

A Publication of the **Pharmacists Manitoba Inc.**

# COMMUNICATION

*The Voice of Pharmacists in Manitoba*

## Events

**2015 Pharmacy  
Conference**  
*Breaking with  
Tradition*

**Pharmacist  
Awareness Month**

## Updates

**Pharmacists  
Manitoba New  
Board Members**

**Pharmacists  
Manitoba Annual  
Membership  
Renewals**

## Feature

**Bugs, Bites and  
Stings**



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# This Issue

## July/August/September /2015

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# Executive Message - Focused Attention

We are overloaded with information! We receive emails, faxes, and phone calls and are expected to retrieve more information from websites, organizations, and funders in order to stay up to date and ensure we are working with the latest sets of information and requirements. With all this information coming at us, where should we focus our attention?

Our members often contact us searching for simple answers to sometimes very complex questions. Unfortunately, there is often no single source of information available to pharmacists. However, we are working to provide practical resource tools to guide pharmacists through emerging practice opportunities and solve issues.

Our conference held in April was a great success and everyone agreed that the content of this year's conference was timely, thought provoking and provided practical answers and solutions. We continue to improve the professional development content and programming and we are fortunate to have a wide range of collaborators and partners to guide and define these improvements.

Pharmacists Manitoba, along with our stakeholders and partners, are embarking on a new journey this year. Collectively, we are building a **Manitoba Public Affairs Campaign** to increase awareness and understanding of pharmacist medication management services, targeting public and political awareness of the relevance and importance of these services.

The **Public Affairs Campaign is timely** – we are heading into a provincial election where each politician running presents an opportunity for us to be heard and recognized.

The **Public Affairs Campaign is relevant** – four pharmacy medication management services will be the focus of our activity and will help to focus energy on the services to promote, implement, and improve the public's understanding and uptake.

The **Public Affairs Campaign is collective** – every pharmacist can be engaged; every pharmacist can access tools to improve communication with their patients and local politicians; every person you provide service to can speak on your behalf; every politician running for election can be informed about your services.

Collectively we will speak with one voice. We are focused in our messaging about pharmacy. We are focused with a target population. We are focused in our desired goals. Your energy can be focused on the areas of pharmacy practice that fit with the Public Affairs Campaign

and we will work together to focus your attention on what matters most – the recognition and compensation of professional pharmacy services.

We will communicate our plans and opportunities for involvement with you. Keep your eyes open for email updates from Pharmacists Manitoba for the details – this is one you don't want to miss! In the meantime, we welcome your calls to learn more and find out how you can focus your energy with us.



Sharon Smith  
President



Brenna Shearer  
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## BREAKING WITH TRADITION - PHARMACISTS MANITOBA CONFERENCE

The 2015 Manitoba Pharmacy Conference took place at the RBC Convention Centre from April 25 - 27, 2014. The conference theme of Breaking with Tradition resounded throughout the entire Conference weekend highlighted by guest speakers, interactive sessions, and social events.

Each year the Conference Planning Committee identifies relevant and important topics for pharmacists. The goal is to develop education sessions that enhance the knowledge of pharmacy practitioners and the quality of pharmaceutical care. Thought provoking and refreshing changes to the structure of sessions included the panel discussion and poll voting.

This year Pharmacists Manitoba Professional Relations Committee, developed a new and exciting Pre-Conference Workshop: Prescribing for Ambulatory Ailments. The workshop was very well received and helped to increase pharmacists' confidence applying their skills and knowledge into practice.



L to R: Scott McFeetors, President, Pharmacists Manitoba; Deanne Crothers, Minister of Healthy Living and Seniors; Sharon Blady, Minister of Health; Jill Officer; Barret Procyshyn, Vice-President, Pharmacists Manitoba; Brenna Shearer, CEO Pharmacists Manitoba

### Friday, April 17

This year we saw a strong representation of the government through the attendance of Minister of Health, Sharon Blady and Minister of Healthy Living and Seniors, Deanne Crothers at our Conference opening.

Jill Officer, from the Canadian Women's Olympic Curling Team, opened the Conference sharing her inspiring story of how she became an Olympic Gold Medalist. Her touching story energized delegates to be focused and engage their minds for the weekend's sessions.

The afternoon sessions were kicked off with 5 Things Pharmacists Should Know and mPharmacy: Evolution of Apps. Following the Friday afternoon sessions, delegates were invited to the Canadian Museum for Human Rights to partake in an evening of celebration.

### Night at the Museum

The evening began with a retirement reception for Dr. Keith Simons. He was recognized by the College of Pharmacy, University of Manitoba, colleagues, family and friends for his contributions and dedication to pharmacy. It was evident by the words spoken that Dr. Simons has contributed much to his students' development and the pharmacy community. We wish him well in his retirement!



Dr. Simons, Dean Neal Davies



L to R: Bobby Currie, Sheila Ng, Mel Baxter, Zahid Zehri, Mike DiDomenicantonio

MSP held its Annual General Meeting at the Museum. It was during the meeting that MSP honoured the outgoing Board of Directors, announced the newly elected Directors and where, by a unanimous vote, we became - PHARMACISTS MANITOBA!

Following the AGM, delegates and guests were invited on a guided tour of the Canadian Museum for Human Rights. The tour took delegates through the interactive and thought provoking exhibits and ended in the Garden of

Contemplation for an evening cocktail party. The informal reception was a great way for everyone to catch up with colleagues, have fun and appreciate the architecture of the museum.



## Saturday, April 18

An early morning breakfast and session on COPD kicked off a very busy and energized Saturday! Following the Practice Spotlight, the College of Pharmacists of Manitoba held its Annual General Meeting.

A light buffet lunch followed in the exhibitor's hall, where attendees met with various organizations, closely tied with pharmacy, who showcased their new products and services. For the third year in a row, Poster Presentations were held in the exhibitor's hall, allowing presenting authors a forum to display their work.

Congratulations to this year's First Place Ribbon recipient, Kathryn Peterson for her presentation: **Oral Clindamycin Use in a Pediatric Emergency Department**. Second place was awarded to, Kevin Friesen, for his poster: **Long Acting Opioids – A CONTINUing Concern?**



L to R: Brenna Shearer, Kathryn Peterson, Jane Farnham



L to R: Jane Farnham, Kevin Friesen, Brenna Shearer

### *Young Leaders*



Front Row L to R: Amy Lo, Nicole Lee, Juliana Nguyen, Jillian James, Jaclyn Deonarine, Chelsea Kokan, Robyn Small, Ashley Ewasiuk

Back Row L to R: Heidi Marchall, Kulwant Singh, Cody Hotel

The afternoon sessions began with the Young Leaders Awards presentations. The Award, sponsored by Pharmacists Manitoba and the College of Pharmacists of Manitoba, recognizes pharmacists in their first five years of practice and fourth year pharmacy students.

This year the awards were presented by, Scott McFeetors, President of Pharmacists Manitoba, to eleven recipients. These recipients are presented with this prestigious award for their demonstrated natural leadership and desire to make an impact on the profession.

Following the award acknowledgments a new structure for the Issues Forum was introduced. The session began with a panel discussion that addressed hot topics in pharmacy. Afterwards, delegates were able to ask the panel questions and interact through a real-time polling system.

### **Gala Dinner and Awards Banquet**

The Annual Gala Dinner and awards ceremony celebrating outstanding members and leaders in Manitoba's pharmacy profession was held Saturday evening. Guests enjoyed light jazz music throughout dinner, and a decadent dessert buffet – and the Jets game! Once the dinner and awards banquet concluded, the Jets playoff game was projected on the big screen.

A big hit of the evening was the Las Vegas themed casino games. Guests played with imitation chips which they exchanged for tickets to enter into the silent auction. Congratulations to all the prize winners and thank you to our prize donors: Tonic Spa & Hair, Dauphin Clinic Pharmacy, Esdale, Scotiabank, Academy Massage, McKesson, and CPBA/Marsh.



## Manitoba Society of Pharmacists Award of Merit

*Alison Desjardins*



Alison Desjardins graduated with a pharmacy degree from the University of Manitoba in 1995 and has been practicing community pharmacy ever since, the first 5 years in Winnipeg and Brandon, and the past 15 years as owner/manager of Birtle Pharmacy in Birtle, Manitoba. Alison has served on the MSP Board of Directors twice in her career, first for three years as a new grad, and recently for four years from 2009 to 2013.

