

flourish

A Publication of Pharmalliance, Africa's Premier Retail Pharmacy Business Support Network

ISSUE 11, 2020

Also in the Edition

UNLOCKING THE
POTENTIALS IN
COMMUNITY PRACTICE

MANAGING ACUTE LOW
BACK PAIN IN COMMUNITY
PHARMACY

FUNFAIR PICTURES

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PHARM. JOHNNY AMADASUN

Founder/CEO, Safari Pharmacy, Warri, Delta State



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It gives me great joy to present the 11th edition of Flourish to you. This edition was meant for release in the first quarter of this year but got delayed as a result of the Covid 19 Pandemic. Being a free publication, we solely rely on advertising revenue to keep the press running. We therefore remain eternally grateful for our regular advertisers who have kept faith with us all these years in spite of the prevailing economic conditions. We pray God will continue to keep them in business that they may in turn keep us on the news stands.

This is The Panel edition (Nigeria's premier retail Pharmacy business summit) and it promises to be interesting and engaging. As usual, we have 2 interviews in this edition. The first one, which is our cover page personality interview, features a Pharm johnny Amadasun, CEO of Safari Pharmacy who is blazing the trail of community practice in the Niger Delta region of the country. The second is an interview with Pharm Henry Adioha, a dynamic and diligent Pharmacist and member of Pharmalliance.

The clinical section of this edition focuses on Back Pain, culled from a wonderful resource, Community Pharmacy by Paul Rutter. The book is a must have for every practicing Community Pharmacist. Other articles from our regular columnists like Timeyin Ogungbe, Wilson Okpani and many others promise to keep you enraptured to the last page! We have amazing photos from The Pharmalliance yearly family funday. It was a magical event.

As you peruse this fine mix of clinical, business and lifestyle articles, we wish to remind you that Pharmacademy, an online learning platform for Pharmacists of all sectors has been launched. You can visit www.pharmacademy.com.ng to access the courses.

We thank you for your consistent support and look forward to bringing more exciting innovations into the Community Pharmacy space.



CONTENTS

ACUTE LOW BACK PAIN	07
INTERVIEW WITH PHARM. JOHNNY AMADASUN	17
GERIATRIC CARE BY PHARMACISTS IN NIGERIA	23
UNLOCKING THE POTENTIALS IN COMMUNITY PRACTICE - A PHARMACY SERVICES GUIDE	30
SCRAMBLE FOR TALENTS; ARE WE READY?	34
MUSINGS OF A VILLAGE PHARMACIST	37
PHARMALLIANCE INTERVIEW TOTEM PHARMACY	42
PHARMALLIANCE IN PICTURES FUNFAIR	44

FEATURING



Tomi

She's a young pharmacist based in Lagos



Timeyin Ogungbe

She's the founder and CEO of Elbeth Pharmacy



Wilson Okpani

He's a community pharmacist based in Lagos

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Temitayo **Ogunwa**

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ACUTE LOW BACK PAIN

Paul Rutter



BACKGROUND

Acute low back pain is self-limiting. Over 90% of patients will get better within 6 weeks, although up to two-thirds of patients will have a recurrence within one year after initial onset but fewer than 5% of patients go on to develop back pain classed as chronic (persists for more than 12 weeks). Low back pain is extremely common. For example, in the US it is the fifth common reason patients see a medical practitioner and in the UK 7-8% of all adult GP consultations are low back pain. In 2004-2005, 4.5 million working days were lost through back pain in the UK.

PREVALENCE AND EPIDEMIOLOGY

Back pain is most common between the ages of 30 and 55 years with prevalence rates similar for men and women, although 50 to 90% of pregnant women develop low back pain. Studies and statistical data have

shown that in developed countries 60-90% of adults will experience an episode of low back pain at some point in their adult lives. Back pain is most common in those with skilled manual, partly skilled and unskilled jobs. Occupational risk factors in developing back pain include those who perform heavy manual labour, frequent bending, twisting and lifting and people who remain in static positions for long periods of time such as truck and car drivers who drive long distances each year. Sports, which involve excessive twisting, such as, golf and gymnastics can also lead to back pain.

AETIOLOGY

In the majority of cases an exact cause cannot be determined for the patient's symptoms and is often referred to as simple, non-specific or uncomplicated low back pain. Pain originates from the lumbosacral region and is often

mechanical in origin (Fig 8.2) and includes problems caused by muscles, tendons, ligaments and discs. Contributory factors in the cause of low back pain are a general lack of fitness, occupational (as above) and psychosocial, for example anxiety and depression. Serious underlying pathology is very rare with infection and malignancy accounting for less than 1% of cases.

the effect pain has on mobility and factors which aggravate or relieve the pain. Asking a number of symptom-specific questions will aid differential diagnosis (Table 8.2)

ARRIVING AT A DIFFERENTIAL DIAGNOSIS

The vast majority of patients (95%) who present in the pharmacy will have simple back pain that will, in time, resolve with conservative treatment. The remaining cases will have back pain with associated nerve root compression. It is extremely unlikely that a pharmacist will encounter a patient with serious spinal pathology, such as infection or malignancy. However, pharmacists should be mindful that age can affect the diagnosis. Table 8.1 highlights those conditions that can be encountered by community pharmacists and their relative incidence. Taking a thorough history is of key importance when evaluating a patient with low back pain. Begin questioning the patient with traditional questions regarding the pain: location, radiation, evidence of trauma,

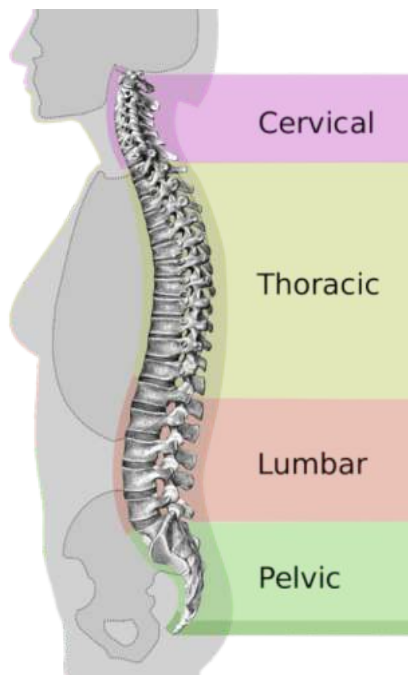


Fig 8.2 location and distribution of lower back pain: L4-L5, pain radiates down outer calf and onto the top of the foot; L5-S1, pain radiates to the outside and sole of the foot.

CLINICAL FEATURES OF ACUTE LOW BACK PAIN

Pain in the lower lumbar or sacral area is usually described as aching or stiffness. Depending on the cause, pain might be localised (e.g. lumbosacral strains following physical activity) or more diffuse (e.g. from postural backache after sitting incorrectly for a prolonged period). In cases of acute injury, the symptoms come on quickly and there will be a reduction in mobility.

Table 8.1
Causes of back Pain and their relative incidence in community pharmacy

Incidence	Cause
Most likely	Simple back pain (usually associated with physical activity)
Likely	Nerve root compression (e.g. sciatica), pregnancy, (osteoarthritis)

Unlikely thrush	Osteomyelitis, ankylosing spondylitis
Likely	Major aphthous ulcers, Trauma
Very Unlikely	Malignancy

Bad posture when seated and poor lifting technique when performing day-to-day tasks, such as, cleaning or gardening are very common predisposing factors.

