

THE BIANNUAL NEWS LETTER

Department of Pharmacy Practice ST.JOSEPH'S COLLEGE OF PHARMACY, Cherthala, Kerala Website: www.sjpharmacycollege.com





Dr. Sr. Betty Carla Director and Founder Principal St. Joseph's College of Pharmacy

It is a proud moment that the new issue of "Reach out" is ready for publishing. The clinical activities in association with Pharm.D programme is progressing with new dimensions. The combined efforts of the faculty and students are really commendable and I express my appreciation and good wishes for them. The support and encouragement by the doctors and other staff members of the hospital are cherished with gratitude. Let these students secure their space in this profession with their experience in academics and clinical activities acquired during Pharm.D programme. Wish you good luck.

I am glad to know that the department of pharmacy practice is publishing the new issue of Newsletter-"Reach out" in the month of June 2024. This Newsletter is a good platform to communicate the recent advancement in pharmaceutical care issues and for showcasing the activities of the department. Both the faculty members and the students have worked hard to bring out this Newsletter. Hearty congratulations to the faculty members for imparting clinical training to the students effectively and providing exposure in outreach activities to improve public health. I wish all success and good wishes for the team. May God bless all those who worked for it and may the readers get enriched through this.



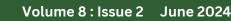
Dr. Sr. Daisy P.A Principal St. Joseph's College of Pharmacy







INSTITUTION'S INNOVATION COUNCIL



Editorial



Dr. Siby Joseph

One more issue of "Reach Out Newsletter" with uniqueness of updates in Pharmacotherapy is ready. This issue has showcased health education programs conducted in connection with the international health days. In addition to these, details of research publications and poster/podium presentations by the students in various conferences, ongoing Research works, Graduation ceremony of all batches have also been included. We are in the tenth year of initiation of Pharm.D programme in our college campus with distinguished track records and strong Alumni in India, Europe, USA, Australia and Middle east countries. Foreign article is an attraction of our every volume of Newsletters and this time it is about the steps involved in getting registration in Australia as pharmacist after graduation in pharmacy from India by our prestigious alumni. On behalf of Pharmacy practice department, I would like to thank each and every one who has directly or indirectly contributed to the making of this issue 'Reach Out' a reality.

Pharmacotherapy Updates

Tirzepatide for weight loss in adults

The US Food and Drug Administration recently approved subcutaneous tirzepatide, a dual glucagon-like peptide 1 (GLP-1) and glucose-dependent insulinotropic polypeptide (GIP) receptor agonist, for chronic weight management. For individuals who are overweight or obese in whom pharmacologic therapy is indicated, subcutaneous tirzepatide or semaglutide can be recommended. The selection between tirzepatide and semaglutide depends on comorbidities and patient preferences.

Risk of fractures with benzodiazepine receptor agonists

Benzodiazepine receptor agonists (BZRAs), including benzodiazepines and nonbenzodiazepine, such as zolpidem, can cause excess drowsiness and imbalance leading to falls and fractures. In a recent meta-analysis of 20 observational studies in over six million individuals, BZRAs were associated with increased risk of osteoporotic fractures across a range of drug classes and fracture types, with odds ratio ranging from 1.2 to 1.4. Most but not all studies included adults 50 years of age or older. These data reinforce the need for caution in prescribing BZRAs for insomnia and other indications, particularly in older adults

Valacyclovir for prevention of congenital cytomegalovirus infection

For pregnant patients with periconception or first-trimester primary cytomegalovirus infection, high-dose oral valacyclovir can be suggested. Emerging evidence suggests that maternal administration of valacyclovir for primary cytomegalovirus (CMV) infection substantially reduces the risk of congenital CMV infection, especially if begun prior to 14 weeks of gestation and within 8 weeks of the maternal infection.

