Communication

A Publication of the Manitoba Society of Pharmacists Inc.

Continuing Education:
Therapeutic Options
Focus On *Clostridium Difficile* Infection

The Last Word:
Allocating Drug Research Dollars – Pencils May Fix What Test Tubes Cannot

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The Voice of Pharmacists in Manitoba

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THIS ISSUE

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Why do drug makers get a bad rap? The answer is in their size and visibility, the advertising and marketing they do, occasionally the moxie they use in drug and device promotion, and the politics they play.

Generic Prescription Drug Pricing

Changes to generic prescription drug pricing have been the focus of discussions and debate lately. Where pricing has already been reformed Provincial Governments have consistently used some of their anticipated savings to invest in community pharmacy. Funds are now available to pay for a variety of pharmacist provided services which are not related to dispensing.

Provincial Governments finally committing to pay for "cognitive services" would be considered a positive development for community pharmacists under different circumstances. This has been a longstanding objective for community pharmacy in Canada. For the very first time Provincial Governments are recognizing pharmacists can provide the public with beneficial services independent of dispensing drugs. Pharmacists' ambitions are being realized, but very few seem happy.

There are obvious reasons these developments have not been the cause of celebration. For one thing the total funding available represents a small fraction of the revenue being taken away from community pharmacy. Understandably it is difficult for community pharmacists to claim victory when the funding which underpins community pharmacies' operations has been slashed. It is also understandable if pharmacy managers are concentrating their efforts on the sustainability of their businesses, given the unprecedented loss of revenue they are experiencing. However, community pharmacists cannot let anything distract them from the opportunity that is now available, regardless of the lousy way it was created.

There are compelling reasons to believe that community pharmacists will likely never have a better opportunity to influence their profession's future. By now we all should be aware that community pharmacy is going through major changes. Some changes are the results of an expansion of pharmacists' scope of practice, and other changes are being driven by enormous reductions to community pharmacy revenues.

Pharmacists cannot prevent changes from taking place, and need to influence the outcomes. The Society will assume a leadership position during this period of reform and will be guided by its mission statement. Community pharmacy in Manitoba will experience significant changes, and it is essential that the professional and economic interests of pharmacists are duly advocated.

MSP

The 2011 Annual Manitoba Pharmacy Conference

April 15th, 16th, and 17th

The Delta Hotel
350 St. Mary Ave., Winnipeg, MB

Announcing the 2011 Honorary Conference Chair

Jay Rich

Jay graduated from the University of Manitoba in 1997 with a Bachelor of Pharmacy. He started his career with Safeway, and has now been with Shoppers Drug Mart for the past 13 years. Jay became an Associate/Owner in April of 2001, and has now operated the location on Henderson Highway for more than 9 years. Jay served on the MSP Board of Directors for 6 years, beginning his tenure in April of 2003. During that time, Jay wrote editorials for the "Communication" Journal while serving as the Communication Journal Chair, and in 2006, he was elected to the position of Vice-President of MSP. From June 2007-June 2008, Jay served as President of the MSP, and in 2009, was presented with the "Past President" Award at the Annual Pharmacy Conference. Other committees Jay has been a part of over the years include the Pharmacy Care Project (1998-2000), the Pharmacy Post Editorial Board (2006-2010), and the "Commitment to Care" Judging Panel (2009). Jay has been married for 9 years to his lovely wife Natalie, and they have two wonderful children, Abigail (age 6) and Ethan (age 4½). In his spare time Jay enjoys golf, exercise, and of course, spending time with his family.

The Nycomed Magnum Opus Award

Award Details:

- Sponsored by Nycomed Canada; presented in partnership with The Pharmacy Group, Rogers Publishing (publisher of Pharmacy Practice and Drugstore Canada).
- Specifically recognizes pharmacists who have completed advanced training or education and have successfully expanded their practice as a result.
- Promotion of the award serves to raise awareness of the value and availability of advanced training for pharmacists.
- Each provincial winner receives $1,000 to be donated in his or her name to the pharmacy school alma mater, advanced training program, or disease-based charity of his or her choice.

Entry requirements:

- Evidence of completed specialty education or training (e.g., certification program, post-graduate education);
- A description of how the pharmacist has successfully expanded his or her professional practice as a result of this additional training; and,
- Supporting materials: e.g., marketing materials, testimonials from patients and other healthcare providers, data that demonstrate the success of the expanded practice.

To enter online, go to http://www.canadianhealthcarenetwork.ca/microsites/nycomedaward/index.php

Nomination forms are also available by contacting Bonita Collison at the Manitoba Society of Pharmacists. Please call (204) 956-6681 or email info@msp.mb.ca. The nomination form and further information are available on the News and Events area of the MSP website at www.msp.mb.ca.

Pharmacists may be nominated by another individual or they may nominate themselves. Nominations are to be submitted to the Manitoba Society of Pharmacists care of Scott Ransome by **Feb. 7th, 2011** and may be submitted by email to info@msp.mb.ca, by fax to (204) 956-6686 or by mail to MSP, 202-90 Garry St. Winnipeg, MB R3C 4H1.

MSP Members Update on the Wal-Mart Continuing Education Modules

Since 2006, MSP members have been given access to accredited continuing education modules by Wal-Mart. Wal-Mart's commitment to sharing the CEU modules produced in house for their employee pharmacists has been a true benefit for MSP members for the past 5 years. During this time MSP members have had access to 28 accredited articles and the MSP staff have marked almost 4,000 individual units. The value of the agreement with Wal-Mart has been obvious and MSP is very appreciative of Wal-Mart's commitment.

That being said, change is inevitable. Wal-Mart has recently modified their approach to continuing education by utilizing CE modules that are developed by another company versus developing them in-house. For that reason the modules MSP members are accustomed to receiving will no longer be available on a regular basis. Wal-Mart has assured MSP that any modules produced in-house going forward will continue to be made available to MSP but this will occur less frequently.

MSP has been very fortunate to have had this relationship with Wal-Mart for the past 5 years and we look forward to continuing to provide our members with Wal-Mart CE modules when they become available. MSP is also researching other avenues which may assist members in meeting their CE requirements. More information will be provided to members as it becomes available.