Alison has held two executive positions on MSP, Honourary Secretary Treasurer and Second Vice President, and has chaired several committees including Pharmacare, Good Governance and Communication. Since finishing her term in 2013, Alison has remained active on several MSP committees including Government Relations, PCH Negotiations, Good Governance, and Finance. She further supported MSP by participating in MSP's Day of Action last November.

Her pharmacy involvement extends beyond MSP, as she has participated on CPhM's Standards of Practice committee, particularly the Methadone and PCH groups, and is also a member of the Pharmacist Reference Group for Canada Health Infoway.

## Takeda Magnum Opus Award

*Dr. Hajra H. Mirza*



An international pharmacist from the UAE, Dr. Mirza earned her PharmD from Purdue University Indianapolis USA. During her undergrad she completed a project on "Competency of Pharmacist" and since then has been interested in enhanced patient care. With 2 years of practice at a hospital and 5 years of experience in community, she realized gaps in primary care services, and as a pharmacist, how she can be of value to fill them. To further her education in this area she completed ADAPT certification.

Upon arrival in Norway House she was optimistic of using her training and certifications to optimize patient outcomes. Being the sole pharmacist in a very busy pharmacy, the biggest challenge was to develop a Collaborative Care Model without delaying prescription dispensing. Using the experience gained as a community pharmacist, QUIT certification and prescriber's license, every intervention, comprehensive medication review, or smoking cessation counselling has brought her closer to patients as a primary healthcare provider.

The Norway House community has high prevalence of diabetes and as such Dr. Mirza is also expanding her education in areas of diabetes management.



Scott McFeetors



Barrett Procyshyn



Scott graduated from Pharmacy at the University of Manitoba in 1988, having previously received a BSC from U of M in 1985. After graduation, he worked in the brand new (in 1988) Pediatric Intensive Care Unit at HSC for over a year, and then moved to Port Hope, Ontario for a 2 year community pharmacy position with York Super Pharmacy (Aug 1989- Aug 1991).

When his commitment in Port Hope was complete, he moved back to Winnipeg taking a position with the Health Sciences Center in the Sterile Products/Chemotherapy department. Scott remained in that position until the start of 1998 when he accepted a position with Loblaw Companies, with whom he continues to be employed. During his tenure at Loblaw, Scott has been a staff pharmacist in Kenora, a pharmacy manager in both Extra Foods and The Real Canadian Superstore, and currently he is the Director of Pharmacy Operations for Manitoba and Northwestern Ontario. He is an enthusiastic proponent of the practice of pharmacy and the new professional services that were granted in January of 2014.

Barret Procyshyn graduated from the Faculty of Pharmacy at the University of Manitoba in 2009. Since graduating Barret has demonstrated his commitment to his community both in Dauphin and his hometown of Winnipegosis.

It was during that transition from student to professional, that Barret spent significant efforts to foster a spirit of dedication to the community through pharmacy. He initiated an effort which raised \$8,000 to assist the Svoboda charity to purchase medical supplies for Ukrainian orphans. Barret is a certified respiratory educator and also speaks at various community events on prescription drug abuse. Since the opening of the Dauphin Clinic Pharmacy's satellite store, he has taken on management responsibilities of this location, in his home town of Winnipegosis.

Barrett's dedication to the improvement of his community continues outside the pharmacy, as he participates in the ad hoc committee working to recruit a new physician, along with involvement in training family medicine residents as they do their rotation through the Family Medicine Residency program in Dauphin. He is currently employed as a community pharmacist at the Dauphin Clinic Pharmacy and is Pharmacist Manager at Winnipegosis Clinic Pharmacy.



*Pharmacist of the Year  
Dr. Shawn Bugden*

**Shawn Bugden's** academic aptitude was evident from the time he earned his first degree, a Bachelor of Science (Honours) – Zoology, from the Faculty of Science, University of Manitoba, in 1988. Over the next 23 years, he achieved high honours throughout his continually advancing education, including his Doctor of Pharmacy (PharmD) in 2011.

Shawn has actively and passionately advocated for advancement in pharmacy practice in Manitoba

throughout his career. He has dedicated countless hours in serving the College of Pharmacists of Manitoba and the College of Pharmacy. Dr. Bugden served as President of the MPhA with tenacity and integrity, and his work in drafting the Pharmaceutical Regulations Policy Document laid the groundwork for the tone and direction for the Regulations that were eventually approved and implemented in 2014.

Dr. Bugden continues to dedicate himself to the future of pharmacy through his roles as Chair of the College's Governance Committee and currently serves as the national President of the Pharmacy Examining Board of Canada. He continues to lecture on many forums from local to international venues, inspiring and challenging healthcare professionals to continue the advancement of the practice he is so dedicated to.



*Patient Safety Award  
Janice Coates*

**Janice Coates** has spent her pharmacy career dedicated to creating a culture which puts patient safety at the forefront of pharmacy practice in Manitoba. Jan is an advocate for the evolution of a health care system which prioritizes the availability and access to care in a safe and efficient manner for patients and their healthcare providers.

Jan worked tirelessly in her role as Regional Manager Clinical Pharmacy Services for Family Medicine, Primary

Care, Emergency Department, Community IV Program, Mature Women's Program with the WRHA, and provided strategic leadership emphasizing the need for patient-first, seamless care throughout the healthcare journey. Jan has prioritized the development of collaborative relationships with interprofessional teams to establish compliance with

safety programs and initiatives throughout the region.

Jan has spent years of dedicated service to committees and organizations, serving on the WRHA Professional Advisory Committee, Family Medicine Standards and Quality Committee, and co-chaired the Medication Quality and Safety Committee.

This commitment and dedication has resulted in being appointed to her current role as Director for the development of the University of Manitoba's Pharm. D. program. Jan will undoubtedly deliver a progressive program that will rate well above standard, and continue a legacy of patient safety in Manitoba.



*Bonnie Schultz Memorial  
Award For Pharmacy  
Practice Excellence  
Rick Thurmier*

**Rick Thurmeier** completed his Bachelor of Science (Pharm.) in 1980 at the University of Manitoba, and began his career in community practice before making the jump to hospital practice as a Mental Health Liaison Pharmacist and Staff Pharmacist. In this role, Rick's interest in psychiatric practice flourished and these years ultimately laid the ground work for his future professional endeavours.

Rick invested himself wholeheartedly in developing his expertise in psychiatric pharmacy practice. Always committed to providing progressive care for his patients, leadership for his colleagues, and education to

healthcare providers, in his role as Senior Pharmacist – Professional Practice at St. Boniface Hospital, he provided drug information support for dispensary and decentralized pharmacists, as well as direct support for pharmacy site managers and the pharmacy department management team. Rick's expertise was a commodity well used as he consulted with many Winnipeg Regional Health Authority and St. Boniface Hospital committees.

Rick has always believed that investing in the students of pharmacy was a guaranteed way to ensure that pharmacists remain an advancing and dynamic role in the healthcare team. As a Clinical Assistant Professor in Psychiatric Practice, College of Pharmacy, University of Manitoba, Rick was able to take an active role in supporting and educating students as they embarked on their own careers. When he wasn't lecturing in a classroom, he could be found working with the pharmacy student experiential program, mentoring and supporting both students and their preceptors.





## Sunday, April 19

The conference weekend ended with interesting sessions on supports for expanding scope of practice, compounding and immunization. It was at the Sunday morning sessions that pharmacists were presented with quantitative data and information about the impact of pharmacists as immunizers in Manitoba's vaccine and immunization strategy. The Short and Snappy sessions, a conference favourite, closed out the day with provoking topics such as, "Corn Flakes Cause Cancer." The College of Pharmacists of Manitoba Awards Luncheon honoured 25 Year Achievement Awards, 50 Year Achievement Awards, Honourary Life Membership and Honourary Membership.