Low- versus high-dose calcium supplements and risk of preeclampsia

In populations with low baseline dietary calcium intake, the World Health Organization recommends 1500 to 2000 mg/day calcium supplementation for pregnant individuals to reduce their risk of developing preeclampsia. However, a recent randomized trial that evaluated low (500 mg) versus high (1500 mg) calcium supplementation in over 20,000 nulliparous pregnant people residing in two countries with low dietary calcium intake found low and similar rates of preeclampsia in both groups. These findings suggest that a 500 mg supplement is sufficient for preeclampsia prophylaxis in these populations.

The Preventing Risk of Cardiovascular Disease EVENTS (PREVENT) calculator

Guidelines for primary prevention of cardiovascular disease (CVD) recommend using a risk calculator to estimate atherosclerotic CVD (ASCVD) risk. However, risk calculators derived from older databases may not reflect current risk in diverse populations. To provide contemporary estimates of ASCVD risk, the PREVENT calculator was derived and validated in over 6.6 million adults to estimate 10- and 30-year risks of CVD and its subtypes, heart failure and ASCVD. The PREVENT calculator inputs include standard CVD risk measures (eg, age, sex, body mass index, diabetes, lipid levels, smoking history, blood pressure, and kidney function); the full model also includes albuminuria, hemoglobin A1C, and zip code (which estimates social deprivation). The PREVENT calculator is a valuable tool for individualizing risk assessment and discussing the primary prevention of ASCVD with patients.

Thyroid hormone administration in deceased organ donors

For hemodynamically unstable, brain-dead organ donors, Thyroid hormone supplementation has little to no effect on organ procurement or graft outcomes, but it increases the rates of hypertension and tachycardia in deceased donors. Thyroid hormone administration has been a longstanding component of some organ procurement protocols due to concern that acute hypothyroidism might contribute to hemodynamic instability and left ventricular dysfunction, reducing heart and other organ procurement; however, evidence for the practice has been inconsistent.

Statins for primary prevention of cardiovascular disease in persons with HIV

For persons \geq 40 years of age with HIV and a low-density lipoprotein cholesterol \geq 190 and/or a 10-year ASCVD score \geq 5 percent, a statin is recommended. HIV infection is associated with an excess risk of cardiovascular disease. A randomized trial evaluated the efficacy of lipid-lowering therapy with pitavastatin for primary prevention in over 7700 persons with HIV \geq 40 years of age receiving antiretroviral therapy who had a 10-year atherosclerotic cardiovascular disease (ASCVD) risk score <15 percent. Pitavastatin reduced the relative risk of major cardiovascular events (eg, myocardial infarction, stroke) by 35 percent compared with placebo; the trial was stopped early for this apparent benefit. Based on these data, advise statins in all persons \geq 40 years of age with an ASCVD score \geq 5 percent.

Tailored clinical alerts in the intensive care unit

Clinical decision support systems are commonly used in hospital settings to assist in medication ordering, but numerous low-yield alerts can lead to alarm fatigue and lack of benefit. In a randomized trial conducted in nine intensive care units (ICUs) in the Netherlands among 9887 patients, ICU-tailored drug-drug interaction alerts reduced administrations of high-risk drug combinations relative to control (26.2 versus 35.6 per 1000 drug administrations, respectively). Tailoring alert systems to be relevant to the clinical setting may result in meaningful improvements in care.

Calcitonin gene-related peptide antagonists as a first-line preventive therapy for migraine

Several calcitonin gene-related peptide (CGRP) antagonists available for migraine prevention have frequently been reserved for patients with an inadequate response to initial therapy. However, in a position statement by the American Headache Society, CGRP antagonists are now considered among first-line therapies for migraine prevention, based on cumulative evidence of efficacy, safety, and tolerability from several clinical trials, meta-analyses, and post approval open-label cohort studies. They may be effective for patients with severe symptoms or frequent migraines and may provide earlier benefit than other preventive agents, and the formulations given by injection may also be helpful for those who have difficulty with daily dosing.

