

flourish

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

ISSUE 13, FEB. 2022

Also in the Edition

MUSINGS OF A VILLAGE
PHARMACIST

WOMEN'S HEALTH
CYSTITIS

EMPLOYEE MANAGEMENT
MADE EASY

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PHARM. ADEWALE OLADIGBOLU **FPSN.**

National Chairman,
Association of Community Pharmacists of Nigeria.



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EDITOR'S NOTE

It is here again. It gives me great joy to present the 13th Edition of your treasured publication FLOURISH to you.

This edition has the usual features which keeps you spell bound from cover page to back page. As usual, we have 2 interviews in this edition. Our cover page interview features a the ACPN National Chairman, Pharm. Olawale Oladigbolu . The second is an interview with Pharm Alex Meseko, an innovative and dynamic pharmacist and a member of Pharmalliance.

The clinical section of this edition focuses on women health.

Other articles stem from our regular columnists **Aunty Pharmacist** and **Tomi Majekodunmi**. We also have a new contributor, **Dr. Lisa Faast** of DiversifyRx

We are grateful to our regular advertisers who have kept faith with us to ensure the continuous production and distribution of this free magazine.

As you digest the contents of this edition of flourish, we pray that your business will continue to flourish despite the prevailing economic realities

Yours Sincerely
Temitayo Aderemi



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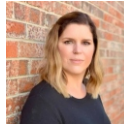
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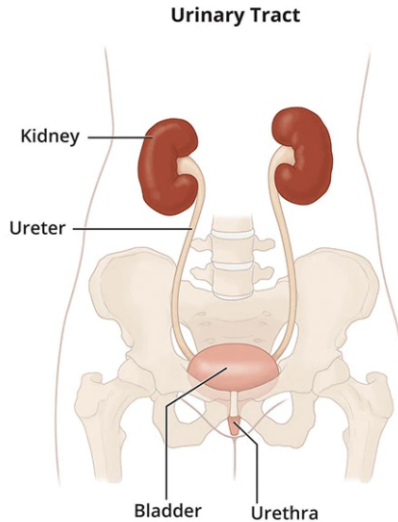
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WOMEN'S HEALTH

CYSTITIS



Background

Women have unique healthcare needs ranging from pregnancy to menstrual disorders. Most of these conditions are outside the remit of the community pharmacist and specialist care is needed. However, a small number of conditions can be adequately treated with OTC. This chapter explores such conditions and attempts to outline when referral should be made.

History taking

As with all conditions that present in the community pharmacy, it is essential to take an accurate history from the patient. However, the patient might feel uncomfortable or embarrassed about discussing symptoms, especially in a busy pharmacy. Male pharmacists may find that this level of embarrassment is heightened.

Cystitis Background

Cystitis literally means inflammation of the bladder, although in practice cystitis refers to inflammation of urethra and bladder. Before moving on to discuss cystitis in women further it is prudent to mention that men can also suffer from cystitis. However, in men cystitis is uncommon because of the longer urethra, which provides a greater barrier to bacteria entering the bladder; fluid from the prostate gland also confers some antibacterial property. This is especially so in men under the age of 50. After 50 years of age urinary tract infections in men become more common due to prostate enlargement.

Prevalence and epidemiology

Urinary tract infections (UTI) are one of most common infections treated in general medical practice and will affect up to 15% of women each year.

Patients aged between 15 and 34 account for majority of cases seen within a primary care setting and it is estimated that up to 50% of all women will experience at least one episode of cystitis in their lifetime; half of whom will have further attacks. Certain factors do increase the risk of a UTI: in young women, frequent or recent sexual activity and previous episodes of cystitis; the use of diaphragms or spermicidal agents; advancing age; and diabetes (can indicate poor diabetic control). Additionally, cystitis affects 1 to 4% of pregnant women (Le et al 2004).

Recurrent cystitis (usually defined as three episodes in the past 12 months or two episodes in the past 6 months) is relatively common even though no identifiable risk factors are present.

