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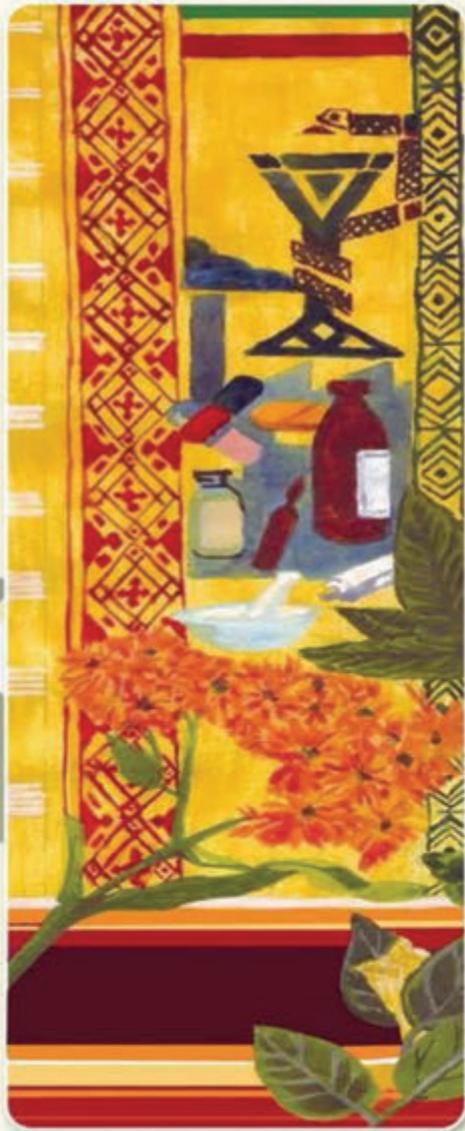
An Independent review of
Pharmaceutical News and Issues

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Message from Editors

Pharma Forum is one of the media through which the association communicates with its members. The Editorial committee is dedicated to give current information related to our profession through its two types of publications: the Pharma News Newsletter and the Pharma Forum Bulletin.

The committee has plans to publish Pharma News quarterly and Pharma Forum bi annually. But Active participation by EPA members is critical as the editorial committee members come from certain specializations and pharmacy practice fields in Ethiopia thus by no means they cannot able to cover the whole range of pharmacy news in Ethiopia nor the Updates in Knowledge in the sector.

Regarding the distribution of the publications, EPA office undertakes the responsibility of distributing the hard copies to members while the editorial committee forwards the soft copies to each member through E-mails.

The editorial committee would like to use this opportunity to thank those members who have made contribution to this publication and to previous publications, as well.

We invite and encourage all members to contribute whatever they believe is appropriate for our publications be it articles, comments & suggestions, new experiences, educational issues, humor, etc., all are welcome. In the mean time, the Editorial committee also wants to congratulate EPA on its 40 th anniversary!!!

We hope to hear from you.

Pharma Forum Editorial Committee

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1. News

Compiled by: Ayenew Ashenef

NEPAD establishes centres of excellence to help strengthen regulatory capacity development

20/06/2014

Following the New Partnership for Africa's Development (NEPAD) Planning and Coordinating Agency's call for expression of interest in establishing Regional Centres of Regulatory Excellence (RCOREs), the African Medicines Regulatory Harmonisation (AMRH) Programme has announced that 10 academic institution or partnership of institutions and National Medicines Regulatory Authorities (NMRAs) with specific regulatory science expertise as well as training capabilities have been selected to help strengthen regulatory capacity development in Africa.

According to the release by NEPAD, a technical arm of the African Union (AU), the designated institutions will play a crucial role in regulatory capacity development in Africa. This will entail their participation in the production of regulatory workforce for Africa through provision of academic and technical training in regulatory science applicable to different regulatory functions and managerial aspects; skills enhancement through hands-on training, twinning and exchange programmes among NMRAs; and practical training through placement in pharmaceutical industry and/or NMRAs

The RCOREs initiative was developed by the AMRH Programme through a series of extensive and inclusive consultations with all key stakeholders and experts. This culminated in the publication of a call for expression of interest for institutions interested to be selected as RCOREs in October 2013 and a selection process based on pre-determined eligibility criteria that designated 10 RCOREs in May 2014. The RCOREs have been categorized according to their areas of expertise and strength in training and/or service delivery in different regulatory functions.