An Indian Pharmacy graduates' journey to become registered pharmacist in "The Land Down Under"



Australia is a land of contrasts and natural wonders, where ancient traditions meet modernity and adventure is ever-present. From exploring the Outback and snorkeling on the Great Barrier Reef to sipping wine in the countryside, Australia offers unforgettable experiences for migrants of all ages. Work-life balance is central to Australian culture, with a strong emphasis on leisure, family, and personal pursuits alongside professional careers.

Being a pharmacist in Australia is a rewarding career path. Pharmacists are highly respected healthcare professionals vital to the community. Despite challenges like increasing workloads and regulatory changes, they positively impact patients' health and public health overall.

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Steps to Follow for Migrating as a Pharmacist to Australia

Eligibility Assessment

- 1. Pharmacy Degree: You must have completed a pharmacy degree program of at least 4 years.
- 2. Registration: You must be registered as a pharmacist in the country where you graduated, or be eligible to register there, or be eligible to start the registration process there.

For a complete list of required documents for assessment, visit the APC website.

Once your documents are ready, create an account on the APC website, log in, fill out the information correctly, and apply for the initial skill assessment. This initial assessment can take up to 8 weeks. Upon completion, APC will grant permission to sit for the KAPS exam.

KAPS Exam

The KAPS (Knowledge Assessment of Pharmaceutical Sciences) exam tests your understanding of pharmaceutical sciences, ensuring you have the necessary skills to practice safely in Australia. The exam duration is a minimum of 4 hours, comprising 2 papers with 100 questions each. For more details visit the <u>APC KAPS exam page</u>.

English Test

Passing an English test is crucial for migration and provisional registration. Accepted tests include TOEFL IBT, IELTS General, OET, and PTE Academic. You need to achieve a competent, proficient, or superior level, and the certificate is valid for 2 years from the issue date. From a pharmacist's perspective, OET and PTE are preferred as they are easier, with PTE being cheaper, easier to book, and providing results within 1 to 5 days via email.

Immigration Pathways

Pharmacists are eligible for Visa 190 (permanent) and Visa 491 (regional-provisional). Both require state nomination or a pre-invite. For details on state sponsorship and requirements, check the Department of Home Affairs website and the priority occupation list of different states. Most pharmacists receive pre-invites from Victoria, NSW, SA, and Western Australia. If you have 65 points or more, you are eligible to apply for an EOI.

By following these steps, you can navigate the process of becoming a registered pharmacist in Australia and explore various visa options for migration.

For subclass 190 states give you extra 5 points and for subclass 491 states give you 15 extra points. The higher the points, more are the chances to receive pre-invite. Subclass 190 is direct PR visa whereas subclass 491 is one where you must have to live and work in the designated regional area for 3 years in order to apply for subclass 191 so you can get PR after 1 year.



Peter Jose

Create EOI (Expression of interest) at the website of the SKILLSELECT and fulfill the requirements carefully. After roughly 2-4 weeks if you have merit and there is a need for your occupation then you get preinvitation then nomination approval then states ask you to apply for visa.

Create your IMMI account and then upload your documents. The case officer will ask you through email to undergo medical, biometric and if he/she needs any additional documents and then wait for the grant. After the grant you can now start your life in Australia.

Sponsorship and training visa: To file sponsor visa subclass 494, Subclass 482(temporary short skill visa) and training visa subclass 407 you must have employment contract and letter. Some employer will pay your visa fee and you have to work with them for 3-4 years, then you can apply for permanent residency.

