

flourish

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

ISSUE 6, 2015

Also in the Edition

Managing Insomnia in a
community pharmacy

Retail disasters &
victories

What a conference!!!
Panel 7 in pictures

A portrait of Pharm. (Dr) Albert Kelong Alkali, a Black man with a shaved head, wearing a light pink dress shirt and a purple and white striped tie. He has his arms crossed and is looking directly at the camera with a slight smile. The background is dark.

MAN ON A MISSION

Pharm. (Dr) ALBERT KELONG ALKALI

National Chairman,
Association of Community Pharmacists of Nigeria



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WE ARE BACK! I am glad to present the 6th edition of Flourish to you. The readership of previous editions has simply been amazing and we believe this won't be an exception. This edition is the PSN Conference edition and we have it packed full of juicy stories that you would love to read over and over again.

This edition is a slight detour from what we are used to. There is an exciting multipage photosplash in this edition. We have amazing photos from the recently concluded Retail Pharmacy business summit tagged **PANEL 7**. In spite of these interesting additions, your regular features are still included in this edition. We have 2 interviews; the first one, which is our cover page personality interview, features Pharm. Albert Kelong Alkali, National Chairman of ACPN. The interview is an eye opener as he shares his goals and aspirations for the ACPN. The second is an interview with an elegant intellectual Pharmacist and a staunch member of Pharmalliance, Pharm. Bridget Okocha, CEO of Mebik Pharmacy. Don't miss the stimulating discussion. This edition also highlights the profile a legend in the Retail Pharmacy space, Pharm. Marcelina Onasanya, CEO of Bola Chemists.

The clinical section of this edition focuses on Insomnia culled from a wonderful resource – 'Community Pharmacy' by Paul Rutter. It's a must have for every practicing Community Pharmacist. Other articles stem from our regular columnists like Funto Olude, Ayomipo Adegeye and Anuoluwapo Ademuyiwa.

As you peruse this fine mix of clinical, business and lifestyle articles, we wish to inform you that Pharmalliance has just released 2 new titles to help empower Community Pharmacists and their team. The First book is titled **BEAT THE TAX MAN**, a book that focuses on taxation and allied matters as it affects the Community Pharmacist. The second book is titled **COUNTER EXCELLENCE**, a book dedicated to training the pharmacy team on common ailments presented by clients at community pharmacies. These 2 books are simply amazing and worth having. They will be available at the Conference but can also be ordered online on www.jumia.com.ng or on our online store on www.rxevolution.com.ng.

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

WATCH OUT!!!



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FEATURING



Ayomipo Adegeye
He's a young pharmacist based in Lagos.
He's the Project Manager for Flourish Retail Magazine



Anuoluwapo Ademuyiwa
He's a young pharmacist based in Lagos.



Olufunto Olude
She's a senior Pharmacist at the Federal Neuro-psychiatric Hospital Yaba.
She's also a certified Customer Service Professional.



Adebisi Adenipekun
He's a young Pharmacist with keen interest in Public Health. He is the President of Lighthouse Global Health Initiative.



Joseph Ebata
He's the president of DMS Retail West Africa.
A leading retail business training and consultancy outfit.

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MANAGING **INSOMNIA** IN A COMMUNITY PHARMACY



Background

The length of sleep people need varies but typically people aged between 20 and 45 requires 7 to 8 hours per day, although 10% of people can function on less than 5 hours per night. Sleep requirement also decrease with increasing age and people over 70 commonly have 6 hours sleep per day. Insomnia is classified by its duration; transient (a few days), short-term (up to 3 weeks) or chronic (greater than 3 weeks).

It is likely that everyone at some point will experience insomnia as it can arise from many different causes (fig. 1) but for most people, the problem will be of nuisance value, affecting next day alertness. The pharmacist can manage most patients with transient or

short-term insomnia, however cases of chronic insomnia are best referred to the GP, as there is usually an underlying cause.

Prevalence and epidemiology

Approximately 20 to 40% of adults report occasional sleep difficulty and half of them consider it to be significant. It is twice as common in women than men. It is reported that only 5 to 10% of patients go on to develop chronic insomnia, although chronic insomnia is more common in the elderly, affecting approximately 20% of people over 65 years of age.

Aetiology

Sleep is essential to allow the body to repair and restore brain and body tissues. The mechanisms controlling sleep

are complex and not yet fully understood but reflect disturbances of arousal and/or sleep promoting systems in the brain. Their relative activities determine the degree of alertness during wakefulness and depth and quality of sleep. Therefore insomnia may be caused by any factor which increases activity in arousal systems or decreases activity in sleep system.

Arriving at a differential diagnosis

The key to arriving at a differential diagnosis is to take a detailed sleep history. Asking symptom-specific questions will help the pharmacist to determine if referral is needed (Tab.1). Two key features of insomnia need to be determined: the type of insomnia and how it affects the person. Transient insomnia is often caused by a change of routine,

for example, time zone changes or a change to shift patterns, excessive noise, sleeping in a new environment (e.g. hotel) or extremes of temperature. Short-term insomnia is usually related to acute stress such as sitting exams, bereavement, loss of job, forthcoming marriage or house move. Asking the patient to tell you what they are thinking about before they fall asleep and when they awake will give you a clue to the cause of insomnia. Often it can be difficult to determine the cause of insomnia and getting the patient to keep a sleep diary (retiring and waking times, time taken to fall asleep etc) is sometimes beneficial as it allows an objective measure of the persons habits compared to their subjective perception.

Clinical features of insomnia

Insomnia is a subjective complaint

Table 1

Specific questions to ask the patient: Insomnia	
Questions	Relevance
Pattern of sleep	An emotional disturbance (predominantly anxiety) is commonly associated in patients who find it difficult to fall asleep; patients who fall asleep but wake early and cannot fall asleep again, or who are then restless, is sometimes associated with depression.
Daily routine	Has there been any change to the work routine – changes to shift patterns, additional workload resulting in longer working hours and greater daytime fatigue Too much exercise or intellectual arousal prior to going to bed can make sleep more difficult.

Underlying medical conditions	Medical conditions likely to cause insomnia are GORD, pregnancy, pruritic skin conditions, asthma, Parkinson's disease, painful conditions (Osteoarthritis), hyperthyroidism (night sweats), menopausal symptoms (hot flushes) and depression.
Recent Travel	Time zone changes will affect the person's normal sleep pattern and it can take a number of days to re-establish normality.
Daytime sleeping	Elderly people might 'nap' through the day, which results in less sleep needed in the evening, making patients believe they have insomnia.

of poor sleep in terms of its quality and duration. Patients will complain of difficulty in falling asleep, staying asleep or lack refreshment by sleep. Sometimes patients will experience daytime fatigue but not generally sleepiness. This tiredness can lead to poor performance at work.