The 2011 Annual Manitoba Pharmacy Conference

April 15th, 16th and 17th, 2011

The Delta Hotel
350 St. Mary Avenue, Winnipeg, MB

The Conference Planning Committee
is pleased to present

Jody Urquhart

Jody will be presenting two sessions on Sunday, April 17th from 9:30 am to 11:45 am

The Nerve to Serve

Humour helps. The ability to laugh at life helps us deal with daily disappointments and setbacks. Humour gives professionals the nerve to serve in a complex and challenging environment. Join us as we demonstrate how humour helps you stay in control and maintain balance and perspective.

In this humourous and inspiring session participants will learn how to:

- Laugh at the tough stuff
- Say hello to humour and goodbye to burnout
- Use appropriate humour as a tool not a weapon
- Play along the way and enjoy work
- Be compelled to use humour, laughter, and play to breathe new passion into work
- Use their Amuse System to Boost their Immune System
- Use humour to create rapport and win customers' trust and loyalty
- Know that a sense of humour is invaluable in promoting flexibility, resilience, and coping skills
- Use humour to stay in control
- Use play to be in the moment (where time flies) and there is no stress

Daring to Care

Leading a Spirited Health Care Team

Health care professionals ignite the fires of hope in others. Daily they muster the nerve to serve in a complex and challenging environment. Leaders in health care need tools to energize their staff to keep their own fires of hope lit. Through humour, insight and inspiration Daring to be Caring shows health care leaders how to inspire a spirited and resilient workforce that stays focused on providing the most compassionate care possible.

Meet Jody

Jody has been presenting her keynote addresses around the world for over 10 years. She is passionate about spreading the message of fun, and meaningful work. Annually she addresses over 40 organizations and associations, and is a top motivational keynote speaker.

Jody is author of the book All Work & No SAY and writes a syndicated column called the Joy of Work, which is published in over 40 magazines and trade journals. Her mission is to help individuals and organizations derive more meaning and satisfaction from their work.

Jody is a feature speaker for the GE Healthcare Tip-TV program broadcast in over 2600 healthcare facilities. Jody is the 2008 Bronze Winner of the 29th Annual Telly Awards for excellence in programming this presentation.

Jody was on the founding board of the Canadian Association of Professional Speakers.

Jody's presentations are guaranteed to energize audiences and get them laughing.

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Diaper Rash

What is diaper rash?

Diaper rash is also called diaper dermatitis. It is an inflammatory condition affecting skin covered by the diaper on an infant. Factors that can increase the risk of diaper rash include:

- Increased frequency of bowel movements
- Nutritional status of the infant
- Presence of diarrhea
- Type of diaper
- Presence of atopic dermatitis
- Other infections especially if being treated with antibiotics
- Age of the child – diaper rash decreases as bowel and bladder control increases.

MEERA B. THADANI
M.Sc.(Pharm.)

What causes diaper rash?

Factors favoring diaper dermatitis include:

- Occlusion, friction and humidity
- Direct irritation of the skin
- pH and fecal enzymes
- Opportunistic *Candidal* growth
- Medical conditions

Occlusion, friction and humidity of the diaper area contribute to diaper rash. When skin becomes wet, friction between folds of the skin and the diaper increase and can cause abrasion and irritation. Breaks in the skin provide an avenue for opportunistic infections.

Direct or contact irritation of the skin can be caused by infrequent diaper changes that allow urine and feces to remain on the skin for longer periods. Soaps and fragrances in soaps can irritate the newborn's skin. Checking the baby for soiled diapers frequently and using perfume free, hypoallergenic soaps can help to avoid irritation of the diaper area.

Increased pH and fecal enzymes contribute to diaper rash. This is a result of dermal bacteria metabolizing urine to produce ammonia. Increased pH stimulates enzymes (proteases and lipases) in the stool to react with the skin to make it more permeable and prone to irritation.

Candida albicans is the opportunistic culprit. It has been suggested that the use of broad-spectrum antibiotics can predispose infants to diaper rash by altering the gastrointestinal flora leading to diarrhea and subsequently to the process of occlusion, friction and humidity that allow the skin to become prone to invasion by *Candida*.

Medical conditions that affect the skin, such as seborrheic dermatitis, atopic dermatitis or psoriasis can cause diaper dermatitis. Physician intervention may be required if skin lesions are bothersome. Ask the parent if the child cries during diaper change. Most mild cases of diaper rash will not cause discomfort.

What does diaper rash look like?

Diaper rash is red, patchy and affects the buttocks, back thighs and pubic areas covered by the diaper. Diaper rash caused by *Candida* is red with sharp borders (Figure 1).

Types of diapers

Disposable diapers were introduced to the market in 1961. These diapers contain an inner surface that feels soft to the skin. The middle layer is composed of cellulose that absorbs moisture from urine and feces. The outer layer is a plastic that is waterproof and does not allow diaper contents to leak. Superabsorbent diapers have a middle layer that is composed of a hydrogel that absorbs moisture. Disposable diapers end up in the garbage and then in landfills where they introduce raw sewage into the environment. While very convenient, they are not eco-friendly.

Reusable cloth diapers are not so readily available on the market. For those favoring cloth diapers, home laundering on the longer washing cycle is recommended to remove all traces of ammonia and feces to prevent diaper rash.

Regardless of the type of diaper used, the baby should be checked for soiled diapers frequently to prevent body wastes from being in contact with the skin for long periods of time.

How is diaper rash treated?

When recognized correctly, diaper rash resolves quickly once the diapers are changed frequently and the diaper

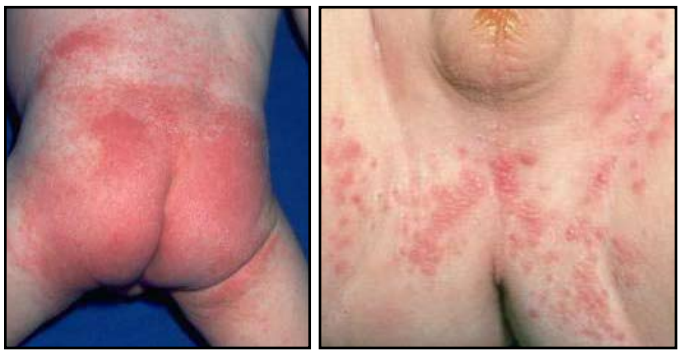

Figure 1 Diaper rash (left) and diaper rash caused by *Candida*

area cleaned gently. The skin should be examined carefully to see if it is broken. If diaper rash persists for more than 7 days or *Candidal* infection suspected, physician assessment is required.