2.AHPRA Registration (Australian Health Practitioner Regulation Authority)

After your visa grant (visa is not mandatory you can apply even if you don't have a valid visa), you can apply for Provisional registration through AHPRA website. Make an account and upload all the documents online, if you are offshore. The positive outcome will come within 2-3 months. Offshore and Onshore candidates have separate pathway for registration which you can check on their website but documents are almost same. Below I have explained the pathway for offshore applicants. visit the website below: <u>https://www.ahpra.gov.au/Registration/Online-upload.aspx</u>

1. How to search for an Intern position

There are many online platforms that can help you to find an intern position but among them the popular ones are INDEED, SEEK, PHARMACY GUILD OF AUSTRALIA WEBSITE, LINKEDIN, FACEBOOK. Popular Pharmacies: There are some pharmacies that always have vacancies in their branches like the CHEMISTWAREHOUSE, NATIONALPHARMACIES, TERRYWHITE, PRICELINE.

2.Start your supervised Practice Hours:

The AHPRA will give you the provisional registration within 2-3 months. Then it is the time to start approved supervised practice (1575 to 1,824 hours). You need to be supervised by a registered pharmacist who is been practicing for atleast 1 year in Australia and that Pharmacist will be your preceptor throughout your internship.

Enrolling in an intern training program is a must either of PSA (pharmaceutical society of Australia), MONASH and GUILD (Pharmacy guild). You need the Intern training program certificate for your final registration.

Written exam: One has to pass the written examination (open book exam conducted by APC) after completion of minimum of 75% supervised practice hours.

Oral exam: You have to pass an oral examination (conducted by AHPRA) after the successful completion of 75% of supervised practice hours. The most useful books for the exam and reference are AMH (Australian medicines handbook latest edition), APF (Australian pharmaceutical formulary and handbook latest edition).

General registration: There are 3 requirements for general registration.

- ü Passing the interns written and oral exam
- ü Getting Intern training program certificate
- ü Completing 40 CPD points in 1 year period

Best wishes for your exam and registration process! Indeed, patience is a powerful virtue. Trust in your preparation, stay focused, and give your best effort. You can get this! Wishing you success in every step of your way.

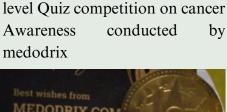
Achievements





DR. ANGEL

Ms.Ananya



Won First prize in National

DR. SNEHA



DR. SNEHA C REJI



DR. JESMI



Ms. Anagha, Pharm.D intern received the 1st prize in logo designing for Kochi Volunteer bank

DR. SWEETY



SANJOE CLINICAL UPDATION SERIES 2023

Sanjoe clinical updation series 2023- A one day national seminar was conducted on 10th October on the topic 'Enhancing patient safety-The crucial role of clinical pharmacist'. The first talk was "A synergy of clinical expertise and academic excellence by Mr.Rajesh Thalaparambath senior manager -Pharmacy operations, Meitra hospital. This session was chaired by Dr.Suja Abraham, professor, Nirmala college of Pharmacy. Second talk was by our alumnus Dr. Devika, clinical pharmacist, Aster RV hospital, Bengaluru on "Clinical pharmacists role in medication optimization". The afternoon session was handled by Ms.Tinu T.S pharmacovigilance associate, AIMS Kochi on the topic "Optimizing drug safety through pharmacovigilance". Mr. Jayakumar K S, associate professor, Nazareth college of pharmacy, Thiruvalla chaired the session. Around 200 participants attended the seminar.



Workshop on R software

We conducted one day hands on training about data analytics using R for health applications on 16th September 2023 by the well experienced resource person Dr.Surulivel Rajan, Professor and Head, Pharmacy practice department, Manipal college of Pharmacy. As it was an in-house program, our Pharm.D Interns, fifth year students and faculty members participated in the workshop.



Continuing education program on Antimicrobial Diluents and Drug compatibilities

An invited talk was conducted in the hospital on Intravenous Antimicrobial Diluents and Drug compatibilities for nurses and PharmD students on 22nd November 2023. Dr.Haritha Rajakrishnan, Clinical pharmacist,Gastro-surgery department, AIMS Kochi was the resource person.



Publications

Benny B, George J, Joyson R, Berchmans N, Joseph S, Upendran B. Study to Determine the Average Time Taken to Reach End Stage Renal Disease from Mild or Moderate Stages with Different Risk Factors in Chronic Kidney Disease Patients. Indian Journal of Pharmacy Practice. 2023;16(4).