CONDITIONS TO ELIMINATE

Likely Causes

Sciatica

Sciatica typically occurs in the healthy middle-aged adult. Pain is acute in onset and radiates to the leg. Pain starts in the lower back and as it intensifies radiates into the lower extremity. Disc herniation usually involves those between L4 and L5 and L5-S1 vertebrae (Fig 8.2), although most occur between L5 and S1. If disc herniation is minimal pain is characterised by being dull, deep and aching. It is usually felt in the upper part rather than the lower part of the leg and spreads from the lumbar spine. If the disc ruptures or herniates under strain then the pain is usually lancinating in quality, shooting down the leg like an electric shock. Valsalva movements, for example coughing, sneezing or straining at stool, often aggravate pain. Referral is needed for confirmation of the diagnosis. GPs can perform a straight leg raising test whereby the pain of sciatica can be induced by elevating the leg of the patient when lying down. Prognosis is good, although improvement and recovery are often slower than in low back pain alone.

Osteoarthritis

Patients in whom pain lasts longer than 12 weeks are said to suffer from chronic back pain. In the context of low back pain pharmacists should only manage acute problems: however, patients will present with chronic symptoms and seek advice, especially on drug management. Degenerative joint disease is the most common cause of chronic low back pain in people older than fifty. It is associated with advancing age and affects up to one-third of people aged over 65 and is twice as common in women. It can be localised to a single joint or involve multiple joints and most commonly affects the hands, knees, hips, neck, and low back. It is thought that an imbalance of synthesis and degradation of cartilage is responsible for the disease, which affects the whole joint. It is characterised by pain of insidious onset that progressively increases over months or years and is exacerbated by exertion and relieved by rest. Stiffness in the affected joint occurs typically in the morning after prolonged rest but usually only lasts for 15 to 30 minutes.

Table 8.2
Specific questions to ask the patient: Back pain

Question	Relevance
Age	Age does influence the relative incidence of conditions seen in the population Under 15: Although back pain is uncommonly reported in children, children do have higher incidence of identifiable and potentially serious causes, for example spondylosis, malignancy and Scheuermann's disease (although pain is experienced in upper back

<p>Age</p>	<p>and neck, rather than the lower back). Also, recent studies have linked weight of school bags to back pain. It would seem prudent to refer all children unless backache is associated with recent participation in sports 15 to 30: prolapsed disc, trauma, fractures, pregnancy and ankylosing spondylitis most likely. 30 to 50: degenerative joint disease (osteoarthritis), prolapsed disc, and malignancy most likely. Older than 50: the incidence of serious underlying disorders increases, such as osteoporosis, malignancy and metabolic bone disorders (Paget's disease).</p>
<p>Loaction</p>	<p>Pain that radiates into the buttocks, thighs and legs implies nerve root compression. If pain is felt below the knee, this is highly suggestive of sciatica.</p>
<p>Onset</p>	<p>Low back pain that is acute and sudden in onset is likely to be muscle strain in the lumbosacral region and not serious. However, acute low back pain in the elderly should be referred as even slight trauma can result in compression fractures. The patient will normally remember performing some recent exertion (playing sport, gardening etc) or say the pain started when they bent forward Low back pain that is insidious in onset should be viewed with caution</p>
<p>Restriction of Movement</p>	<p>People with disc herniation usually have difficulty in sitting down for long periods. Mechanical causes of pain are exacerbated with physical activity and relieved by rest. Systemic causes of back ache are usually worse with rest and disturb sleep.</p>
<p>Weakness or numbness</p>	<p>Progressive muscle weakness must be referred for further investigations.</p>

Unlikely Causes

Infection (osteomyelitis)

Symptoms of osteomyelitis include bone pain, general malaise and presence of high fever. There may be local swelling, redness and warmth at the site of the infection. Patients also usually exhibit a loss of range of motion to the affected body part.

Ankylosing spondylitis

Spondylitis is characterised by thinning or loss of elasticity of the discs that cushion the vertebrae of the spine.

It is three times more common in men and tends to run in families. Symptoms gradually worsen over a period of several months and experience periods of flare ups and remission. Patients commonly have marked stiffness on awakening and pain that alternates from side to side of the lumbar spine. Pain is worse at rest but improves with physical activity. Pain can be made worse by bending, lifting and prolonged sitting in one position (e.g. long car journeys). Up to 40% of patients may also show inflammation of the eye.

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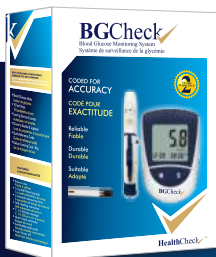
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Very Unlikely Causes

Malignancy

Malignancy is very rare; it is more prevalent in patients over 50, although rates are still low – 0.14% in under 50 and 0.56% in patients over 50. A history of significant and unexplained weight loss, presence of anaemia, and failure of symptoms to improve over a 4-week period all warrant referral.

Causes of low back pain not related to back pathophysiology

It must be remembered that acute illness, for example colds and influenza, can give rise to generalised aching or pain.

Likewise, pre-rash pain associated with shingles and referred pain from abdominal organs (e.g. pyelonephritis) can present as low back pain. A careful history of the presenting symptoms should enable exclusion of such conditions.

TRIGGER POINTS indicative of referral

Symptoms/signs	Possible danger/reason for referral
Fever	Infection
Pain that radiates away from lower back area	Sciatica
Young or older people (<20, and >55 years old) Numbness Persistent and progressively worsening pain Weight loss Feeling unwell	Possible sinister spinal pathology
Bowel or bladder incontinence	Cauda equina syndrome (rare and very unlikely to be seen by a pharmacist)
Back pain from structures above the lumbar region	Outside scope of community pharmacist
Failure of symptoms to improve after 4 weeks	Requires further investigation as pain becoming subacute (approx. 6 weeks duration) and requires medical intervention.

Evidence base for over-the-counter medication

Pharmacists can appropriately treat patients with uncomplicated acute low back pain. The goal of treatment is to provide relief of symptoms and a return to normal mobility.

Conservative treatment

Bed rest was once widely prescribed for patients with low back pain. However, systematic reviews have now proven that prolonged bed rest is counterproductive (Dahm et al., 2010). The review found two trials (n=401) that showed improvements in pain relief and functional status in patients with acute lower back pain (LBP) that were advised to stay active compared to bed rest. Exercise programmes can help with acute back pain and have been shown to reduce recurrence.

Analgesics (paracetamol, aspirin, NSAIDs, e.g. ibuprofen, diclofenac)

All systemic analgesics when prescribed as monotherapy have proven efficacy in pain relief at standard doses. However, the use of non-steroidal anti-inflammatory drugs (NSAIDs) for 7 to 10 days is widely advocated. A systematic review of NSAIDs in acute or chronic low back pain found treatment with an NSAID produced significant short-term improvement compared with placebo (Roelofs et al., 2008). The review identified 65 trials, 28 of which were rated as "high quality". The study failed to find any difference among the various NSAIDs. It also found that NSAIDs were no better than paracetamol for LBP. The authors did note that paracetamol had fewer side effects. Based on this observation, paracetamol may be the best first-line choice for most people. Patients must be advised to see their GP if symptoms fail to improve after 7 days.

Compound analgesics (paracetamol/codeine, aspirin/codeine or paracetamol/dihydrocodeine)

It is recognised that combination analgesics with high doses of opioids are effective in acute and chronic pain. However, in the UK, codeine and dihydrocodeine can only be prescribed OTC provided their respective maximum strength does not exceed 1.5% and the maximum dose does not exceed 20 or 10mg respectively. In practice, this equates to commercially available products with a maximum dose of 12.8 mg of codeine and 7.46mg of dihydrocodeine. At these doses their painkilling effect has been called into question and a number of papers have concluded that OTC doses are too low to produce statistically significant reductions in pain compared to single agents. However, the opioid dose might be sufficient to cause side effects such as constipation. Elderly patients are particularly susceptible to opioid side effects and might, in rare circumstances, experience drowsiness even at OTC doses.