### *Honourary Life Membership*



Dr. Keith Simons

### *50 Year Gold Pins*



Ronald Corrigan

Robert Paul

### *Honourary Membership*



Dr. William Pope

### *25 Year Silver Pins*



Back row L to R: Betty Dong, Dennis Wong, Bernadette Ogoms, Kathleen Christle, Janet Penner, Lora Joyce Gray, Claudia O'Donnell

Front row L to R: Cindy Yip-Wong, Margaret Leenders, Joy Prokopetz, Catherine Sabiston, Lengim Ingram

The Conference weekend was energizing and inspiring. Over 400 delegates participated in the various professional development seminars, social events, and meetings. The Conference Planning Committee would like to thank all the speakers, sponsors, exhibitors, and the College of Pharmacy student volunteers for their role in making the event a success.

Additionally, the Committee would like to recognize Pharmacists Manitoba President, Scott McFeetors for taking the lead role in chairing the conference this year. His contribution to developing and executing the event is greatly appreciated.

### Conference Planning Committee

Shawn Bugden

Cinthya Clark

Jill Eil

Karin Ens

Jillian James

Temi Kumolu- Johnson

Pam Johnson

Nancy Kleiman

Scott McFeetors

Kim McIntosh

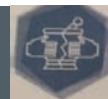
Kristine Petrasko

Casey Sayre

Brenna Shearer

Anna Spirikina

Kathy Wright



MANITOBA  
PHARMACISTS-AT-RISK  
PROGRAM

Thank You! The members of the Pharmacists at Risk committee (P.A.R.) would like to express their deepest thanks to the 2015 MSP Conference participants who supported our raffle. Thank you to Procurity Inc. for providing the signed Winnipeg Jets jersey - won by Britt Kural! Our appreciation also to the Pharmacists Manitoba staff for their help in setting up the raffle and selling the tickets.

## Publication of Abstracts – 2015 Annual Manitoba Pharmacy Conference

The Annual Manitoba Pharmacy Conference included poster presentations for the third year in a row. Five presentations were on display at the Poster Pavilion. The following four abstracts which were submitted for publication in Communication. Pharmacists Manitoba and the Conference Planning Committee would like to thank all presenters for their participation in the Poster Presentation and congratulate the First Place Ribbon recipient, Kathryn Peterson for her poster: Oral Clindamycin Use in a Pediatric Emergency Department

### **Title:** Oral Clindamycin Use in a Pediatric Emergency Department

Peterson, K<sup>1</sup>; Walus, A<sup>1</sup>; Fanella, S<sup>2</sup>; Manulak, J<sup>3</sup>.

<sup>1</sup>Winnipeg Regional Health Authority, Winnipeg, Manitoba; <sup>2</sup>University of Manitoba, Winnipeg, Manitoba; <sup>3</sup>Lake of the Woods District Hospital, Kenora, Ontario

### **Background:**

Clindamycin is rarely used as first-line therapy because of its limited spectrum of activity and adverse effect profile. Oral clindamycin usage in a Children's Hospital Emergency Department (CHED) greatly increased in 2012. Increased usage warranted investigation.

### **Objectives:**

The primary objective of the study was to assess whether oral clindamycin was used appropriately in CHED. Secondary objectives included assessing the incidence of adverse effects and treatment failures, microbiology and susceptibility profiles of infections treated, and the prescribing service involved.

### **Methods:**

A retrospective chart review was conducted on pediatric outpatients aged 18 years or younger who received oral clindamycin in CHED between October 1, 2012 and September 30, 2013. Criteria for appropriate clindamycin use were developed for this review. Patient demographics, pertinent medical history, indication for use, associated adverse effects, treatment failures, microbiology, and prescribing service were collated. Data were analyzed using descriptive statistics.

### **Results:**

Of 122 patients who received oral

clindamycin in CHED, therapy was appropriate for 106 (86.9%). Skin and soft-tissue infection (SSTI) was the indicated disease state for 107 (87.7%) of all prescriptions. Simple cellulitis treatment comprised 12 (80%) cases of inappropriate clindamycin use. Incision and drainage was performed in only 21 (22.1%) of purulent SSTIs. One or more adverse events or treatment failures occurred in 28 (23%) patients. Methicillin-resistance was found in 29 (69%) cultures that isolated *Staphylococcus aureus*. Of 80 blood cultures taken, none showed bacteremia. Fifteen patients (12.3%) presented to the CHED greater than 4 times; Infectious Diseases was consulted in a timely manner for only 4 (26.7%) of these cases.

### **Conclusion:**

Oral clindamycin is used appropriately in the majority of cases in the CHED. Adverse events and treatment failures were common among those who received clindamycin. Education is required to optimize outpatient SSTI management using non-pharmacological methods and antimicrobials with fewer associated adverse effects.

### **Title:** Long Acting Opioids – A CONTINUing Concern?

Authors: K Friesen BSc (Pharm) MSc (candidate), S Bugden B.Sc. (Pharm), M.Sc., Pharm.D.

### **Introduction:**

Opioid analgesics can play an important role in the treatment of pain, and access to adequate pain treatment can be considered a human right. However, there is increasing concern surrounding the rapid rise in opioid use, potentially inappropriate prescribing, and abuse. Pharmacists

are at the front lines of this delicate balance of appropriate care. We examined the trends and patterns in opioid consumption in Manitoba with a particular focus on the long acting preparations.

### **Methods:**

We conducted a longitudinal study of the use of prescription opioids, in the community setting, in Manitoba from 2001-13. DPIN claim data was used to determine opioid use. All prescriptions quantities were converted to morphine equivalent milligrams based on conversions found in the Canadian Guideline for Safe and Effective Use of Opioids in Chronic Non-Cancer Pain.

### **Results:**

We found the amount of opioids dispensed in Manitoba increased by 233% from 2001 to 2013. Long acting opioid use increased more rapidly (370%) than short acting opioid use (137%) over this period. However, the number of opioid users per year increased by only 14%. Therefore, while the number of people using opioids increased modestly, those using opioids are using them in higher quantities and for longer periods of time. Oxycodone (711% increase) and hydromorphone (696% increase) contribute the most to this increase in opioid use.

Long acting oxycodone use peaked in 2009 when it accounted for 48% of all long-acting opioid preparations dispensed. Following the Pharmacare policy change which moved Oxycontin<sup>®</sup> from part 1 to part 3 coverage the amount of long acting oxycodone dispensed began to drop. In the first year after the change there was a 14% decline in Oxycontin<sup>®</sup> use.



This decline continued, albeit at a slower rate, through the replacement of Oxycontin® by OxyNeo® in 2012. Not unexpectedly this decline was offset by an increase in long acting hydromorphone use. There was also an increase in the use of short acting oxycodone products which were not subject to formulary restrictions.

#### **Conclusion:**

There has been a substantial increase in the use of opioids in Manitoba. Understanding the patterns of opioid use may help pharmacists in their role in guiding the appropriate use of opioids.

#### **Title:** 3-Year Retrospective Review of Efficacy of a Remote Pharmacist Directed Warfarin Service

Authors: Schroeder, K.<sup>1</sup>, Noorbhai, R.,<sup>1</sup> McDonald K.<sup>1</sup>, Hotel C.<sup>2</sup><sup>1</sup> The Northwest Company, Winnipeg, MB <sup>2</sup> Interlake-Eastern RHA, Selkirk, MB

#### **Rationale:**

High turnover of medical staff in remote communities continues to be an issue that leads to poor continuity of care and suboptimal management of patients on narrow therapeutic index medications. Since an initial pilot in 2011, a pharmacist directed anticoagulation management service has provided continuous anticoagulation monitoring services to a series of 6-remote communities and 1-family health team. This review expands on the originally presented pilot to analyze over 3 years of data, assessing %-time in range (%-TIR) and major bleeding and thrombotic events.

#### **Description and Implementation**

A pharmacist directed warfarin management program was first developed as a hospital based management program in 2004 using a telepharmacy model. In 2011 the model was piloted for application in community practice. Data from the initial pilot found %-TIR to be 67.1%, which was higher than other reported comparison programs. A re-evaluation of the program outcomes was

undertaken in January 2015.

