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## Falling through the Cracks

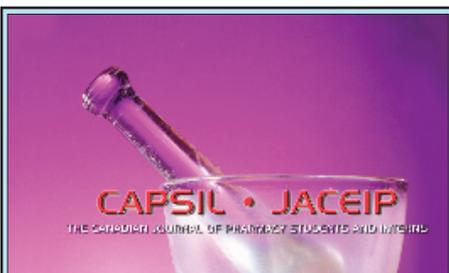
- By Joni Shair, *University of Alberta*

How many cracks need to exist in the health care system before a patient falls right through to emergency? Not many, actually. During my community pharmacy practicum this winter, I experienced a situation that commonly surfaces in pharmacy practice. You've probably faced this yourself many times.

At the pharmacy where I did my practicum, we regularly get OTC-related questions, especially pertaining to the common cold and flu. One particular afternoon, I received a call from a female patient who wanted a recommendation for treating her cold symptoms that did not seem to go away. She had the usual cold symptoms, like runny nose, congestion and cough for about 3 weeks, but now complained of chest tightness and wheezing at night. She stated she did not want to go see her doctor because she did not have time; she wanted something that would work fast. Midway through the conversation, patient RR revealed she had asthma as told by her doctor upon moving to the city last summer. At that time, she was given two prescriptions: Ventolin as needed and Flovent twice a day. I checked her profile, which showed that in August, RR filled her Ventolin but did not fill her Flovent. She explained that she was afraid of the steroid side effects and did not want to pay the cost of the medication, nor did she think she needed it. She also stated she has not been told much about her asthma or the use of the medications.

*continued on page 10*

## A Word from the Editor



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Rejoice everyone because our summer vacations are finally here! This means, no more assignment or term paper to finish, no more exams to study for, and plenty of spare time to enjoy this latest issue of CAPSIL.

As always, this issue is full of interesting articles. Our cover story, by Joni Shair, speaks of the role health care practitioners should play in patient education and how we can really make a difference. In addition, Mayce Al-Sukhni tells us about a recent survey that was published on Sympatico.ca: it would appear that the general public *still* don't know what our profession is about. It is up to us to take on the challenge and to educate the population about the countless services we can provide.

Thanks to our many contributors, this issue has lots more to offer, from tips on compliance to mixed opinions about Vioxx. All you need to do is to take your mouse and scroll away! Don't forget to take a peek at page 6. You might learn something new about pharmacy in industry through reading our first contribution to the career page!

As this is the end of my term as CAPSIL editor, I would like to take this opportunity to thank everyone for making this publication possible, including authors and fellow council members. It was a pleasure working with all of you.

Sincerely,

Micheline Tun  
CAPSIL Editor 2004-2005  
University of Toronto

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# Take Two and Call Me in the Morning

- By Adam Somers, *President-Elect*

<http://www.tourettes-disorder.com/therapy/medication.html>



## Compliance among University students

If you are the typical university student, right around exam times you get run down, your immune system goes haywire and you get sick. You may end up seeing a doctor and getting a prescription for antibiotics, but taking them three times daily just doesn't fit into your schedule. So you try to take them at least once a day and hope for the best. Moving on to a different scenario, perhaps you are a girl on birth control pills and sometimes forget to take them. Do you know how to handle this kind of situation?

*"50 per cent of prescriptions are not taken the way they should be"*

Both issues, like many others, illustrate cases of non-adherence to medication therapy or, in other words, not taking your pills properly. This is a huge problem for many, as it is estimated that 50 per cent of prescriptions are not taken the way they should be. Numerous are students who are under the impression that forgetting to take medications is only for old people and that they can take their own whenever or however they want. Well, taking pills can be hard

to remember for everyone, and especially for students because we have such crammed schedules that change on a day to day basis. "With a busy and irregular schedule, it can be tough remembering when to take medications," says Craig Connolly, Vice-President of the Dalhousie Student Pharmacy Society.