Many non-prescription products are not safe for infants because very young children do not metabolize medications as do adults. In addition, the occlusive nature of diapers can increase the absorption of some medications that may be harmful to the skin. The only medications deemed safe for diaper rash are protectants. They form a barrier between the skin and offending agents.

- Petrolatum and zinc oxide (25 to 40%) in petrolatum provide emollient, lubricant and protective barriers to the skin.
- Dimethicone is a silicone base with water-repellant properties. It is found in creams that provide a barrier to the skin.
- Lanolin is not recommended for the treatment of diaper rash because of its allergenic potential.
- While talc and cornstarch have absorbent properties, they are not recommended as dusting powders for infants. The dust can be aspirated to cause breathing difficulties in the infant.
- Products containing external analgesics are contraindicated for diaper rash because they can produce erosive lesions on the skin.
- Antifungals and antibiotics are not intended for self-care. If diaper rash looks infected, physician referral is required.
- Hydrocortisone is not approved for the treatment of diaper rash. Steroids can mask infection and when applied over a large area of compromised skin, can be systemically absorbed.

Preventing diaper rash

An ounce of prevention is worth a pound of cure – and this is by far the best way to deal with diaper rash. The following suggestions are helpful to parents:

- Check the diaper often and change it as frequently as needed.
- Use tepid water and fragrance free hypoallergenic soap to cleanse the area. Do not scrub the skin.
- Pat the area dry and let it air between diaper changes.
- Let the baby nap without a diaper between open cloths to let the skin dry.
- Use fragrance-free baby wipes.
- Choose a diaper that does not chafe the skin.

Seek further help if:

- you see pimples, ulcers, broken skin, nodules or suspect an infection.
- there is a fever.
- the baby is not eating and sleeping as usual.
- the rash does not get better after the suggested treatment in a week or spreads to other areas of the body.

Most cases of diaper rash are mild and can be controlled with protectants and emollients. The incidence of diaper rash decreases as neuromuscular control over bladder and bowel improves. Prevention is the best way to treat diaper rash.

References:

1. http://www.medterms.com
2. http://babyparenting.about.com/cs/diapering/ht/changediaper.htm
3. http://familydoctor.org/online/famdocen/home.html
4. http://www.cps.ca/caringforkids/pregnancybabies/DiaperRash.htm

Pharmacist Awareness Week 2011

Professional Relations Committee

PR Committee Invites Pharmacies to Participate in PAW 2011

The Manitoba Society of Pharmacists' (MSP) Professional Relations Committee has been working diligently over the year to implement and advance programs that demonstrate the expanding role of the pharmacist. Each endeavour promotes Manitoba pharmacists as much more than drug dispensers and as true advocates of public health. Pharmacist Awareness Week 2011 provides you with an opportunity to step out from behind the counter and showcase the important services that you provide to your patients. With the new regulations approved by the membership and expected to be implemented in 2011, your prescription for success starts now!

MANTRA (Manitoba Tobacco Reduction Alliance)

The Smoking Cessation Ad-hoc committee has been involved in a collaborative partnership with MANTRA and is a member of a Health Systems Integration Task Force focused on the development of a smoking cessation strategy for Manitobans.

A logic model and development tool is currently being drafted following many months of work reviewing research evidence, legislative and strategy frameworks, and resources/management that relate to tobacco control and cessation. The goal of the partnership is to encourage pharmacists to prioritize smoking cessation and highlight the face to face opportunity that exists to improve quit rates. It also is an appropriate time to re-evaluate your position in respect to the sale of tobacco in your drugstore.

Q.U.I.T. *(Quit Using and Inhaling Tobacco)*

More than 18% of Canadians currently smoke and counseling is an effective intervention that helps patients beat the habit. The PR Committee is pleased to report that 71 Manitoba pharmacists completed a live Q.U.I.T. smoking cessation session this fall. Upon completion of the program, a pharmacist is eligible to register their practice site on the Q.U.I.T. Pharmacy Locator and with the additional training, is able to supplement the smoking cessation services they currently offer their patients. Plans to schedule additional live QUIT training sessions in 2011 are already underway.

Visit www.pharmacists.ca/quit for more information regarding the program or to register on line.

Manitoba Medications Return Program (MMRP)

Consumer return of pharmaceutical waste has for the most part been limited to the Medicine Cabinet Clean up which was promoted during Pharmacy Awareness Week**.**

The PR Committee is very pleased to announce the launch of the Manitoba Medications Return Program. Pharmaceuticals, including prescription drugs, over the counter medications, and natural health products are now managed through a stewardship program called the MMRP. The purpose of the program is to recover drugs from the public before they are disposed of in the garbage or poured down sewers and drains. Manitobans can visit www.medicationsreturn.ca to locate the nearest participating pharmacy. As of Dec 6, 2010, 71 pharmacies have registered and we hope to see additional support following an information evening which is being planned in collaboration with the MPhA and MMRP early in the New Year. If you have any questions or suggestions in regards to the program, please email *info@medicationsreturn.ca*.

PAW Theme 2011

This year the PR Committee was very fortunate to have two students from the Faculty of Pharmacy join our working group. One of the great suggestions that came forward from that partnership was a recommendation that the students submit proposals for the 2011 Pharmacist Awareness Week theme. The PR Committee is pleased to announce that the second-year class submitted the winning proposal and we will be moving forward with ***Pharmacists' advice: helpful with every dose.***

The PAW theme continues to build upon the Manitoba Society of Pharmacists' continued efforts to promote the ever-expanding role of pharmacists.

