



# PSG NEWS DIGEST

A newsletter from Drug Information Centre, Department of Pharmacy Practice

Pulse of the Issue Pharmacist's Desk Drugs Approved News Room Department Activities

## FROM THE PHARMACIST'S DESK



**Dr. Anita Ann Sunny**

*Clinical Pharmacist*

*Department of Neurology, PSG Hospitals*

### Health Literacy: A Prescription to End Confusion.

**Health literacy** is the ability to obtain, read, understand, and use healthcare information in order to make appropriate health decisions and follow instructions for treatment. In general, patients with low health literacy have poor health status and higher medical resource utilization, by increased hospitalizations, less preventive care (e.g. immunizations), and increased risk of premature death. The causes of low health literacy are likely to be multifactorial and may include delays in seeking or obtaining health care, increased severity of illness at diagnosis, overuse or underuse of medical services & medications etc. Low health literacy is not always easily recognized, as patients use well-practiced coping mechanisms or avoidant behaviors. Patients may make excuses such as "I forgot my glasses" or postpone decisions by saying, "I will read this when I get home." Patients with low health literacy are often embarrassed by their lack of understanding.

### Why Clinical Pharmacists should be aware of health literacy?

1. To reduce medication error morbidity/mortality rates. Low health literacy is linked to a higher risk of mortality and emergency visits and has led to increased health disparities.
2. To help patients become more active in their medication management.
3. To build trust. Taking the time to counsel patients, answer their questions, and find information that's easy for them to understand, builds the bridge of trust from the patient to the health care professional.

### Clear communication

Patients often need to remember a great deal of information after a visit with their health care provider to ensure that they use their medications correctly, appropriately manage their chronic diseases, and schedule follow-up appointments. Clear communication strategies help patients become more involved in their care plans and increase positive interactions. Plain, nonmedical language is the central component of this process along with short and simple conversations using pictures or illustrations to explain a concept. Finally, patients should be encouraged to ask questions and be proactive in their health care plans. Studies have shown that up to 80% of medical information provided to patients in a health care setting is forgotten when they go home and nearly 50% of the information remembered is recalled incorrectly. Patients with low health literacy can benefit from structured communication methods like the teach-back method or Ask Me 3. The teach-back method is a way to confirm the provider has explained what the patient needs to know in an understandable manner. It begins with a new concept presented to the patient, and because approximately 47% of the information will be immediately recalled incorrectly, a clinical pharmacist can then assess a patient's immediate recall by using open-ended questions. ASK ME 3 - (1) What is my main problem? (2) What do I need to do? (3) Why is it important for me to do this? These questions encourage patient-initiated communication by empowering patients to gather knowledge about their health status and medications. Hospital discharge counseling by a clinical pharmacist can improve medication adherence and follow-up with providers. The Indian Health Service (IHS) model is one of the most widely used and effective medication counseling approaches. It is based on the following three open-ended questions that assess a patient's baseline knowledge: What were you told this medication is for?, How were you told to use it?, and what were you told to expect?

### Health literacy in pharmacy education

The quest for improved communication between pharmacists and patients with low health literacy begins with pharmacy education. In fact, the ability to address health literacy is considered a minimum skill that students should attain in order to provide patient-centered care. Medication counselling is often the last opportunity for clinical pharmacists to ensure that patients understand how to use their medications appropriately and identify adherence issues and medication related problems. Hence we can support and expand local efforts to help identify patients at risk of low health literacy and develop educational programs in the community to improve medication use and chronic disease understanding among these patients.