Nevertheless, it is important to keep in mind that taking your medication properly can save you great hassle down the road. Often students don't understand the consequences of not being compliant, or they simply don't know why they are taking their prescriptions. Even pharmacy students, who know all about the different actions of drugs, can sometimes be the worst offenders.

There are definitely consequences to poor adherence to therapy. For instance, if you don't take your antibiotics as often and as long as you should, your infection may not resolve and actually come back worse than it was before. Another example is one where you miss a dose or two of your birth control pills; in this case, you may become pregnant. Maybe not, but taking the chance isn't a very smart choice.

Now, if you are one of the 50 percent of people who have a hard time taking their medications properly, all is not lost. Several strategies exist to help you improve compliance. "If students take an active role in their drug therapy by understanding why they have been prescribed a medication and the benefits of adhering to the scheduled doses," Mr. Connolly continues, "they are more apt to take the medications as directed and realize

*"associate taking you pill with an everyday activity like brushing your teeth"*

the full benefits of the therapy."

Try to figure out your day's schedule and work the medication into it. For some people, using some sort of alarm or beeper is a good option, or using a little dosette with the days of the week on it will help. Or maybe you just need to try to associate taking your pill with an everyday activity like brushing your teeth or going to bed.

All of these suggestions and more are in the Compliance Management Module, a program developed in 2003 by Drs. Jane Gillis and Michael Vallis along with the pharmacy practice committee of the Pharmacy Association of Nova Scotia. Dr. Gillis, who is also involved with pharmacy lab tutors to ensure that adherence is seen as a priority to teach to students, teaches this module to the pharmacy students at Dalhousie.

Whether or not you are taking medications at this moment, at some point in time you are going to have to, probably while you are still in university. When you get this prescription, talk to your pharmacist about it, ask what it is for, how to take it, what to do if you miss a dose, and try to actually take them properly. It only takes a minute and it can help you in the future by getting you healthy and back to studying. Or partying, whatever the case may be. ♦

# Pharmacists and Primary Health Care

## - Who would you consult?

- By Mayce Al-Suhkni, University of Toronto

In a recent survey on *Sympatico.ca*, Canadians were asked “Who do you primarily consult for your health concerns?” At last check, only 3% of almost 23,000 respondents had chosen pharmacists as their primary health care source. Family doctors ranked first with a massive 65% of the vote, while chiropractors managed to get 8% of the tally; drop-in medical clinics and naturopathic doctors were also on the list. In fact, pharmacists ranked second-last, passing only herbalists (who received 1% of the vote). While keeping in mind that these results come from an informal internet survey, it is still eye-opening to see the health care choices that Canadians make. When the vast majority of people prefer to wait – perhaps for several weeks – to see a family physician or a chiropractor rather than speak to their community pharmacist, we, as future pharmacists, must take note.

As we know from all of our studies at our respective faculties, pharmacists possess a great wealth of knowledge. They are aware of many medical conditions and their treatments and they are especially knowledgeable in the field of pharmaceuticals and self-medicating. So, although they are certainly not substitutes for physicians, pharmacists are fully capable of providing prompt and competent medical information and they can address many patient concerns effectively. It is important to realise that many of the common self-limiting ailments suffered by the average Canadian can be and are treated with over-the-counter medications that do not require prescriptions. Therefore, it would be more appropriate for such a patient to *primarily* consult a pharmacist and to obtain directly the medication he requires at the pharmacy rather than waiting to contact a physician, who would in the end likely recommend a visit to a pharmacy. Indeed, this would not only save the patient time and unnecessary pain – because he is likely to continue suffering until he can see his physician – but it would greatly benefit the government as well, since the Canada Health Act requires provinces to fund various aspects of health care, including basic doctors’ visits. When fewer patients with mild, self-limiting illnesses seek the care of a physician and instead opt to speak to their pharmacists for help, the government would need to contribute less for that purpose and money is saved for other more medically-urgent conditions. While this explanation necessarily simplifies the complex



[http://www.cdlnenanduniform.com/health\\_care.htm](http://www.cdlnenanduniform.com/health_care.htm)

economic considerations and calculations involved in such a matter, it plainly shows the possibility of making better use of the allotted health care finances when pharmacists’ services are utilized more by patients. Fewer patients using the services of doctors ultimately translates into money saved to be put into use in other parts of the health care system.

