatment. The long-acting formulations provide longer lasting effects and also reduce the potential for abuse. The pharmacist can play an important role in monitoring patients and making practical recommendations to adjust medication dosing and administration times to improve nutrition and reduce insomnia.

## REFERENCES:


1. Krull KR. Attention deficit hyperactivity disorder in children and adolescents: Overview of treatment and prognosis. In UpToDate Updated 6 June 2022; Accessed 26 July 2022.
2. Kolar D, Keller A, Golfinopoulos M, Cumyn L, Syer C, Hechtman L. Treatment of adults with attention-deficit/hyperactivity disorder. Neuropsychiatric disease and treatment. 2008 Apr;4(2):389.
3. Krull KR. Pharmacology of drugs used to treat attention deficit hyperactivity disorder in children and adolescents. In UpToDate, Updated 19 Jan 2022; Accessed 26 July 2022.
4. Korb F, Venter A. Psychiatry. New kids on the block boost ADHD armamentarium Specialist Forum. June 2022; 22(6):6-8.
5. Schoeman R, Liebenberg R. The South African Society of Psychiatrists/Psychiatry Management Group management guidelines for adult attention-deficit hyperactivity disorder. S Afr J Psychiat. 2017;23(0), a1060. https://doi.org/10.4102/sajpsychiatry.v23i0.1060
6. What is Vyvanse. Accessed 11 Aug 2022. Available from: https://www.vyvanse.com/adhd-in-adults
7. Cleveland clinic. Attention Deficit Hyperactivity Disorder (ADHD): Stimulant therapy. Available from: https://my.clevelandclinic.org/health/treatments/11766-attention-deficit-hyperactivity-disorder-adhd-stimulant-therapy

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

## 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.

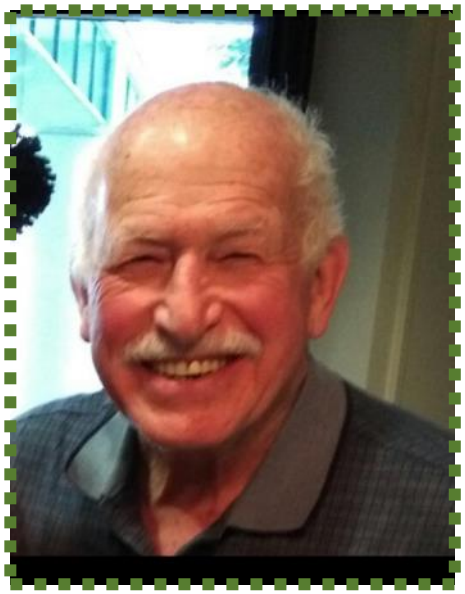
Our mission is to supply information that is fast, reliable, and accurate, regarding Scheduled products that directly impact on the medical and pharmaceutical professions, using push notifications.

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/ and for those colleagues that want to register the link is : https://pharmanews.co.za/register/ .**

# TRIBUTES TO BERNARD LAPIDUS



It is an honour and a privilege to pay tribute to our special friend Bernard, a friendship of 62 years of the most incredible memories; this is what Bernard Lapidus meant to myself , my wife and our family.

Bernard was adored by his family, and was loved and respected by everyone who came into contact with him. He showed the utmost loyalty to his family, his friends, his Faith, and last but not least, his chosen profession - Pharmacy - which he served with such great distinction.

In 1986 he was elected as National President of the SA Retail Chemists and Druggists Association (SARCDA), as the Community Pharmacy representative organisation was then known, an office which he served with much professionalism. He served on the local branches of both SARCDA and the Pharmaceutical Society, and he was voted as a Fellow of the National PSSA (FPS).
When he moved to join his family in Canada in the early part of this century, he still championed the cause of pharmacy.

**Bernard will never be forgotten by Adele and myself and we will always retain such special memories.**

Barry Rudolph,
London.

Starting with some rather vague recollections, Bernard was a colleague whom I met after I had joined the Southern Transvaal Branch of the South African Retail Chemists and Druggists Association (SARCDA) [as they were at the time], at a National AGM and Conference held [I think] at the Devonshire Hotel, Braamfontein, Johannesburg.

He had studied at the Natal School of Pharmacy in Durban, worked in pharmacies there, and later relocated to his own in Delmas, Eastern Transvaal (now Mpumalanga), and then moved to Johannesburg; we met at the monthly meetings of the Branch, became friends, and also socially at afternoon teas with his first wife Elaine, tragically later deceased.

Bernard rose in the SARCDA organisation, and eventually, in 1986, became National President, a position he held with good leadership, direction, and distinction.
He continued his service on the local branch, as well as on the PSSA Branch.

*As an interesting aside, an event occurred at an AGM of the S. Transvaal branch of the PSSA, held at Pharmacy House in Braamfontein, then the headquarters of the National PSSA; Bernard and I were seated behind a young pharmacist who rose to complain (as I recall) about the non-representation of pharmacy students on the Branch Committee. He was very vocal and logical in his address, and Bernard and I were most impressed, and*

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*when the "Elections" item on the Agenda was discussed, we proposed and seconded the young man for election to the Committee, and this was supported by the many young members present, successfully, and Gary Kohn had started his long and illustrious career in organisational pharmacy affairs !*

Some years after Bernard had married Sheila, they emigrated to Toronto, Canada, where he was employed in pharmacies as an advisor to customers on over-the-counter and prescription medications, with his background of long experience and vast knowledge.
He was also active as a Trustee on the Body Corporate Board of the large residential apartment building where they lived.