**Conditions to eliminate
*Insomnia in children***

Bedwetting is the most common sleep arousal disorder in children. If this is not the cause, then insomnia invariably stems from a behavioural problem such as fear of the dark, insecurity or nightmares. Children should not be given sleep aids but referred to their GP for further evaluation, as the underlying cause needs to be addressed.

Medicine-induced insomnia

Medication can cause all three types of insomnia (Tab. 2). The stimulant effects of caffeine (contained in chocolate, tea, coffee and cola drinks) should not be

underestimated. Drinking four or more cups of coffee can cause insomnia in the average healthy adult. It is therefore advisable to instruct patients to avoid caffeine containing products 6 hours before bedtime. Abruptly stopping some medications can also lead to insomnia.

This is particularly seen with the long-term use of sedative drugs such as benzodiazepines and tricyclic antidepressants.

Underlying medical conditions

Many medical conditions may precipitate insomnia (Tab.1). It is therefore necessary to establish medical history from patient. A key role for the pharmacist in these situations is to ensure that the underlying condition is being treated optimally and check that the medication regime is appropriate. If improvements to prescribing could be made then the prescriber should be contacted to discuss possible changes to the patient's medication.

Table 2

Medication that may cause insomnia	
Stimulants	Caffeine, theophylline, sympathomimetics amines (e.g pseudoephedrine), MAOIs – especially in early treatment.
Antiepileptics	Carbamazepine, phenytoin
Alcohol	Low to moderate amounts can promote sleep but when taken in excess or over a long period can disturb sleep
Beta – blockers	Can cause nightmares, especially propranolol. Limit by swapping to a beta-blocker that does not readily cross the blood-brain barrier
SSRIs	Especially fluoxetine
Diuretics	Ensure doses not taken after midday to stop the need to urinate at night.
Griseofulvin	

Depression

It is well known that between one-third and two-third of patients suffering from chronic insomnia will have a recognizable psychiatric illness; most commonly depression. Many of these patients do not seek medical help and will self-medicate. The patient will complain of having difficulty in staying asleep and suffer from early morning waking. The pharmacist should look for other symptoms of depression such as fatigue, loss of interest and appetite, feelings of guilt, low self-esteem, difficulty in concentrating and constipation.

NICE (CG90, October 2009) recommends using the DSM-IV criteria for diagnosing and assessing the severity of depression and could be applied to those patients the pharmacist suspects might have depression. Fig.2 will help in the differential diagnosis of the different types of insomnia.

Evidence base for over-the-counter medication

Many cases of transient and short-term insomnia should be managed initially by non-pharmacological measures.

If these fail to rectify the problem, then short-term use of sedating antihistamines may be tried.

Sleep Hygiene

Once a diagnosis of insomnia has been reached, underlying causes ruled out and any misconceptions about normal sleep addressed, then educating patients about behavior and practice which affects sleep should be tackled. Tab. 3

Medication

The sedating antihistamines diphenhydramine (DPH) and promethazine are the mainstay of OTC pharmacological treatment.

Diphenhydramine

A substantial body of evidence exists to support the clinical effectiveness of DPH as a sleep aid. At doses of 50mg DPH has been shown to be consistently superior to placebo in inducing sleep,

and as effective as 60 mg of sodium pentobarbital. Doses higher than 50 mg DPH do not produce statistically superior clinical effect and night-time doses should therefore not exceed this amount. It appears to be most effective at shortening sleep-onset time.

Promethazine

Promethazine is widely accepted to cause sedation when used for its licensed indications, however, only one trial that investigated its use as a hypnotic could be found. The study by Adam and Oswald (1986) recruited 12 healthy volunteers who took placebo or promethazine 20 or 40 mg in a blinded fashion. The authors concluded that both the doses of promethazine increased the length of sleep and sleep disturbances were reduced when compared to placebo. However, it was not clear if this reached statistical significance.

Table 3

Key to steps to good sleep hygiene

- Maintain a routine, with a regular bedtime and waking time
- Food snacks, alcoholic and caffeine containing drinks should be avoided
- Maintain a routine, with a regular bedtime and waking time
- Food snacks, alcoholic and caffeine containing drinks should be avoided
- Avoid sleeping in very warm rooms
- Avoid stimulants and alcohol
- Take daytime and not evening exercise
- No daytime naps
- No sleeping in to catch up on sleep
- No strenuous mental activity at bed time (e.g. doing a crossword in bed)
- Solve problems before retiring
- Associate bed with sleep – try not to watch TV or listen to music
- If unable to get to sleep, get up and do something and return to bed when sleepy

Summary

Of two sedating antihistamines, DPH has by far the stronger evidence base to substantiate its use as a hypnotic. It therefore seems prudent to use this as the treatment of choice. However, antihistamines are less effective than GABA-A receptor acting hypnotics (e.g. the 'z' drugs available on prescription).

Complementary Therapies

These products are used by a substantial number of patients as a self-care measure (Byrne 2006; Pearson et al, 2006). Herbal remedies containing hops, German chamomile, skullcap, wild lettuce, lavender, passiflora and valerian are available. However, there is little evidence to support their use. The majority of information available in the literature relates to hypothesized action of chemical constituents or studies in animals. Valerian appears to be the only product in which more than one trial has been conducted on humans. One systematic review (Stevinson & Ernst, 2000) found

some evidence of efficacy in long-term studies (14 – 28 nights' of therapy) but inconclusive evidence in the short-term (1 – 4 nights' of therapy). In addition, the trials were often of short duration, use volunteers or patients with different criteria, and were usually methodologically poor. A number of branded products, containing combinations of herbal ingredients, are available OTC (e.g. Kalms range, Nytol herbal tablets, Potters Nodoff, Niteherb).

Melatonin

Melatonin is advocated for sleep disturbance, particularly associated with jet lag. A Cochrane review (Herxheimer et al 2002) found melatonin to be effective in reducing jet lag. The timing of the dose is critical. It has to be taken at bedtime after darkness has fallen on the firstday of travel then again in the same way on the second and subsequent day, of travel. Once at the final destination it should be taken for the following few days at the same time.

HINTS AND TIPS BOX: INSOMNIA

Antihistamines	Tolerance can develop with continuous use.
Patients who self-treat for depression	St. John's wort (hypericum) is used by many patients to treat depression. There is a growing body of evidence that it is more effective than placebo for mild depression and is comparable in effect to tricyclic antidepressants. However, pharmacists should be referred for further assessment. St. John's wort also interacts with other medicines including, warfarin, SSRIs, antiepileptics, digoxin, ciclosporin, theophylline and contraceptives.