PAW Activities 2011

Every year pharmacies across Canada are encouraged to participate in Pharmacist Awareness Week throughout the first full week of March. This year PAW runs from March 6th to 12th.

Pharmacists across Manitoba will soon receive a fax and email asking their pharmacy team to organize an activity that promotes the role of the pharmacist and continue to build a strong relationship with your patients.

Pharmacists are encouraged to consider hiring a student for the event or to arrange their own creative activity, which might include a Question and Answer Booth or an information session focused on a particular disease state or ailment.

In conjunction with these activities, the PR Committee will embark on a broader marketing and communications plan to help reinforce the theme, ***Pharmacists' advice: helpful with every dose***, and its underlying message that pharmacists are a valuable resource in patient care and an important part of a patient's healthcare team.

The PR Committee is dedicated to making PAW 2011 an impactful experience for everyone involved. Please be on the look out for the fax and email outlining how you can participate.

If you have any suggestions on how the PR Committee might improve PAW activities, please forward them to info@msp.mb.ca.

Thank you for your ongoing support,
Gayle Romanetz, *Chair, Professional Relations Committee*
Jeff Uhl, *Chair, Pharmacist Awareness Week*

Jeff Uhl, Chair, Pharmacist Awareness Week, presents the 2nd year class with a cheque for $200 for their submission of the winning PAW theme ***Pharmacists' advice: helpful with every dose****. The prize money will go towards fundraising efforts for the 2nd year students' graduation.*

2010: What a Year for Pharmacy

It is safe to say that this last year has been an unprecedented year for the profession of pharmacy. For some it will be very memorable, for others quite forgettable. We saw many changes over the last year. Some will impact us for many years. Either way 2010 will change pharmacy on many levels.

ALAN LAWLESS

First we saw regulatory reform sweep across the country. Many provinces saw changes to their pharmaceutical acts to enable pharmacists to adapt expanded scopes of practice. This will pave the way to many new and exciting prospects for the way we practice. And yes, we also saw the passing of Bill 41 Draft Regulations in Manitoba. It was a long and painful process but I think I can speak for us all when I say we are very glad that this part of the process is finally over. We now have a different future to look forward to and many new practice opportunities are on the horizon.

2010 was also the year of generic drug reform. I think we all agree that generic reform was long overdue but some provinces took it to the extreme. Ontario's system of reform sent shock waves across the province. The final decisions that the government made have the potential to impact the very foundation of pharmacy. It will be a very sad day if we see many independents close their doors over the next few years as is predicted. Many other provinces saw changes in pricing and reimbursement as well. BC and Alberta underwent reform, but the money put back into professional services was more substantial. We have a long way to go to achieve financial stability for the profession but we are making strides. Most predict that Manitoba will see reform over the next 6 months or so. It will be interesting to see where we fall into the government's plan. We have passed new legislation but are not ready to actually enable our expanded scope of practice. This issue I am sure will be a hot topic in 2011.

The profession also saw some sort of unity for the first time. Pharmacists in Ontario stood shoulder to shoulder lobbying against government cuts and were a source of pride for us all. It did not matter if you were working in retail for a chain or an independent, many participated. Everyone who has read my articles knows my stance. Unity is essential when dealing with either government or third party payers. We will all not agree on every issue but supporting our profession is essential no matter what the issue is. A law suit was also filed in 2010 by Shoppers Drug Mart associates against their own company. Whether this is a good thing or not, it is unprecedented and is an after affect to the Ontario issue. Pharmacists are demanding more control over their own profession and respect. I don't think that this will stop.

Safe to say 2010 will be known as the year of change. It is kind of ironic that many have been hoping for change in the profession for many years but I don't think that we could have predicted what was going to happen. Either way it is a start, and is definitely not the end. All the best to everyone in 2011. It has all of the makings of a very interesting year ahead.

Nominations for the Manitoba Society of Pharmacists Award of Merit

The Award of Merit is bestowed upon an active member of the Manitoba Society of Pharmacists in recognition for active participation and promotion contributing to the benefit of the Manitoba Society of Pharmacists and the Profession of Pharmacy.

This award was established for initial presentation in 1995. The criteria for nominations are:

1. The nominee must be a pharmacist in good standing with MSP.
2. Nomination forms are to be submitted with the names and signatures of at least three (3) members in good standing with MSP.
3. The submission shall outline the nominee's qualifications and contributions for receipt of this award.
4. The nominee may not be currently serving as a Director of the Society or on the Awards Committee, except in an ex-officio capacity.
5. This award is not presented posthumously.
6. Submissions for this award must be in the hands of the Board of Directors prior to Feb. 7, 2011.
7. The award is presented at such time as deemed appropriate by the Board of Directors.
8. Power of decision for granting of the Award of Merit rests with the Board of Directors of MSP.
9. The MSP Award of Merit is not necessarily granted every year.

Past recipients of the Award of Merit are:

1995	Don Radley	2007	Marian Kremers
1997	Barb Cinnamon	2008	Chuck Narvey
1999	Morna Cook	2009	Shawn Bugden
2005	Ralph Whitfield	2010	Meera Thadani
2006	Tom Busch		

If you would like to forward a nomination for the Award of Merit please complete the form below.

NOMINATION PAPER Manitoba Society of Pharmacists Award of Merit 2011

TO THE CHAIR OF THE NOMINATING COMMITTEE, MANITOBA SOCIETY OF PHARMACISTS INC.

We, the undersigned members of the Manitoba Society of Pharmacists Inc., being entitled to vote at meetings of the Society, do hereby nominate the following member of the Society as a candidate for the 2011 Award of Merit.

The candidate is an active member of the Manitoba Society of Pharmacists and their contributions to the benefit of the society include:

_____

_____

_____

_____

NAME OF NOMINEE **ADDRESS**

_____ _____

(please print)

NAME OF NOMINATING MEMBERS:

1. _____ _____

(please print) (signature)

2. _____ _____

(please print) (signature)

3. _____ _____

(please print) (signature)

The nomination is effective as of _____.