### How can we help?

Patients cannot take the sole blame for medication wastage and the subsequent financial losses to healthcare systems; especially if their physicians failed to educate them in the first place. Everyone understands that medicine, as a career, is hectic and physicians seek a high turnover of patients to treat as many as they can, but this should not be by sacrificing the quality of healthcare delivery. As a clinical pharmacist we need to be responsible and make sure that all patients are able to make the best use of their medications. Pharmacists must recognize the lack of health literacy as a national crisis. Patients rely on their pharmacist to provide them with the information necessary to safely and effectively use their medications. Patients with low health literacy skills may lack the knowledge and skills necessary to adhere to their prescribed drug regimen. Therefore, being able to identify low literacy patients and having the skills necessary to work appropriately with them are of utmost importance. Medication reconciliation can be useful to identify limited literacy, because a patient's inability to identify medications may be a clue to limited health literacy. When helping patients with medications, it is important to try to simplify the regimen, fit the dosing schedule around the patient's daily routine, confirm that the patient knows how to take the medications appropriately, and recommend pillboxes to help manage medicines.

Today, health literacy is a multi-faceted model. It is functional, which reflects the outcomes of traditional education on health risk and how to use health systems. It is interactive, which focuses on creating a supportive environment to patients and how they can acquire social skills towards a healthier life. It is **critical**, which means patients can now analyze health information more efficiently and have a better control over their health.

**"..... I shall strive to perfect and enlarge my knowledge to contribute to the advancement of pharmacy and public health....."**

## ■ CDSCO Approved drugs from August to November 2017

Drug Name	Indication
<b>Efonidipine Hydrochloride Ethanolate Bulk &amp; Tablets 10 mg/20mg/40mg</b>	Indicated for the management of <ul style="list-style-type: none"> <li>Hypertension</li> <li>Renal parenchymal hypertension</li> <li>Angina</li> </ul>
<b>Brivaracetam Film Coated Tablets 50mg/75mg/100mg</b>	As adjunctive therapy in the treatment of partial -onset seizures in patients 16 years of age and older with epilepsy
<b>Treosulfan Bulk &amp; injection 5g/vial</b>	For the conditioning treatment prior to haematopoietic stem-cell transplantation
<b>Ribociclib 200 mg Film coated Tablets</b>	In combination with an aromatase inhibitor as initial endocrine-based therapy for the treatment of post menopausal women with the hormone receptor (HR)-Positive, human epidermal growth factor receptor 2 (HER2)-Negative advanced or metastatic breast cancer
<b>Benestermycin</b>	Intra-mammary suspension (vet.) For the treatment of subclinical mastitis at drying off, and the prevention of new bacterial infections of the udder during the dry period in dairy cows, caused by bacteria susceptible to penicillin and framycetin
<b>Midostaurin 25 mg Capsules</b>	<ul style="list-style-type: none"> <li>In combination with standard induction and consolidation chemotherapy followed by single agent in maintenance of therapy for adult patients with newly diagnosed with acute myeloid leukemia (AML) who are FLT-3 Mutation positive.</li> <li>For the treatment of adult patients with advanced systemic mastocytosis (Advanced SM)</li> </ul>
<b>Tenofovir Alafenamide Fumarate bulk &amp; 25 mg capsules</b>	For the treatment of chronic Hepatitis B virus infection in adults with compensated liver disease

**Reference:** [www.cdsco.nic.in](http://www.cdsco.nic.in) (Mr. Alan Kurian ,Pharm D Intern)

## ■ FDA Approved drugs from June to August 2017

Drug Name	Active Ingredient	FDA - Approved use
<b>Vabomere</b>	Meropenem and Vaborbactam	To treat adults with complicated urinary tract infections
<b>Aliqopa</b>	Copanlisib	To treat adults with relapsed follicular lymphoma
<b>Solosec</b>	Secnidazole	To treat bacterial vaginosis
<b>Verzenio</b>	Abemaciclib	To treat certain advanced or metastatic breast cancers
<b>Vyzulta</b>	Latanoprostene bunod ophthalmic solution	To treat intraocular pressure in patients with open-angle glaucoma or ocular hypertension.
<b>Prevymis</b>	Letermovir	To prevent infection after bone marrow transplant
<b>Calquence</b>	Acalabrutinib	To treat adults with mantle cell lymphoma
<b>Besponsa</b>	Inotuzumab ozogamicin	To treat adults with relapsed or refractory acute lymphoblastic leukemia