RCORE Applicant Institution(s)***Designation***

| | |
|--|---|
| WHO Collaborating Centre for Advocacy and Training in Pharmacovigilance; University of Ghana Medical School | RCORE in Pharmacovigilance |
| Kilimanjaro School of Pharmacy; St. Luke's Foundation Tanzania | RCORE in training in core regulatory functions |
| WHO Collaborating Centre for the Quality Assurance of Medicines NWU - Potchefstroom Campus South Africa | RCORE in Quality Assurance and Quality Control of medicines |
| Centre for Drug Discovery, Development & Production University of Ibadan Nigeria | RCORE in training in core regulatory functions |
| Medicines Control Authority of Zimbabwe (MCAZ) | RCORE in medicine registration and evaluation, Quality Assurance/Quality Control and clinical trials oversight |
| National Drug Authority (NDA), Uganda | RCORE in licensing of the manufacture, import, export, distribution and; inspection and surveillance of manufacturers, importers, wholesalers and dispensers of medicines |
| Direction General de la Pharmacie du Medicament et des Laboratoires / University of Ouagadougou Burkina Faso | RCORE in clinical trials oversight |
| Food & Drugs Authority (FDA) Ghana | RCORE in medicine evaluation and registration and clinical trials oversight |
| Pharmacy & Poisons Board (PPB) Kenya | RCORE in pharmacovigilance |
| Tanzania Food & Drugs Authority (TFDA) / School of Pharmacy Muhimbili University of Health and Allied Sciences (MUHAS) | RCORE in medicine evaluation and registration |

Source:

<http://www.pharmaafrica.com/nepad-establishes-centres-of-excellence-to-help-strengthen-regulatory-capacity-development/>

From the above designation, none of them are located in Ethiopia. This clearly shows we are still lagging behind other African countries in the Pharmaceutical sector, although as the second most populous country and as a place for African Union in many initiatives concerning NEPAD, Ethiopia stands at the forefront in other scientific or political disciplines than the pharmaceutical sector. Nevertheless, the Country had to work hard to be a place as centre of excellence in the next such kind schemes where other designation come in the sector.

GlaxoSmithKline considers Ethiopia as a strategic country for investment in Africa

Dr. Allan Pamba, GlaxoSmithKline's Vice-President, Pharmaceuticals, East Africa and Government Affairs, Africa, said on Thursday that GlaxoSmithKline (GSK) considered Ethiopia as one of the strategic countries in Africa for its growth and investment plans.

He disclosed that GSK had completed its investment plans to set up a pharmaceuticals factory in Ethiopia and partner with Addis Ababa University in the areas of pharmaceuticals, manufacturing and healthcare delivery.

Meeting with State Minister for Foreign Affairs, Dr Yinager Dessie, Dr Pamba said that Ethiopia's economic momentum had encouraged GSK to set up a pharmaceuticals factory in the country.

He emphasized that GSK was keen to position Ethiopia as a pharmaceutical supply hub for East Africa. Dr Yinager Dessie, who welcomed GSK's commitment to set up a pharmaceuticals factory, noted that GSK's interest in pharmaceutical production complemented Ethiopia's priority interest in developing the manufacturing sector.

Dr Yinager said Ethiopia was keen to help GSK better the health and well-being of the people of the country. The two sides agreed to set up a joint technical team to discuss any problems and possible solutions in order to translate GSK's investment plans into reality.

Source: [Ministry of Foreign Affairs, Ethiopia]

Ethiopia: Julphar to Open Insulin Factory

Julphar Ethiopia Pharmaceutical Industry as an expansion of its factory is going to start Africa's first insulin factory.

Julphar which was inaugurated in February 2013 is owned by the UAE based Julphar Gulf Pharmaceutical Industries and a local firm Med-tech Ethiopia and was established with a capital of 170 Million Birr. Med-tech owns 45 percent of the total shares while Julphar takes the rest 55 percent.

Country Director of the UAE based company, Mukemil Abdella, said "We are hoping that the land for construction will be handed over to us in the next two weeks".

However, he did not reveal the capacity of the plant and just said his company intends to make Ethiopia the insulin hub of Africa.

According to Fortune the factory is going to be constructed on an 11,051 square meters plot of land. The new paper added the factory is going to be worth One Billion Birr and it is expected to begin production in two years by the beginning of 2015.

Julphar Ethiopia has a capacity of producing 25 million bottles of suspensions and syrups, 500 million tablets and 170 million capsules annually.