Practical prescribing and product selection

Prescribing information relating to medicines for insomnia in the section 'Evidence base for over-the-counter medication' is discussed and summarized in Tab. 4 and useful tips relating to patients presenting with insomnia are given in Hints and Tips

Antihistamines that are used for insomnia are first-generation antihistamines and interact with other sedating medication, resulting in potentiation of sedation. Additionally, they possess antimuscarinic side effects, which commonly lead to dry mouth and possibly to constipation. It is these antimuscarinic properties that means patients with glaucoma, and prostate enlargement should

ideally avoid their use as it could lead to increased intraocular pressure and precipitation of urinary retention.

Diphenhydramine (e.g. Nytol, Nightcalm)

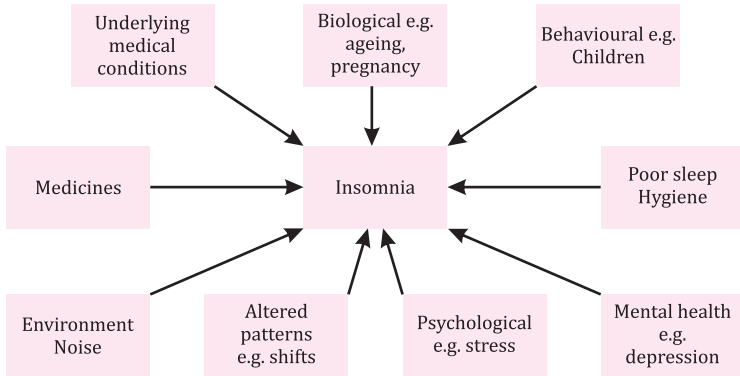
Diphenhydramine is licensed only for adults and children over 16 years of age. The dose is 50 mg (either two tablets 'Nytol' or one tablet 'Nytol one-a-night') and should be taken 20 min before going to bed.

Promethazine

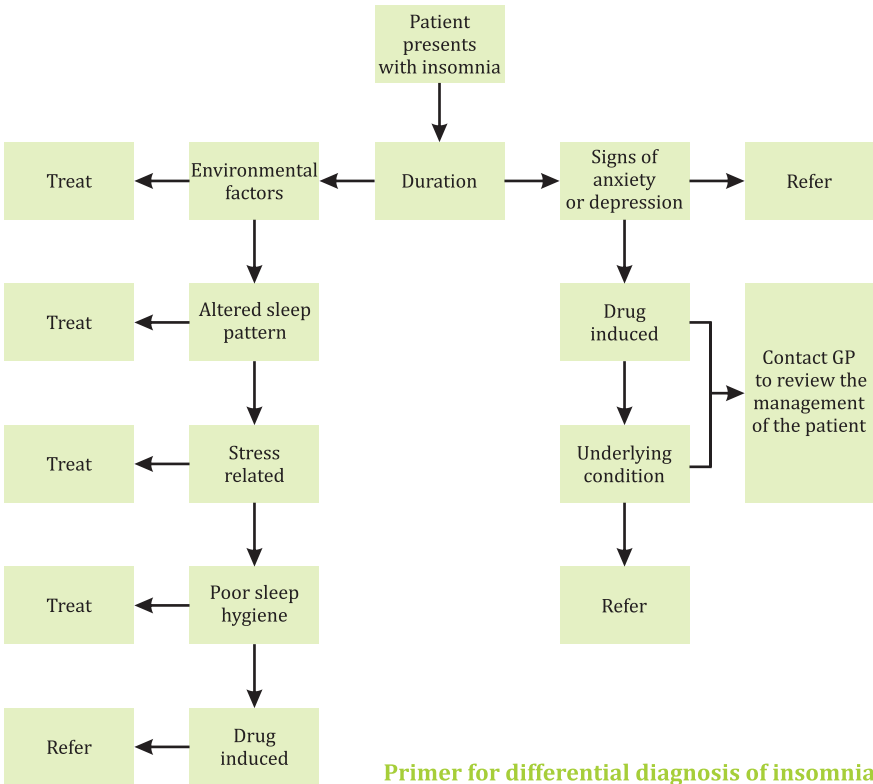
Proprietary brands of promethazine on sale to the public include Somnex (20 mg) and Phenergan (10 or 25 mg). Adults and children over 16 years of age should take one tablet an hour before bedtime.

Table 4

Practical prescribing: Summary of medicines for insomnia					
Name of medicine	Use in children	Likely side effects	Drug interactions of note	Patients in which care exercised	Pregnancy & Breast-feeding
Diphenhydramine Promethazine	>16 years	Dry mouth, sedation, and grogginess next day	Increased sedation with alcohol, opioid analgesics, anxiolytics, hypnotics and antidepressants	Glaucoma, prostate enlargement	Some manufacturers advise avoidance In breast-feeding occasional use OK but discontinue if baby become drowsy



Causes of insomnia



Primer for differential diagnosis of insomnia

culled from Community Pharmacy by Paul Rutter

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WATCH THAT MOVE 2



Taking off from where we left off in the last edition, I am sure those who read my article would have figured out what happened to my “guy smiley” pharmacist. The truth is if overdone or underdone, body language can actually create a negative impression/experience. Here is another story.

A male client walked into this beautifully laid out pharmacy and was received by an enthusiastic pharmacy assistant filled with such positive energy. She had recently attended a pharmacy assistants’ training where she had learnt how to upsell and cross sell and she was sure ready to unleash this newly acquired skill on the client. The standard operating procedure of this pharmacy required her to be on the shop floor to assist the client in making a decision as to the choice of products he would want to purchase which ranged from multivitamins to skincare and baby care products but excluded prescription only medicines.

In the process of assisting this client, the pharmacy assistant failed to observe spatial cues which is a body language skill. She was too close to the client, intruding in his intimate space which is about 0 - 2 feet; a distance reserved for romantic partners and friends. He felt swamped,

Pharm. Olufunto **Olude**

uncomfortable and just wanted to get her overbearing presence out of his sight. We make such mistakes sometimes in the bid to make a sale, don't we? It's best to maintain a personal space of between 2 - 4 feet as this creates the required distance for a confidential or open discussion. Don't be too far off though, as this may come across as being rude or uninterested as well.