#### **Evaluation:**

From August 1, 2011 through December 31, 2014 there were 207 patients enrolled in the program, with a current active roster of 74 patients spread over 7 communities. There were 10 moderate/major bleeding events reported in the trailing 24 months and 1 reported stroke. Over the study period, 121 patients were discontinued from the protocol and 12 were lost to follow up. During that time frame %-TIR maintained consistency with %-TIR of 68.1% in 2011-12, 67.8% in 2012/2013, and 73.0% in 2013/14. Since implementation, 6 different pharmacists have coordinated management of the program. Impact and Importance During the study period, the program maintained consistent, high level patient outcomes in the face of the inherent challenges of remote practice. Despite the availability of alternative anticoagulation products, pharmacist directed warfarin programs remain a safe and effective means of anticoagulation.

#### **Title:** Senior Wellness Program: An innovative collaborative approach to provide comprehensive patient-centered care to promote healthy and independent living at home

Authors: S Dhaliwall<sup>1</sup>, K Frederiksen<sup>2</sup>, G Barlow<sup>2</sup>, J Broomhead<sup>2</sup>, K McDonald<sup>1</sup>

North West Telepharmacy Solutions, Brampton and Deep River, Ontario<sup>1</sup>; Chapleau & District Family Health Team, Chapleau, Ontario <sup>2</sup>

#### **Aim**

In 2013, a remote, northern Ontario Family Health Team (FHT) identified a growing aging population in the community. In order to serve the population more effectively, a Senior Wellness Program was established in early 2014 to help promote healthy and independent living using a collaborative approach. Remote technology was utilized to ensure a

clinical pharmacist was also included as part of the collaborative team since the FHT had no on site pharmacist.

#### **Method:**

Invitation letters, on behalf of the FHT physicians, were sent to all patients over the age of 65 to participate in the Senior Wellness Program. Interested patients were first interviewed by a FHT nurse who completed a lengthy Senior Wellness documentation tool. Following the FHT nurse interview, the patient was interviewed remotely by the clinical pharmacist who reviewed the patient's medication regimen and answered any medication-related concerns. The remote pharmacist ensured a medication falls risk assessment was conducted along with a medication risk assessment for osteoporosis during the interview. Both the nurse and remote pharmacist documented recommendations based on their findings. The FHT physician reviewed all assessments and recommendations and discussed end of life plans with the patients.

#### **Results:**

Sixty-two patients enrolled into the Senior Wellness Program between February 2014 and September 2014. The remote clinical pharmacist interviewed 56% of patients enrolled in the program and made 2.1 recommendations to resolve potential drug related problems per patient. The acceptance rate by the FHT physician was 55.8%

#### **Conclusion/Significance:**

Remote technology is a feasible option to include a clinical pharmacist into collaborative programs for Family Health Teams unable to have a pharmacist physician on site.

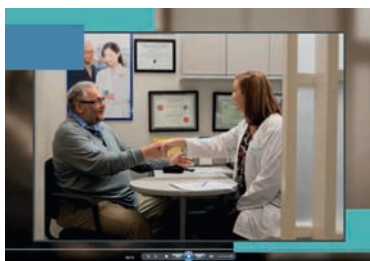
# PHARMACIST AWARENESS MONTH 2015

The Public Relations Committee implemented a communication strategy that was targeted to reach the public during primetime hours. Shifting the focus from a heavy presence in print allowed Pharmacists Manitoba (formerly MSP) to build on the frequency and reach in TV and Radio advertising.

Radio advertisements were purchased on CJOB, CKDM, and NCI FM.

In addition to 30 second radio advertisements, we were able to air our tag line: "Pharmacists in Manitoba, Healthcare Where you Need it, When You Need It" as traffic and weather sponsorship tags, helping us to increase the frequency with which our message was heard.

We worked with CTV to develop a 20 second commercial that aired on CTV Winnipeg during primetime hours and ran along popular shows like Dr. Oz, Ellen, and CTV News.



## March is Pharmacist Awareness Month!

Minister of Health, Sharon Blady, proclaimed March Pharmacist Awareness Month. She was supportive of promoting pharmacists and stated in our joint news release, "Our government knows just how hard pharmacists work to provide quality care to their patients. Pharmacists are an invaluable part of a person's health care team and play an important role promoting and encouraging Manitobans to lead healthy lifestyles. My family and I have taken advantage of pharmacists' expanded scope of practice by getting our flu shot at our local pharmacy, and I encourage Manitobans to talk to their pharmacists about this and other health services they can provide."

Print advertisement was used strategically throughout the province. Pharmacists Manitoba purchased advertising space in:

- Metro Winnipeg
- Westman Journal
- Lifestyle 55
- Senior Scope

Our continued partnership with these publications allowed us to provide pharmacy editorials that focused on expanded scope of practice and the future of pharmacy. The editorials were printed weekly, and available as web publications as well.

MANITOBA PHARMACISTS  
HELP OVER 50,000 PEOPLE A DAY



MEDICATION REVIEWS | INJECTIONS  
MINOR AILMENTS: COUNSELLING & PRESCRIBING  
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HEALTHCARE: **WHERE YOU NEED IT**  
**WHEN YOU NEED IT**

#PHARMACISTS  
#HELPING50KADAY



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## More services from pharmacists available



Nobody likes spending time in a doctor's waiting room, especially if they're sick.

Fortunately, some of those long waits can be avoided now that Manitoba pharmacists can offer new services all across the province, according to Bobby Currie, a Manitoba Society of Pharmacists board member.

"Manitoba pharmacists can provide more services than ever before. Pharmacists may

be able to renew your prescription when you run out of refills, provide convenient injections and even prescribe treatment for minor ailments," she says, adding that in the near future, some pharmacists can start ordering lab tests for customers.

"Pharmacies are convenient and accessible ways to access healthcare. I know I find it difficult to get to a public health clinic for my flu shot every year. This fall, I was

able to stop in at my pharmacy after work right at the beginning of flu season."

Pharmacies are available in communities across Manitoba — even in many of the most remote areas.

"I recommend talking with your pharmacist today about how you can benefit from the additional healthcare services they can provide," Currie adds.

For more information, visit [msp.mb.ca](http://msp.mb.ca).

## PAM Spotlight!

In the spirit of Pharmacist Awareness Month, the students of the College of Pharmacy, University of Manitoba, decided to undertake many initiatives in order to celebrate and promote the profession. Throughout the month of March they held many events, which included a Pharmacy Wish Tree and Breakfast, a Diabetes Speaker Symposium, and elementary school presentations and activities. Additionally, they held a Diabetes Awareness Booth at Portage Place Shopping Centre on Friday, March 13th. Collaborating with the Canadian Diabetes Association as well as Britt Kural and Lengim Ingram, who are both practicing certified diabetes educator pharmacists.

Their goal was to reach out to the community to raise awareness and remind the public that healthy life style modifications could help reduce their risk of developing type-2 diabetes. The booth gave visitors the opportunity to do CanRisk questionnaires, discuss any questions they had about diabetes and learn about diabetes prevention through exercise and eating a balanced diet. The event was a great success and the volunteers spoke to more than a hundred guests!



## BEYOND PAM 2015 ...

At the end of 2014, the Public Relations Committee met with pharmacy stakeholders to develop a government and public relations campaign that would place pharmacy at the forefront of political discussions over the next 12 months.

Over the past several months the Public Affairs Campaign Advisory Group has been meeting to plan the next steps for the campaign. We have partnered with Edleman Canada, one of the world's largest public relations firms with extensive experience in campaign-style public advocacy, to launch a 12 month pre-election campaign.

We'll get Manitobans talking about their unmet healthcare needs and how publically-funded pharmacy services can address them. We'll make sure that our issues are election issues – but we can't do it without you.

We need our members to be engaged! We will have several opportunities to get involved - stay tuned!

## NATIONAL PRESCRIPTION DRUG DROP-OFF DAY

Together with our partners, Pharmacists Manitoba issued a news release throughout Manitoba to promote National Prescription Drug Drop-off Day.

A poster was created to help pharmacies promote the Day and educate patients on how to dispose of unused or expired medication properly.

Thank you to our partners and members who helped promote the day!

**Return Your Unused Medication Here**

**National Prescription Drug Drop off Day**  
**MAY 9, 2015**

**Why Should I Return Unused and Expired Medication?**  
Keeping unused and expired medicine in your home can be dangerous if misused. Throwing medicine in the trash or down the drain can be harmful to the environment. Returning medicine you no longer need to the pharmacy is the best way to ensure that it is disposed of safely and properly.