Antihistamines (doxylamine)

Doxylamine is available in combination with paracetamol and codeine (Syndol). It is a first-generation antihistamine and is claimed to enhance the analgesic efficacy. However, this is largely unsubstantiated. The main effect of doxylamine is to produce sedation, and while this can be helpful in some forms of headache (e.g. migraine) it would have no additional effect in LBP and therefore these products are best avoided.

Caffeine

It has long been claimed that caffeine enhances analgesic efficacy and a number of proprietary products contain caffeine in doses ranging from 15 to 110mg. a Cochrane review (Derry et al., 2012) identified 19 studies (n=7238), which involved mainly paracetamol or ibuprofen, with 100 to 130mg caffeine. Findings showed that there was a small but statistically significant benefit with caffeine used at doses of 100mg or more, which was not dependent on the pain condition or type of analgesic. The authors concluded that the addition of caffeine(100mg) to a standard dose of commonly used analgesics provides a small but important increase in the proportion of participants who experience a good level of pain relief. In light of this new data, if recommending caffeine-containing products, only those with 100mg or more of caffeine should be given.

Topical NSAIDs

Topical NSAIDs have been available OTC in the UK since ibuprofen was deregulated in 1988. Since then, a number of other NSAIDs have been deregulated from prescription only control. For NSAIDs to work they must penetrate the skin, be absorbed into tissues and be in sufficiently high concentration to inhibit COX enzymes. Experimental results suggest that NSAIDs do penetrate the skin and peak plasma concentrations are greatly lower than oral NSAIDs (approximately 5% of oral plasma

levels). A recent systematic review identified 47 studies comparing topical NSAIDs to be significantly better than placebo, with achieving 50% pain relief with topical NSAIDs compared to 43% for placebo. The authors stated that there was insufficient data to reliably compare topical NSAIDs to each other, or to oral NSAIDs, but concluded that NSAIDs can provide good pain relief in acute musculoskeletal conditions, without the adverse events seen with oral NSAIDs.

Rubefacients

Rubefacients (also known as counter irritants) have been incorporated in topical formulations for decades. They cause vasodilation, producing a sensation of warmth that distracts the patient from experiencing pain. It has also been hypothesised that increased blood flow might help disperse chemical mediators of pain, although this is unsubstantiated. Numerous chemicals are listed as being rubefacients. Bandolier (<http://www.medicines.ac.uk/bandolier>) have produced a detailed summary of topical analgesics, and within this document usefully reviewed what constituted a rubefacient. Their effect in controlling acute and chronic pain was reviewed by Matthews et al., (2009). Seven studies (n=697) for acute pain involved use of salicylates. Data showed there was no difference between topical salicylates and a topical placebo.

Capsaicin

Two POM products in the UK have been granted licences for postherpetic neuralgia and painful diabetic neuropathy (Axsain, capsaicin 0.075%) and symptomatic relief in osteoarthritis (Zacin, capsaicin 0.025%). Clinical efficacy has been proven for both products when used to treat chronic pain. Whilst these are not available OTC, a number of OTC products do contain capsaicin (e.g. Balmosa 0.035%, Ralgex cream, 0.12% and stick 1.96% capsaicin) at concentrations equivalent or higher than those found in the POM products.

Its effect on acute low back pain is largely unknown: however the Cochrane review by Gagnier (2006) did show capsaicin to have an effect (see herbal medicine entry below).

Enzymes

Heparinoid and hyaluronidase are included in a number of products. Theoretically they are supposed to disperse fluids in swollen areas, reducing swelling and bruising but this is unproven.

Complementary therapies

Back pain accounts for more visits to a complementary practitioner than any other pain condition. In one study, 10% of people complaining of back pain had visited a complementary practitioner (osteopath, chiropractor, acupuncturist). A limited but growing body of clinical evidence exists to assess whether complementary therapies are effective. In light of the growing public interest and the expanding volume of literature, four Cochrane reviews have been conducted on heat and cold therapy (French et al., 2006) herbal remedies (Gagnier et al., 2006), acupuncture (Furlan et al., 2005) and massage (Furlan et al., 2008) respectively.

Herbal remedies

Several herbal medicines are promoted as treatments for various types of pain, some of which have been tested for the relief of symptoms of low back pain. A Cochrane review (Gagnier et al., 2006) reviewed three active constituents: Harpagophytum procumbens (devil's claw), Salix alba (white willow bark), and Capsicum frutescens (Cayenne). Devil's claw (standardised daily dose of 50mg or 100mg harpagoside) reduced pain more than placebo and a standardised daily dose of 60mg was equally effective as 12.5mg of rofecoxib (vioxx, now withdrawn from the market). Similarly, willow bark (standardised daily dose of 120mg and 240mg of salicin) was also more effective than placebo and 240mg of salicin was as effective as 12.5 of vioxx. Cayenne (as a

plaster) reduced pain more than placebo. It therefore appears that these products can be used as viable alternatives to conventional medicine.

Acupuncture

The available evidence for acupuncture in active low back pain does not support its use, although if used in chronic back pain acupuncture is more effective for pain relief than no treatment in the short term.

Massage therapy

Thirteen RCTs (n=1596) were identified for the review, of which only five were considered of reasonable quality. Overall, the review concluded that massage might be beneficial in non-specific back pain, especially when combined with exercise and education. Acupuncture massage (applying pressure, tension or motion to specific points on the body) may be better than traditional massage. However, more evidence is required to confirm this.

Superficial heat and cold

Applying heat or cold to superficial musculoskeletal injuries such as non-specific back pain is a popular lay recommendation. These range from hot water bottles, heat pads and infrared lamps to ice packs. The Cochrane review identified nine trials that met their inclusion criteria (six trials involved heat and three trials cold therapy). The authors concluded that many of the studies were of poor methodological quality, but evidence exists that continuous heat wrap therapy reduces pain and disability in the short term to a small extent. No conclusions could be drawn on cold therapy due to the limited nature of the three trials reviewed.

Glucosamine

Although glucosamine is not used for acute low back pain, it is widely advertised to the general public as a treatment for osteoarthritis. Glucosamine is naturally found in the body, especially in cartilage, tendons and ligaments and must be synthesised by the body because

significant amounts are not found in the diet. Its active form D-glucosamine is used in the manufacture of glycosaminoglycan, a precursor to cartilage tissue. Early reviews of glucosamine reported favourable decreases in pain and increase in joint function. However, a review by Towheed and others (2005) including 20 studies with 2570 patients with osteoarthritis found mixed results. When studies of sound methodological quality were used the review failed to find any difference between glucosamine and placebo with regards to pain and changes in the Western Ontario and McMaster Osteoarthritis Index (WOMAC) function score. However, when all 20 trials were included in the review, they found significant improvements in pain and in functionality as measured by the Leguesne index. It still remains uncertain whether the two salts of glucosamine available, sulphate and hydrochloride, are equally active. Also studies so far have been relatively short (2 to 3 months) and any long-term benefits are still uncertain.

Chondroitin

Early research into the benefit of chondroitin in reducing pain and improving functionality in people with osteoarthritis showed chondroitin to be beneficial. Recent research that involved larger trials, have shown no significant benefit. Patients should be advised that if they use chondroitin then benefits are likely to be modest at best and if they want to use a natural product then glucosamine would be a better choice.

Summary

Based on evidence, patients with acute low back pain should be encouraged to keep active and be given either paracetamol or a 7-day course of a systemic NSAID unless contraindicated. Topical NSAIDs could also be recommended for those patients in whom side effects need to be minimised.

Adapted from Community Pharmacy Practise by Paul Rutter (3rd Edition)



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INTERVIEW WITH PHARM. JOHNNY AMADASUN



and fitting customized hearing aids, hearing protectors and prosthetic ears. I worked in the hospital Pharmacy and as an office manager during the day while I filed away at acrylic moulds and fitted electronics at night till my fingers got sore.

