



MEDICINE INFORMATION

NEWSLETTER

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“Expensive medicines are always good: if not for the patient, at least for the druggist”.

-Russian Proverb



EDITORS' DESK

One of the important events during the just concluded 67th Indian Pharmaceutical Congress 2015 was the release of the vision document 'The Vision 2025 for the Pharmacy Profession' by the Honourable Union Health Minister, Sri J. P. Nadda. Pharmacists in India in partnership with Government of India propose to work towards developing a 'Healthy India (Swasth Bharat)' by undertaking these 10 functions: Being accessible; Being patient centred; Providing medicine management services; Providing primary care; Providing preventive & public health services; Participating in chronic disease management; Providing continuity of care; Promoting evidence – guided practices & quality use of medicines; Promoting medication safety; and Promoting innovation & research.

The Government of India recently mooted training of nurse practitioners, similar to

doctors, to provide cost effective, safe and quality driven care to patients. The strategy is to help overcoming the shortage of doctors and to provide adequate care before the experts take over. With changing scenario of pharmaceutical education for preparing the future pharmacists with eight star attributes or competencies to serve as: care giver, decision maker, communicator, manager, life-long learner, teacher, leader, and researcher, the Indian pharmacists too can contribute significantly in patient care. However, we need Government's generous approach to take the pharmacists on board like other healthcare professionals achieving the dream of 'Swasth Bharat'.

Trust you would find the current issue an interesting read. We take this opportunity to wish each of you a Happy and Healthy 2016.

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FEATURE ARTICLE: WHO SAFE CHILDBIRTH CHECKLIST



Maternal and new born deaths are always a cause of concern. Most of these preventable deaths typically happen in first 24 hours of childbirth. Of the more than 130 million births occurring each year, an estimated 303000 result in the mother's death, 2.6 million in stillbirth, and another 2.7 million in a new born death within the first 28 days of birth. The majority of these deaths occur in low-resource settings, often lacking skilled birth attendants.

In order to redress this serious issue, World Health Organization has developed a validated guide 'WHO

Safe Childbirth Checklist and Implementation Guide' targeting the major causes of maternal and new born complications and deaths. The checklist identifies 4 pause points each corresponding to a specific period in a health worker's normal flow of work: when the mother is admitted, just before pushing (or before caesarean section), within 1 hour after birth and before the mother and new born are discharged. These pause points allow birth attendants to make their "checks" at times when they can not only protect the mother and new born against dangerous complications, but also at the most convenient times in their

work flow.

Field testing in Karnataka showed adherence to recommended practices at each birth increased from an average of 10 out of 29 practices prior to introduction of the checklist to an average of 25 out of 29 practices after the checklist had been introduced. The WHO Safe Childbirth Checklist will help health care workers follow the essential care standards for every birth. Adherence to checklist would improve the quality of care provided to women giving birth.

The check list and related guide can be accessed at

<http://www.who.int/patientsafety/implementation/checklists/childbirth-checklist/en/>

PRDUC TRAINING COURSE:
International Training Course on Promoting Rational Use of Drugs in the Community conducted at IIHMR University, Jaipur, India, scheduled during March 06 to 15, 2016. The more details can be obtained by sending mail to: from prduc.india@gmail.com or jsbapna@gmail.com

PHYTOPHARMACEUTICALS AS DRUGS:

The Government of India has notified phytopharmaceuticals, commonly called herbal drugs, with a separate definition in the Drugs and Cosmetics (Eighth Amendment) Rules 2015. These include purified and standardised fraction with defined minimum four bio-active or phytochemical compounds (qualitatively and quantitatively assessed extracts of medicinal plants). With this notification, the phytopharmaceuticals are brought under more stringent control and the pharmaceutical companies would have to comply with safety and efficacy norms. The patients can look forward to have more validated herbal drugs/medicines.

ASPIRIN AS ANTI-CANCER DRUG!

Aspirin is known to have versatile therapeutic effects ranging from pain killers to preventing heart attack to stroke. Now one of the largest clinical trials, Add – Aspirin III clinical trial, is launched to assess whether a daily dose of aspirin can stop five common cancers: bowel, breast, oesophagus, prostate and stomach cancers, from recurring. The trial is proposed in more than 100 centres involving around 9000 patients in UK and with 2000 patients in India. In this 12 years study period, the identified patients would take aspirin every day for five years and they would be followed up for another five years.

MEDICINE: IN FOCUS

ADDYI 100 MG TABLETS FOR LOW SEXUAL DESIRE IN FEMALES

Indications: For the treatment of premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD) as characterized by low sexual desire that causes marked distress or interpersonal difficulty and is NOT due to: a co-existing medical or psychiatric condition, problems within the relationship, or the effects of a medication or other drug substance.