Please forward the completed nomination form to the Manitoba Society of Pharmacists 202-90 Garry St. Winnipeg, MB R3C 4H1 PRIOR TO FEB. 7, 2011.

Six principles for successful long-term investing

Successful investing takes time and discipline. And when markets are volatile, it's best to go back to basics. By following the six basic principles below, we believe investors can improve their long-term investment success.

1. Have a plan and stick to it

Successful investing requires a game plan. This plan outlines your goals and objectives as well as the types of risks you wish to take to meet those goals. Use it to ensure you are on the right track when making decisions. This plan will prevent you from taking on more risk than you should when markets are rising and will help you make appropriate decisions when the world appears to be falling apart. The goals may be related to tangible events in the future, such as retirement, education for children, paying down a mortgage or buying a second home. Your risk profile can be related to your time frame, present wealth or the consequences of not achieving your goals. While you are the best judge of these objectives and your tolerance for risk, your ScotiaMcLeod Investment Executive can help you formalize these goals in an investment policy statement.

2. Be diversified and balanced

Don't put all your eggs in one basket. With a **balanced** portfolio that includes stocks, bonds and cash, an investor can reap the benefits each of these different assets offers. Stocks offer growth and inflation protection, bonds offer income and stability, and cash offers insurance for future opportunities. **Diversification** can both improve return and reduce risk in an investment portfolio. By including a variety of different industries and companies, you can offset weaknesses in some areas with strengths in others. Similarly, investing internationally can expose an investor to many different business cycles, so weakness in one region can be balanced by strength in others.

3. Think long term

Today's higher volatility levels, especially in equity markets, make thinking longer term more important than ever. Intra-day swings of 5 per cent or more can make investors believe they are missing major opportunities to enhance returns. But evidence shows that trying to time the market just doesn't work. Instead, focus on longer-term trends, not temporary fluctuations. Statistics show that, on average, the longer investors hold equities, the better their chances of earning a positive return. With time on your side, an investment portfolio can benefit from the many more positive years capital markets have experienced versus the occasional, albeit sometimes severe, down years.

4. Buy and retain quality

We all like to hit home runs. But in investing, hitting singles and avoiding the strikeout can increase the probability of positive long-term returns. And the best way to avoid a disaster is to focus on quality. While a difficult term to define, there are a number of indicators you can use to help determine quality. Financial stability and strength as measured by low and manageable debt levels; a stable history of profit and dividend growth; and a strong management team capable of executing a strategic plan for growth are some of the factors that can determine quality. However, corporations and industries change, and so does their quality. During the 1980s, for example, 46 per cent of the Fortune 500 -- that is, the best companies in the United States -- disappeared. Because of this constant change, it is important to regularly compare your holdings against a quality checklist and make changes where appropriate.

5. Stick with the winners; eliminate the losers

Investors want to believe they've picked winners. Even when they've made investment mistakes, they may hold onto poor performers hoping for a turnaround. So often we sell our winners and pat ourselves on the back while we keep our losers. The ultimate result: a losing portfolio backed by a lot of hoping. While turnarounds do happen, it is important to distinguish between wishing for one and coldly assessing whether it is possible or not. It is often easier to do this once you've learned to accept your mistakes. Having a disciplined approach to investing, taking losses early and letting profits run on your winners can lead to better and more consistent returns.

6. Review, reassess, rebalance

Having made a plan and put it into effect, an investor can't just forget about it. Monitoring your plan and regularly reviewing your portfolio are as important as creating and implementing the plan itself. Capital markets change. Your own objectives and risk profile may change with wealth and age. By monitoring where you are relative to your plan or in terms of capital markets, you can make the necessary adjustments to ensure you are headed in the direction right for you. This process of planning, reviewing and rebalancing will ultimately ensure financial success.

The best plan of action, always, is to make sure you have a solid plan. So contact Robert Blando today to review your personal portfolio.

The Negative Effects of Smoking

Should Pharmacists Make Prevention and Cessation a Priority?

Professional Relations Committee

Objective:

To educate pharmacists about the risks associated with tobacco use.

Highlights:

1) Prelude
2) Physiological Effects of Smoking
3) Chemicals in Cigarettes
4) Smoking and Cancer
5) Smoking and Cardiovascular Disease
6) Smoking and Pulmonary Disease
7) Smoking and Other Disease States/Health Issues
8) Smoking and Mortality
9) Other Interesting Statistics
10) Postlude

PAM JOHNSON
B.Sc. Pharm.

Prelude:

The pictures shown on a cigarette package are alarming and should be enough to warn consumers about the risks associated with smoking. They undoubtedly send a strong message that smoking destroys your body in some way or another. So why isn't it enough to convince someone to quit? How bad is smoking, really? How many years does it take off your life? How much does it increase your risk for heart attack or stroke? Lung disease? Cancer?

This article will focus on these questions and highlight some statistics associated with the use of tobacco. Perhaps it will get you thinking about whether pharmacists need to make prevention and cessation a priority.

Physiological Effects of Smoking:

How does your body react when you smoke? Common effects seen in a typical non-smoker include nausea, dizziness, and rapid heart rate. Once someone gains a tolerance to nicotine, these side effects generally dissipate. Other side effects of nicotine include stimulating effects due to the release of adrenaline in the body such as an increase in blood pressure, heart rate and free fatty acids.[6] These reactions can contribute to acute episodes of diseases including stroke, impotence and heart disease.[6]

Chemicals in Cigarettes:

Although nicotine itself can have a negative impact on the body, the negative long term side effects of smoking generally seen are due to the products of combustion of other chemicals that are added to cigarettes. There are over 4000 chemicals found in one cigarette, including over 65 known carcinogens. Seven of these chemicals cannot be legally buried in the dump.[1] Chemicals found in cigarettes include:

1) Ammonia (toilet cleaner)[1]
2) Nicotine (insecticide)[1]
3) Toluene (industrial solvent)[1]
4) Stearic acid (candle wax)[1]
5) Hexamine (barbecue lighter)[1]
6) Cadmium (batteries)[1]
7) Butane (lighter fluid)[1]
8) Methanol (rocket fuel)[1]
9) Arsenic (poison)[1]
10) Methane (sewer gas)[1]
11) Acetic acid (vinegar)[1]
12) Paint[1]
13) Carbon monoxide[1]

It is obvious that smoking these harmful chemicals can lead to health implications.