Angel Mariam, Neenu Mathew, Neethu J, Parvathy Baiju, Sujith Kumar, Jeny Samuel. A study to analyze the prescribing pattern and role of diuretic in systolic heart failure patients. Indian journal of natural sciences. 2023;80(14).

Unni A, Joseph BM, Thekkan F, Benny RM, Panicker N, Chacko PS. The New Era of Post-Covid Syndrome: A Prospective Study of Post Covid Complications and Its Management. Saudi J Med Pharm Sci. 2023;9(7):377-88.

Sherin Mathew, Cristy Anne Kuriakose, Sandra Shaji, Binu Upendran, Lakshmi R, Drug Utilization Evaluation of Systemic Antifungals in a Tertiary Care Hospital. Saudi J Med Pharm Sci, Sep, 2023; 9(9): 684-92.

Reema Varghese, Manasa Jaymon, Mariya George, Binu Jose, Amith Kumar. A study of Antimicrobial treatment and clinical outcome in patient with acute meningitis - Asian Journal of Pharmaceutical and health sciences.2023;13(2):2819-28.

Aparna Grigorious, Akash Jose, Roy J Mukkada. Unusual presentation of domperidone induced galactorrhoea in postmenopausal women: a case report. Asian Journal of Pharmaceutical and Health Sciences, 2023; 13(4): 2898-99.

Benny RM, Kurian S, Joseph S, Rodriguez R, Puthuran P. Cetirizine-induced anaphylactic reaction refractory to steroids: A case report. MGM Journal of Medical Sciences. 2023 Jul 1;10(3):592-4.

Reshma T S, Praise Mariam, Lakshmanan P, Iqbal M., Siby Joseph. A retrospective comparative study on the outcome of casirivimab-imdevimab antibody cocktail treatment in covid-19 patients. European Journal of pharmaceutical and medical research. 2023; 10(5): 229-33.

Rose Merin Benny, Femi Thekkan, Siby Joseph, Madhu C. S. Trastuzumab Induced Cardiotoxicity - A Case Series. Asian Journal of Pharmaceutical and health sciences. 2023;13(3):2864-8.

Ann Rose Jose, Lakshmi R, Divya Jose. Placental polyp with suspected AVM treated with methotrexate followed by selective embolization and removal - A Case Report. Asian J. Pharm. Hea. Sci. 2023;13(2):2839-2841.

Betcy C Byju, Glaisty P Paul, Lakshmi R, Kevin Reji. LGI1 Encephalitis: From Diagnosis to Treatment - A Case Report. Int. J. Pharm. Sci. Rev. Res., April 2024; 84(4): 75-77.

Joseph J, Thomas M, Thomas HR, Panicker NK. Study on quality of life and management of hyponatremia and hypertension in stroke patients in the neurology department of a tertiary care teaching hospital in south india. International Journal of Pharma Professional's Research (IJPPR). 2023;14(1):140-51.

Dsouza V, Thomas AM, Desna PS, Panicker NK, Madhu CS. A Retrospective Study on Opioid Therapy to Manage Pain in Cancer in a Tertiary Care Hospital. Saudi J Med Pharm Sci. 2023;9(7):402-8.

Ongoing research works

A study on catheter related blood stream infection on haemodialysis patients.

A study on prescription patterns of targeted chemotherapy in cancer patients of a tertiary care hospital.

A comparative study of stroke outcomes in patients receiving Edaravone and Citicoline.