**What Can I Return?**

- all prescription drugs
- over the counter medications
- bottled liquids, patches and inhalers
- loose medications, in vials, and blister packs

**Where Can I Return Medications After May 9th?**  
The Manitoba Medications Return Program is available at most local pharmacies all year-round. A list of all the Manitoba locations is available at: [www.healthsteward.ca](http://www.healthsteward.ca)

**Any medications using needles should be disposed of in sharps containers, which are available at most pharmacies**

**PHARMACISTS MANITOBA** **MEDICATIONS RETURN PROGRAM** **COLLEGE OF PHARMACISTS OF MANITOBA** **MANITOBA UNIVERSITY**





## Meet Your New Board of Directors!

We are pleased to present the 2015 -2017 Board of Directors for Pharmacists Manitoba! Our returning and newly appointed Directors are already enthusiastically working to carry out the mission and vision of Pharmacists Manitoba and continue the work of their predecessors.



**Sharon Smith**  
**President**



**Barrett Procyshyn**  
**Vice- President**  
**CPHA Liaison**



**Todd Derendorf**  
**Secretary**  
**Good Governance**  
**Committee Chair**



**Dennis Wong**  
**Treasurer**  
**Finance and HR**  
**Committee Chair**



**Jaden Brandt**  
**Membership Services**  
**Committee Chair**



**Marcus Vasconcelos**  
**Government Relations**  
**Committee Co-Chair**



**Florence Kwok**  
**Government Relations**  
**Committee Co-Chair**



**Graham Trott**  
**Professional Relations**  
**Committee Chair**



**Chris Tsang**  
**Public Relations**  
**Committee Chair**



**Scott McFeetors**  
**Past President**





## Student Night Team Challenge Winners!

# STUDENT NIGHT: 80'S FLASHBACK!



Pharmacists Manitoba hosted the annual event which celebrates the students at the College of Pharmacy. This year over 70 students attended and enjoyed a fun and relaxed atmosphere where they socialized with their peers and met the Pharmacists Manitoba staff.

This year's event broke with past traditions and was themed - 80's Flashback! The students enthusiastically paid homage to the era in style and danced the night away to the 80's tunes played by a live DJ. Prizes were awarded to the best dressed male, female, group, and best Madonna.



1<sup>st</sup> Place Sildena Fill-You-Up



**BEST** Dressed Female



**BEST** Group



**BEST** Madonna



**BEST** Dressed Male



2<sup>nd</sup> Place Brenna's Boys

The students enjoyed food, refreshments and the opportunity to compete for prizes. Seven teams participated in the Student Night Team Challenges which consisted of 3 ball pool, darts and mini-putt. The students put their best efforts forward into choosing team names and their creativity knew no bounds.

Friendly rivalries between the teams made for fierce competitions and boisterous celebrations when Sildena Fill-You-Up won first place and the coveted Student Night Trophy by 15 points! Along with the gift cards provided by Pharmacists Manitoba, prizes for the event were provided by the King's Head Pub.



3<sup>rd</sup> Place TJSK

The success of the evening is largely dependent on the College of Pharmacy, Faculty of Health Science, Student Liaison to the Board of Directors and this year we had the privilege of working with Kevin Huang. Thank you Kevin for all your efforts with Student Night and all the tasks you've assumed as part of your role.

The Pharmacists Manitoba Board of Directors and staff wish all the College of Pharmacy students the best for the future. We look forward to hosting another event next year and encourage students to attend.

If you have any suggestions or feedback, we'd be pleased to hear it. Email us at: [info@pharmacistsmb.ca](mailto:info@pharmacistsmb.ca)



Most Honest JEBS

Photo Credit: Joyce Umandap  
3rd Year Pharmacy Student



# Pharmacists Manitoba Annual Membership Renewals

Once again, it's that time of year when Pharmacists Manitoba (formerly MSP) asks our members to take out their wallets and support the organization through membership renewal. The Board of Directors and staff of Pharmacists Manitoba spend considerable time and effort to ensure our members are receiving value for membership and understand the importance of being a part of your professional advocacy organization. After all, it really is your organization.

In the past year, much work has gone into implementing improvements to ensure that we are meeting your needs. So just what is new?

New name – Pharmacists Manitoba Inc. captures exactly who we are what we represent.

New alliances - One low fee, two great advocacy organizations! Membership with Pharmacists Manitoba Inc. includes CPhA membership. CPhA no longer has individual members – Pharmacists Manitoba is the organizational member of CPhA and as a member of Pharmacists Manitoba you will automatically become a

member of CPhA and have access to all the benefits of CPhA membership.

Increased flexibility – Professional liability insurance offerings have been overhauled - Tailor your insurance to meet your needs. Renew or become a member of Pharmacists Manitoba and choose your preferred level of professional liability insurance. Already have personal insurance through your employer? CPBA and Pharmacists Manitoba offer a new complementary insurance policy specifically developed to “top up” the personal insurance offered by your employer at an incredibly low price.

Increased access – The introduction of member profiles on our website and the move to a complete online renewal process increases access to your information including the ability to update email addresses and other personal information. The profile also allows you to print receipts and track member events that you have participated in. This increased functionality allows the organization to focus efforts on meeting your needs both at an individual and organizational level.

The past year has seen a burst of activity at Pharmacists Manitoba and the momentum continues to build. With a provincial election looming, the focus on advocacy will reach new heights. The Public Relations Committee will continue public education on the value of pharmacists' professional services and inspire political action through direct community outreach with a Manitoba Public Affairs Campaign. More information on the campaign can be found in this issue of “Communication” in the both the Executive Message and the Pharmacist Awareness Month articles.

For more information on the benefits of membership, becoming a member or renewing your membership please visit the website at [www.pharmacistsmb.ca](http://www.pharmacistsmb.ca).

All pharmacists benefit from the advocacy efforts of Pharmacists Manitoba but it takes a strong commitment from all pharmacists to ensure the organization has the resources necessary to effect change. Renew your membership today, talk to your colleagues, get involved and lend your support to our efforts to move the profession forward. Together, we can make change happen.

## Sound Familiar?

Increased work volumes  
Staffing problems  
No breaks  
Patients with no patience

Ever feel like saying  
“who peed in your corn flakes this morning?”  
We have all experienced some trying moments  
at work - some more challenging than others.

Read what your colleagues have said  
in the Survey Says results at the  
Manitoba Pharmacists at Risk website.

Please visit us at  
[www.pharmarisk.mb.ca](http://www.pharmarisk.mb.ca)  
Let us know what you think



“let us help...YOU...keep it together”



CANADIAN  
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DU CANADA





# Estate Freezes

Estate freezing is an effective method of minimizing the amount of tax payable upon your death. This is because the value of the asset will be frozen at the time of the estate freeze, resulting in future growth being taxed in the hands of the beneficiary. Since an estate freeze requires you to give up future income and growth on an asset, estate freezes are usually done when you are in your sixties or are comfortable with the current value of your estate. If an estate freeze is done too soon, you run the risk of running out of money.

## Estate Freezing - The Easiest Way

The simplest way to do an estate freeze is to gift specific assets to your adult children prior to death. This requires you to calculate how much you need to live on in retirement and then determine if you have assets in excess of that. The excess assets can then be gifted to your adult children and future income and growth of the asset will now be taxed in your adult children's hands. It is important to note that for tax purposes this gifting will be treated as if you sold these assets at fair market value and therefore if the assets have increased in value you will be subject to tax. In addition, you will have lost control of these assets and therefore your adult children will be able to do whatever they want with them, as the transferred assets now belong to them.

## Estate Freezing - Without Losing Control

If you would like to retain control of the assets in your lifetime, a more formal estate freeze will need to be implemented. A formal estate freeze can be used for a variety of assets including, a portfolio of investments, a family business or real estate holdings. This type of estate freeze involves either setting up a corporation (if the assets are held personally) or a corporate reorganization of shares (if the assets are currently held in a corporate entity).

## How does this work?

The best way to explain a formal estate freeze is through an example. Let us assume:

Mr. Smith, age 60 has a daughter Sarah, age 42

Mr. Smith is the sole owner of a small business corporation, XYZ Corp

XYZ Corp is currently worth \$1 million and is expected to increase in value substantially over the next 10 years. Mr. Smith is comfortable with his current net worth and would like any increase in XYZ Corp shares to attribute to Sarah. To effectively transfer the future growth of XYZ Corp to Sarah the following steps must be taken.