A big break came when we got a contract to fit all the workers at all NNPC refineries with hearing protectors. Alongside this, I distributed pharmaceuticals from the boot of my car for some years and went into importation when demand grew. My main source of products was the United Kingdom. I concentrated on branded Prescription Only Medications (POM) .

In 2007, I opened my first pharmacy in a shoebox sized shop on the popular airport road in Warri. While doing a Masters degree in Business Administration at the University of Wales, UK, I toyed with the idea of investing in a niche sector at the time – Nutraceuticals, and the possibility of operating Health Shops separate from pharmacies to sell

Can we meet you Sir?

My name is Pharmacist John Amadasun. I live in Warri, Delta State, where I own and run a chain of community pharmacies, a Health and fitness shop, Spa and a supermarket, Medical Laboratories and a hospital.

Give us a bit of information on your work history?

I graduated from University of Benin in 1999 and did my internship training at Johnson & Joes Chemist Warri. I did my NYSC at Government House Clinic, Benin City. I worked as a medical Sales Representative for a Pharmaceutical company after which I worked at Westend Hospital Warri as a Pharmacist and a part of the management team. I have a knack for working with my hands to create things and took an interest in the work at the hearing conservation laboratory at the hospital. This spurred me to go for a training on hearing aid fabrication and fitting in the UK. After the training, I returned to Nigeria and started fabricating

health products like nutritional supplements, weight loss products and healthy food options. I actualized my MBA project by opening our first Health Shop and later expanded this into a Health and Fitness shop including in our product offering – Exercise equipment, muscle building supplements, sexual enhancement products, beauty and weight loss supplements. In 13 years, we have expanded the number of Pharmacy branches to 6 and opened 2 medical laboratories, a Spa with sauna, massage and beauty treatment, and a preventive healthcare/ vaccine division. Our online shop was launched in 2018- the first online Pharmacy shop in Delta State.

What attracted you to retail pharmacy business?

The endless possibilities that abound in the retail space like the many possible branding concepts and product display options attracted me to the retail pharmacy business. Being an avid traveller and a chronic window shopper, I have seen retail pharmacies and shops in general, all over the world with amazing designs and colorful displays compared to the rather drab pharmacy shops we had in Nigeria in the early part of the last decade. I knew we had a handful of folks back home looking for such exceptional and standard pharmacy practice and I could try to replicate what I had seen in other places. Aside from this, the daily cash income from a retail pharmacy business is one of the higher selling points.

You seem to practice at the very upscale level of retail pharmacy. Has it always been like this?

Yes, it has been an either “all in or nothing” approach. In trying to replicate the standard of practice I had seen in the UK, I had to invest in a lot of things that many Pharmacists take for granted.

The first and most important thing I did was to coin a slogan that would endear people to us and make them trust our brand. I came up with – “Brands you can Trust”, a slogan that has become associated with our brand in our community and one that we have lived up to. Certain things like situating in prime locations, having spacious shops, well designed, labelled and lit displays that make products easy to find and interesting to look at, labeling software and stickers to properly label each product with accurate information, loyalty schemes, home delivery, professional staff and support staff and many other efforts have raised the standard of our practice.

For most people, managing one retail pharmacy is a tall challenge. How do you cope with several successful branches?

First thing we learnt after getting it wrong the first year was that we needed to centralize our operations. We had to set up a central store with inventory control officers made up of Pharmacy technicians, Pharmacists, Accountants and support staff. We also set up Standard Operating Procedures which helped us in duplicating our activities more successfully each time.

What challenges do you face in this business?

The pharmaceutical industry in Nigeria is highly fragmented and as a result sourcing for products is difficult with little guaranties on conformity of brand and price uniformity. The things that our colleagues in Europe and the US take for granted like electricity and security are major challenges to us. As a result, we not only have to provide alternate power supplies like generators, inverters and solar systems but we must engage armed security and we pay

heavily for this. People shop with ease when they are in a safe and comfortable surrounding and providing this takes a chunk out of our income.

Your brand seems to project energy and fun. Is this deliberate?

Partly deliberate because we try to identify with the millennial consumers who are more influenced by all the information we put online and the fun way we present it.

Less deliberate because the team is made up entirely of young energetic adults (aged 21 to 37) who are full of fresh ideas and have the energy to follow through. I encourage my team members to think outside the box and I give them the freedom to test their ideas practically. Some programs that we have come up with like our seasonal fitness rave called “Sweat it out”, hosting local sports competitions and frequent challenges and competitions on social media have been the ideas of some of these young team members.

We recently sponsored a competition online engaging graphic artists to come up with a new design for our brand and for a new Pharmacy shop.

It was a win-win because we empowered a young talented artist and got a fresh design concept that was different and exciting. We do weekly challenges on social media like the “bottle cap challenge”, “in my feeling challenge” and the new “flip the switch challenge”.

For the staff, we have team building exercises such as our traditional “TGIF” outing once a month where we get to hang out and have fun, our end of year parties at which we give awards for every category including the best dressed staff. Every year some of the

team go to Dubai for the Arab Health Exhibition, besides from the exhibition we get a chance to have fun going jet skiing, dune bashing and camel riding in the desert.

Our organization is a fun place to work and we try to maintain this culture so we stay productive.

Safari Pharmacy seems to have a close relationship to Westend Hospital. Any links?

Yes. I am the Chairman of the board of Westend Hospital, Warri. Westend Hospital is a family owned and run hospital that has been in existence since 1978. I gained 20 years of work, management and life experience from my time here. Capitalizing on the relationship, we synchronize our operations such that our customers at the pharmacies have access to more specialized services at the hospital.

Our Pharmacists sometimes identify cases that would benefit from secondary and tertiary care and refer them to the hospital. Likewise, the hospital patients benefit from our numerous locations to pick up their routine medications in between their hospital appointments. Our medical laboratories and online pharmacy also serve our hospital patients. Safari Pharmacy also leverages on the hospital’s relationships with HMOs to serve their enrollees.

In line with this, Safari Pharmacy is registered with Hygeia HMO Limited, Redcare and Health Partners for provision of medication to their enrollees. Our interns also have well rounded training as they pass through all our divisions including the hospital. They participate in ward rounds and clinical meeting at the hospital.



Do you have any role-models in the industry?

My role models in the industry are the founders of the international big chain pharmacies like Walgreens and Boots. Outside the industry, I am particularly fascinated by the likes of Raymond Albert Kroc who built the Mcdonald's fast-food chain empire.

Are you actively mentoring anyone in the industry?

With 12 young qualified pharmacists and 10 pharmacist interns among the staff, I want to believe that I am mentoring a few of them. Our Chief Pharmacist was once an intern (our first intern) in our internship training program and one of our managers, our Vaccine and Biologics manager, joined us prior to her internship training.

A lot of disruption seems to be happening in the retail space with new entrants and business models evolving everyday. What is your take on these developments?

Change management was the most interesting course I studied during my

MBA. Our curriculum in Pharmacy School in Nigeria does not prepare the Pharmacist for the management aspect of our practice nor the change to the competitive landscape and operating conditions. As a result, a very good number of pharmacists are not equipped to take decisions that would help position them favorably against competition from bigger players and the chain pharmacies. I believe every business owner faced with threat from new and existing entrants must develop their own strategy. For us, that has meant diversifying into many areas of practice such as preventive healthcare through our vaccine clinics, diet and nutritional services (we have Dieticians as part of our team), DNA analytics at our Medical Laboratories (DNA paternity tests and food & pet allergy test), Physiotherapy & massage services, Online Pharmacy etc.

What next for Safari Pharmacy?

We have several short- and long-term plans. We just opened our first supermarket. We are also setting up a manufacturing division and



intend to go into local production of some pharmaceutical, food and beverage products.

What advice do you have for pharmacists interested in retail business?