Study on effectiveness, safety profile and quality of life of heart failure patients with reduced ejection fraction on sacubitril/valsartan versus telmisartan

Comparative outcome analysis of torsemide and furosemide in the management of patients with cardiovascular disease

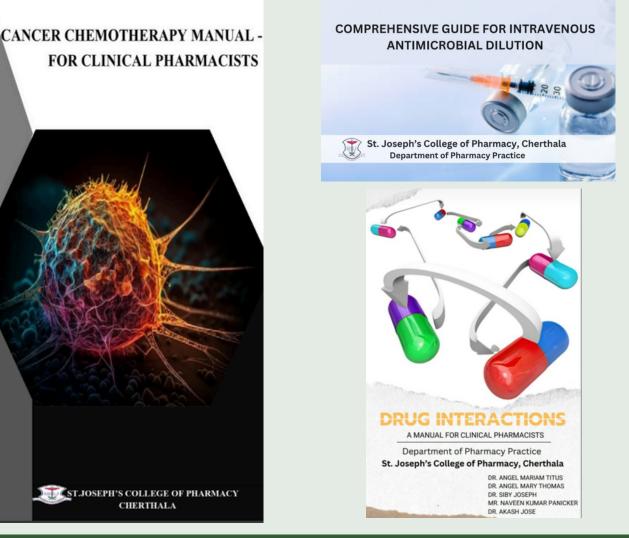
Anemia management in chronic kidney disease Patients – prospective observational study

A study on management of chronic obstructive pulmonary disease in a tertiary care hospital

Drug utilization pattern of antihypertensive drugs in community pharmacy set up

CHERTHALA

Pharmaceutical care Manuals released for quality improvement



DR. FEMI THEKKAN DR. SHERIN MATHEW DR. RIYA ANN JOYSON DR. GRITA MARIA PAUL DR. SIBY JOSEPH

Poster presentations during conferences / seminars



Poster presentations during conferences / seminars



Poster presentations by Ms. Emlina and Ms. Anagha at 1st international clinical pharmacy conclave



Poster presentations during Sanjoe clinical updation series

Conferences / Seminars attended

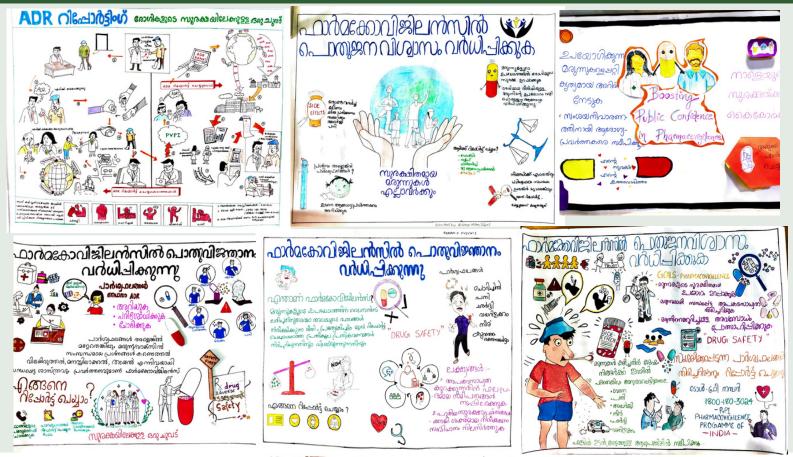


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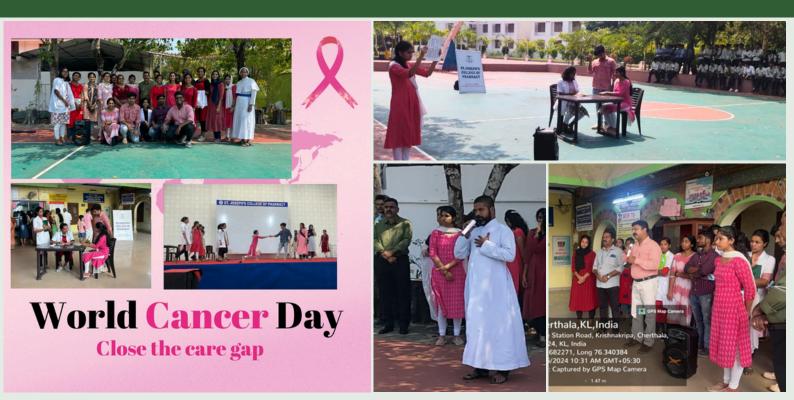
Outreach activities and public awareness campaigns