Mr. Smith exchanges his XYZ Corp common shares for 1,000 preferred voting shares with a redemption value of \$1 million. These shares are retractable meaning that at any time Mr. Smith is able to redeem his shares for cash. This reorganization of shares does not trigger any tax consequences due to a special section in the Income Tax Act. Sarah then subscribes for 100 common shares of XYZ Corp at a nominal value (\$1/share). As a result of this corporate reorganization any future growth of XYZ Corp will belong to Sarah, as she owns the common shares of the company. This is because common shareholders retain an equity interest in the company which entitles them to future profits. On the other hand, preferred shareholders retain an equity interest in the company, which has been fixed at a dollar amount. Mr. Smith's interest in XYZ Corp has been frozen at the current market value of \$1 million. Because Mr. Smith's preferred shares are voting and he has 1,000 shares (vs. Sarah's 100 shares), he still retains control over XYZ Corp.

## Using a Discretionary Trust

If you would like to pass on future growth of an asset to a number of beneficiaries including minor children, a discretionary family trust could be used. Rather than the beneficiaries subscribing directly for the new common shares (as was the case with Sarah in the above example), the family trust would subscribe for the shares. A discretionary trust would provide protection from the children mis-managing the shares and in addition allow the trustees of the family trust to determine which beneficiaries get which assets and the timing of these distributions. A trust can also be used when the beneficiaries have not yet been determined.

## Seeking Professional Help

It is very important that you speak to your professional advisors prior to undertaking an estate freeze. Your advisors can help you determine what is ultimately appropriate for you.

February 2014

This article is intended to provide general information related to Will and estate planning and is not intended as legal, tax or other advice. No one should act upon this information without seeking the advice of his or her own professional advisor.

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# Bugs, bites and stings

Meera Thadani, M.Sc. (Pharm.)



“Bugs” more correctly insects, (Latin *insectus* - cut into sections) belong to the animal kingdom. They are the most diverse animal group with more than a million described species. Those that bite and sting are of concern because they can transmit disease in addition to causing local irritation. In some sensitive patients, allergic reactions can be life threatening and require immediate medical attention.

Stinging and biting insects are divided into two categories; venomous and non-venomous (Table 1, Figure 1). Venomous insects inject toxic venom through the sting as a defense mechanism; while biting insects, for example the mosquito, require a blood meal to obtain protein needed to produce eggs. Non-venomous bites produce local irritation and allergic reactions in response to the saliva and anti-coagulants injected by the insect and may transmit disease. However, only venomous stings produce serious reactions such as anaphylaxis.

**Table 1 Common stinging and biting insects**

Venomous (sting)	Non-venomous (bite)
Ant	Bed bug
Bee	Flea
Hornet	Louse
Wasps	Mosquito
Yellow jacket	Scabies mite
Spiders (bite)	Tick



Figure 1 Wasp with stinger (left), mosquito filling up on blood (right).

There are symptomatic differences between stings and bites (Table 2). Venomous stings are painful and the redness and swelling can spread up to twelve inches around the sting entry point. In sensitive individuals, a systemic reaction with hives, swelling and itching in areas other than the site of the sting, hoarse voice or swollen tongue, tightness in the chest and difficulty in breathing indicate anaphylaxis requiring immediate medical attention.

Anaphylactic shock is the most severe type of anaphylaxis. It occurs when an allergic response triggers a rapid release of large amounts of inflammatory mediators from mast cells (histamines, leukotrienes, prostaglandins) which cause systemic vasodilation (resulting in a sudden decrease in blood pressure) and edema of bronchial mucosa (causing bronchoconstriction). Anaphylactic shock can lead to death in a matter of minutes if left untreated.

**Table 2 Symptomatic differences between stings and bites**

Symptoms	Venomous (sting)	Non-venomous (bite)
Pain	Always	Uncommon
Itching	Sometimes	Always
Swelling and redness	Can be intense	Absent or mild
Allergic reactions	Common	Occasional

## Treatment of stings

In honeybees, the stinger is attached to the venom sac and must be removed because venom continues to pump until the sac is empty or the stinger is removed. Honeybees die once they sting because the stinger is left behind embedded in the skin (Figure 2). Wasps and hornets keep their stingers and can sting repeatedly (Figure 1). Table 3 provides the appropriate treatment suggestions for stings.<sup>1,2</sup>

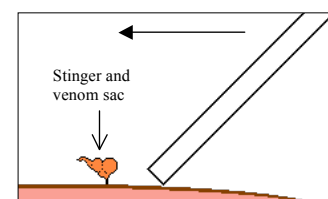


Figure 2 Stinger with venom sac attached (left); removal of stinger with a dull straight edge such as a card (right).<sup>2</sup>

**Table 3 Treatment of stings**

Symptom	Medication
Pain and swelling	Oral analgesic/anti-inflammatory
Itching	agent Oral antihistamine/topical antihistamine Local anesthetic Topical anti-inflammatory (hydrocortisone up to 1% non-prescription)
Prevention of infection	Topical antibacterial



## Spider Bites

Spiders will not bite humans unless provoked. Most spider bites produce a mild reaction in humans such as itching, swelling and inflammation. Spiders that are a risk to humans in North America (Canada and the US) include (Figure 3):

- black widow spiders (about 2.5 cm)
- brown recluse spiders (about 2.0 cm)
- tarantulas (size and color vary widely, from front right leg to rear left leg, 11.4 to 28cm)



Figure 3 Black widow, brown recluse, tarantula (left to right)

*Black widow* spiders release a neurotoxin. The bite from a black widow may go unnoticed or feel like a pinprick. Two small, red spots indicate fang marks. Some may not suffer any ill effects, while others may suffer severe pain and cramps that spread from the site of the bite to the large muscles of the arms, legs, and abdomen, usually occurring in 30 to 60 minutes after the bite.

The toxin can also cause salivation, high blood pressure, constriction of blood vessels, fast heart rate, pain, numbness, tingling, headache, anxiety, sweating, nausea, and vomiting. The venom can cause fatal systemic reactions, especially in very young and old people.

*Brown recluse* spider bites produce necrosis of the skin and surrounding tissue. Often painless, the bite may sting. Within a few hours, the area becomes surrounded by a bluish-white ring. Painful and itchy in most people, the bite will heal in 2 to 3 days. However, in others, the toxin will cause swelling, tissue death, and haemolysis. A scab forms over the site and may leave a scar. Ocular effects may include swelling or drooping of the eyelid.

Other symptoms within 72 hours of the bite include fever, chills, nausea, vomiting, headache, and weakness. Rare systemic complications of brown recluse spider bites include kidney failure and hemolytic anemia.

*Tarantula* hairs contain a toxin that can cause a serious skin rash, an allergic reaction, and possibly anaphylactic shock. A threatened tarantula spider will eject up to thousands of small hairs from its hind legs that can pierce human skin. This produces itchy bumps on the skin that can last for weeks. Those handling tarantulas should wear gloves or wash their hands because the hairs are easily transferred to the eyes and can cause serious irritation. Tarantulas rarely bite. Bites are usually harmless but occasionally cause pain and swelling.

## Treatment of bites

Itching is the predominant symptom of insect bites. Topical antihistamines and anesthetics provide quick but temporary relief. Hydrocortisone has a slower onset but longer duration of action. Oral antihistamines are effective and the duration of action depends upon the formulation. Pain can be managed with oral analgesic/anti-inflammatory agents.

## Referral

Any systemic reaction requires medical intervention. Hives, swelling in the face, shortness of breath, difficulty breathing or swallowing, lightheadedness can occur within minutes to an hour after a sting. Stings on the face, lips or near the eyes also warrant immediate attention.

Local itching from insect bites does not usually require referral. However, if the itching is distracting and preventing normal activity, interfering with sleep or worsening after 24 hours in spite of usual care, referral would be prudent.