For Pharmacists interested in the retail business I would like you to consider these 6 questions before you proceed:

1. Do you have the resources to set up a standard retail practice?
2. Have you set aside funds to sustain the first year of operations?
3. Do you have a good location?
4. Do you know any business management tools? If not have you made arrangement to learn some?
5. Have you researched any international brand and looked at their designs and management structure?
6. Have you set up processes that you can sustain?

If your answer is yes to all 6 questions, I think you are better prepared to enter the retail pharmacy business.

Do you think there is hope in the profession?

I believe in our profession as long as we have a realistic acceptance of what our profession allows us to do. Our roles as part of the healthcare team should be well understood and we should work within the boundaries of our profession hand in hand with other professionals.

We however need to address the menace of patent medicine dealers and other threats to the ethical handling of medicines as we are licensed to.

How do you relax?

I love jet skiing and travelling.

If you weren't a pharmacist, what would you have been?

I have lived the life of an entrepreneur from selling cars, running a restaurant and farming to providing equipped office spaces for lease at our pharmacy locations.

If I was not a Pharmacist I would still be an entrepreneur looking for the next new thing.

Thank you.



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GERIATRIC CARE BY PHARMACISTS IN NIGERIA

Pharm. Tomi Majekodunmi



Nature gives you the face you have at twenty; it is up to you to merit the face you have at fifty

Coco Chanel

“Future doctors will give no medicine, but will be more interested in the care of their patients frame, proper diet and in the cause and prevention of disease”

Thomas Edison

Old age isn't a bad thing when we consider the alternative

Maurice Chevalier

As we advance in age, many changes both physically and emotionally occur within us and it can be quite stressful and burdensome coping with these changes. We lose the vitality we once had as young men and women. Even though people generally enjoy a

longer life expectancy nowadays, the process of growing older can be a painful fact to come to terms with. The truth, unfortunately, is that many older people are afraid of what they don't understand, which will only worsen as the years roll by.

Once people are aware of the changes happening in the body as one ages and how to cope with them, then they will be better prepared to deal with them, in terms of physical and mental health changes.

It is important to note that everyone will grow old and with old age comes physical and mental health changes as earlier mentioned. Health professionals especially the pharmacists are in the best position to provide adequate care and health information for the fast-growing aging population within our societies.

1. DNA damage:

The DNA carries genetic instructions for all the body's functions. As we age, errors start to appear in our DNA. During DNA replication, copying of codes might not be correctly done — parts could get misspelled, and sections could be accidentally inserted or deleted. Mechanisms in our bodies that repair DNA do not always capture these errors. As errors build, the genetic code which is a cell's instruction manual can lead to abnormalities. Over time, the instructions become unclear or wrong, leading to a breakdown of cells and even production of cancerous ones.

2. Gene expression error

The process of dictating which DNA segments are expressed is called Epigenetics. Physical traits are expressed when certain parts of the DNA are read and translated. There is a group of protein in the cells that controls which genes eventually gets expressed. This process is called epigenetic moderation. It ensures that the skin cells are different from the brain cells, even though the same set of DNAs is used. In the elderly, the proteins bound to DNA become loose and less accurate, and genes are expressed or silenced in error. This results especially when some necessary proteins are not being produced, and harmful, unnecessary proteins are. For example, if an inadvertent change results in the silencing of a gene that helps suppress tumors, cells could uncontrollably grow into cancerous ones.

3. Proteins become less functional

Proteins are constantly produced in the cells, and they control almost every function inside the cell including moving materials, carrying signals, turning

processes on and off, and providing structural support for the cell. But proteins have to be recycled regularly because they lose their effectiveness over time. As people age, the body loses its ability to eliminate old proteins, which begin to build up and become toxic. Accumulation of protein is one of the major features of Alzheimer's disease — proteins called beta-amyloid aggregate in the brain and result in the loss of nerve cells.

4. Telomere shortening

Telomeres are protective caps at the ends of each strand of DNA. Certain studies suggest that every time cells divide, the tips of the chromosome (Telomeres) become shorter. Continuous division of cells eventually results in loss of telomeres. When the telomeres are lost, chromosomes become unstable and all kinds of issues arise. The most notable is that chromosomes can't replicate correctly and end up fragmented or with extra parts that aren't supposed to be there. These abnormalities usually kill cells or make them dangerous.

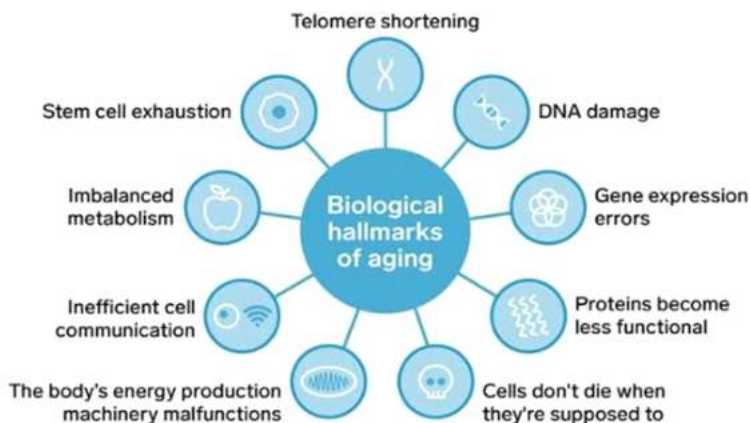
5. Cells don't die when they are supposed to

As cells undergo stress and become damaged, they sometimes stop dividing and become resistant to death. They turn into senescent cells also described as "zombie cells" by scientists, which can infect other cells in their vicinity and spread inflammation throughout the body. Senescent cells accumulate with time and age and have debilitating and inflammatory effects which is detrimental to overall health. Several drugs called senolytics are now being developed with the goal reducing senescent cells in elderly to treat age-related disease.

Community Pharmacists are a set of health care professionals that have singled themselves out to serve the community. Within every community, there are senior citizens who can live better and healthier lives in their old age with the assistance of pharmacists. Here is a clarion call for pharmacists to rise up and take charge providing optimum geriatric care in their communities. Geriatrics are often classified as people aged sixty and above. This part of the population is as fragile as babies and their health should be treated with great importance. Elderly men and women are faced with variety of disease conditions and health challenges. This is since with old age comes changes in individual cells and in whole organs. These changes results in changes in function and appearance. As cells age, they function less well. Eventually old cells must die as a normal part of the body's functioning. Aging of cells is a trigger for cell death as well as old cells which must die to make room for new

ones to form. Consequently, how well an organ function depends on how well the cells within them function. Older cells function less well. Also, in some organs, cells die and are not replaced, so the number of cells decreases. The number of cells in the testes, ovaries, liver, and kidneys decreases markedly as the body ages. When the number of cells in an organ become too low, an organ cannot function normally. Thus, most organs function less well as people age.

However, not all organs lose many cells for example the brain. Healthy senior citizens do not lose many brain cells. Considerable loses occur mainly in people who have had a stroke or who have a disorder that causes the progressive loss of nerve cells commonly called neurodegenerative disorders such as Alzheimer disease or Parkinson disease. Aging comes with many more changes some of which is covered in the pictorial representation of the 9 biological hallmarks of the aging process.



6. Malfunctioning of the body's energy production mechanism

Mitochondria produce energy in cells by converting oxygen and food into energy. As cells age, these mini power plants become more inefficient and dysfunctional. When they don't function properly, they can produce an altered form of oxygen that can cause damage to DNA and proteins. Studies has shown that restoring the function of mitochondria can reverse wrinkles.

7. Inefficient cell communication

Cells must be constantly communicating with each other for everything in the body to function well. But as our bodies get older, cells fail to communicate effectively. Some cells become less responsive, which can turn them into inflammation-causing senescent cells. Inflammation produced by these senescent cells further blocks communication between healthy, functioning cells.

Compromised communication of cells in the body stifles the immune system's ability to effectively clear out pathogens and senescent cells.