Source: Fortune

2. Current Affairs

Tobacco regulation and its meaning to pharmacists

Compiled by: Mammo Engedayehu

Tobacco use is one of the leading preventable causes of death. Tobacco contains more than 4000 chemicals and of these 250 is known to be harmful and of these more than 50 are known to cause cancer. According to World Health Organization Report, the global tobacco epidemic kills nearly 6 million people each year, of which more than 600,000 are people exposed to second-hand smoke. Unless managed, it will kill up to 8 million people by 2030, of which more than 80% will live in low- and middle-income countries.

Due realizing the problems of tobacco, World Health Organization declared **Framework Convention on Tobacco Control (FCTC)** in 2003 and it has been in action since 2005. So far it has been ratified and in action by 179 countries.

The **Framework Convention on Tobacco Control (FCTC)** focuses on the following main principles/strategies:

1. Demand reduction

- Prohibiting smoking in indoor public places, indoor work places, and on public conveyances.
- Prohibiting any kind of tobacco advertisement, promotion and sponsorship
- Enforcing tobacco manufacturing companies to label more than 2/3 of the product package with messages like” Tobacco harms your health!, smoking cause cancer !” etc
- Increasing the cost of tobacco through very high levying
- Regulating use of flavored tobacco products
- Intensive public education on health hazards of tobacco, providing treatment and rehabilitation support for addicts and reintegration to society
- Limiting the content of nicotine in the cigarette to minimum possible level

2. Supply reduction

- Regulating tobacco manufacturing, import, distribution, sale and promotion and illegal routes of distribution
- Restricting tobacco sale to children under 18 years of age

- Restricting sale of tobacco on public places like roads, near schools, or any open public gathering places
- Prohibiting new tobacco farming and encouraging replacement exiting of tobacco farms with other commercial crops

In Ethiopia, according to the Ethiopian Demographic and Health Survey of 2011, the prevalence of use of tobacco products among men aged 15–49 is 6%. The tobacco use situation observed among men appears to be increasing with age; for example, tobacco use among men between the ages of 40 and 49 is reported to be 11–13%. The situation in different parts of the country varies, and some of the findings are alarming.

Ethiopia signed **Framework Convention on Tobacco Control (FCTC)** on February 25, 2004 and recently it is ratified by the Parliament on January 24, 2014 and became part of the law of the country. Following this the Food Medicine and Healthcare Administration and Control Authority (FMHACA) of Ethiopia, being an Authority mandated to regulate tobacco manufacture, sale and use, declared Tobacco Control Directive on March, 2015 and is in force. Most of Regional states and individual organizations are taking immediate actions to implement the regulation.

The national regulation also focuses both on demand reduction and supply reduction mechanisms. Now, it is illegal in Ethiopia to sell tobacco for children under the age of 18, to smoke in places where there is public gathering like hospitals, schools, cafeterias, and public transportation and government organizations. It expected to continue to increase taxation on tobacco, to impose labeling requirements that show harms of tobacco to health as demand and supply reduction techniques.

The implication of this regulation for Pharmacy profession/pharmacist

Pharmacists are within or very near to the community than any other professionals, probably next to health Extension workers. As a consequence, we can assist tobacco regulation law implementation and improve the health of those who want to cease smoking in two ways.

a. Public education

We can give a hand to the implementation of this regulation through participation on public

health education using our wide spread retail pharmaceutical outlets, probably visited by millions of people per day or through our professional association.

Many retail pharmacies do this obviously. Besides promoting tobacco regulation law and potential contribution to demand reduction, we can also support healthy living and smoking cessation for those who want to quit smoking through public health education and support.

b. Supplying Supplementary Smoking Cessation Aids

Pharmaceutical manufacturers, importers and wholesalers can take this advantage to supply tobacco replacement medications such as tobacco replacement therapy (Chewing gum, transdermal patches), tobacco filters, or other medications such as naltrexone transdermal tablets to retail pharmacies or directly to drug rehabilitation centers in hospitals.

Ebola and Pharmacists' role

Compiled by: Kalkidan G/tsadik (B.Pharm, MSc. Clinical Pharmacy)

It's of recent recall that Ebola has become an international incident and had claimed the lives of many in its outbreak in Guinea, December 2013. The 2014 outbreak is by far the biggest in terms of numbers of people affected and geographical spread. Being declared a [Public Health Emergency of International Concern](#) by the WHO Director General on 8 August 2014, efforts to control the epidemic required the collaboration of multi-sectoral bodies around the world. This has only happened twice before: for the swine flu pandemic in 2009 and the re-emergence of polio in 2014.