Smoking and Cancer:

Before World War I, lung cancer was a disease that physicians rarely witnessed during their entire medical career. The popularity of smoking cigarettes dramatically increased after the war, and lung cancer started to become more and more evident as more people smoked. In 1950, Richard Doll published research in the British Medical Journal showing a close link between smoking and lung cancer.[6] Four years later, in 1954, The British Doctors Study, a study of some 40 thousand doctors over 20 years, confirmed the suggestion, based on which the government

issued advice that smoking and lung cancer rates were related.[6] However, it was as far back as 1912 that American Doctor Isaac Adler suggested that lung cancer was related to smoking.[6] How correct these physicians would be, as it has now been shown the risk of getting lung cancer is 23 times higher for men who smoke versus men who have never smoked, and 13 times higher for women.[8]

Lung cancer is not the only cancer associated with smoking cigarettes. Smoking increases the risk of the following cancers: lip, mouth, pharynx, esophagus, larynx (voice box), pancreas, cervix, bladder, kidneys, breast, liver, stomach and leukemia. There is also some thought that smoking may increase the risk of myeloid leukemia, squamous cell sinonasal cancer, colorectal cancer, ovarian cancer, gallbladder cancer, cancer of the adrenal gland, cancer of the small intestine, and various childhood cancers.[6]

Smoking and Cardiovascular Disease:

Smoking can increase the risk of heart disease, stroke, atherosclerosis, and peripheral vascular disease.[6] Within 1 hour of smoking, the heart rate can increase by as much as 30%. Carbon monoxide binds to hemoglobin on the sites that would normally be occupied by oxygen. This can lead to hypoxia and premature cellular death, involving both blood cells and the systemic cells they supply. Narrowing of the blood vessels occurs due to certain ingredients of the cigarette, and the arteries of the hands and feet can become swollen and develop clots, which may eventually lead to gangrene and amputation.[6] Smoking can increase cholesterol, and studies show that smokers tend to have a lower HDL (good cholesterol) to LDL (bad cholesterol) ratio than that of non-smokers.[6] Smoking can also increase the production of fibrinogen and platelets, which in turn thicken the blood. It also weakens blood vessels and increases blood pressure. All of these factors contribute to heart disease and stroke.

Based on all of this information it is not a surprise that smokers have 2-4 times the risk of having coronary heart disease in their lifetime versus a non-smoker, and the risk for having a stroke approximately doubles.[9] According to a team of national researchers a smoker under the age of 40 is 5 times more likely to die of a heart attack than a non-smoker.[6] Recent research has also found that smoking can alter cell division in cardiac muscle and change the shape of the heart.[6]

Smoking and Pulmonary Disease:

Smoking causes permanent damage to the lungs that can lead to chronic obstructive pulmonary disease, including bronchitis and emphysema. Smoking destroys the lung's cleaning and repair system by destroying the cilia (tiny hairs) that line the upper airways. The mucous in the lungs is responsible for trapping dirt and infectious agents, while the cilia push this contaminated mucous out of your body. Therefore, when you cough, spit, or swallow the mucous, the infectious agents are eliminated from the lungs. If the cilia are destroyed, the infectious agents remain in the lungs, which increases the risk of chronic cough, chest infections, lung cancer, and chronic obstructive pulmonary disease (COPD).[12]

Smoking also permanently destroys the alveoli in the lungs, which are elastic, tiny balloon-like structures that are responsible for the exchange of oxygen and carbon dioxide in the blood. Smoking decreases the elasticity of the alveoli, so it is more difficult for the lungs to take in the oxygen and get rid of the carbon dioxide, causing shortness of breath. Due to this lack of exchange, there is less oxygen in the blood supply so the heart has to work harder, and these physiological effects contribute to heart disease and pulmonary disorders. Smoking is associated with a tenfold increase in risk of dying from chronic obstructive pulmonary disease, and causes 90% of deaths from this disease.[11] COPD is irreversible; however, if a smoker stops smoking, the rate of decline of the COPD decreases.

Smoking and Other Disease States/Health Issues:

Smoking can affect all areas of the body. Other disease states and health problems associated with smoking include the following:

Renal System: chronic renal disease

Influenza: increased risk and severity of influenza

Oral Issues: periodontitis (inflammation around the teeth) is more common, tooth loss is 2-3 times higher than non-smokers, stained teeth, bad breath, white plaques or patches in the mouth including the tongue (leukoplakia), loss of taste sensation, salivary changes.

Lungs: smoking more than 20 cigarettes a day can increase the risk of contracting tuberculosis by 2-4 times, and smoking can increase the risk of developing invasive pneumococcal disease by 4 times.[6] This may be due to structural damage or a decrease in the function of the immune system. Part of the immune response includes an increase in CD4+ cells which has tentatively been linked to HIV susceptibility.[6] It also increases the rate of infections including bronchitis, chronic obstructive pulmonary disease, emphysema, and the common cold.[6]

Impotence: There was a study that found that smoking affects all aspects of sperm including motility and longevity, and the study also showed less encounters of sex per month.[6]

Stress: Smoking has shown to actually increase stress, not reduce it.[6]

Social Aspects: Research has shown that smokers have a 53% greater chance of divorce than non-smokers.[6]

Bowel: Smoking has been shown to decrease the risk

of ulcerative colitis, but increase the risk of Crohn's Disease and Inflammatory Bowel Disease.[6]

Cognitive Function: Increased risk of Alzheimer's Disease and decline in cognitive abilities, reduced memory and cognitive abilities in adolescent smokers, and brain shrinkage.[6] There is, however, thought that smoking can increase mental concentration based on a study.[6] There are a few studies that suggest that smoking reduces the risk of Alzheimer's Disease but these are questionable as many smokers don't live to the age that Alzheimer's disease normally occurs. Smokers are half as likely to make it to the age of 80 as non-smokers. Parkinson's disease is questionable as it is thought that smoking may actually decrease the risk due to nicotine's ability to stimulate dopamine receptors and decrease MAO-B, an enzyme that produces oxidative radicals that break down dopamine.[6] It is possible that smoking helps to relieve schizophrenic symptoms, but studies are not conclusive. Studies show people with anxiety disorders or depression have more difficulty quitting due to withdrawal side effects.