The client then moved over to get his prescription filled and as he approached the counter, the male pharmacist-in-charge immediately got up, took an erect posture, smiled and leaned forward to attend to him. What message did he send by taking this stance? He simply showed he was ready and alert to meet his needs. This is what customers want. Your body posture and body movement in particular are body language skills that show your energy and level of interest in your customer's needs.

You can tell when a service provider is listening impatiently or just wants the client out of his/her hair by some body language cues like leaning back or stepping away, turning his/her body away from the client, slouching when seated, arms crossed while speaking to the customer which shows resistance, looking at the watch repeatedly during an interaction meaning “Oga! Hurry up!” and a whole lot more. This is what customers don't want! This makes them feel like just an ordinary transaction and not the reason for the business. It's important to note that body movements and other body language techniques employed in attending to customers all add up to the customer's experience and gives them a reason to continually return to do business with you or simply move on to your competitor. So take a cue, watch your moves!



STRESS MANAGEMENT: THE POWER OF VITAMIN C AND CHARM OF A GOOD SMILE

Pharm. Anuoluwapo **Ademuyiwa**



On the average, most Nigerians in the working class range probably start the day by 5:30am; those working in Victoria Island, Lagos with houses in Ikorodu or Sango Ota (mainland) may have to be up as early as 4am with the help of an alarm (external clock or internally engineered over time). Brushing of teeth and bathing is often done speedily – out of necessity – with breakfast rather too fast (some going for "puff-puff" and tea) or nothing at all. God bless him if he has a car (and a driver), all he has to do is dress up, hop in and off he goes. But for my brothers and sisters without a car yet, cheer up..."We go all enter the same traffic!" spending the next one to two hours in transit.

Finally, he arrives at work and the next 8 hours or more is spent doing some serious work; attending to customers or office

duties, managing the staff, possibly placing orders coupled with conflict resolution and matters arising. Squarely buried in the day's activity and busyness, he loses track of time and absolutes forgets there is something called "lunch" and he ends up pushing it forward until he gets home sometime around 9, 10 or 11pm – If you know what I mean – with the exception of those who board a bike like they do here in Lagos from Oshodi to Sango/Toll Gate (it's alarming the value some people place on their own life).

"Home sweet home" he silently hums as he approaches his lovely abode only to be welcomed by darkness (Power Holding Company is still holding power since he left for work in the morning). So he wearily strolls out to put on his generator.

Hmm...so what's the fastest and easiest thing to eat after such a long and tiring day? Oh! You guessed right...Hungry mansize Indomie (especially if he is still a bachelor). Quickly, he makes his dinner (a typical 0-0-1 feeding regimen), takes his bath and flings his now exhausted carcass of a body on the bed. Off he snores, and this cycle repeats for six days a week, year in year out.

Now that's what I call a "hectic lifestyle!" I mean, standby "stress-mode activated!" (aka chronic stress coupled with unhealthy eating habits). Guess how long this fellow would live (minus fatal accident and the impact of spiritual wickedness) with such a lifestyle. Only God knows, right?

This is the typical lifestyle of an average working-class Nigerian client who visits the pharmacy. Being a Nigerian myself, I am proud that beyond the natural resources we have as a nation, we are also

blessed with stress. Blessed, you say? Yes...blessed my dear like every other nation. You see, stress is part of life, and it catches up with everyone at one time or another. A certain amount of stress energizes people, improving performance and efficiency. However, when the stress goes into overdrive, over a period of time, it may cause various physical manifestations such as asthma, back pain, arrhythmias, fatigue, headaches, hypertension, irritable bowel syndrome, ulcers just to mention a few. As if that's not enough, stress could also suppress the immune system, contribute to infertility, hasten the aging process and ultimately alter the quality of life of an individual.

It is therefore necessary to consider stress as part of the diagnosis when assessing our patients' health in the pharmacy. Coming to terms with the fact that certain stressors (such as traffic jams, pressure at work, getting home late and many more) might not change very soon could actually be the first step to effectively managing stress since not all stressors can be avoided. In such cases, it is important that we encourage our patients to simply adjust to these stressors by finding ways to lead healthy lives regardless of their existence...And trust me, nothing kicks stress in the butt like Vitamin C and a good smile (free gift of nature).

Apart from being a strong antioxidant against oxidative stress, Vitamin C is also a good stress buster. In one study, German researchers subjected 120 people to a time-tested stressor – a public speaking task combined with math problems. Half of those under study were given 1,000 mg of vitamin C daily while the other half received a placebo. It was noted that the signs of stress – elevated levels of the stress hormone cortisol and high blood pressure – were significantly greater in those who did not get the vitamin supplement. Those who got vitamin C reported lower stress levels. The researchers concluded that vitamin C should be considered an essential part of

stress management as earlier studies established that vitamin C abolished secretion of cortisol (the major hormone released by the adrenal glands in response to stress) in animals that had been subjected to repeated stress. A good smile and merry heart on the other hand also plays a very important role in stress management. Research has proven conclusively that laughter, happiness and joy are perfect antidotes for stress. When one laughs, powerful chemicals called endorphins, which act much the same way as morphine, are released in the brain. Endorphins trigger a feeling of well-being throughout the entire body which counteract and diminish stress hormones. Beyond this role, there is also evidence that those who smile often live an average 7 years longer than those who rarely conjure a regular smile. Smiling also slows the heart and relaxes the body. This lets the heart work without overworking. Hence, people who smile and laugh often are less likely to develop heart disease (although this shouldn't replace clinical management of cardiovascular diseases).

It is often said that doctors make bad patients, and I think the same goes for pharmacists too (I may be wrong you know?). Although aware of the health benefits and role of Vitamin C in stress management, we are quick to recommend it to our patients whilst we seldom take it. Men of Honour! Even if we dread to take our drugs, we can get the same vitamins from fruits and vegetables and wear a smile as often as possible in order to dramatically reduce our stress levels. It is very easy and absolutely free. Stay healthy!

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RESUSCITATING COMMUNITY PHARMACY PRACTICE IN NIGERIA

SeeKING a redress to critical issues bedevilling the retail arm of esteemed pharmacy practice, the current National Chairman of ACPN, Pharm (Dr) Albert Kelong Alkali, is determined to improve on healthcare delivery outcomes in Nigeria through the structure of Community Pharmacies. **Flourish crew reports.**



Can we meet u sir?

I am Dr. Albert Kelong Alkali FPCPharm, a 1991 graduate of the Faculty of Pharmaceutical Sciences, Ahmadu Bello University, Zaria and a Fellow of the West African Post-graduate College of Pharmacists. I am a Doctor of Pharmacy Degree holder and a member of various associations which includes African Business School, Commonwealth Pharmacists Association, Public Health Pharmacists Group, International Pharmaceutical Federation etc.