Limitations of Use: ADDYI is not indicated for the treatment of HSDD in postmenopausal women or in men or to enhance sexual performance.

Dose: 100 mg (One tablet) once daily at bedtime.

Guidance: Taking ADDYI at a time

other than bedtime can increase risk of low blood pressure, fainting (loss of consciousness), accidental injury, and sleepiness. Do not drive, operate machinery, or do things that require clear thinking until at least 6 hours after you take ADDYI and until you know how ADDYI affects you.

This is a prescription only medicine and should be used only on medical advice. Alcohol increases the risk of severe hypotension and syncope; therefore, patients must abstain from taking alcohol in any form.

[Source: http://www.accessdata.fda.gov/drugsatfda_docs/label/2015/022526lbl.pdf]

IMPORTANT HEALTH DAYS

January - March 2016

January 30 - World Leprosy Eradication Day

February 4 - World Cancer Day

February 12 - Sexual & Reproductive Health Awareness Day

March 6 - Glaucoma Day

March 8 - International Women's Day

March 11 - No Smoking Day

March 12 - World Kidney Day

March - 15 World Disabled Day / World Consumer Rights Day

March 16 - Measles Immunisation Day

March 22 - World Day for Water

March 24 - World TB Day

WEBSITE OF INTEREST



Global Alliance of Drug Information Specialists (GADIS): The GADIS, a wing of USFDA, establishes community among Drug Information Specialists to support collaborative strategies, a forum for exchange of evidence based practices, and an opportunity to gain insights and feedback from peers. The membership to GADIS is free. More details are available at:

<http://www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm282077.htm>

ICMR FELLOWSHIP FOR ADVANCED TRAINING IN HEALTH RESEARCH:

Department of health research (DHR) has a scheme to provide advanced training in India and abroad to medical and health research personnel in cutting edge research areas concerning medicine and health to create trained human resource for carrying out research activities. More details at: http://www.icmr.nic.in/icmrnews/call/call_for_applications_for_fellowships.pdf





MEDICINE ALERT: SEVERE JOINT PAIN WITH DIABETES DRUGS

Gliptins (Dipeptidyl peptidase-4 inhibitors) are relatively new class anti-diabetic medicines approved for Type 2 diabetes. They are also sometimes available as combination products with other anti-diabetic medicines. US FDA issued warning on the risk of severe and disabling joint pain

associated with use of gliptins. In most cases, the pain started within one month of starting the drug (though in other cases, the pain did not begin for years) and resolved within one month of stopping the drug. They have other adverse effects too: acute pancreatitis, severe skin allergic reactions,

possibly kidney injury (with sitagliptin) and possible liver toxicity (with alogliptin). The physicians should take note of this while prescribing. Patients are advised not to stop these medicines without discussing their doctors and report the adverse effects if experience.

CONFERENCES:

The 2016 National Medicines Symposium (NMS 2016), hosted by NPS MedicineWise in Australia – is scheduled during 18-20 May 2016. It intends to bring together health professionals, consumers, policy makers, academics, the pharmaceutical industry, government, health organisations, medical writers and other experts to discuss and debate the current and future state of quality use of medicines. More information about NMS 2016 is available at www.nps.org.au/nms2016

Evidence Live 2016 is scheduled at Oxford University during June 22-24, 2016. It brings together leading speakers in evidence-based medicine from all over the world, from the fields of research, clinical practice and commissioning. Evidence Live is the place for learning about the latest advances in evidence-based healthcare and finding out how they can be best applied in clinical practice. The abstract submission is open till 30th January 2016. More details are available at

<http://evidencelive.org/abstracts/>

Fourth Global Symposium on Health Systems Research is scheduled from 14 to 18 November 2016 at Vancouver, Canada. The Symposium aims to explore of how health systems can absorb shocks, respond to emerging needs and take advantage of new opportunities in the face of emerging challenges. The last date for submitting abstract is 20th March 2016. More details can be seen at www.healthsystemsresearch.org/hsr2016

DISCLAIMER

The Newsletter intends to provide updated and reliable information on medicines and other related issues in an attempt to equip healthcare professionals to take informed decision in recommending medicines to the patients. However, they are encouraged to validate the contents. None of the people associated with the publication of the Newsletter nor the University shall be responsible for any liability for any damage incurred as a result of use of contents of this publication. The brand names of medicines, if mentioned, are for illustration only and the Newsletter does not endorse them.