Returning to the above mentioned survey, it is clear that the Canadian public needs to be further educated about the roles and responsibilities of the various health care and allied professionals. In specific, Canadians need to be aware of the knowledge that pharmacists possess and their capacity to provide patients with proficient and timely care. That is *not* to say that people should be advised only to consult pharmacists for all their health care concerns. Clearly, there are situations that would require the immediate care of a physician, whereas other situations may be best addressed by a naturopathic doctor, for example. Therefore, it is much more important that patients be educated specifically about their personal health and health care. They should know what symptoms warrant a visit to the doctor, or even the emergency room, and what symptoms may be best addressed by a pharmacist.

Surely, the key finding in the *Sympatico.ca* survey is that patients are not fully aware of what is available to them in terms of primary health care. This must be addressed by pharmacists and pharmacy associations nationwide so that the general Canadian public always receives the best and most appropriate health care. ♦

# Pharmacy and Hollywood: Gosh, People Like Us!

-By Cynthia Berry and Erika Pfahl, *University of Saskatchewan*

March 7 to 13<sup>th</sup> was Pharmacist Awareness Week. The theme this year was “A Healthy Partnership – You and Your Pharmacist”. The C.A.P.S.I council at the University of Saskatchewan actively promoted PAW by meeting and greeting with students on campus providing information about the current practice of pharmacy and handing out candy-coated prescription goodies. We also held a coloring contest within our college to exercise our creative juices, as well as a challenging round of C.A.P.S.I Jeopardy! Our goal was to promote pharmacists as more than the white-coated guy (or gal) behind the tall counter counting pills and looking very, very busy. The profession is riding a wave of change, expanding our role to include more in-depth pharmaceutical care to our patients (not just customers!) and finally putting in to practice our education as ‘drug experts’.

We may seem like the nerdiest group out of the health care collective, but we do have our glamorous – or seedy – sides. Hollywood seems to agree: check out this quiz and see if you can answer some pop-culture trivia with links to pharmacy.

1. Which Canadian comic brought a bit of the hoser to his role as a pharmacist in the 90’s sitcom *Grace Under Fire*?
2. The hero in what classic Christmas movie got a

smack on his bad ear (and later forgiveness) when he stood up to his drunken pharmacist boss and refused to deliver the wrong drug

3. A pharmacist invented what sweet beverage, the name of which was derived from its original ‘refreshing’ ingredient?
4. Indie-film *It Girl* Chloe Sevigny received her herpes medication from a sympathetic pharmacist in what polyester-filled movie?
5. This sweet almond paste confection, originating in Germany and initially only allowed to be produced by pharmacists to preserve its quality, shares its name with Homestar’s girlfriend.
6. The pharmacist on what popular suburban drama literally shot himself in the foot on a date with Bree Van de Camp?
7. What Bridget Fonda movie opening with a strung-out, shoot-em-up drug store attack was a remake of a French original?
8. In the *Princess Bride*, who was the actor who played the apothecary that made the chocolate-coated pill to bring Wesley back to life?
9. Guilt-ridden, Xanax-popping Julianne Moore loses it when the pharmacist questions the combination of medicines she purchases in what 1999 PT Anderson film?
10. What is the name of the hip-gyration’ rock-n-roll legend who as a carnival organizer solved the mystery of a murdered pharmacist in *The Trouble With Girls*?