8. Imbalanced metabolism

In the human body, the cells have to adapt to the amount of nutrients that are available. So, if there is an imbalance with the cell's ability to sense or process nutrients, it affects the body's wellbeing. Detecting the body's glucose and fat levels become less accurate, as one gets older. Aging cells accumulate an excessive amount of fats not because older people ingest a lot of fat, but because cells don't digest it properly. Consequently, age-related diabetes is common because senior citizens' bodies can no longer metabolize all they consume adequately.

9. Stem cell exhaustion

To some extent, most tissues gets renewed but the rate of renewal declines with aging, which results in accumulation of damaged tissues. Cells which can become different types of cells in the body are called stem cells. They act as an internal repair system, replenishing cells that are damaged or dead in many tissues. These stem cells undergo exhaustion and becomes less active as one ages which slows down cell division process rapidly. When stem cells experience exhaustion, tissues that are supposed to get renewed do not get renewed.

Having understood some of the changes the aging population have to go through, community pharmacists always have key roles to play in ensuring geriatrics within the community enjoy optimal health. More importantly is the fact that many of these elderly ones are prescribed a whole lot of medications by their doctors, but a pharmacist can educate older people on how best to use their medication to get better results. Inappropriate pharmacotherapy among older adults remains a critical issue in our health care systems.

The age-related pharmacokinetic and pharmacodynamics changes alongside polypharmacy and multiple comorbidities may increase the risk of adverse drug reactions and medication errors.

Aging is usually accompanied with many illnesses and diseases. Common disease associated with aging include:

1. High Blood Pressure

Hypertension is the most common chronic health condition in adults aged 60years or older, affecting a Large percentage of the population. High blood pressure is often called the "silent killer" because it present no symptoms but causes significant damage to the

blood vessels and increases one's risk of stroke and heart attack. Although genetics is a risk factor of high blood pressure, lifestyle has the greatest impact on one's risk for developing hypertension.

In order to control lifestyle-induced hypertension, pharmacists can advise senior citizens to

- Limit salt and alcohol;
- Reduce stress; and
- Exercise and maintain a healthy weight.

2. Arthritis

Arthritis is another extremely common condition in elderly especially the women, affecting approximately 50 percent of seniors. Though it's not a fatal condition, arthritis can significantly reduce one's overall quality of life and result in chronic or even lifelong pain. Being active is the best way to manage pain, however, arthritis makes it almost impossible for one to engage in activities that require motion. Community pharmacists can adequately help the aged manage arthritis by recommending physiotherapy, natural products and appropriate analgesics to enable them to live a pain free life.

3. Cancer

Many people especially women develop cancer as they advance in age. Even though research has revealed that mammograms, skin checks, colonoscopies, and annual screening for certain types of cancers can significantly reduce one's risk of dying from cancer, community pharmacists can advise on measures to reduce their cancer risk. Some of these measures include, exercising regularly, maintaining a healthy diet, and avoiding cancer-causing agents, such as tobacco and alcohol. It is also important that pharmacists work with patient's cancer

care specialist to devise a treatment plan that can be appropriately monitored to improve the overall quality of life of victims.

4. High Cholesterol

High cholesterol is very common among the geriatric population. If not managed, it can lead to heart disease and possibly death. Lifestyle modifications that can be recommended by pharmacists to prevent or control high cholesterol level include:

- Quit smoking;
- Reduce the amount of alcohol intake
- Exercise regularly;
- Maintain a healthy weight; and
- Eat fewer saturated and trans fats.

5. Diabetes

Diabetes occur when a person's body does not produce enough insulin and the level of glucose in his or her blood is high resulting in high blood sugar. Over time, high blood sugar can severely damage the heart, kidneys, nerves, eyes, teeth, and blood vessels and lead to conditions such as stroke, heart disease, blindness, kidney disease, gum infections, nerve problems, and amputation. And the older population whose cell function decline as they age are prone to this disease. For these reasons, it is imperative that pharmacists provide measures to manage diabetes if a diagnosis has already been made. Community pharmacists could also recommend the following tips to manage diabetes:

- Eat a healthy diet;
- Limit if not eliminate alcohol from diet;
- Exercise often, about 30 minutes a day, five days a week; and
- Lose approximately 5 to 7 percent of body weight (if diagnosed with pre-diabetes).

6. Dementia

Dementia can be described as a group of symptoms that may include memory loss, difficulties with thinking, problem-solving or language, and sometimes changes in mood or behavior. Community pharmacists can assist to ensure a better quality of life in elderly citizens with dementia by providing step by step health tips to clients and their care givers to effectively manage their condition as well as natural supplements which are not harmful to the body and can significantly reduce dementia symptoms.

7. Urinary Tract Infections (UTIs)

Urinary tract infections occur when bacteria in the bladder or kidney multiplies in the urine. If left untreated it can become life-threatening especially in elderly patients. Community pharmacists are usually the first point of contact by senior citizen within communities when UTI issues arises. UTI being a common illness in the elderly should be adequately taken care of by pharmacists together with patient's physician after series of specific tests has been done to ascertain the organism responsible for the infection.

Possible interventions by pharmacists in ensuring optimum health in the aging population

Caring for older patients is an important mission for pharmacists, since the key to geriatric care often lies with management of chronic diseases and polypharmacy and preventing harmful consequences of both. Because most chronic conditions are treated with medications, pharmacists, with their extensive training in pharmacotherapy and pharmacokinetics, are in a unique and critical position to manage them. Pharmacists have the expertise to

assess, detect, resolve, and prevent medication errors and drug-related problems, such as overdose, under dose, adverse drug effects and non-adherence. Pharmacists are also competent in critically reviewing and applying clinical guidelines to the care of individual patients, and in some instances confront the lack of data (common in older adults) to provide the best possible patient-centered care.

There is a clear role for pharmacists working directly or collaboratively to improve medication use and management in older populations. Therefore, it is imperative that teams caring for elders should involve pharmacists to optimize pharmacotherapy.

Role of pharmacists in geriatric care

1. Polypharmacy and adherence management
2. Chronic disease management
3. Medication-error prevention during transition points
4. Pharmacotherapy optimization in the elderly.

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UNLOCKING THE POTENTIALS

in Community Practice - A pharmacy Services Guide



The new public health threats, technological advances, aging population, evolving patients expectations and shrinking budget are putting under pressure health care systems in Nigeria. An increasing portion of health care expenditure is on pharmaceutical and chronic diseases. All these factors are pushing for change.

Community pharmacy is changing too to respond to these challenges and meet patients' needs by shifting the focus from dispensing medicines and diseases to patient care and quality of services.

A professional pharmacy service is defined as 'an action or set of actions undertaken in or organised by a Pharmacy, delivered by a Pharmacist or team member, who applies their specialised health knowledge with a

patient/client, population or other health professional, to optimise the process of care, with the aim to improve health outcomes and the value of healthcare'. If we look at the main trends in pharmacy services we observe that the number of patient-centered services is increasing.

Pharmacy services aim to achieve the 'triple aim':

- Better quality of care
- Better health outcome
- Lower costs

Some Pharmacy Services that you can offer your clients include the following

1. Compounding
2. Chronic Disease Support Service
3. Weight management/Nutrition Support
4. Medication Review Services

5. Immunization
6. Health Education Service
7. Convenience Service
8. Substance Abuse Program
9. Point of care Testing
10. Family planning and sexual health

1. Compounding

What is Pharmaceutical Compounding?