Bernard and I continued, until his sad demise after a long and serious illness, to communicate at least weekly, by email or WhatsApp, and he regularly sent me entertaining and informative videos, as well as articles about historical events, features, and facts, and he always looked forward to receiving and reading the latest edition of The Golden Mortar newsletter. on which he would comment.

I will always remember and cherish our shared professional service on committees, and above all, our close personal friendship.

**"Another stout tree has fallen."**

Dave Sieff.

# MIGRAINE RELIEF NO LONGER A HEADACHE

*by Lynda Steyn (BPharm)*
*Amayeza Information Services*

On the 17th of September 2021, the Government Gazette published that sumatriptan may be sold in packs of no more than two 50 mg oral doses as Schedule 2 (S2), under certain conditions.
Making sumatriptan more accessible will come as a relief to many migraine sufferers, but it is of utmost importance that the pharmacist is well-informed on the indications and contraindications of triptans.
This article serves to provide some guidance to pharmacists on the safe and appropriate supply of sumatriptan to migraine sufferers in line with the product's marketing authorisation.

## CONDITION OF SALE AS SCHEDULE 2

In addition to the condition of sumatriptan being sold in packs of no more than two 50 mg tablets for the relief of acute migraine attacks, (with or without an aura), it is important to note that the tablets may be sold only to a patient who has previously been diagnosed by a doctor and has been initiated on triptan treatment therapy by the doctor.

The pharmacist therefore needs to confirm that the patient has a migraine, (as opposed to other headache types), has been previously diagnosed by a doctor and treated with sumatriptan, and then to counsel the patient accordingly.

## SYMPTOMS OF MIGRAINE

A migraine "attack" usually involves a progression of symptoms that may differ from person to person. Typically, it involves four phases: the prodrome, the aura, the headache, and the postdrome.
The prodrome may begin about a day or two before the migraine headache. Symptoms may include yawning, euphoria, depression, irritability, and neck stiffness. Some people (approximately 25 %) may initially experience symptoms such as flashing lights, changes in vision and zigzag lines, numbness or tingling in fingers, lips, tongue, or face, known as an "aura."

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An aura usually lasts for about 20 minutes or less and then (in most people) the migraine headache follows. The pain is often unilateral and may intensify over a few hours and then gradually resolve. The headache is often described as throbbing or pulsatile and may be accompanied by nausea and vomiting, as well as photo and/or phonophobia. During the postdrome phase the patient may experience extreme tiredness and transient headaches upon sudden head movements.

## SUMATRIPTAN MECHANISM OF ACTION

Although a number of different neurotransmitters play a role in the pathophysiology of migraine, serotonin is the only neurotransmitter for which we have targeted therapeutic intervention strategies. Serotonin plays a major role in the pathophysiology of migraine. Patients with migraines have an abnormal metabolism of serotonin.
Acute treatment of migraine involves activation at the serotonin receptors. Sumatriptan selectively binds to serotonin receptors 5-HT1B and 5-HT1D and acts as an antimigraine agent through three distinct mechanisms of action, namely the vascular, trigeminal, and central mechanisms.

- Binding to the 5-HT1B serotonin receptor results in vasoconstriction of the cranial arteries (thereby reversing the painful dilation of these arteries that occurs during a migraine attack).
- Binding to 5-HT1D receptors prevents release of vasoactive neuropeptides by inhibiting trigeminal nerve activation and blocks nociceptive (pain) neurotransmission to the brain.

Sumatriptan may be taken in conjunction with a nonsteroidal anti-inflammatory (NSAID), such as naproxen, for patients with a moderate to severe migraine attack.

## RECOMMENDED DOSE OF SUMATRIPTAN

An initial dose of 50 mg is recommended, and, depending on the response, may be increased to 100 mg. If symptoms recur within the next 24 hours, the dose may be repeated after a minimum of two hours from the first dose. A maximum of 300 mg (6 x 50 mg tablets) per 24 hours must not be exceeded.
Sumatriptan should be taken as soon as possible after the onset of the migraine, but has been shown to be equally effective regardless of the stage of attack during which it is taken.