# Breakthrough



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# About Careers

## A Summer in Industry

- By Marie-Josée Boily & François P. Turgeon, *Université Laval*  
*Université de Montréal*

The school year is ending, summer is already approaching in rapid stride, and we are preparing all our summer activities. A small number of you will be spending your summer in the pharmaceutical industry while others are thinking of doing so in the future. That's what we did last summer. This is why we would like to share our experiences in a few lines here, and to persuade those of you who are hesitating to take up the challenge of spending a summer in industry.

*“a number of programs allow students to experience life in the pharmaceutical industry”*

There are a number of programs in existence that will allow students to experience life in the pharmaceutical industry. The best known of these is most likely the Rx&D program offered by companies involved in innovative medicine. There are also others in generic businesses. Each programme has its own unique characteristics, but that is not the purpose of our discussion. On the other hand, great differences exist among departments in which you could find yourself and how your time will be organized. Depending on your interests and what is available, you could find yourself in a laboratory (such as stability testing, development or research), an office (such drug information, marketing, international affairs and many others), or you could find yourself on the road (as a representative).

*“I was able to answer the question ‘Is this for me?’”*

*François* – In my case, it was in laboratories developing generic drugs. The objective of the department was relatively simple: obtain the active ingredient, then find the formula for deriving a bioequivalent product which would then be mass marketed. My main tasks mainly involved producing development batches: weighing the powders, the mixtures, compressing them and sometimes coating them. I also had to do testing on powders and tablets as well as products. This is obviously a much different experience than that of a community or hospital practice. I was able to make my own tablets from beginning to end, which is a unique experience. I was also able to answer the question, “Is this for me?” The answer in my case is that it is not. It is certainly an interesting practice, but I very much missed having contact with patients. At the same time it is important to have pharmacists at various stages of production so that our priorities are taken into consideration in drug manufacturing.

*Marie-Josée* – As for myself, I did an internship in the medical information department. This department's mission is to ensure that all the medical information that a company gives is based on scientific evidence and not only on simple impressions. So for part of my day I would answer questions coming from various health professionals as well as from patients using the company's products. I also had to answer requests for information from other employees of the business regarding the different molecules that the company produced. The rest of my time was spent verifying official documents and ensuring that they conformed to available scientific facts. I also had the chance to become

familiar with the safety measures that must be in place to ensure a safe work environment. It was an enriching experience and I was able to apply some of the knowledge that I learned during my bachelors studies. I truly had the impression of having been useful even while I was learning. I was also able to become familiar with a career in pharmacy in an industrial environment, and could see that there was still contact with patients, at least as far as the medical information department was concerned. Thanks to this contact with the industry, I have the impression that I have touched upon more facets of careers in pharmacy which will better enable me to choose the environment that suits me.

*“this will allow you to form new friendships with people from other provinces”*

For those who are afraid of being so far away from home for several months and of finding themselves far away from their circle of friends, you should know that it's just this kind of distance that promotes new friendships. New links between students of the program and the company form quickly as well as with people in other programs. In addition, since the programs are offered in all of Canada's pharmacy faculties, this will allow you to form new friendships with people from other provinces.

So these internships in an industrial environment are an occasion for expanding our horizons and discovering a world that you rarely get to see during your bachelors studies as well as allowing you to create ties with other future pharmacists. ♦



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## Opinion Corner : Should Vioxx come back?

**Vioxx, a COX-2 inhibitor, used in the treatment of arthritis, was pulled off the market on September 30, 2004 due to data showing that it increased the risk of cardiovascular events. However, on February 18, 2005, an advisory panel in the United States has approved its return on the American market. Do you think Canada should do the same?**