According to the WHO's situational report as of 3rd March 2015; 24,143 cases of Ebola Virus Disease (EVD) have been identified with a staggering 9,834 deaths from six West African countries: Guinea, Liberia, Sierra Leone, Mali, Nigeria & Senegal. Fortunately, the last three were countries where 'end of Ebola outbreak' was later declared by WHO.

In Ethiopia, efforts to prevent an outbreak and transmission included an establishment of a high-level task force, orientation workshops on outbreak preparedness and response for healthcare professionals and briefings for Airlines crew and airport personnel along with a designated isolation unit. Even further efforts were made to aid in its containment by sending healthcare professionals to the affected West African countries.

Pharmacists have a significant role in the effort to control Ebola. Contributions in regard to the following areas are worth mentioning. As professionals with responsibilities in public health issues and as significant members of the multidisciplinary healthcare team in healthcare facilities, Pharmacists are in a position to educate and reassure the public about the essentials of Ebola.

Pharmacy-led interventions for epidemics can begin at the local level. In many countries including ours, pharmacies and medicine stores are an initial point of contact for healthcare within the community. Consultation with pharmacists or counter staff is free and easily accessible. This puts pharmaceutical outlets among the best places to implement community-based interventions. For outbreaks of Ebola, pharmacists and counter staff could be trained to provide basic information to the public, including how to report suspected cases, ways to minimize the risk of transmission and what people can do to deal with suspected infections in their communities.

Pharmacists' contribution in educating and reassuring the public about the risks of EVD.

Types & Transmission: Out of the five known strains of Ebola virus; the current outbreak has been identified as *Zaire ebollavirus*. Having a typical mortality rate of 50%–90%; the current outbreak has a value of 53%.

It is believed the virus resides in animal reservoirs. Outbreaks are thought to be caused by animal-to-human transmission after people consume or come into contact with species of animal harboring the virus, including monkeys and bats.

The Disinfection of surfaces and hand washing with soap and water are important control measures, as the virus can be killed by a variety of disinfectants, including the hypochlorites used in household bleach, swimming pool chlorine, and soap.

There are no specific treatments for EVD, although an experimental monoclonal antibody preparation has been used.

The Ebola virus is transmitted by direct contact with the body fluids of an infected patient or contact with a corpse of a person who has succumbed to the disease. Viral entry is usually via mucus membranes, cuts or abrasions, and the virus can be transmitted from the dried body fluids

of an infected individual on an object (E.g. bed sheets). Ebola can be sexually transmitted. In the prodromal phase, it may present with non-specific flu-like symptoms including: fever, diarrhea, vomiting, muscle ache, sore throat and headache.

Pharmacists should always refer patients presenting with such symptoms who have returned from endemic areas to a trained healthcare professional urgently. Although it is difficult to identify EVD based on early non-specific symptoms, the differential diagnosis includes other tropical diseases such as malaria or dengue fever.

Pharmacists' contribution in advising travelers planning on visiting an Ebola-endemic area

Pharmacists can inform the public that family members or health workers caring for infected patients are at the greatest risk of infection. Those travelling to Ebola-endemic areas and not intending to have any contact with victims are at a very low risk. The WHO has not discouraged travelers from visiting countries reporting outbreaks and Public Health England advises the risk to tourists is low if precautions are followed.

Air passengers may be concerned about travelling on a plane with passengers with EVD. However, the chances of contracting the disease, even when sitting next to a person with an active infection, are very low. Nonetheless, airlines do have procedures if such a situation should arise, in which passengers at risk would be identified for monitoring after the flight for 21 days (usual incubation period).

Travelers may be at increased risk of contracting EVD if they are admitted to a hospital where Ebola cases are being treated and quarantine arrangements are poor and those visiting friends and relatives in affected areas are also at increased risk of EVD infection, as they may become involved in helping to care for victims.

Pharmacists' contribution in advising travelers in minimizing risks of infection

A general risk assessment and risk management plan should be completed for anyone seeking travel health advice before entering an area where Ebola is endemic. The assessment should consider in particular the type of travel being undertaken (e.g., visiting friends and relatives, healthcare work), as well as the length of time being spent in the area.

To minimize the risk of EVD infection when visiting an Ebola-endemic area, Pharmacists can advise travelers to:

- Avoid contact with symptomatic patients and their body fluids, deceased patients and

their body fluids and wild animals (alive and dead);

- Avoid bush meat in endemic areas (i.e., the meat of wild animals that could be a reservoir for the disease);
- Wash hands regularly using soap or an alcohol-based hand sanitizer;
- Consider avoiding unessential travel to affected countries;
- Identify appropriate in-country healthcare resources in advance of travelling;
- Check that medical insurance (if applicable) will cover repatriation in the event of infection.