### Ibuprofen in Patent Ductus Arteriosus

A patent ductus arteriosus (PDA) occurs when the DA fails to completely close after delivery. Cyclooxygenase (COX) inhibitor, ibuprofen is the preferred agent in the pharmacologic closing of PDA in preterm infants who weigh between 500 - 1500g, as it is associated with a lower risk of necrotizing enterocolitis (NEC) and transient renal insufficiency. The dosing of ibuprofen is initial dose of 10 mg/kg followed by two additional doses of 5 mg/kg given at 24-hour intervals. Ibuprofen has been typically given as an intravenous (IV) preparation in developed countries. In a systematic review, it appears that the oral administration of ibuprofen is equally as effective as IV administration.

Reference: Nottingham neonatal service - Clinical guidelines E5 available from:

<https://www.nuh.nhs.uk/handlers/downloads.ashx?id=61200>

Ms. Janani.P (IV Pharm D)

### COLCHICINE IN PERICARDITIS

Pericarditis is inflammation of pericardium which occurs due to bacterial or viral infection. Anti-inflammatory drug, colchicine as a first line adjunct to aspirin/NSAID is considered in patients with both acute and recurrent pericarditis and in idiopathic causes. The dosing of colchicine (weight adjusted dosage) is 0.5 mg once daily [ $<70$  kg] or BID [ $>70$ kg]. The recommended treatment duration is 3 months in acute and 6 months in recurrent pericarditis. Colchicine results in lower incidence rate of complications such as cardiac tamponade and constrictive pericarditis. The most common side effects were related to gastrointestinal system and no severe adverse events were observed. Currently no IV formulation is available.

Reference: Colchicine in Pericarditis, Antoni Bayes - Genis, European Heart Journal, Volume 38, Issue 22, Pages 1706 - 1709 Published: 07 June 2017.

Ms. Mehaboob Shreen (IV Pharm D)

### DEPARTMENT ACTIVITIES

Dr. G. Andhuvan, Associate Professor published a research paper "Assessment of Drug Related Problems in Patients with Chronic Diseases in the General Medicine Units of A Tertiary Care Hospital". International Journal of Pharmacy and Pharmaceutical Sciences November 2017, Vol 9, Issue 12, 194 - 200.

Dr. G. Andhuvan, Associate Professor published "A case report on multiple effects of drugs in steroid dependent chronic Immune Thrombocytopenic Purpura" in Open Journal of Clinical & Medical Case Reports, December 2017, Volume 3, Issue 21.

Dr. Prudence. A. Rodrigue, Prof & Head published a research article "Prospective Study on Geriatric Prescribing Pattern and Medication Adherence in a Tertiary Care Hospital". Asian Journal of Pharmaceutical and Clinical Research, Vol 10, Issue 12, 2017.



## PHARMACIST DAY 2017



From research to health care: Your pharmacist is at your service” with this theme, Department of Pharmacy Practice conducted World Pharmacists Day celebration on 25<sup>th</sup> September 2017. Pharm D interns highlighted the value of the pharmacy profession to the general public and celebrated by distributing sweets to the patients.

## MENTAL HEALTH AWARENESS

Department of Pharmacy Practice conducted Mental Health Awareness in Sarvajana Higher Secondary School on 10th October 2017 with the help of Dr. Karrupasamy (Counsellor, Department of Pschiatric, PSG Hospitals) Dr. Ayyappan Assistant Professor, Arun Prasath R. Pharm D intern, and Ms.Hema P. Pharm D intern delivered a lecture about good mental health under the permission of Assistant Headmistress Ms. Meenalokshani for class IX th students.



## BREAST CANCER AWARENESS

Department of Pharmacy Practice, PSG College of Pharmacy conducted a Breast Cancer Awareness Program with Department of Oncology, PSG Hospitals. The awareness posters were presented by the B.Pharm and Pharm D Interns. The session was conducted in the month of October 2017. The best poster were awarded with prizes and certificates.

### CONTACT:

**Principal, PSG College of Pharmacy, Peelamedu, Coimbatore - 04, Tamilnadu  
Ph.: 0422 - 4345841, Extn: 5847, 5982.**