I was the past Chairman of ACPN Abuja; Past National Vice-Chairman of ACPN; Chairman, Gamai Unity and Development Organization and the Current National Chairman, Association of Community Pharmacists of Nigeria (ACPN).

Share with us your work experience?

I worked with Plateau Hospital, Jos as an Internee and served at Health Services department of the Federal Capital Development Authority (FCDA) as a Corper Pharmacist.

I proceeded to work with the Ministry of Defence and later joined the Pharma industry working with Zoomota Nigeria limited and Roche Nigeria limited. I later left the industry in 1999 to start my Community Pharmacy Practice in Abuja.

Can you share your family background and upbringing?

I am the seventh son of His Royal Highness, Late Miskoom Abraham Longkat Alkali Shindai and Late Baba Bibiana Matep Alkali from Moekat district of Shendam Local Government Council of Plateau State. I grew up in a polygamous home; my dad, a royal father and farmer, had four wives. I started my early education in Moekat LEA Primary School, St. Joseph's College Vom and School of Basic Studies, Zaria.

Why did you decide to settle for Community Pharmacy practice?

I decided to settle for Community Pharmacy practice because the practice setting encourages you to put into action all you have learned in school, from pharmaceutical care to management.

You have just two pharmacy outlets in Abuja. Do you have any plans for business expansion?

I do have plans for business expansion. Next year, we will be opening two new branches outside Abuja and we are working on some product lines which will also come on board next year.

As an individual, father, business owner and leader, what are your core values?

My core values are fear of God, service, honesty and hard work.

As the newly elected National Chairman of ACPN, what does this mandate and office mean to you?

As the newly elected National Chairman, this mandate puts a burden of trust on me by my members to lead well, deliver on all my campaign promises and other challenges that Community Pharmacy practitioners face.

What repertoire of experience do you have at hand to draw on and leverage in order to be successful in your new assignment?

I will be leveraging on my numerous past experiences I highlighted earlier. I was the FCT ACPN Chairman from 2009 to 2012, National Vice-Chairman from 2012 to 2015 and I am also a youth/community leader.

A great leader is marked by exceptional foresight and visionary instincts. What vision do you have for ACPN as a professional body and what legacy would you like to leave behind after you're done?

My vision for Community Pharmacy practitioners in Nigeria and ACPN is a practice and a professional body were the Government and public can appreciate our roles in healthcare delivery as a result of the optimization of drug therapy outcomes for Nigerians through patient-centered care (Pharmaceutical Care) and continual advocacy for safe use of medicines by Nigerians. The legacy I will like to leave behind after my tenure is that of professional excellence, leadership by example and a highly organized/business-like ACPN corporate outlook.

The decision to adopt a new set of guidelines in pharmacy practice



especially the 5-years post-induction experience qualification for superintendent pharmacist/premises owner amidst other equally stringent qualification requirements has been a bitter pill for most Community Pharmacists, especially the young pharmacists, to swallow. Even after open disapproval at various formal gatherings, the decision is set to fly. In your opinion, do you think this is a step in the right direction?

Our practice is evolving and because of some challenges being faced now, certain stringent requirements need to be put in place to protect the profession from being bastardized. Unfortunately, I support these measures because some of our younger ones are putting all of us to odium.

The National Drug Distribution Guidelines is hanging unsteadily at the cusp of its long-awaited

implementation. Many pharmacists still fear the worst about the enduring success of this laudable project in the face of the notorious open market dealers. Do you think that we are well prepared to manage the outcomes if implemented at this time?

The need to streamline and sanitize our drug distribution channels cannot be over emphasized. A lot is already being done on the National Drug Distribution Guidelines. I will be looking forward to the full implementation of all the agreed new proposals with all the regulatory agencies and stakeholders living up to expectations, because anything short of that will spell doom for our dear profession.

The Patent Medicine Dealers Association was instituted to address the dearth of pharmacists and pharmacies across the breadth of the nation particularly in rural

areas where access to health services is limited. But today, they constitute a thorn in the flesh of the profession with myriad unethical practices beyond their agreed jurisdiction. As National Chairman of ACPN, what are your views and perspectives regarding their existence?

As the National Chairman of ACPN with our slogan being 'protecting the health of the people' I will advocate the closure of all Patent Medicine stores where registered Community Pharmacies exist.

It has been reported that about 60-70% of the total drugs circulating in Nigeria are fake, substandard or counterfeit medicines. What measures are being put in place by ACPN to combat the scourge of this menace?

To combat the scourge of fake, substandard and counterfeit medicines, the ACPN advocates closure of all illegal premises and we encourage all our members to procure their supplies from registered wholesales premises and pharmaceutical companies only. We are also carrying out mapping of Pharmacy premises and medicines stores to inform the regulators of the existence of illegal premises. We also are discussing with the Pharmacovigilance department of NAFDAC for post-market surveillance and reporting of such cases.

There has been this long-standing dilemma about non-pharmacists owning pharmacy retail/chain outlets. Several issues have been raised as to the inherent risks involved to the profession. What is your stance on this issue?

My stand on non-Pharmacists owning a retail Pharmacy is outright no! Retail Pharmacy practice is a highly sensitive interface with the patient that requires professionalism and personal care. Non-pharmacist owners dilute this professional interphase and engage in more of trading than practice. From the new findings after the FIP where practice is being encouraged against trading, we must reject the idea of non-pharmacist owners of retail/chain outlets.

Do you think there is still hope for the profession?

That's a big yes! We may have our challenges but I believe strongly that we have a very bright future ahead of us.

You seem to hold a lot of demanding responsibilities. How do you manage to unwind and refresh yourself?

To refresh, I take a break by going to gardens and swimming with my family to relieve the stress.

Would you choose to become a pharmacist if given a second opportunity?

If given a second opportunity, I will choose Pharmacy and will even be a much better Pharmacist.



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CUSTOMER SERVICE



Not so long ago, a survey (Bain & Co.) of several CEO's concluded that 80% of them believed that their company delivered excellent customer service. When customers were asked to rate the level of service delivered in those same companies, only 8% gave them high marks. Hmmm. Something's obviously not right.

Every CEO and every Retail Manager, at every level should be delighted with the results of this survey. It clearly points out that we may be out of touch. It shows us what's wrong. When a CEO is out of touch with what is going on in his organization, isn't it wonderful that s/he finds out about it? S/he may

have been so consumed with other areas of the company, that s/he didn't even realize what was going wrong at the customer level where it counts the most.