Compounding is the creation of a pharmaceutical preparation by a licensed pharmacist to meet the unique needs of an individual patient when commercially available drugs do not meet those needs. Compounded medicines are produced for patient use and not for resale by the Patient or prescriber. These medicines also do not replicate commercially available drug products Formulation could be sterile, non-sterile, Hazardous, non-hazardous. You can choose what type of compounding you want to start based on your target market. This include but not limited to

- Paediatric Compounding: Adjust strength or dosage especially in children, Flavor a medication, for example to make it more palatable for a child.
- Chronic Pain compounding
- Dermatological Compounding: 5% SSA, Diluting creams, etc
- HRT Compounding
- Geriatrics Compounding
- Veterinary Compounding

2. Chronic Disease Support Service

The Community Pharmacist has the most frequent contact with chronic disease patients of any healthcare professional. Therefore, pharmacists can play a crucial role in disease management.

There are clinical benefits and cost effectiveness arguments for patients' management supported by Pharmacists in a range of chronic diseases.

There is minimal capital expenditure in rolling out chronic disease management programmes and it therefore represents a cost effective solution to a significant problem. Support services can be created for diseases such as Arthritis, Asthma, Diabetes, Hypertension, Glaucoma Chronic Disease Support Service.

3. Medication Review Services

Medicines Use Reviews (MUR)/ Medication Therapy Management involves a face-to-face interview between a pharmacist and a patient, who is taking one or more medicines. During the interview, the pharmacist reviews the existing medication and highlights any concerns on a report for the patient's doctor. This can suggest changes to the current medication and helps the patient understand – in simple terms – exactly what all the medicines are for, and why it is important to take them correctly. Pharmacists can also institute an Anti-coagulant management service

4. Immunization

Immunizations are another area where pharmacies can enhance patient care and their revenue stream, he says. Although one in four vaccinations are now done in a pharmacy, most pharmacies miss 70% of their vaccination revenue.

5. Health Education Service

Pharmacists can develop and deliver Workshop, Seminars, Publication for patients and doctors (free or subscription based). You could target corporate organisations, groups etc Topics to develop could include Chronic disease management tips, Basic life support, child care for mothers and nanny etc. Don't take your pharma knowledge for granted

6. Convenience Service

These could include:

- Home care services
- Home delivery services
- E-Pharmacy
- Telepharmacy

7. Substance abuse Program: Examples of these services include

Smoking Cessation Program, Alcohol Abuse Program, Substance abuse (Codeine/Tramadol), Benzodiazepine withdrawal

8. Point of care Testing

Some pharmacies are already offering point-of-care testing as an enhanced service. Some of these services include Breast Examination (Screening for breast lump), Blood Sugar Test, Blood Pressure test, Prostate test, H. pylori for ulcer test, Hepatitis B and C, HIV Tests, Malaria Test, Typhoid test, Chlamydia test, Weight/Body composition test.

9. Weight management/Nutrition

Support

Almost all pharmacies carry lines of vitamins and dietary supplements, but nutrition is an area where pharmacists can offer greater levels of advice and counseling, especially when it comes to drugs that might deplete levels of certain nutrients. Pharmacists can become a patient-focused practice rather than product-focused one, he adds, by combining testing, counseling, and clinics for diabetes nutritional advice or for weight loss.

10. Family planning and sexual health

Now that you know the services you can render at the pharmacy, what steps should you take in planning for a new service.

10 STEPS FOR PLANNING A NEW SERVICE

1. Uncover a stated or unstated need/problem
2. Check for alignment of service with your Strategic plan

3. Idea refining and Options generation: Sources of ideas will include Customers, Staff, Competitors, Internet, Publications, Programs and meetings, Books, Seminars and conferences, Literature review

4. Development of the work plan, workforce, training and retraining, SWOT analysis
Paint a picture of the ideal client e.g everyone buying glaucoma medication is a candidate for a glaucoma service. So every sale of those medication presents an opportunity to recruit a customer Don't confuse a test with a service. In 2020, checking blood pressure is not a pharmacy service. It is a conversation starter.

5. Estimation of the market size: Some market characteristics of interest to a pharmacy include:

- Market size
- Market growth rate trends in the marketplace – e.g., changing from more to less affluent
- Access to transportation – both public and private
- Customer analysis – where do they shop now?
- What are their demographics? Age, gender, religion income, family life cycle (empty nesters, young families, retirees etc.)

6. Test marketing
7. Financial analysis and financial modeling
8. Marketing of services
9. Roll out
10. Post roll out evaluation.

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SCRAMBLE FOR TALENTS; ARE WE READY?



She is a young dynamic and passion driven female Pharmacist who was recently inducted into the profession. She was recently recruited for her internship in a Pharmacy with no retail Pharmacy experience and in 1 month she has gotten used to the retail Pharmacy and in 2 months she could confidently drive sales with little or no supervision. She became a master salesperson, a confident Pharmacist and a high value player delivering great value beyond what she was earning. Suddenly, she left.

As I am sure you may be asking, where did she leave to and why? Or probably saying to yourself - these young Pharmacists would not remain in one place for a while; they just want to make the easy way; they are not just ready to work - and all such reasons as we may wish. Yes, she left for a company that

most probably saw through her, discovered her great talent, valued it for a pearl and placed a big bet on her. The foregoing is consistent with organizations that have positioned themselves for a thriving future. They have this uncanny ability to spot talents, strategically attract them and grip them for a long time. Barely anyone would resist the very tempting offers.

As we know, the big things that had always been talked about to happen in the retail Pharmacy space in Nigeria are already happening. The industry is becoming even more Red. We are aware the big guys could come for the individual businesses and many are working hard to resist such possible advances. But after resisting their surely and always very tempting offers, what next? Can we match the big guys really?

What if they decide to stifle the live of your companies? Of course, we cannot match them cash-wise, technology-wise or talent-wise. Interestingly, most have been looking at building up cash and improving technology, but seem to have been quite complacent or lukewarm about our talent pool.

I learnt that Facebook has Procurement of talents as one of three key areas for her acquisition strategy. Little wonder Facebook has undoubtedly remained a company built for today and the future. Therefore, one can make bold to say that talent acquisition is unarguably, a sine qua non for positioning a company for the future. The above story is a familiar occurrence and all we do is complain about how young Pharmacists keep moving from one place to another. It is even going to be worse as the ever anticipated big things keeps happening. It is worrisome how most Pharmacy owners seem more or less lukewarm about such an essential part of the so called strategy for the future.

But how prepared are we talent-wise to match these big things that are already happening. What human assets do we have to face these big things? Are our talents good enough to match the big thing? It is purported by most big organizations that 75% of their real assets is Human Resources. Can we boast of our human resources to be such valuable? If they are, what if the big

guys decide to target your best hands? How soon can you replace them if you cannot afford the big bets? Looking at what is happening already, and with the much I have seen and heard, I foresee a scarcity of talents in the retail Pharmacy space.

A scramble for talents is imminent, if it is not already happening, as the big things keeps manifesting. Individual Pharmacy owners need to appreciate the fact that Recruitment has changed. Talent acquisition is the in-thing if we must play in the future. The sooner we stop recruiting just to fill vacancy and begin to engage in strategic talent acquisition the better for us. Otherwise, we may just be setting ourselves up for a woeful demise as the ocean gets even redder.



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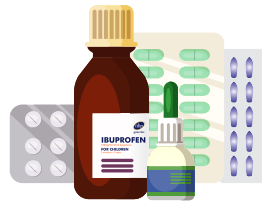
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MUSINGS

OF A VILLAGE PHARMACIST

TimeyinOgungbe



On a beautiful morning in the month of June, the pharmacy assistant walked up to me and said, "Ma, when you are through, there's someone here to see you. He wants to buy Franol but I told him to speak to you first. He is breathing very fast" "Ok, tell him I will be with him shortly"

I quickly round up with the client before me and came out.

Two young men were sitting on the Pharmacy's sofa. One is having his blood pressure checked.

"Good morning" I greet.

"Good morning ma" the other guy

greet

The one checking blood pressure nods, in an attempt to return my greeting.