Antimicrobial resistance awareness skit performed at Taluk Hospital, Naipunnya college campus, KSRTC bus station and Railway station, Cherthala



Posters displayed at various locations of Lourdes hospital boosting public confidence in pharmacovigilance in connection with medication saftey week



Public awareness skit on cancer performed at College campus, Taluk Hospital, and Naipunnya college campus, Cherthala



Educating public and creating awareness on world kidney day at Durbar Hall Open air auditorium at kochi



നിങ്ങളുടെ മരുന്നുകളെപ്പറ്റി ഓർത്തിരിക്കേണ്ട പ്രധാനകാര്യങ്ങൾ

1. നിങ്ങളുടെ വ്യക്കഡോക്ടറുടെ നിർദ്ദേശപ്രകാരമല്ലാതെ ഒരിക്കലും മരുന്നുകൾ നിർത്തുകയോ മാറുകയോ ചെയ്യരുത്.

z.നിർദ്ദേശിച്ചിട്ടുള്ള മരുന്നുകൾ എല്ലാ ദിവസവും സമയത്ത് കഴിക്കുക.

3. കുട്ടികളെടുക്കാത്ത സ്ഥലത്ത്, നന്നായി മുറിക്കിയടച്ച ഡപ്പികളിൽ മരുന്നു സൂക്ഷിക്കുക.

4.മരുന്നു തീർന്നുപോകാതെ കരുതിവയ്ക്കുക. തീരുന്നതിനുമുമ്പേ മരുന്നുവാങ്ങി വയ്ക്കുക.

5.യാത്രാവേളകളിൽ കൂടുതൽ മരുന്നു കരുതുക.



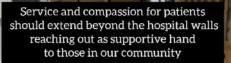
Educational video on hemodialysis prepared by Pharm.D students



Asthma awareness activities in association with World Asthma Day uploaded in GLOBAL INITIATIVE FOR ASTHMA (GINA) portal



Breast cancer awareness campaign conducted by Cochin Cancer Society





Our motto is dedicated to service



2 nd prize in IPA Video competition on Pharmacist role in patient saftey







Third Prize in Short Video Challenge PHARMAFLIX 2023 conducted by KPGA



Blood pressure screening and awareness activities on World Hypertension Day

World Pharmacist Day- Pharmacists strengthening health systems



FUIDERINE

Ernakulam, Kerala, India 274G+PX8, Golden St, behind Lourd hospital, Vaduthala, Ernakulam, Kerala 682012, India



<u>P</u>age 19



ACROSS

- 1. Professional in charge who dispenses medicine
- 10. Situation when a substance affects a drug's activity
- 11. Type of drug used to treat blood clots

DOWN

- 2. Hypersensitive response of the immune system
- 3. A substance or preparation used in treating disease
- 4. Mixture that must be shaken before use
- 5. Doctor's instructions for dispensing medication
- 6. Prescriptions should be kept in their original
- 7. A similar medicine that replaces a brand name drug
- 8. Room where drugs are prepared and dispensed
- 9. If left untreated HIV can lead to the disease
- 12. Class of drugs like ibuprofen or aspirin
- 13. Amount of medication taken



Mr. Naveen Kumar Panicker Associate professor Dept. of Pharmacy practice

14. Combining multiple drugs for personalized treatment

15. Where the patient name and instructions are printed

5. Prescription	10. Interaction	l9d6J.21
noiznaqzu2 .4	SOIA .e	34.Compounding
3. Medicine	8. Dispensary	9200.£Ĺ
2. Allergic Reaction	 Generic 	DIA2N.SI
 Pharmacist 	6. Bottle	fnelugeopifnA.LL

Cross-word Answer key

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