In conclusion, the more aware the public is about the aforementioned facts of Ebola, the greater the chances are of controlling it in time. Pharmacists are therefore pivotal in ascertaining this and saving lives.

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3. Continuing Education

Assessing Hemorrhoids in Pharmacy Practice:

Compiled by: Ayenew Ashenef

Meet your Patient – Abebe

You notice Abebe (45 yo) in one of your pharmacy. Every time the place is clear of other patients, you see him wondering to talk and shy of his expressing his conditions. He obviously requires help, but you have the feeling he would be further embarrassed if you or a staff member approached him for a consultation.

What would you do at this point?

“It’s a Personal Issue”

Hemorrhoids are an exceptionally common condition: between 58-86% of people will experience symptomatic hemorrhoids at some point in their lives. Even though it is a common condition seen in primary care, many patients are very embarrassed by it. Patients who hesitate to discuss their condition could be suffering in silence or selecting products that may not effectively address their symptoms.

With pharmacists in an increasing number of clinical roles having minor ailments added to their scope of practice, they are going to have to become very comfortable discussing hemorrhoids with patients and helping to select specific products. This can be done by discussing the condition with patients at risk and being cognizant of the potential embarrassment when approaching a patient.

Approaching Patients at Risk

Patients at elevated risk of hemorrhoids include those who experience constipation or diarrhea, those who have a physical job that involves lifting and pregnant patients. When dispensing a medication known to cause changes in bowel function, consider adding a quick statement on hemorrhoids when counseling. Using a statement such as the following can not only let patients know that hemorrhoids are common, but that they can comfortably discuss it with you at any time:

“I am providing you with a prescription today that is prone to causing constipation. This change in your bowel habits could also put you at risk of hemorrhoids. I am not telling you that you will get either problem, but I wanted to let you know because if they develop, please come back right away and I can help you pick out products that can help.”

Approaching a Patient with Hemorrhoid Case

When approaching a patient looking at hemorrhoid products, it is important to be conscious of the fact that this issue may be very embarrassing. The issues below have some tips to consider.

Some Tips When Approaching a Patient for an OTC Hemorrhoid Consultation

Environment

- Wait until the place is clear of other patients or take him to a private consulting area
- Be discreet
- Offer the patient the use of the private or semi-private counseling area to discuss their condition

Normalize the issue

Emphasize that hemorrhoids are very common; inform the patient that with the right treatments, many individuals will see a significant improvement in their symptoms in a short period of time

Offer help

Say that there are many treatments available and picking the right product can make a major difference for symptom relief

Explain that by asking a few questions, you can help determine the best product to relieve his/her symptoms

“It’s a Personal Issue”

Hemorrhoids are an exceptionally common condition: between 58-86% of people will experience symptomatic hemorrhoids at some point in their lives. Even though it is a common condition seen in primary care, many patients are very embarrassed by it. Patients who hesitate to discuss their condition could be suffering in silence or selecting products that may not effectively address their symptoms.

With pharmacists in an increasing clinical role in many countries and having minor ailments added to their scope of practice, they are going to have to become very comfortable discussing hemorrhoids with patients and helping to select specific products. This can be done by discussing the condition with patients at risk and being cognizant of the potential embarrassment when approaching a patient in this disease condition.

By approaching and placing the patient at ease, you could dramatically increase the opportunity to intervene and reduce the impact of this condition on the patient's quality of life.

Assessing a Patient with Hemorrhoids

A proper assessment is crucial to determine if the patient can self-medicate with OTC hemorrhoidal products or should be referred to a physician for an assessment. Below are some questions to ask a patient experiencing hemorrhoidal symptoms.

Questions to Assess a Patient with Hemorrhoids

1. Can you please describe your symptoms?

Hemorrhoid symptoms include bleeding, anal pain and swelling. Many patients will have bleeding that is bright red in color that can be seen in the toilet or on the toilet paper.

There can be a leakage of stool or mucus due to an internal hemorrhoid.