Canada should put Vioxx back on the Canadian market. Although, the APPROVe study did show that patients with a history of colorectal adenomas, taking Vioxx for 3 years, were 1.92 times more likely to develop a thrombotic event compared to the placebo group, this increase in risk may be acceptable to some patients. Health Canada should let each individual patient and their healthcare team (e.g. physician, pharmacist, etc.) decide when Vioxx should be used. Like all drugs Vioxx should only be used when the benefits outweigh the risk. For example, no physician would prescribe a first line therapy to a patient that is allergic to that medication. Similarly, Vioxx should be used selectively on individual patients. Patients who fail on other medications (e.g. non-selective NSAIDS) and value quality of life (i.e. living with less arthritic pain) or patients who are at a low risk for a cardiovascular event are two good scenarios where Vioxx may be appropriate to use. As long as the patient fully understands the risk of taking Vioxx (i.e. increased cardiovascular event) then they should be allowed to decide whether or not to take this medication. Healthcare professionals and

patients should remember that taking any drugs will increase your risk of some adverse event. In other words, no drug is completely safe. It is the healthcare professionals' duty to inform patients of these risks and to help them decide whether or not the benefits will outweigh these risks. If Vioxx is prescribed correctly (i.e. patients who have failed on other traditional arthritic medication or patients who are at low risk for developing a cardiovascular event) and used with an understanding of the risks then the likelihood of patients developing a cardiovascular event will be minimized. Therefore, Canada should put Vioxx back on the Canadian market and let the healthcare team with each individual patient decide when it should be used.

Eric Li  
*University of Toronto*

Rofecoxib (Vioxx) is among the most well known class of anti-inflammatory drugs known as COX-2 inhibitors due to its recent publicity in the news. Its primary indication has been for its treatment of arthritis without the side-effect of ulcers common with other NSAIDs. However, although extremely efficacious, it was pulled off the market on September 30, 2004 due to data showing that it increased the risk of cardiovascular events. In a surprising change of events, on February 18, 2005, an advisory panel in the United States approved its return on the American market. As such, there now looms the question whether Health Canada should follow suit with our American counterparts.

To decide this, we must carefully examine the current evidence available to us. Although there have been many trials investigating Vioxx and other COX-2 inhibitors, there are presently no studies that have solely assessed the efficacy results of gastrointestinal benefits vs. cardiovascular adverse effects. As such, it is not possible to assess the true balance between risks and benefits of COX-2 inhibitors and therefore we cannot make a definitive recommendation as to whether or not Vioxx provides more risks than benefits, or vice versa.

In addition, even though cardiovascular risks of Vioxx and other COX-2 inhibitors are now more clearly documented, we do not have any long term studies that adequately evaluate the difference in risk between low-risk populations and high-risk populations when using Vioxx. Again, because of this, we cannot properly discern if certain individuals are at higher risk of heart complications, and who should use or avoid Vioxx.

As such, though proven to cause complications, Vioxx is still very much a question mark. Are there individuals who are at more risk of its adverse effects? Are the risks greater than the benefits? Should all populations avoid Vioxx; even patients with a history of gastrointestinal ulcers where



## **Vioxx: Stay Away!**

How many warnings are required before someone pays attention? There are only three strikes in baseball, and when it comes to prescription drugs, that might be too many. According to medical experts, the United States Food and Drug Administration (FDA) and Merck and Company ignored the warning signals regarding the Non-Steroidal Anti-Inflammatory Drug (NSAID), Vioxx (rofecoxib), culminating to the

traditional NSAID therapy potentiates an increased risk of ulceration and morbidity?

The one thing we do know for sure is that thousands of patients at high risk of ulcers have found Vioxx to be their only option in the treatment of arthritis. And until we have more evidence from clinical trials that convince us that the risks truly outweigh the benefits, we should make Vioxx available again in Canada and let the clinicians, pharmacists, and patients decide what is best for them. Patients should be informed of the potential risks, and prescribed lowest possible dose for the shortest time possible. With these measures, cautious use of Vioxx can be effective therapy for those who need it most while minimizing any adverse effects until newer, long term studies are released investigating the use of this drug.