## Avoiding venomous insects

Reducing the risk of venomous bites includes:

- Destroying hives and nests near the dwelling
- Controlling odors near garbage areas
- Avoiding perfumes and fragrances
- Wearing muted colors; bright colors attract venomous insects

## Avoiding non-venomous insects

Reducing the risk of non-venomous bites includes:

- Wearing hats, socks, long pants and long sleeved breathable clothing
- Tucking pant legs into socks. This can prevent insects from attaching to the ankle.
- Avoiding woods, fields and bushy areas
- Examining exposed skin and scalp for ticks after walks in the park
- Good household hygiene and personal cleanliness
- Keeping pets free from fleas
- Using insect repellent; diethyltoluamide (DEET) is effective. When protecting children, use insect repellent on clothing rather than the skin to minimize systemic absorption.

## References:

1. <http://www.mayoclinic.com/health/first-aid-insect-bites/FA00046>
2. <http://www.merck.com/mmhe/au/print/sec24/ch298/ch298g.html>
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# Patients Take the Wheel: Point-of-Care INR Testing

When a group of drugs called the “new oral anticoagulants” or “NOACs” became available in Canada, many felt that it would be the end of an era for warfarin. Warfarin had been used for over 60 years to prevent blood clots and stroke in patients at increased risk, and it is safe and effective. But dietary restrictions and the need for regular blood monitoring can make warfarin therapy challenging – challenges that don’t exist with the NOACs. However, the NOACs cost significantly more than warfarin even when the cost of blood monitoring is factored in. And clinician and patient experience with the newer drugs is limited.

To help physicians and patients make informed decisions about medications for blood clot and stroke prevention, a review of the medical evidence was needed. And, after all of the medical evidence on warfarin and the NOACs was reviewed by CADTH – an independent, evidence-based health technology agency, a panel of experts recommended that warfarin remain the first choice for the prevention of blood clots and stroke in patients with atrial fibrillation. The NOACs were recommended as a second-line option for some patients.

But the experts also recommended that to maximize the benefits of warfarin, a structured treatment plan should be followed, including regularly scheduled blood tests to monitor therapy, the use of dosing tools, patient education, and the involvement of caregivers and health care professionals.

CADTH has completed another research project looking more closely at the issue of regular blood tests to monitor warfarin therapy. When taking warfarin, patients must be monitored to ensure that they are getting the right amount of the medication and are not at risk for bleeding or blood clots. The standard method for monitoring the drug therapy is testing of blood drawn from a patient at a lab to measure the INR (which stands for “international normalized ratio” and is a measure of the time it takes a patient’s blood to form clots). However, point-of-care INR testing – testing the blood not at a lab but instead where the patient is already

located – is another way of monitoring warfarin therapy.

Point-of-care INR testing is similar to the way patients with diabetes test their blood sugar. A small sample of blood is obtained by pricking the fingertip. The blood is placed on a test strip and inserted into a device called a coagulometer, which analyses the blood and displays the INR result. Point-of-care INR testing provides quicker results than lab testing and can be more convenient for patients and their caregivers by removing the need to travel to a lab. This can be particularly helpful for patients in rural or remote areas who live long distances from lab facilities.

Point-of-care INR testing can allow patients to manage their own warfarin dose adjustments using the testing results. This is called “patient self-management.” For patients unable to manage dose adjustments, they could use point-of-care INR testing to get their INR results and then call a health care professional who will then adjust their warfarin therapy as needed. This is referred to as “patient self-testing.” Alternatively, point-of-care INR testing could be used by health care professionals with their patients in a clinical setting.

After reviewing all of the medical evidence on point-of-care INR testing for patients taking warfarin, an expert panel agreed that point-of-care INR testing is accurate. The experts recommended that patients should be offered, if they are willing and able, the option to test their own INRs and make dose adjustments to their medication. The panel recognized that these patients will require ongoing education and support to ensure the success of their self-management of warfarin and that quality assurance of point-of-care INR testing is important.

The expert panel also recommended that if patients are not willing or able to manage their own warfarin dose adjustments, self-testing of INR with dose adjustments by a health professional may be an option, but only if there are significant barriers to patients having their INR regularly tested in a lab. These barriers might include living in rural or remote areas far from a lab, or mobility



issues that make travel to a lab difficult.

The evidence also showed that using point-of-care INR testing in a clinical setting can be more costly than lab testing. This doesn’t rule out the use of point-of-care INR testing in doctor’s offices or anticoagulation clinics but does mean that careful consideration of the context and costs are important when considering implementing point-of-care INR testing.

If you would like more information on this project or other health technology assessments, you can find it all free of charge on CADTH’s website at [www.cadth.ca](http://www.cadth.ca). Information on warfarin, the NOACs, point-of-care INR testing, and other related topics can also be found at: [www.cadth.ca/clots](http://www.cadth.ca/clots). You can also download a tool summarizing the evidence from the point-of-care INR testing project at [www.cadth.ca/poc-inr-tool](http://www.cadth.ca/poc-inr-tool).

Article by: Dr. Janice Mann

Dr. Janice Mann is a Knowledge Mobilization Officer at the Canadian Agency for Drugs & Technologies in Health.

*This article originally appeared in the August 2014 Edition of Hospital News-Canada’s health care newspaper since 1987. <http://hospitalnews.com/point-care-inr-testing/>.*



# Getting to Know Your Manitoba Pharmacists - Jillian James

**Name:** Jillian James

**Place/Year of Graduation:** University of Manitoba, Class of 2014

**Years in Practice:** 1

**Currently Working:** GreenCrest Pharmacy located at 2750 Pembina Hwy in Winnipeg.

**Accomplishments in pharmacy:** As a student at the Faculty of Pharmacy I was involved in Student Council for 3 years being the CPhM Liaison, Junior Co Stick and Senior Co Stick. I also sat on CAPSI council representing the International Pharmacy Students Federation and was able to do a pharmacy exchange in Malta. I was the recipient of the Marguerite Hulme Scholarship, the William G. Eamer/ CPhM Scholarship and the Dr. D. McDougall Memorial Award.

Since graduating I had the opportunity to lead a committee to plan the panel discussion at this year's Pharmacists Manitoba Conference. At the conference I was the recipient of a Young Leaders Award. I've also completed my certification to give injections and prescribe for minor ailments and smoking cessation.

**Family:** My older sister and I were born and raised in Winnipeg and the rest of my relatives are spread across Canada and the world.

**Hobbies:** I currently play on two soccer teams, one in the Winnipeg Women's League and one in a Co-ed league. I am however most passionate about Team Handball. I started playing in High School and since have represented Manitoba at four Canadian Championships and one U.S. National Championships. I play in the Women's League here in Winnipeg and hope to represent Manitoba at Senior Nationals in the future. I also grew up snowboarding and try to get out to the mountains at least once a winter.

**Community activities:** For the last five years I have had the pleasure of coaching a Special Olympics Swim Team. I am also very involved in the handball community as I have been a High School Coach for the last 6 years, as well as sitting on the Manitoba Team Handball Federation Board and I will be the Chairman of the Junior National Championships in May 2016.

**Favorite thing about Manitoba:** Getting out of the city to the lake every weekend in the summer!

**Most relaxing vacation choice:** My vacations aren't generally very relaxing. My ideal vacation involves jam packed days of activities. From bungee jumping and diving with sharks in New Zealand to paragliding in Austria and hiking the Wicklow trail in Ireland there isn't an adventure I'm not up for! I love to travel and see new cities and cultures. I have been to 25 countries so far and will be crossing Portugal and Turkey off the bucket list this summer!

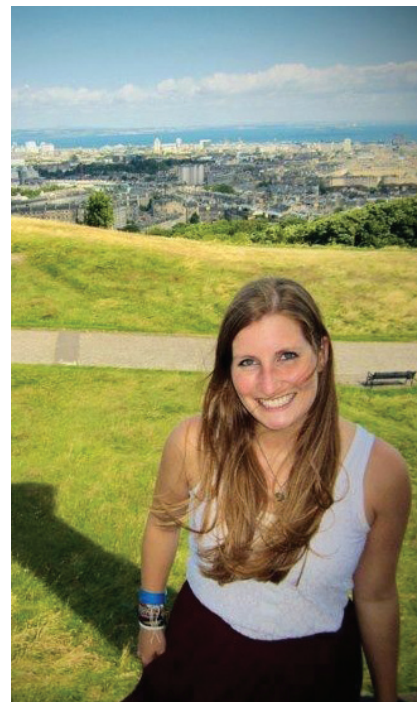
**Pet peeves:** When people think I went to school for five years to learn how to count pills!