2. Can you please describe your bowel habits?

Diarrhea, constipation and straining are all risk factors for hemorrhoids

Ask if there have been any change in bowel habits

3. Dietary and medication history

Assess fiber intake and if any recent changes in diet

Assess the patient's history for medications known to cause constipation or diarrhea

4. Previous products and response

Ask about any therapies used for hemorrhoids and the response

Also ask about the format used: ointment, cream, foam, suppositories, wipes or oral tablet

5. Assess for red flags symptoms

Hemorrhoidal symptoms and any of the following would warrant a referral to a physician:

- ∞ Prolapse that must be manually replaced
- ∞ Bleeding associated with painful defecation; this requires prompt evaluation for

other causes such as anorectal fissures or abscess

- ∞ Blood is present in large amounts
- ∞ The blood is dark in colour
- ∞ Bleeding is recurrent
- ∞ The patient is at higher risk of colorectal cancer (e.g. if they have a family history of colorectal cancer or a personal history of colon polyps)
- ∞ Children < 12 years of age
- ∞ Problems persist for more than 7 days with appropriate treatment

Hemorrhoidal Bleeding

Most patients with anal bleeding are very concerned about their condition. This type of bleeding can be associated with self-limiting conditions (eg. mild hemorrhoids) to serious conditions such as colorectal cancer. When a patient mentions they are experiencing anal bleeding, it is important to assess:

- ∞ Quantity of blood
- ∞ Colour of the blood (bright red or darker colour)
- ∞ Frequency of bleeding and persistence
- ∞ Other symptoms (e.g. GI bloating, cramping)

An occasional loss of a small amount of brightly coloured blood when defecating without other red flag symptoms are likely due to hemorrhoids. Pharmacists should consider recommending products known to reduce rectal bleeding and easing other hemorrhoidal symptoms. If the bleeding persists, worsens or does not improve within 7 days of treatment, referral to a physician is warranted.

The Importance of Actively Approaching and Assessing

By actively approaching patients regarding hemorrhoids and indicating how common it is, pharmacists can reduce much of the embarrassment associated with the condition. Through appropriate assessment, pharmacists can identify patients for whom self-care products are indicated or those who should be referred for physician assessment.

By intervening, assessing and managing patients with hemorrhoids, pharmacists can reduce the burden of this very common condition

Recommending Hemorrhoid Treatment to Your Patients

Managing Hemorrhoids in your Practice

Case Study: Meet your Patient Yohnnes

John (44 yo) is in today to ask what you could recommend for the management of his hemorrhoids. He has tried multiple products and they have not led to significant reduction in his symptoms. He mentions that he has used several OTC topical creams and suppositories. He has also been prescribed a topical product with hydrocortisone but it only provided temporary relief. He is not experiencing any pain, but has the following symptoms:

- Bright red bleeding that he notices on the toilet paper after wiping
- He occasionally experiences some leaking on his underwear
- He was diagnosed with mild hemorrhoids by his doctor last year, and was prescribed a topical cream.
- When he called his physician, he could not get an appointment for several weeks.

He wants to know if you have anything else that he could start before his appointment.

Selecting Treatments for Hemorrhoids

There are a number of treatment options available for the management of hemorrhoids. There is not a “one-size-fits-all” therapy for all patients presenting with hemorrhoidal symptoms. The most common treatment options in primary care include

- Lifestyle changes
- Pharmacotherapy (OTC and prescription)
- Office-based procedures

Did you know?

Ninety percent of patients with hemorrhoids can be managed without the need for surgery

Lifestyle Changes

Initial therapy of hemorrhoidal symptoms is best directed at modification of the cause, which is most often related to lifestyle habits, including diet, fluid intake, and toileting behavior. Each of these interventions are reviewed in table.

Table 1 – Lifestyle Modifications for the Management of Hemorrhoids

Fiber Intake

- Lack of fiber intake is associated with hard and dry stools
- A Cochrane Review of fiber in hemorrhoids found that fiber laxatives were effective in improving symptoms of hemorrhoids.

- It reduces persistent symptoms and bleeding by approximately 50%, but does not significantly improve the symptoms of prolapse, pain and itching
- It could take up to six weeks for fibre to lead to a significant improvement in symptoms
- Fiber is a standard recommendation for all patients regardless of other treatment options.