Victor Wong  
Vice President Education  
*Canadian Association of Pharmacy  
Students and Interns*

current situation: Merck's voluntary withdrawal of the drug September 30<sup>th</sup> 2004. The last straw occurred when studies confirmed the long-standing worry of increased risk of heart attack and stroke for patients on the drug. Now there is concern that Vioxx will be re-released in Canada; the United States have already taken that step in February 2005, less than five months after its withdrawal.

Vioxx, an NSAID released in October 1999, became Canada's most prescribed arthritis medicine, before it was recalled from pharmacy shelves in late September 2004. In 2002, there were over 3 million Vioxx prescriptions written in Canada, despite the fact that there have been years of studies spouting results that the risks of Vioxx should not be ignored, especially the risks relating to cardiovascular events, such as acute myocardial infarction (AMI) and sudden cardiac death. Spokespeople for the FDA, however, are constantly urging the public to bear this mentality: no drug is fully safe.

A couple weeks before the voluntary withdrawal, Merck defended Vioxx's safety, even for children as young as age two. Then suddenly, they were extremely eager to get the drug off the pharmacy shelves and out of circulation. Why were they so anxious to get it out of circulation? Some patients joined forces in class action lawsuits. Pharmacists were and are being bombarded with patients with anxious questions and newly affirmed mistrust, especially now that there is question that it might be returned to the shelves.

Pharmacists know better than most that prescription drugs are prescribed for a reason: they can be dangerous and must be monitored for certain therapeutic outcomes. It is important that the public keep this in mind and not have "blind faith" in these drugs. The Vioxx

(rofecoxib) situation is an example of the dangers of drugs, even if it initially seemed to be a miracle treatment. Though Vioxx provided valuable outcomes, the risks relating to potentially fatal cardiac events are far too dangerous to allow this drug back on the market. There had been a plethora of cautions and outright warnings since its approval in October 1999, but they were swept under the carpet for nearly five years. As of April 7<sup>th</sup> 2005, Pfizer's Bextra has been removed from the market, as well as a warning from Health Canada regarding Pfizer's Celebrex. It seems incredible that there has been even consideration to release it back on the market when other COX-2 inhibitor drugs are being withdrawn. Canadians should hope that we will not follow the United States' lead in re-releasing Vioxx. In the interest of patient safety, pharmacists and doctors in the regulatory field must be aware of current studies regarding drug safety and take a stand in order that rofecoxib is not returned to the shelves and that other dangerous drugs are not kept on the market for as long as Vioxx. Rofecoxib has had its three strikes and should not have another chance on the market; Merck should uncover the problem of rofecoxib and develop another COX-2 inhibitor that will not have the same fatal side effect.

- Celia Culley  
*University of Saskatchewan*

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*("Falling through the Cracks" continued )*

This was a classic case of a person with asthma who lacked education regarding the disease, treatment, and disease management. In my mind I identified that RR was experiencing an exacerbation of asthma due to induction by the common cold and lack of a corticosteroid to control the inflammation and mucous production of her bronchioles. The immediate desired therapeutic outcome would be to reduce her symptoms of wheezing and chest tightness and to bring her asthma under control. I discussed the difference between controller and reliever medications and the importance of using Flovent on a consistent basis, over the phone. Because of her fear of steroid effects, I explained the realistic side effects and ways to manage possible problems. For example, rinsing the mouth with water after every use of the corticosteroid inhaler can prevent oral thrush. I suggested RR to pick up her prescription for Flovent and to see her physician if her symptoms do not improve in a couple days. Fortunately, RR came to pick up her medication that day and recovered from the exacerbation.

*A parade of 'what ifs' marched through my mind. What if RR did not think to call the pharmacy for a recommendation?*

After the phone call, a sudden realization dawned on me that RR could have ended up in emergency. A parade of 'what ifs' marched through my mind. What if RR did not think to call the pharmacy for a recommendation? What if she did not call her usual pharmacy where her profile existed? What if I did not find out she had asthma? What if RR chose not to come pick up her Flovent? All of these are potential cracks in the system that a patient can easily slip through -- unnoticed.