Whenever we can clearly identify a weak point in our organization – like the example above where the weak point is service delivery – we get an opportunity to work on specifics that will correct the situation. We can deploy resources with full confidence that what we are doing – what we are spending money and energy on – are, in fact, things that matter; things that will truly make a difference. Without that knowledge, we can go on for long periods working on the wrong things which get us nowhere.

There is another company I want to tell you about to illustrate what happens when CEO's and Executive Teams either don't get the feedback they need, or don't properly heed the warnings of feedback from customers and store personnel.

The company was doing very well. They had about 1,000 stores in North America.

They did an amazing job serving a niche that was barely, and badly, served by other retailers, and they'd been doing so for many years. They basically had that market wrapped up.

One day, a new President was given a mandate for change: start enticing a new customer. She took the mandate, from the Board of Directors, very seriously but did not do her homework before starting out on, what turned out to be, the worst possible way to handle the change.

Armed with all of the resources and approval she needed, she began making huge investments in renovating stores and filling them with fixtures and merchandise that would, supposedly, attract the 'new' customer. Overnight, the chain changed its focus. All of the signage and marketing campaigns were focused on a new customer.

Many of you are already seeing what's coming, aren't you? Yes, it was a colossal failure. Suddenly, they found themselves competing for the business of an already over served market. Far from the niche that they had so comfortably and effortlessly served for so many years, this new customer had dozens of choices and the company found it very difficult to keep up. All the while, their store personnel and their customers were wondering what on earth was going on. **Everyone was screaming 'stop this nonsense'**. Loyal customers were alienated completely. They lost faith and stopped shopping at the stores. Many long term management and staff left the company as it had clearly gone off the rails. The big question, in everyone's mind was "What are you doing, and why?" It just did not make sense from any

perspective.

The chain experienced a very significant loss in business; so significant that, if things had stayed on course, it would have put them out of business altogether, within a few months. **So what happened?**

The President was removed and the company, reeling from the disaster that had been created, changed direction. They still wanted to entice a new customer but, this time, they would do it very, very slowly and carefully. This time they would actually do some work to find out how to entice a new customer while maintaining their loyal customer base. But, unfortunately, they had suffered losses to the point where over 90% of their stores were eventually closed. The company still exists today, but only as a small chain. It's been bought and sold a few times to different investors. It continues to struggle along.

The moral of the story:

Particularly if you are in a leadership role, never assume you know everything. Be smart. Listen to people and learn. By consistently applying the right principles, you'll learn to manage any kind of change very effectively.

Joseph Ebata is the President of DMS Retail West Africa, a leading global retail consultancy.



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PHARMALLIANCE INTERVIEW WITH MD/CEO OF **MEBIK PHARMACY,** LAGOS

Is your pharmacy business struggling? Are you confused or fed up with it and wish to revamp the image of your ailing pharmacy business? **Pharmalliance** can help you fix it with multi-dimensional solutions specifically tailored to address your peculiar problem. Pharm Bridget Okocha is proud of **Pharmalliance** because it has equipped her with formidable processes and structures necessary to take Mebik Pharmacy to the next level. **Flourish crew reports.**



Pharmacy, I worked in community pharmacies, manufacturing industries and hospitals which helped me in making my choice of settling for community practice. My industrial training was at Shell Hospital, Port-Harcourt where I got a first-hand experience of what it takes to be a Pharmacist – the Hospital Pharmacist. My internship was at Military Hospital under Pharm. (Dr) Dere Awosika. I did my Youth service in Ilorin after which I was introduced to one of my key mentors till date – Pharm Lere Baale. I worked for and registered IKB Pharmaceuticals Ltd for a few years after then before venturing into my well-researched and developed passion and vision to be a Community Pharmacist.

Can we meet you Madam?

I am Bridget Nkemdilim Okocha, MD/CEO of Mebik Pharmacy. I am from Delta State. I attended Zappa Primary School in Asaba and later Anglican Girls Grammar School, Asaba. I got admitted into the Faculty of Pharmacy, University of Benin where I bagged a B. Pharm degree. I have taken so many certificate courses from Pan African University and other institutions to spur me through my career as a Community Pharmacist.

Share with us your work history?

During my years in the Faculty of

What attracted you to retail pharmacy business?

Hmmm. My attraction to community and retail pharmacy was a result of the passion and love I developed during my numerous work experiences which inspired me to bring that meaningful last smile and satisfaction to the faces of my clients.

What challenges do you face in this business?

Challenges in pharmacy retail business are peculiar. My greatest headache has to deal with human resources – getting sincere and dedicated staff.

Other challenges include expiries because of my chosen locations, overheads – relating to power and shrinkages etc.

What do you think is the biggest problem of retail pharmacy in Nigeria?

Getting the dedicated and sincere personnel.

Why did you join Pharmalliance?

I joined Pharmalliance because I knew it would help me build and strengthen my processes and structures.

How has the experience been so far?

It's not been entirely out of my expectations though but it has been a place where you get to see and gain newer experiences each time you get to meet.

Do you get value for your investment in Pharmalliance?

I have not had any major reason to regret my meetings and investments in Pharmalliance so far.

What do you like most about Pharmalliance?

Pharmalliance reminds you of "You" and gives you that never give up spirit that tells you that "You Can".

You have been very active in the past organizing ACPN National Conferences, why haven't you taken an elective post either in State or National ACPN Exco.?

I have always earned positions and not vied for any. From my profile, I have always been a leader right from childhood; from being a class prefect to becoming senior prefect etc. Honestly, I have been called up for posts before but I just feel I need to first of all help to put good structures and processes in place.

As the CPC Chairman of the 2016 ACPN Conference, what should delegates expect from you?

Shina, this looks like my pet project. It's going to be an almost total shift from the hitherto predictable sessions to a conference of the new era. I advise all Pharmacists both in community practice and other technical groups – pharma companies inclusive – not to miss out from the conference next year. Sunshine Akure 2015 was just a flash. Block your dates because Coal City 2016 is the place to be!!!

What advice do you have for pharmacists interested in joining Pharmalliance?

My advice is that you stand to gain a lot. I have been here for almost two years now and I have not seen any reason to leave. I see a bright future for this group.

What next for Mebik Pharmacy?

Mebik is doing a lot on building solid processes and structures to enable her move on the fastest lane possible.

What advice do you have for retail pharmacists?

My advice is that you must have that passion and be a detailed person before you venture into retail pharmacy. It's an amazing experience.

Do you think there is hope in the profession?

There is hope for us all. A lot of potentials abound but we really need newer strategies to harness them.

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

A Lawyer. Most people already think I am one.