Sitz Bath

- May help to reduce the symptoms of anorectal disease.
- Using the bath 3-4 times daily may help to relieve irritation and pruritus
- Filled with a tub of warm water in which the individual sits for 15 minutes at a time.
- Epsom salts and baking soda can be added to the bath but it is the moist heat that is likely to offer the benefits

Toileting Behaviors

- ☞ Repeated straining and spending too much time on the toilet can worsen hemorrhoidal symptoms
- ☞ Reading and the use of cell phones on the toilet is to be avoided
- ☞ If a call to stool is not productive of a bowel movement in a few minutes (five minutes maximum), the patient should go on about their business until the call to stool returns
- ☞ Wiping with a premoistened wipe can help minimize abrasion trauma. Blot the area dry after use of moistened wipes to reduce the risk of skin breakdown

Topical Prescription and OTC pharmacotherapy

There are a number of prescription and OTC topical products for the management of hemorrhoids. Although there are a wide number of brands, the majority of products have only a limited number of medications. All topical products are designed to strictly manage the hemorrhoid symptoms; none are curative and they are only recommended for short-term use (typically < 7 days).

Clinical Practice Tip

When presented with a patient who fails to respond to topical therapy, it is important to assess their adherence. With many topical treatments requiring multiple daily applications, some patients find it very difficult and inconvenient to integrate these products into their daily routine.

Did you know?

Most medical therapies are available in a topical and suppository format. In general, creams and ointments are preferred to suppositories, as the suppository may slip into the rectum and melt,

thus bypassing the anal canal where the medication is required.

Table 2 – Common Active Ingredients of Topical Hemorrhoidal Preparations

Local Anesthetics (dibucaine and pramoxine)

- ∞ Commonly included in topical OTC and prescription hemorrhoid preparations
- ∞ Used to help relieve pain from hemorrhoids, but good evidence in hemorrhoids is lacking
- ∞ If used for < 7 days, are generally safe. Longer duration increases the risk of contact dermatitis
- ∞ Local adverse effects can occur. Prolonged use to rectal mucosa can lead to absorption, hypersensitivity reaction and potential CNS adverse effects

Protectants (petrolatum, glycerin, shark liver oil)

- Prevents irritation of the perianal area by forming a physical barrier on the skin
- May help to reduce irritation, itching, pain and burning by preventing contact of anal discharge with the perianal tissue
- Commonly used as the base for topical prescription and OTC medications

Astringents (witch hazel and zinc sulfate)

- Cause clumping of proteins in the cells of the perianal skin or the lining of the anal canal
- Promotes dryness of the skin, which may help to relieve burning itching and pain

Corticosteroids (hydrocortisone)

- ∞ Used for the temporary relief of itching and to reduce inflammation
- ∞ Does not speed healing and very little data to support their efficacy in the management of hemorrhoids
- ∞ Not recommended for more than 7 days due to the increased risk of mucosal atrophy

Vasoconstrictors (phenylephrine)

- ∞ Topical decongestants used to increase vascular tone
- ∞ No data to support their use
- ∞ Possible systemic absorption and should be used with caution in patients with hypertension, cardiovascular disease and diabetes

Office-Based Procedures

There are several office-based procedures used for the treatment of internal hemorrhoids. Rubber band ligation is the most commonly used office-based procedure. During this procedure, a rubber

band is placed at the apex of an internal hemorrhoid. This causes the banded tissue to necrose and slough in 5 to 7 days. It has a low risk of complications and has short-term success rates of up to 99% and long-term success rates of up to 80%. Other less effective office-based procedures include sclerotherapy and infrared coagulation

Clinical Practice Tip

Office-based procedures are normally considered in patients with hemorrhoids not responding to lifestyle changes and pharmacotherapy.

Conclusion:

Hemorrhoid is a common disease that can be treated with various options that range from life style changes to an OTC Products. Pharmacists' role in treating and helping patients with hemorrhoids is very significant as these patients usually visit community pharmacies for their OTC or prescription drugs for this disease. In such cases, Pharmacists should emphasize consultation role like life styles and office procedures besides drugs and Physicians procedures like surgeries if the condition allows for such options.

Acknowledgement: This material is adopted from Canadian Pharmacists continuing education Programme kindly supplied by an anonymous Professor from Canada to the Compiler.

Pharmacy Jokes.....Laugh Corner:

Compiled by: Ayenew Ashenef

From www.WorkJoke.com:

A doctor is to give a speech at the local AMA dinner. He jots down notes for his speech. Unfortunately, when he stands in front of his colleagues later that night, he finds that he can't read his notes. So he asks, "Is there a pharmacist in the house?"

A miracle drug is one that has now the same price as last year

A new drug for Yuppies: It doesn't give a false sense of security or relaxation -- it makes you enjoy being tense.

A man goes in for an interview for a job as a TV news broadcaster. The interview went quite well but the trouble was he kept winking and stammering.