Second-Hand Smoke: Breathing in second-hand smoke increases the risk of lung cancer by 20-30% and the risk of heart disease by 25-30%.[9] Second-hand smoke can cause immediate cardiovascular effects that increase the risk of heart attack, especially for those who already have heart disease.[9]

Pregnancy: Studies have shown that smoking during pregnancy increases the risk of pregnancy complications, premature birth, low birth-weight in infants, stillbirth, and sudden infant death syndrome.[10]

Others: Circulatory problems, peptic ulcers, osteoporosis, sleep problems and cataracts.[12]

Smoking and Mortality:

Tobacco kills about 45,000 Canadians a year, which is more than the total number of deaths from AIDS, car accidents, suicide, murder, fires and accidental poisonings combined.[12]

The following statistics are based on the world population and were taken from the World Health Organization (WHO):

a.) Tobacco is the second leading cause of death in the world.[2]

b.) One in ten people in the world will die due to smoking,[2] and if current trends continue, this number will become 1 in 6 in 2030.[3]

c.) Currently, there are about 5 million deaths a year from tobacco use.[2]

d.) About 650 million people in the world smoke.[2] Half of these people will eventually die from tobacco related causes.[2]

e.) Every 8 seconds someone dies from tobacco use.[3]

f.) Every cigarette smoked shortens your life by at least 5 minutes – about the same time it takes to smoke the cigarette.[3]

The following statistics are based on the Canadian population and were taken from Health Canada from the year 1998:

a.) In 1998 in Canada 30,230 men and 17,351 women including 55 boys and 41 girls under the age of 1 died as a result of active and passive smoking.[4]

b.) These deaths include 1,107 Canadians who died from lung cancer or ischemic heart disease caused by second hand smoke.[4]

c.) Of these 47,581 deaths 16,394 occurred in Ontario, 13,295 in Quebec, 7,593 in the Prairies, 5,730 in British Columbia and 4,569 in the Atlantic region.[4]

d.) Since 1989 there was an increase in 9,224 deaths, females accounting for 6,531 of these deaths. 2,452 were cancer, 1,646 were cardiovascular diseases, and 2,283 were respiratory diseases.[4]

e.) In 1998 the top causes of adult smoking-related deaths were lung cancer (13,951 deaths), ischemic heart disease (9,289 deaths) and chronic airways obstruction (6,457 deaths).[4]

f.) Cigarette smoking, the primary risk factor for the top three causes of death, was estimated to be responsible for 22% of all deaths (27% of all male deaths and 17% of all female deaths) in 1998.[4]

Source: ***Smoking Attributable Mortality Data - Deaths in 1998***, Health Canada. 1998©.Reproduced with the permission of the Minister of Public Works and Government Services Canada, 2010.

Other Interesting Statistics:

The World Health Organization (WHO):

a.) About 15 billion cigarettes are sold daily – or 10 million every minute.[3]

b.) 1/3 of the male population in the world smokes.[3]

c.) Smoking is decreasing in developed countries at a rate of nearly half in 3 decades, but is increasing in developing countries by 3.4% annually.[3]

d.) About 12 times more British people have died from smoking than from World War II.[3]

e.) About 1 in 5 American deaths are caused by smoking.[3]

f.) Nearly two-thirds of men smoke in the Western Pacific WHO Region including East Asia and Pacific. This region has the highest smoking rate.[3]

g.) Between the ages of 13 and 15, one in five people smoke.[3]

h.) Between 80,000 and 100,000 children start smoking everyday; half of these live in Asia.[3]

i.) 50% of adolescents who start smoking will continue to smoke for 15-20 years.[3]

Heart and Stroke Foundation as of 2008:

a.) 18% of Canadians 15 and older smoke (about 4.9 million Canadians).[5]

b.) 20% of men are smokers.[5]

c.) 16% of women are smokers.[5]

d.) Smokers consumed an average of 14.9 cigarettes per day (in 1981 the number was 21 per day)[5]

Postlude:

It is obvious from all of the information presented in this article that smoking really is a serious health hazard that must be addressed. Smoking increases the risk of various forms of cancer, lung disease, cardiovascular disease, and negatively affects the entire body. Smoking causes 45,000 deaths in Canada per year, 5 million deaths worldwide, and is the second leading cause of death in the world, and yet all of these negative implications are preventable by choosing not to smoke. The statistics associated with smoking are alarming, but factual. Is it worth it? Do you still want to smoke? Do you want your patients to smoke? Let's make prevention and cessation a priority.

Resources:

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Q&A: GETTING TO KNOW YOUR MANITOBA PHARMACISTS

Name: **Chuck (Charles) Narvey**

Place/Year of Graduation: U of W B.Sc. (1970) U of M B.Sc. (Pharm) 1974

Years in Practice: 36

Currently Working: Chuck Narvey Drugs Ltd. serving Meyers Drugs Ltd.

Accomplishments in pharmacy: 2008 MSP Award of Merit

Family: My family consists of my wife, son, daughter and their spouses, and four grandsons aged 5 or less.

Hobbies: golf, sleep-overs with grandsons and helping get them to their various lessons

Community activities: I was very involved a number of years ago on parochial school boards and fund raising committees when my children were in school. Recently, only my wife is a regular canvasser for the Kidney Foundation and Heart and Stroke. I spent 10 years associated with the Board of MSP and CPBA. Because of getting involved in board and executive positions, I was able to meet a multitude of people who provided me with a bigger picture of the practice of pharmacy.

Favorite thing about Manitoba: Our beautiful summers and time at our cabin at Falcon Lake.

Most relaxing vacation choice: Lying on a cot anywhere south of the US border with other beached whales.

Pet peeves: I've mellowed over the years and nothing in particular stands out (well maybe body piercings)

Favorite fictional character and why: Superman… it was nice to dream that I could fly and I was always in good shape in my dreams.