Why is asthma a problem? Asthma is a chronic lung condition that causes serious breathing problems but can be managed with proper treatment. Each year, about 20 children and 500 adults

*... education, realistic goals, monitoring, ... and an action plan are ways in which patients can take an active role in managing their condition.*

will die from asthma complications. However, most of these deaths could have been prevented if the patients' asthma were treated properly. Environmental control and asthma education are very important in maintaining control of asthma. According to the Canadian Asthma Consensus Guidelines, asthma education should be provided at each contact, and a written Action Plan for guided self-management should be considered for all patients and reviewed on each visit. Patient education, setting realistic goals, monitoring, watching for early warning signs and following an action plan are ways in which patients can take an active role in managing their condition.

Ideally, optimal asthma management and patient education involves the physician, pharmacist and patient. Asthma education and monitoring should be provided at each contact with the physician and pharmacist. However, in reality this does not always happen. Lack of time and concern are hindrances to both pharmacists and physicians, but they should not be excuses for neglecting monitoring and follow-up.

At the time of diagnosis, physicians should be explaining the disease, treatment and goals of therapy including setting up an action plan with the patient. Refills for medication should be appropriate to allow follow-up within a certain time frame. Patients need to participate too by asking questions about things they do not understand and by following their prescription directions. Pharmacists can reinforce asthma teaching and proper medication device use. We can also monitor therapy by checking the refill dates and asking the patient how their asthma control is each time they pick up their medications. For example, early refills for Ventolin and late refills for their corticosteroid may indicate poorly controlled asthma symptoms. The patient here would

need reinforcement of using his/her corticosteroid on a regular basis and reducing exposure to triggers. Also, if the patient uses their Ventolin more than 3 times a week for asthma symptoms not relating to exercise, this is an indication that their asthma should be reviewed.

Of course, these recommendations are easier said than done. I called RR to follow-up with the previous phone call. Her symptoms had resolved but she still seemed confused with her medications. I suggested she come in for an asthma teaching session, which she agreed. I prepared myself with patient pamphlets and teaching materials, but unfortunately, she could not make the appointment after all. Thus, I counseled her over the phone again and suggested she come to the pharmacy at her convenience. From this interaction, I learned that patient education is not a one sided interaction. It involves the physician, the pharmacist and the patient. If one or two are not available for communication, there is only so much that one member of the health care team can do. I was not able to meet up with patient to do asthma teaching as I planned to do, but I did what I could over the phone.

Monitoring and follow-up are often very difficult to do in community practice as patients may practice poly-pharmacy and often have restricted schedules. A couple of ethical considerations arise from this patient care experience. First, if the patient is unwilling or unable to see a physician at the time of the exacerbation, is it

appropriate for the pharmacist to suggest treatment with prescription medications? Second, is it ethical that some physicians leave the responsibility of disease and medication teaching to the pharmacist who may or may not have opportune time to discuss with the patient? This situation may be exacerbated by walk-in clinics where physicians may not see a patient for follow-up or teaching. And lastly, should there perhaps be a mandatory asthma teaching session that all newly diagnosed asthma patients need to attend, and who would provide? I assume this could be by referral from the physician, or even a pharmacist. These are tough questions that do not have set answers, but we are faced with them in our practice.

For someone who has fallen through a few cracks, you may think that *someone* will eventually catch them and prevent future emergencies. Why don't YOU be that someone. Be proactive about monitoring and follow-up as well as being involved in patient education. Make sure there are patient resources available at the pharmacy and make use of them. Get to know which pharmacies have asthma specialists or teaching sessions, or become a specialist yourself. You will make a difference. Although we cannot help everyone who has fallen through the cracks of the health care system, we can make a difference to some. A few phone calls may not seem like much, but it made a difference to this one. ♦

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Hao NGUYEN, B.Sc.PHARM, PROFESSIONAL SERVICES MANAGER

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