ROLES OF PHARMACISTS IN REDUCING **MATERNAL MORTALITY** IN NIGERIA

Pharm. Adebisi **Adenipekun**



According to World Health Organization (WHO), Maternal Mortality is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy.

Maternal Mortality Rate (MMR) is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births (WHO, 2014). In comparison with developed countries where MMR is 16 births per 100,000 live births, MMR in Nigeria at 560 births per 100,000 live births is very high (World Bank, 2013). Nigeria accounts for about 13% of global maternal death rates with an estimated 36,000 women dying in pregnancy or at childbirth every year. In a report by UNICEF, a woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13.

Causes of High MMR in Nigeria

Lack of access to quality delivery services: Maternal mortality is related to the quality of care a woman gets in pregnancy and at childbirth.

Antenatal care (ANC) often provides initial contact with healthcare providers; detects and manages problems in pregnancy; and encourages safe delivery with assistance of a skilled birth attendant (SBA).

However, in Nigeria, ANC use by pregnant women is about 61% and delivery with the assistance of SBA is 38%; this is lower in North-Western Nigeria, where only 41% of pregnant women get any ANC and as few as 12% deliver with the assistance of a SBA (DHS, 2013). Post-partum haemorrhage, infection, eclampsia, malaria, anaemia and some other pre-existing medical conditions have led to the preventable death of many girls and women at childbirth or shortly after in Nigeria.

High adolescent fertility rate:

Adolescence is a stage of transition between childhood and adulthood, defined as ages 10 to 19 years. Adolescents are in their growth phase physiologically, mentally and emotionally. They face higher risk of pregnancy complications and eventual death compared to older women; this in addition to many that resort to unsafe abortions to terminate an unwanted pregnancy. High adolescent fertility rate of 118 births per 1000 in women aged 15-19 in Nigeria is adding significantly to the high maternal mortality burden in the country.

Low contraceptive use: Another major cause of high maternal mortality in Nigeria is the low contraceptive prevalence rate (CPR). About 15% of married women aged 15-49 use some form of contraception while only 9% use modern methods in Nigeria (PRB, 2014). Contraceptive use helps women to choose if and when to become pregnant; it allows spacing of pregnancies and can delay pregnancies in

young women at risk of health problems and death from early childbearing. Research has shown that women who have more than 4 children are at risk of maternal mortality. According to WHO, an estimated 225 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception.

Roles of Pharmacists in Reducing MMR in Nigeria

Availability of essential medicines and commodities: According to a World Bank report, community pharmacies are an important part of healthcare management in developing countries, contributing as much as 80% of the health provision in many countries. Community pharmacies are usually the first point of call for people in need of medical attention. As a primary healthcare provider and health expert in medicines and essential health commodities, pharmacists are expected to stock contraceptive pills and devices in such an efficient manner that ensures that there are no stock-outs. A good way to consider the implication of stock-outs is to think of how unprotected sex can lead to an unwanted pregnancy and how a woman can die in an attempt to perform unsafe abortion or from complications at childbirth.

Some modern methods of contraception that community pharmacies can provide include hormonal pills, intra-uterine device (IUD), male condom, injectables, implants, vaginal barrier methods, female condom and emergency contraception. In addition to the availability of these essential commodities in community pharmacies, pharmacists should be involved in family planning programs especially with the aim of providing technical assistance which will ensure that these essential commodities are always available at the family planning clinics and remote rural areas.

Pharmaceutical Public Health:

Increasing the participation of pharmacists at all levels of the public health system is pivotal to achieving substantial improvement in the health status of our population (Erhun, 2010). The seven-star pharmacist model highlighting the roles of a pharmacist underscores the fact that pharmacists are expected to do more than stocking and dispensing medicines in order to promote the health and well-being of people. In a baseline study of community pharmacists' involvement in the delivery of maternal, newborn and child health (MNCH) in Nigeria, over a quarter of community pharmacists involved attended to 5 to 10 pregnant women per day (Faduyile, 2012). The pharmacist is in the best position to prevent the use of teratogenic drugs while ensuring that pre-existing medical conditions of pregnant women are well managed to ensure minimal risk to both the mother and foetus. The pharmacist should have adequate information to provide to pregnant patients on the risks associated with pregnancy/childbirths and how to avoid them. In addition to community pharmacists being an important link between the patient and other healthcare providers, pharmacists can contribute to the reduction of high maternal mortality in Nigeria by providing comprehensive and timely patient-oriented care on key maternal issues such as family planning counselling; intermittent preventive treatment (IPT) of malaria in pregnancy; prevention of pre-eclampsia and eclampsia; prevention of infection; the need for ante natal visits and delivery by skilled birth attendants; healthy nutrition; and use of misoprostol in post-partum haemorrhage; among others.

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MEET A RETAIL PHARMACY LEGEND

M*rs. Marcellina Oluremi Onasanya nee Faneye, was born on the 2nd of June, 1931, in Lagos. She is the first of four children, and the only girl.*



Young Marcellina started her primary education, in 1936, at Mount Carmel Convent School, Ebute Metta, Lagos. She then went on to Holy Child College, Ikoyi, Lagos, from 1945 to 1950 for her secondary education. She was in the founding set of Holy Child College, where she completed the mandatory six years. She proceeded to School of Pharmacy, Yaba, from 1951 and graduated in 1954, with honours.

Her working career started in Kingsway Stores, Pharmacy

Department, from 1954 to 1955, and then General Hospital, Lagos and Yaba Dispensary, from 1955 to 1958.

The entrepreneur, Marcellina Oluremi Onasanya, established Bola Chemists Ltd, in March 1958, and the establishment was incorporated into a Limited Liability Company in October, 1959. The pharmacy was then located at No 277, Herbert Macaulay Road, Yaba, Lagos, and she later relocated to 55, Campbell Street, Lagos, in 1967. A branch was created in 1986, at 53, Lawson, Street, Lagos.

In 1985, The Pharmacists Board of Nigeria, approved the establishment as a recognized centre for internship training of pharmacists. Bola Chemists was renowned in Lagos for syrups, mixtures, creams, ointments and drops compounded in its dispensary, for use in clinics and hospitals.

Many pharmacists have passed through Bola Chemists Ltd, over the years acquiring greater knowledge of the profession, while working in the ever busy dispensary, where Mrs. Onasanya has been the Superintendent Pharmacist to date.