What could you do without forever: spiders, snakes and bugs

What couldn't you do without for even a day: Metformin and nadolol

What you love about pharmacy: Every once in a while you make a good enough connection with a patient to actually change their life for the better. This isn't always limited to pharmacology.

Do you know someone who is making a difference in the pharmacy community? We would like to highlight them in this article! Please contact the MSP office at (204) 956-6681 or info@msp.mb.ca.

Allocating Drug Research Dollars – Pencils May Fix What Test Tubes Cannot

Why do drug makers get a bad rap? The answer is in their size and visibility, the advertising and marketing they do, occasionally the moxie they use in drug and device promotion, and the politics they play. The great good the drugs do, the lives they improve and save, is often lost in the wretched public relations pits into which the drug makers stumble.

A good deal of the bad rap the drug companies get is not entirely of their own making. Much of the pharmaceutical manufacturing business got its start in the German fine chemicals business in the 19th century. The companies were mostly privately owned and reported to no one but their proprietors.

Over time, the cost of researching new drugs, developing them through the stages required for registration and regulatory approval, and buying product liability insurance for the harm some may cause has skyrocketed. The companies were driven to become public and then, as public companies, they had to adapt to the discipline of the stock and bond markets. They had to show rising quarterly earnings. They had to maintain debt to equity ratios that the market would accept. And all that led to financial managers and marketing gurus replacing the chemists who had run them as private companies. Pushing drugs to novel uses and, more recently, medicalizing common conditions for which drug makers have a handy molecule, is excellent business. It is not obvious that it is good medicine.

ANDREW ALLENTUCK

Pressure for profit has produced stunning failures. The list includes the sedative Thalidomide, of course. There's Chloramphenicol – an antibiotic launched in the 1950s that turned out to produce bone marrow toxicity and to be a cause of aplastic anemia in a small fraction of the population. Paradoxically, Chloramphenicol appears to be effective against a fungus thought responsible for wiping out a third of all frog species that have disappeared in the last fifty years. It could be an environmental wonder drug if a way can be found to deliver it. Chloramphenicol is still prescribed for people as well, often in eye drop formulations. Of course, no list of profit-driven medical errors is complete without mention of the Dalkon shield, an intrauterine device marked in the early 1970s by A.H. Robins Company in spite of numerous reports in the company's possession that it caused much harm to large numbers of its users. The device caused serious bacterial infections, horrific pain, and spontaneous abortions. Robins was driven into bankruptcy and then sold to American Home Products which continued to pay claims. Many people in the compensation chain profited, but among those least compensated were victims who got an average of $725 for the harm the devices did. It should be noted that victims represented by lawyers got an average of $21,000.

The market and the legal systems fail when drug and devices cause harm that cannot be adequately compensated. Yet drug makers are also at the mercy of other forces. Insurance companies pay some of their bills and health insurers' behaviour makes whatever the drug companies have done look positively benign.

During the recent political fights over a U.S. national health insurance program, which turned out to be a premium subsidy program for the insurance industry, the insurance companies created phony consumer groups to battle against President Obama's proposals. The rank and file of these groups was the poor who, for the most part, would have gained had the government provided health care assistance. But as former CIGNA company spokesman Wendell Potter, now a whistle blower, has shown, many of the anti-Obamacare groups were fronts erected by and paid for by the health insurance companies. They raised millions to fight the view of their business shown by American filmmaker Michael Moore in "Sicko" and more millions to lobby the American Congress with a single purpose: destroy any chance of single payer health insurance that could result in price controls being imposed or regulations requiring them to insure everybody regardless of pre-existing health conditions. Drug makers would feel regulatory pressure as well.

Drug companies traditionally argue that they need liberal accounting rules to allow them to use profitable drugs to subsidize their work on unprofitable ones. They say, quite rightly, that it can take a decade to get a molecule to market and insist that generating revenue by means of a few patented combination drugs that turn ordinary low margin drugs into higher profit products are all good in the long run. But that position requires one to measure who benefits from what. It is far from obvious that this kind of cross pollination works. That's because money spinning drugs get dividended out to shareholders who, quite rightly, want to be paid for the risks they take. And for now, capital markets are very influential in drug research decisions.

It is easy to chronicle the wrongs of the research-based makers of drugs, but harder to suggest how they can go right. It is naïve to suggest that they ignore capital markets. But there are lots of things that the folks who make government policy can do to put drug makers back on a course serving science rather than marketing.

First, redefine research so that fundamental medicine and pharmacology costs are deductible at a higher rate than expenses for developing copycat drugs and manipulating molecules to extend patents. Drug makers can raise the prices of drugs that replicate others that are already used, but competition in what is by definition a competitive market would tend to limit price increases.

Second, require that marketing expenses be deductible at a relatively low rate and not be capitalized as developed assets like new laboratories.

Third, allow higher deductions for costs to develop drugs intended to treat rare conditions.

Fourth, and this is the toughest one, encourage drug companies to make drugs that are vital for treating cancer and various degenerative diseases less expensive. That could be done by establishing a cash pool to subsidize their research and production costs. The financing of that pool could be done via sale of a special issue of government bonds with proceeds targeted to drug companies. Government would pay interest, but that cost could be charged to general revenues. We'll wind up paying for a subsidy to drug companies, but the social value of treating rare conditions with the same zeal that the drug makers have used to deal with more common conditions is substantial.

Capital markets are good devices for allocating money for investment and evaluating their returns. But the concept of market perfection – that markets are omniscient, that prices perfectly reflect risks and benefits - is flawed, dated and widely dismissed by economists. When it comes to treating the sick, it is not money but social values that come into play. Canada's values, reflected in the position of all federal governments since the inception of Medicare half a century ago, is that availability of treatment should not be prioritized by one's wallet.

Free health care, like free ice cream, leads to excess demand. Yet pricing drugs and making them available is a resource shifting issue. Drug research and drug availability can be made more responsive to medical need and less to market opportunity by accounting changes. It is an irony that sharp pencils may cure what scientists cannot.

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