The interviewer said, "Although you have a lot of the qualities we're looking for, the fact that you keep winking and stammering disqualifies you."

"Oh, that's no problem," said the man. "If I take a couple of aspirin I stop winking and stammering for an hour."

"Show me," said the interviewer.

So the man reached into his pocket. Embarrassingly he pulled out loads of condoms of every variety - ribbed, flavored, colored and everything before he found the packet of aspirin. He took the aspirin and soon talked perfectly and stopped winking.

The interviewer said, "That's amazing, but I don't think we could employ someone who'd be womanizing all over the country."

"Excuse me!" exclaimed the man, "I'm a happily married man, not a womanizer!"

"Well how do you explain all the condoms, then?" asked the interviewer.

The man replied, "Have you ever gone into a pharmacy, stammering and winking, and asked for a packet of aspirin?"



A guy goes to a travel agent and books a two-week cruise for himself and his girlfriend. A couple days before the cruise, the travel agent calls and says the cruise has been canceled, but he can get them on a three-day cruise instead. The guy says "OK," and goes to the pharmacy to buy three Dramamine and three condoms.

Next day, the agent calls back and says he now can book a five-day cruise. The guy says he'll take it. Returns to the same pharmacy and buys two more Dramamine and two more condoms.

The following day, the travel agent calls again and says he can now book an eight-day cruise. Guy says, "OK," and goes back to the pharmacy and asks for three more Dramamine and three more condoms.

Finally, the pharmacist asks, "Look, if it makes you sick, how come you keep doing it?"

A young man goes into a drugstore to buy condoms. The pharmacist says the condoms come in packs of 3, 9 or 12 and asks which the young man wants.

"Well," he said, "I've been seeing this girl for a while and she's really hot. I want the condoms because I think tonight's "the" night. We're having dinner with her parents, and then we're going out. And I've got a feeling I'm gonna get lucky after that. Once she's had me, she'll want me all the time, so you'd better give me the 12 pack." The young man makes his purchase and leaves.

Later that evening, he sits down to dinner with his girlfriend and her parents. He asks if he might give the blessing, and they agree. He begins the prayer, but continues praying for several minutes. The girl leans over and says, "You never told me that you were such a religious person." He leans over to her and whispers, "You never told me that your father is a pharmacist."

Did you hear about the new "morning after" pill for men?

It changes their blood type

An elderly woman went into the doctor's office. When the doctor asked why she was there, she replied, "I'd like to have some birth control pills."

Taken a back, the doctor thought for a minute and then said, "Excuse me, Mrs. Smith, but you're 75 years old. What possible use could you have for birth control pills?"

The woman responded, "They help me sleep better."

The doctor thought some more and continued, "How in the world do birth control pills help you to sleep?"

The woman said, "I put them in my granddaughter's orange juice and I sleep better at night."



A pharmacist looks out the front of the store and sees a woman holding a bottle jumping up and down in the parking lot. The pharmacist walks out to the parking lot and asks the woman what's the matter. She replies "I saw it said 'Shake Well' after I took it".

Customer gets a topical cream. Direction: apply locally two times a day. Customer says to the pharmacist: "I can't apply locally, I'm going overseas."

A pharmacist is going over the directions on a prescription bottle with an elderly patient. "Be

sure not to take this more often than every 4 hours," the pharmacist says. "Don't worry," replies the patient. "It takes me 4 hours to get the lid off".

A funeral procession is going up a steep hill on Main Street when the door of the hearse flies open and the coffin falls out then speeds down Main Street into a pharmacy and crashes into the counter. The lid pops open and the deceased says to the astonished pharmacist, "You got anything to stop this coffin?"

A front end clerk in a pharmacy has just been admonished by the owner for missing too many sales. "I'm sorry" the boss says "But one more missed sale and you're fired"

The next customer that comes in has a terrible cough and asks the pharmacist for help. Unable to recall where the cough remedies are, the nervous clerk points to a box of Ex-Lax and says "Here, buy this then go over to our cooler and take all of it with plenty of water".

The customer thanks him and obliges. Finishing his last glass of water, the customer exits the pharmacy. Once outside he stops, takes a few faltering steps, and then hugs a telephone pole. The boss, having witnessed the entire scene, approaches the clerk and asks him what he recommended.

"Ex-Lax," says the clerk hesitantly.

"Ex-Lax !" yells the boss. "That won't help a cough!"

"Sure it does," says the clerk. "Look,... he's afraid to cough"