Blood monitor stops. Blood pressure reading is 147/96, "How old are you?" I ask him as I remove the cuff from his arm.

"Thirty-two" he whispers as he pants.

"Get me the pulse oximeter, please"

"Ok ma"

I turn back to face my client.

Are you on any drugs? Drugs for libido?"

"Yes... sometimes."

(Now this was getting interesting)

"Respiratory depression? Tramadol abuse?"

"What drug?"
 "Tramadol" he replied, looking down".
 "How many milligrams?"
 "250mg""This is it ma". Faith said as she hands the pulse oximeter to me.
 "Thank you". I collect the pulse oximeter from her and take the reading.
 SpO2 is below 95%
 Hmmmm. I take a deep breath.
 "So how long have you been using Tramadol?"
 He looked sideways at his friend.

"O je so fun won" (you better tell her) his friend urged him
 "About 3 years ago", he answered, avoiding my eyes.
 "How long have you been experiencing this shortness of breath?"
 "About 2 years now. But when I use Franol and Perilon, I get relief. This time, it did not work".
 He coughs. "You will need to see a doctor. Do you have any hospital you use?"
 He turns again to look at his friend. They both laugh. "I can't remember anytime I had to see a doctor."
 "Well you need to see a doctor today. It's urgent. Can I recommend one for you?"
 "Ok ma"
 "Excuse me, please"
 I get up, walk to my office, open my cupboard, bring out a letter head paper, sit down and write a referral letter, detailing my observation along with the vital signs and drug history.
 Into an envelope it goes and letter is addressed to the hospital.
 As I do all this, I'm wondering.
 "This is a professional service I'm rendering. I'm helping someone save his life, why shouldn't I be paid for this?" I ask myself.

An idea comes as I walk out of my office. I muster enough courage to face my client.
 "Here is your referral letter. Your bill is ₦500. My staff will complete the transaction with you." I say with my best professional voice
 "Thank you ma"
 "You're welcome. Please take this matter as an urgent one"
 "Yes ma".
 I walk away and enter my office.
 Faith comes in almost immediately and hands me the #500.
 And no cries of "haba, this is much" from the client.

Hmmm
 This is a service I often do for free. Have I been short-changing myself all this while. This is not the only vital, life-saving service we offer at the Pharmacy and all is for free.
 The other day, it was a client who has hypertension. His blood pressure has been under control with his medication. Until one day...
 "Good evening sir", I greet him
 "Aunty Pharmacist, I just don't know what is wrong with me. I have not slept for the past 3 days and I'm restless."
 "Ok have your seat, rest for 5 mins and we will check your blood pressure".
 5 minutes later and his BP reading is 191/110!
 "Sir, did you stop your medications?" I ask him.
 "What's my BP" he asks anxiously.
 I turn the monitor to face him so that he can read it himself.
 "What! Why? But I have been using my medicines!" he is even more restless.

"You need to go back to your hospital."
"But I just returned from there last week. When my BP was checked at the hospital, it wasn't high at all"
"Did they change any of your medicines?"

"No. The only thing the doctor did was to increase the dose of Tegretol. I was formerly using 400mg. But when the epileptic fits we're becoming more frequent, I complained and he increased the dose to 600mg"
"Do you still have a copy of your prescription?"

"Yes"
"Can you bring it? I want to have a look". His house is right at the back of my Pharmacy.
A few minutes pass and he is back.
"Excuse me."
I take the prescription to my office to do an interaction check on all his medication.

The one of significance is the interaction between amlodipine and carbamazepine (Tegretol). It states that:
"carbamazepine will decrease the level or effect of amlodipine by affecting hepatic/intestinal enzyme CYP3A4 metabolism."
Could this be the reason that his blood pressure wasn't under control?
I write a note to his doctor, stating my findings, hoping he would take his time to read and take action.

The doctor was kind enough to read and review Baba's medications. He added another BP lowering medicine.

A week later Baba returned to check. Baba's BP was now ok and he was sleeping well.
A life-saving pharmaceutical care service has been rendered free of charge.
Hmmmmmm.

This is not typical to me. Many Community Pharmacists render life-saving services for free yet we complain that we're not making money.
We struggle to make ends meet. What is the problem with us? Why are we afraid to bill our clients?
My hairdresser is not afraid to bill me neither does my dressmaker have any qualms with charging me a bill that is more than the cost of the fabric I give her to make a dress for me.

As for me, I need to rethink the way I do business. What about You?

I remain Aunty Pharmacist.

Moxie

eye ✓

skin ✓

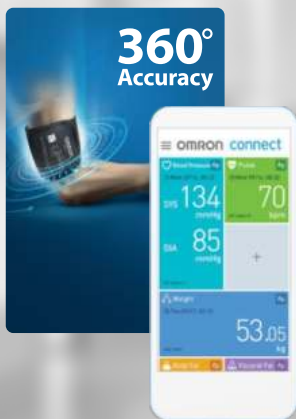
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PHARMALLIANCE INTERVIEW

TOTEM PHARMACY

1. Please tell us about yourself and your journey into retail?

I am Henry Onochie Adioha from Orlu in Imo State. I had my early education in Lagos, Secondary education in Akwa Ibom State and then University of Benin, Edo State. I am married and blessed with kids. I am a consummate family man



commercialized. These have been useful as they are practice defining and important for longevity.

5. What was your motivation for joining Pharmalliance?

Joining Pharmalliance was a necessity in a sense. The paucity or scarcity of a sane environment where forward thinking discuss can happen I would say was my motivation.

6. How has your membership of Pharmalliance affected your business and its running?

Membership of Pharmalliance has helped me with well-rounded growth and development in the areas of book-keeping, human resource management and K.P.I Formulation. TOTEM has had strategic redirections over the years as a member

2. What work experiences have contributed to the running of your own business today?

I have been a field person for the largest part of my work life. Work has seen me move from May & Baker; on to Sanofi. Worked on other health related projects all culminating in my birthing TOTEM. My work experiences have all exposed me to being a self-starter.

7. What really do you reckon is the 'catch' with Pharmalliance, what about it should draw other Pharmacists?

The "catch" with Pharmalliance is that, it is a breeding ground for robust engagement that improves willing minds through and through.

3. What personal character traits would you say has given you an edge in running your own practice?

Personal characteristics I would say has given me an edge in running my practice would be firstly, "to always question the norm" (Whatever that is). Secondly, committing to a lifetime of learning.

8. What would you say to a room full of retail Pharmacists running their own premise(s) if you had the opportunity?

To a room full of Retail Pharmacists, I would say:-

- "don't get stuck with stereotypes", we have quite a number of them in Retail Pharmacy.
- Associate wisely.
- Be deliberate in searching for better ways of doing what we do as Retail Pharmacists.

4. What skills have you had to acquire to run your premise outside the contents of your B.Pharm and how have you found them useful in practice?

Skills acquired to run my premise and outside the contents of a Pharmacy Degree revolve around Money management, Soft Skills that have overtime become

9. If you weren't a Pharmacist, what would you be?

If I was not a Pharmacist, I will most definitely be a Teacher!

Moxie

Paracetamol



Pain relief
with
peace of mind

PHARMALLIANCE IN PICTURES

FUNFAIR



Children having fun at the Pharmalliance funday



Name your choice!



The fast and Furious



Ice cream time



Kiddies fun time



Our celebration Cake.

PHARMALLIANCE IN PICTURES

FUNFAIR



Pharmaco-gele skills



My gele is on fleek



How do you like my style?



We can hit the runway in style

PHARMALLIANCE IN PICTURES

FUNFAIR



The women say Cheese!



Family time, fun time



As men of honour



Children cutting the cake



Gift time is happy time



Naturelle Cocktail on Steroids

Moxie

Vitamin-C Syrup



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Vit. C - 500mg
Vit. E - 400iu
Vit. D - 1200iu
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