

PHARMASCRIP

NEWSLETTER OF THE MARYLAND SOCIETY OF HEALTH-SYSTEM PHARMACISTS

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Presidential Perspective

Making a Difference Outside of the Health System

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During one of my wife's social events I had the opportunity to meet some of her work friends for the first time. "Hello, my name is Jim" is how I introduced myself to one of her friends. Whenever you socialize with someone for the first time, it is inevitable that they will ask you what you do for a living. "I operate a McDonald's franchise", I replied (sometimes I fantasize about doing something other than pharmacy). After a brief discussion about the benefits of "super sizing," I reveal that I am truly a pharmacist. "Oh, that's wonderful! My mother gets her prescriptions filled at the GIANT pharmacy" replied the friend. This response added more conviction to my belief that the majority of the public associates the pharmacist with someone whom only works in a retail drug store. I feel it is important for the pharmacy profession that a greater percentage of the public becomes aware of the role of the pharmacist beyond the retail arena. I further explained to my new acquaintance, "I'm a pharmacist who practices in a health system." I then provided some detail about my professional responsibilities and a description of the health system in which I work.

As I stated last month, one of my goals as president of MSHP is to continue to increase public awareness of MSHP and "health system" pharmacists. MSHP should help spread the message that first, pharmacists do exist and play an important role in organizations such as hospitals, clinics, managed care, long-term care, and home health care. Second, the pharmacist possesses a great wealth of drug and disease state knowledge which, when applied to patient care, results in positive health outcomes. To effectively spread this message, we need to venture outside of our health systems and interact directly with the general public.

The following are a few suggestions to help us get started. National Poison Prevention Week is March 19 through 25. This is a great opportunity for MSHP members to share with the public the important role a pharmacist plays in educating parents and children about medication safety. In the past, MSHP has been involved with visiting grade schools and talking to children about the dangers of inappropriately ingesting a variety of common OTC medications that may look like candy. I encourage you to team up with MSHP members in your institution to go out during National Poison Prevention Week and participate in a community outreach program. Keep in mind the Poison Center at the University of Maryland School of Pharmacy can be an excellent resource to get you started.

Another opportunity is to offer smoking cessation counseling and education about the health risks of cigarette smoking and other tobacco related products. Even our children need to be educated about the dangers of smoking. Maryland has the third highest rate of tobacco sales to children in the U.S. Unfortunately, a large number of these retailers selling cigarettes to children include local neighborhood pharmacies. The FDA has a website (www.fda.gov/opacom/campaigns/tobacco/compliancechecker.html) which shows which retailers in your state are complying with the law to halt tobacco sales to children. I feel MSHP needs to work closely with other professional organizations to promote the health risks of tobacco use, to help our patients quit smoking, and to help prevent the sale of tobacco products to children. National Pharmacy Week in October will be another great opportunity for us to reach out and educate patients and their family members about safe and effective medication use.

The easiest way for members to participate in a community outreach program is to get involved with MSHP's public affairs committee. Shannon Benedetto from Advance Paradigm is chair of our public affairs committee. Members of the committee include Nancy Clark from Spring Grove Hospital, Kim Comptom from the outpatient pharmacy of University of Maryland Medicine, Louise Leach from Northwest Hospital, Deborah Sarama, a pharmacy practice resident from the University of Maryland Medicine and Melanie Ruane, a student from the School of Pharmacy. If you are interested in getting involved with the public affairs committee, please contact me at jtrovato@rx.umaryland.edu or Shannon at sbenedet@apclinical.com.

Another reason it is important to reach out to the community is to uphold and strengthen the public's respect and trust of the pharmacist and our profession. How the public views pharmacy is sometimes tainted by the media. Medication errors are an

important topic right now that is casting a negative light on the pharmacy profession. The news media is painting a frightening picture of a pharmacist in their series, "Prescription for Error." Even Hollywood is projecting a negative and unprofessional image of the pharmacist. In the movie "Magnolia," one of the main characters walks into a community drug store to have a pain medication prescription filled for her terminally ill husband. Both the pharmacist and technician are portrayed as insensitive, impersonal human beings that jump to the conclusion that the customer is a substance abuser because of the large quantity of pain medications being prescribed.

I understand that we are all very busy within our health systems. Only a small amount of your time and effort is required to help increase public awareness of health system pharmacists, have a positive impact on someone's health and well being, and ultimately contribute in a positive way to how our profession is viewed by the public.