## ADVERSE EFFECTS OF SUMATRIPTAN

Side effects of sumatriptan are dose-dependent and may include:

- Nausea, dizziness, coronary vasoconstriction
- Paraesthesia, flushing, tingling, chest pain, chest tightness, throat tightness (transient symptoms, non-cardiac in origin)
- Hypotension, Raynaud's phenomenon
- Transient rise in blood pressure
- Mild sedative effects
- Rarely, cardiac arrhythmias, transient ischaemic ECG changes, myocardial infarction
- Gastrointestinal vascular ischaemia (presenting with abdominal pain and bloody diarrhoea)

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Contraindications and Precautions for Serotonin 1B/1D agonists (triptans)

| Contraindications | Precautions |
|---|---|
| • Severe hepatic impairment<br>• Cardiovascular illness (history of myocardial infarction, coronary artery disease)<br>• History of cerebrovascular accident (CVA) or transient ischaemic attack (TIA)<br>• Uncontrolled hypertension<br>• Pregnancy<br>• Concurrent, or within 2 weeks of use with Monoamine Oxidase Inhibitors (MAO-Is)<br>• Hemiplegic, basilar or ophthalmoplegic migraine<br>• Concomitant use of sumatriptan and ergotamine -containing preparations or any other triptan preparations | • Patients with known hypersensitivity to sulphonamides<br>• Use should be limited to less than 10 days per month to prevent medication overuse headaches<br>• Small risk of serotonin syndrome if taken with selective serotonin reuptake inhibitors (SSRAs) or selective serotonin noradrenaline reuptake inhibitors (SNRAs)<br>• Do not use within 24 hours of an ergotamine preparation; conversely, it is recommended to wait at least 6 hours after sumatriptan before administering ergotamine<br>• A 24-hour waiting period is recommended between different triptans<br>• History of epilepsy or brain lesions which lower the seizure threshold, due to increased risk of seizures reported in association with sumatriptan<br>• Unrecognised cardiac disease (high risk patients include males over 40 years, postmenopausal women, patients with coronary disease risk factors) |

## CONCLUSION

Oral sumatriptan can be sold as S2 in oral dosage forms providing 50 mg or less and presented as packs of no more than two tablets for the acute relief of migraine attacks, with or without an aura, in patients previously diagnosed by a medical practitioner and initiated on treatment with sumatriptan.
Currently, only one product is available over-the-counter for migraine prophylaxis, namely Migrex® OTC. This product is registered for use in patients from 18 years of age but under 65 years of age, due to a lack of safety and efficacy information in children and in the elderly.

## BIBLIOGRAPHY


1. Pharmaceutical Society of Ireland. Guidance for Pharmacists on the Safe Supply of Sumatriptan 50mg Tablets. Version 1 Oct 2018
2. Government Gazette. Medicines and Related Substances Act, 1965 (ACT No. 101 of 1965). 17 Sept 2021.
3. Wolmarans D, Brand S, Brand L. All headaches are not equal: A review of migraine as a state of brain dysfunction. *S Afr Fam Pract*. 2018;60(6):17-25.
4. Schwedt T, Garza I. Acute treatment of migraine in adults. In: UpToDate. [updated Sept 2022].
5. Kikkeri N, Nagalli S. Migraine with Aura. *StatPearls*. [updated 5 July 2022; cited 6 Oct 2022].
6. Migrex®OTC tablets (sumatriptan). Professional Information. Sandoz SA (Pty) Ltd. 18 Jan 2022
7. Wootton R, Kissoon N. Patient education:Migraines in adults (Beyond the Basics). [updated 30 Nov 2021].
8. Brar Y, Hosseini A, Saadabadi A. Sumatriptan. *StatPearls*. [updated 5/2/2022].
9. Nicolas S, Nicolas D. Triptans. *StatPearls*. [updated 25 April 2022].

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SOUTHERN GAUTENG BRANCH

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**NOTICE IS HEREBY GIVEN OF THE ANNUAL GENERAL MEETING OF THE SAAHIP SOUTHERN GAUTENG BRANCH, TO BE HELD ON THURSDAY, 1ST DECEMBER 2022, AT 18H30 VIA MICROSOFT TEAMS**

## AGM AGENDA

1. Opening and Welcome by the Chairman
2. Obituaries
3. Confirmation of the AGM Minutes of November 24th 2021
4. Matters arising from the Minutes.
5. Treasurer's Report
6. Chairperson's Report
7. SAAHIP Conference 2023
8. Election of Branch Committee and Office Bearers.
9. General.
10. Closure.

Rashmi Gosai
SAAHIP SG Chairperson

**THE PROCEEDINGS OF THE AGM WILL BE KEPT BRIEF AS THERE WILL BE AN EXCITING PRESENTATION BY:**

**ROFHIWA MULIBANA (BPHARM, MPHARM, MPH)**

**SENIOR TECHNICAL SPECIALIST: PHARMACEUTICAL SERVICES**

Kindly RSVP to Shaista Nabee at saahipsg@gmail.com by the 30th November 2022


**South African Association of Hospital and Institutional Pharmacists (SAAHIP)**

**36TH ANNUAL**

# CONFERENCE

**& 66TH ANNUAL GENERAL MEETING**

## *"time to thrive"*

**Through trials, tribulations and triumphs**

## Call for Abstracts

Abstracts can be submitted electronically by following the link:
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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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**Your PSSA SG Branch Chairman:** Thanushya Pillaye

*Your PSSA Southern Gauteng Branch Sector representatives are:*

| | |
|---|---|
| Community Pharmacy: | Winny Ndlovu & Pumza Hlekane (Alt) |
| Hospital Pharmacy: | Rashmi Gosai & Tabassum Chicktay |
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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.**