**Favorite fictional character and why:** Hermione Granger from the Harry Potter Series is definitely one of my favorites! She is courageous, loyal, witty and always up for an adventure!

**What could you do without forever:** Natural disasters!

**What couldn't you do without for even a day:** My day planner, which is technically my life planner. I would be completely lost without it.

**What you love about pharmacy:** The best thing about pharmacy is the ability to get to know your patients and their families. I enjoy helping patients develop a better understanding of their conditions and the importance of their medications. The inter-professional environment at GreenCrest has also allowed me to collaborate with the physicians at the clinic to provide a better quality of care. I have also had opportunities to get active in the community by doing presentations and providing other services to our patients.





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# Grace Badejo, Recipient of the 2014/2015 A. Langley Jones Award

The A. Langley Jones Leadership Award was presented at the Welcome to the Profession 2015 Graduation Ceremony on May 28th at the Brodie Centre at the U of M Bannatyne Campus. The award is presented annually to a graduating student who exemplifies leadership qualities, has obtained a sufficiently high academic standard and who has an aptitude for Community Pharmacy as assessed through such courses as Pharmacy Practice, and Consumer Health Care Products.

The award honours the memory of Mr. A. Langley Jones who served as the first Executive Director of the Manitoba Society of Pharmacists

(now Pharmacists Manitoba). The recipient of the award is nominated by his/her peers and is recommended to the Selection Committee. The

recipient is presented with a framed certificate and a cheque in the amount of \$500.00.

This year the A. Langley Jones Award was presented to Grace Badejo by Pharmacists Manitoba Government Relations Co-Chair Marcus Vasconcelos.

Congratulations Grace and all the best for your future in the Pharmacy Profession!



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# Vitamin Supplements – Big Business Exists on Controversy – The Sense and Nonsense of it All

By Andrew Allentuck

Vitamins are big business and controversial to boot. Critics of taking multivitamins say they are a waste of money, defenders can point to distant ancestors who ate better than we do. Who's right depends on what's in our food today that may or may not need supplementing and the cost of doing so.

The historical litany of the discovery of vitamins begins with the British navy learning that citrus fruits discourage scurvy. Other minerals and vitamins were found to prevent pellagra and beriberi and all that led to food and beverage industry puffery that one should have so many milligrams of this or that to be healthy. Thus milk is fortified with Vitamin D, sports drinks with numerous vitamins and minerals, mothers are made to feel guilty if they do not buy bread with added vitamins, and some breakfast cereals have enough iron to be attracted to magnets. Athletes are encouraged to self-medicate with vitamins and nutritional supplement powders and, of course, with vitaminized and mineralized sports drinks.

Vitamin supplements are very popular. In the United States, according to the *Journal of Nutrition*, Feb, 2011, 29% of adults reported taking dietary supplements containing vitamins B-6, B-12, C, A, and E; 19% reported using iron, selenium, an chromium; and 27% reported using supplements with zinc and magnesium. However, dietary supplement use was lowest in obese adults and highest among non-Hispanic whites, older adults and those with more than a high school education. The vitamin industry might like to make supplement use a cause of achievement, for data links use with social stratification, but the cause and effect is merely associational. People with higher educations are perhaps more aware of nutrition and those who are obese may not have a high priority for the healthiness of what they eat as much as a preference for quantity. Vitamins do not make you smart and one can be smart and not quaff a lot of supplements.

But does it matter? A report from a group of physicians published in the *Annals of Internal Medicine* in December, 2013 said "Most supplements do not prevent chronic disease or death, their use is not justified and they should be avoided." The editorial, entitled "Enough is Enough" "Stop Wasting Money in Vitamin and Mineral Supplements," made the assumption that ordinary foods are sufficiently nutritious that one would not need supplements. Unfortunately, the statement ignores the fact that today's factory farmed foods are far less nutritious than they were before scientists tampered with genes to make crops mature faster, more evenly, with less insect damage, easier packaging...everything but healthier.

Consider that our ancestors, people perhaps a few thousand years back in Europe or Africa, perhaps the Far North or living on sea coasts had no access to diverse source of nutrition. In Europe in, say, the year 1015, people seldom went more than a few kilometers from their villages. They ate what was at hand, mostly vegetable matter, perhaps some cultured milk products like cheese. On coasts, it was fish. In mountainous areas it was a hunter's diet. Yet people survived. How did they do it?

The anthropological argument for the adequacy of nutrition no matter how limited or narrow is that, if a group survived and became part of the anthropological record, what they ate must have been adequate. One example – the Chumash people who inhabited the California coast around Santa Barbara in many hundreds of villages for 12,000 years before white explorers appeared. Their diet was fish, a little meat from the adjacent forests, and acorns. One could compare

that to what Canadian Inuit ate, minus the acorns, before the arrival of Europeans. Why did these people not have scurvy or rickets or other deficiency diseases? Because, simply, what they ate was more nutritious than the same things today raised by commercial agriculture.

Anthropological evidence shows that our ancestral hunter gatherers managed to have fairly balanced diets by a process of what amounts to random selection or, if you like taking what was at hand. Scurvy, caused by a deficiency of ascorbic acid, and rickets/osteomalacia, caused by a deficiency of Vitamin D, were common and well known in Europe, yet they were uncommon in archaeological populations, noted Marie Elaine Danforth in "Nutrition and Politics in Prehistory," in a 1999 article in the *Journal of Prehistory*. Her thesis is that hunter gatherers, especially in egalitarian societies, had adequate access to diverse foods. "The diet of most foragers should be relatively well-balanced because of the general availability of meat and the variety of vegetable products consumed," she explained.

We are no longer foragers. Even in supermarkets, where foraging is easy, nutrition can be hard to get. A 2002 survey of the nutritional value of certain common vegetables grown in 1999 compared with the nutritional value of the same foods in 1951 showed a remarkable decline in vitamin and mineral content. Raw apples, skin on, had a 53.3% drop in calcium, a 41% drop in vitamin A, a 75% drop in thiamine, a 66.7% drop in riboflavin, and a 30% drop in niacin. Raw blueberries had a 59.4% decline in calcium and a 64% drop in vitamin A. Oranges had a startling 89.3% drop in vitamin A though their content of vitamin C grew by 8.6%. Pears had a 93.3% drop in Iron while some foods, such as red peppers, had a 185% gain in vitamin A while the tomato had a 55.4% decline in calcium and a 43.4% drop in vitamin A. The implication, lost to critics who say vitamins are variously unnecessary or a waste of money, is to increase portions. Most of these foods are low in calories, so the harm to the waistline is slight, except perhaps to one's wallet. Or make up deficiencies with multivitamins – the shotgun approach to nutrition. Yet data from Health Canada indicates that no one in its surveys is deficient in B6 or B12 or niacin while just 13.7% of persons in their surveys need more Vitamin C.

If taking pills or supplements to replace what commercial agriculture has taken out of crops is onerous, the simplest thing is to eat more fruits and vegetables. Broccoli has only 60% of the thiamine it had in 1951, but if the 93 gram three spear portion is a worry, have five. One stalk of celery may not be as nutritious as celery in 1951, but real disposable income is far higher today than it was in the mid-20th century. We can afford more of less nutritious fruits and vegetables. Many people squander their purchasing power on junk food, but the fact remains that higher real disposable income per capita pays for a lot of dietary diversity. One part of that diverse diet can be vitamins.

The solution to all of this vitamin angst is to do what food writer and critic Michael Pollan has offered as his best nutritional advice – "eat well, mostly plants. If it came from a plant, eat it, if made in a plant, then don't." Carried to an extreme, this would mean we'd have to mill our own grain and bake our own bread, perhaps kill our own cattle to make our burgers. Yet Pollan's point remains valid. The closer we are to the soil and the field, the less we need supplements. But given the reluctance most of us would have to spending time in cranberry bogs (sadly, cranberries have lost 67% of their 1951 iron levels), buying food in the store remains the reasonable thing to do. Taking multivitamins is easier than scarfing down platters of vitamin-reduced fruits and vegetables. After all, we're not hunter gatherers anymore.





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