Diabetes Clinical Practice Guidelines

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It has been estimated that 16 million people in the United States have diabetes. In about 50% of these cases, the disease goes undiagnosed. There are numerous costs associated with diabetes including hospitalizations, office visits, emergency room visits, and home healthcare costs. While approximately 3% of the U.S. population have diabetes, the care associated with this disease consumes 12% of all healthcare dollars.

The complications of poor glycemic control are damaging and costly to patients. A great deal of research has been done to determine the best methods to manage diabetes. The American Diabetes Association (ADA) publishes clinical practice recommendations each January based on the most recent literature. A summary of these recommendations is presented below along with the ADA's position statements on various issues not included in the published guidelines. As health care providers pharmacists are in a unique and influential position to reinforce the use of these guidelines to both patients and prescribers.

Standards of Medical Care for Patients with Diabetes Mellitus

Complete History= Initial

Physical= Yearly

Dental Exam= Yearly

Ophthalmology Exam= Yearly

-Retinopathy exam with dilation by ophthalmologist

-Fundi exam by Primary Care Physician

Height= Initial (more often if patient is growing)

Weight= Each visit

-Even modest reductions in weight (5-9kg) can improve HTN, glycemic control, and dyslipidemia³

Blood pressure/Pulse= Each visit

-Goal BP <130/85 mmHg (adults)

-30-75% of diabetic complications can be attributed to HTN⁴

Foot exam= Each visit

-Semmes-Weinstein monofilament or vibratory sensation

-Appropriate footwear

Smoking status= Each visit

-Assess smoking status and history

-Counsel on smoking cessation and prevention

-Discuss effective systems for smoking cessation

Alcohol use= Each visit

-</= 2 drinks/day for men, </= 1 drink/day for women

Vaccination status= Seasonal

-Influenza= yearly, starting in Sept.

-Pneumococcal= every 5 years

Aspirin therapy= Each visit

-Use enteric-coated aspirin in doses of 81-325mg/day

-Not recommended for patients <21 YOA, with allergy, bleeds, or hepatic disease

-Use as secondary prevention in patients with large vessel disease, use as primary prevention in patients at risk for CV disease.

Exercise status= Each visit

-Safe participation in all forms of exercise, consistent with an individual's lifestyle, should be a primary goal.

-Type 1= self-monitoring of blood glucose should be incorporated into exercise program

-Type 2= program should include aerobic exercise at 50-70% of an individual's maximum oxygen uptake, last 20-45min and be repeated at least 3 days/week, include low-intensity warm-up and cool-down exercises, and be appropriate to the person's general physical condition and lifestyle.

-Encourage use of proper footwear, and if appropriate, other protective equipment, avoid exercise in extreme heat or cold, inspect feet daily after exercise, and avoid exercise during periods of poor metabolic control.

Referrals= Cardiologist, Dietitian, Pharmacist, Podiatrist, CDE, Neurologist, Ophthalmologist, Renal specialist, Dentist

Fingersticks= Each visit

	Normal	Goal	Action suggested
Whole blood values (mg/dL)	<100	80-120	<80/ >140
Avg. preprandial glucose			
Avg. bedtime glucose	<110	100-140	<100/ >160
Plasma values (mg/dL)	<110	90-130	<90/ >150
Avg. preprandial glucose			
Avg. bedtime glucose	<120	110-150	<110/ >180

HbA1c= Every 3 months or biannually if stable

	Normal	Goal	Action suggested
HbA1c	<6	<7	>8

Blood glucose diary= Each visit

-Recommend self-monitoring 3-4x/day for patients on insulin

-Type 2 DM, daily monitoring for patients on sulfonylureas

Lipid Profile= Yearly, unless abnormal

Risk	LDL (mg/dL)	HDL	TG
High	>/= 130	<35 for men <45 for women	>/= 400
Borderline	100	35-45 for men 45-55 for women	200-399

Low	<100	>45 for men >55 for women	<200
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Microalbuminuria= Yearly

-To diagnose, 2 of 3 specimens collected within a 3-6mo period should be abnormal.