Pharm Mrs. Onasanya has served the profession in various capacities. These include:-

- Financial Secretary of PSN Lagos State 1959-1960
- Treasurer Nigeria Association of General Practice Pharmacist (now ACPN) 1983-1990
- Member NAGPP Ethical Standard Committee 1984
- Member Board of Trustees Lagos State PSN Property

Pharm Mrs. Onasanya who was one of the Lagos PSN Merit Award Winner in 1988, was honoured as a Fellow of The Pharmaceutical Society of Nigeria, in 1997.

Mrs. M. O. Onasanya married the late Chief Solanke Onasanya in 1956, and the union is blessed with six children, two of whom are registered pharmacists.

Mrs. Marcellina Onasanya, to date is very actively involved in her Alma Mata activities and also in the activities of St. Anthony's Catholic Church, Gbaja. Her main hobby is reading novels.



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PANEL 7

WHAT A CONFERENCE!!!

The 7th edition of the annual Retail Pharmacy Business Summit tagged *THE PANEL* held at the deluxe Sheraton Hotels, Lagos from August 11-12, 2015. It was a memorable experience of a lifetime.

After several months of planning, appointments and disappointments, the day finally came. More than 160 delegates from over 20 states thronged into the banquet hall of Sheraton Hotels, Ikeja, Lagos for the 2-day conference. For the first time in the seven-year history of the conference, we decided to try out a 2-day format against the statutory 1-day event.

Day 1 was basically a series of syndicate clinical and business sessions. We had clinicians like Dr Cyril Chukwu, a Consultant Pulmonologist and Prof Inem, a Consultant Family Physician talking about Asthma and Pain management respectively. We also had Pharm. Bukky George, Founder of HealthPlus, and Mrs Bolajoko Odukoya of Vanguard Pharmacy facilitating business sessions on Branding and Fraud Management respectively. The final session for the day was a CPR/First Aid training led by Pharm. Foluke Latinwo, an American Red Cross certified CPR trainer.

Day 2, the grand finale, was simply an amazing event. It started with the keynote session, led by Mr Bayo Rotimi, CEO Quest Advisory Services. This was followed by an award presentation session which is an innovative twist to The Panel conference. There were 3 sets of awards – The Achievers awards, The Partners' awards and The Sponsors' awards.

The Achievers award was split in 3 categories namely The Retail Legend award, The Retail Inspiration award and The Retail Leadership award. The Retail Legend award, which is presented to an individual who has consistently practiced and excelled in Community Pharmacy for over 35 years, was presented to Pharm. Marcelina Oluremi Onasanya, Founder and CEO of Bola Chemists, Lagos Island. The Retail Inspiration award, which is presented to an individual who is currently blazing the trail in Retail pharmacy practice, was presented to Pharm Bukky George, CEO HealthPlus Pharmacy.

The Retail Leadership award, on the other hand, is presented to an individual who is currently holding a leadership position either in a regulatory agency affecting Community

Pharmacy or holds a position either in PSN or ACPN at zonal, state or national level. This individual must have made a meaningful impact on the practice of Community Pharmacy. This award was presented to Pharm. Elijah Mohammed, Registrar of the Pharmacists Council of Nigeria.

These set of awards were followed by The Partners' awards presented to people who have helped us over the years deliver stellar conferences. Recipients included Celebrity Photographer, Pharm. Damilare Dawodu of Rocdafella Studios, Mrs Oreoluwa Solana of Bedazzle Innovations (event planners) and Pharm Josephine Ehimen of Nett Pharmacy.

The last set of awards, The Sponsors' awards, was presented to consistent sponsors of the conference over the years. These included New Heights Pharmaceuticals, PharmacyPlus (RELOAD), Biofem Pharmaceuticals, Alpha Pharmacy and Sylken Pharmaceuticals. This was followed by an action-learning brainstorming session led by Pharm. Lere Baale, CEO Business School, Netherlands.

The conference ended with a host of amazing prizes carted away by lucky participants. The star prize was a Samsung 43-inch LED television. Other mouth-watering prizes included a 1.5 HP Air Conditioning system, Samsung home theatre, 20 blenders and 20 steam irons.

The major sponsors of this year's conference were Unilever, Reckitt Benckiser, PharmacyPlus, WWCV, Biofem Pharmaceuticals, Alpha Pharmacy and many more.

We are looking forward to the 8th edition of THE PANEL coming up next year. It promises to be the largest Retail Pharmacy expo in Sub-Saharan Africa!

WATCH OUT!!

PANEL 7 PICTURES



Conference convener, Adeshina Opanubi and Panelist, Sir Ike Onyechi



New Heights Pharmaceuticals Team and Guest Speaker Dr Cyril Chukwu



Conference participants giving a standing ovation to Retail Legend, Pharm Onasanya



Action learning Break out session in progress



Cross section of Audience



Pharmalliance Blue Eagles Team



Pharmalliance Red Lions Team



Pharmalliance support team



Practical CPR session in Progress

SPEAKERS



Mrs Bolajoko Odukoya- Business session facilitator



Dr Cyril Chukwu- Clinical Session Facilitator



Pharm Bukky George- Business Session Facilitator



Pharm Foluke Latinwo-First Aid/ CPR Facilitator



Prof. Inem- Clinical session Facilitator



Mr Bayo Rotimi- Keynote address speaker

SPEAKERS



L-R Panelists: Pharm Elijah Mohamed, Registrar PCN, Pharm Chris Ehimen, Director Nett Pharmacy
Pharm Bukky George, Founder HealthPlus, Mr Bayo Rotimi, CEO Quest Advisory



Conference Convener, Adeshina Opanubi



Prof. Inem- Clinical session Facilitator



Syndicate session group leaders



Action Learning Facilitator,
Pharm Lere Baale

AWARDS



The awards



Retail Leadership Award presented to PCN Registrar, Pharm Elijah Mohammed



Panel sponsors Award presented to New Heights Pharmaceuticals



Retail Inspiration Award presented to Pharm Bukky George, CEO Healthplus



Panel Partners Award presented to Pharm Josephine Ehimen of Nett Pharmacy



Panel Partners Award presented to Mrs Oreoluwa Solana of Bedazzle innovations

AWARDS



1 year free membership presented to Pharm Charles Oyeniyi, CEO Drug Consult



1 year free membership presented to Pharm Timeyin Ogunge, CEO of Elbeth Pharmacy



Panel Sponsors Award presented to Mr Femi Soremekun, CEO Biofem Group



6 months free membership presented to Pharm Henry Adioha, CEO Totem Pharmacy



Panel Partners Award presented to Celebrity Photographer Pharm Damilary Rockyfela of Rocdefela Studio



Panel Sponsors Award presented to Rep of Alpha Pharmacy

6 months free membership presented to rep of Victory drugs



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