Category	24hr collection (mg/24hr)	Timed collection (ug/min)	Spot collection (ug/mg creatinine)
Normal	<30	<20	<30
Microalbuminuria	30-300	20-200	30-300
Clinical albuminuria	>300	>200	>300

(Confounding variables: exercise within 24hrs, infection, fever, CHF, marked hyperglycemia, marked HTN)


Serum Creatinine= Yearly, and when clinically indicated

ECG= Initially

- Check exercise-stress electrocardiogram for patients >35 YOA who plan to exercise
- Check exercise-stress electrocardiogram for patients >50 YOA or who are symptomatic

References available upon request.

Annual Awards and Installation Banquet

 handshake.jpg (5730 bytes)

Nearly 60 people braved the snow and cold to honor their fellow members for their accomplishments and election to office. All this while enjoying a gourmet dinner at the fabulous Center Club. After installing the officers, Joe Botticelli installed Jim Trovato as President. Following an inspiring address by Jim Trovato, Joe Botticelli accepted the Past President's Award. The Student Achievement Award went to Angela Lotz. Judy Curtis was honored as Pharmacist of the Year and gave a heart-felt acceptance speech. Additionally, Tony Warren of Glaxo Wellcome, Inc. was awarded Pharmaceutical Representative of the Year. Make it a point now to not miss out on next years' banquet.

***Outgoing President Joe Botticelli Passes
the Leadership of MSHP to
New President Jim Trovato***

Children Act Fast ... So Do Poisons

National Poison Prevention Week, March 19-25, 2000 offers the pharmacy profession an excellent opportunity to share our knowledge on poison prevention with both the public and other health-care providers. Ideas for participating in this observance include:

FStaffing an information booth

FDisplaying and distributing information on poison prevention and common household poisons

FSponsoring a contest related to poison prevention (i.e., posters, quizzes, etc.)

Be sure to check out the Maryland Poison Centers website (www.pharmacy.umaryland.edu.mpc) for additional information

Welcome New Members

Donald J. Glenn Hye Y. Kim
Tamara J. Kozlowski Angela M. Scagliola
Allison R. Walls

The MSHP Website Needs You

The Publications Committee is currently recruiting members to participate in expanding the MSHP website. This group will be developing, evaluating, and implementing changes to the website. Website experience is not required, only an enthusiasm for expanding the role of the MSHP website to our members. Anyone interested should email Jeff Ensor at jensor@jhmi.edu.

Upcoming Events

March 16
Board Meeting St. Joe's (8-10 am)

March 21
Monthly Meeting, Hepatitis C Virus
Spring Grove Hospital Key Point Cafe

March 31
April Pharmascript published

April 12
Monthly Meeting, New Drugs for Athsma
Columbia Hilton

April 20
Board Meeting St Joe's (8-10 am)

April 30
May Pharmascript published

May 18
Board Meeting St. Joe's (8-10 am)

May 18
Monthly Meeting, Diabetes

Maryland Society of Health System Pharmacists Monthly Meeting

"Hepatitis C Virus Infection" **Mark Sulkowski, MD**

Associate Professor, Infectious Diseases
The Johns Hopkins University School of Medicine

Tuesday, March 21, 2000
Spring Grove Hospital Center
55 Wade Avenue, Catonsville, MD 21228 (410-402-6000)

Directions: Exit Wilkens Avenue West towards UMBC. Make a right at the sign for Spring Grove Hospital Center. Follow signs that are posted to get to the Key Point Café on the campus. **Or** take Frederick Road West to left onto Wade Avenue. Make your first right as you get on Spring Grove's campus. Again signs will be posted to direct you to the Key Point Café. Parking is free and available right in front of the building.

FSchedule: 6:00 p.m. Registration and Dinner

7:00 p.m. Business Meeting

7:30 p.m. Dr. Sulkowski's Remarks

FThe Maryland Pharmacy Continuing Coordinating Council is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education for pharmacists. The ACPE Universal program number assigned to the program by CECC is 144-999-00-013-L01.

FObjectives - After attending this program, the participant should be familiar with:

1. Describe the epidemiology and natural history of chronic hepatitis C virus (HCV) infection in the United States.
2. Discuss the current medical therapies for chronic HCV infection including interferon alfa-2b and ribavirin.
3. Explain future advances in HCV therapy including pegylated interferon alfa, and other novel treatment strategies.

FAdvance registration is required for this meeting. Please respond by March 14 using either email: judi@asochq.com or fax: 410-418-4805.

FCost: Free for MSHP members, \$15 for non members and guests.

MSHP Registration Form - March 21, 2000 Meeting

Name: _____

Institution: _____ Phone: _____

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