Aetiology

Infection is caused, in majority of cases, by the patient's own bowel flora that ascend the urethra from the perineal and perianal areas. Bacteria are thus transferred to the bladder where they proliferate. The most common bacterial organisms implicated in cystitis are *Escherichia coli* (>80% of cases), *Staphylococcus* (up to 10%) and *Proteus*. However, several studies have shown that up to 50% of women do not have positive urine cultures according to traditional criteria (>105 bacteria per mL of urine), although they do have signs and symptoms of infection. These patients with 'low count bacteriuria' are classed as having a urinary tract infection.

Arriving at a differential diagnosis

The majority of patients who present in the community pharmacy will have acute uncomplicated cystitis (Table 5.1). and accurately make a self-diagnosis. The pharmacist's aims are therefore to confirm a patient self-diagnosis, rule out upper urinary tract infection (pyelonephritis)

and identify patients who are at risk of complications as a result of cystitis. Asking symptom-specific questions will help the pharmacist to determine if referral is needed

(Table 5.2).

Clinical features of acute uncomplicated cystitis

Cystitis is characterised by pain when passing urine and causes frequency, urgency, nocturia and haematuria. The diagnostic probability of cystitis is over 90% if patients exhibit dysuria and frequency without vaginal discharge or irritation. In addition, the patient might report only passing small amounts of urine, with pain worsening at the end of voiding urine. Symptoms usually start suddenly. Suprapubic discomfort not associated with passing urine might also be present but is not common. Haematuria, although common, should be viewed with caution because it might indicate stones or a tumour. Such cases are best referred.

Conditions to eliminate

Likely conditions

Pyelonephritis

The most frequent complication of cystitis is when the invading pathogen involves the ureter or kidney by ascending from the bladder to these higher anatomical structures. The patient will show signs of systemic infection such as fever, chills, flank or loin pain and possibly nausea and vomiting. Referral is needed to confirm the diagnosis, exclude pelvic inflammatory disease and issue appropriate treatment (7-day course of ciprofloxacin 500 mg twice daily)

Table 5.1
Causes of cystitis symptoms and their relative incidence in community pharmacy

Incidence	Cause
Most likely	Acute uncomplicated cystitis
Likely	Pyelonephritis
Unlikely	Sexually transmitted disease, oestrogen deficiency
Very unlikely	Medicine induced cystitis, vaginitis

Table 5.2
Specific questions to ask the patient: Cystitis

Question	Relevance
Duration	Symptoms that have lasted longer than 5 to 7 days should be referred because of the risk that the person might have developed pyelonephritis
Age of the Patient	Cystitis is unusual in children and should be viewed with caution. This might be a sign of a structural urinary tract abnormality. Referral is needed. Elderly female patients (>70 years) have a higher rate of complications associated with cystitis and are therefore best referred
Presence of Fever	Referral is needed if the person presents with fever associated with dysuria, frequency and urgency, as fever is a sensitive indicator of an upper urinary tract infection
Vaginal Discharge	If a patient reports vaginal discharge, then the likely diagnosis is not cystitis but a vaginal infection
Location of pain	Pain experienced in the loin area suggests an upper urinary tract infection

Unlikely causes

Sexually transmitted diseases

Sexually transmitted diseases can be caused by a number of pathogens, for example Chlamydia trachomatis and Neisseria gonorrhoea. Symptoms are like acute uncomplicated cystitis, but they tend to be more gradual in onset and last for a longer period of time. In addition, pyuria (pus in the urine) is usually present.

Oestrogen deficiency (atrophic vaginitis)

Postmenopausal women experience thinning of the endometrial lining because of a reduction in the levels of circulating oestrogen in the blood. This increases the likelihood of irritation or trauma leading to cystitis symptoms. If the symptoms are caused by intercourse, symptomatic relief can be gained with a lubricating product. Referral for possible topical oestrogen therapy would be appropriate if the symptoms recur.

Very unlikely causes

Medicine induced cystitis

Non-steroidal anti-inflammatory agents (NSAIDs; especially tiaprofenic acid), allopurinol, danazol and cyclophosphamide have been shown to cause cystitis.

Vaginitis

Vaginitis exhibits similar symptoms to cystitis, in that dysuria, nocturia, and frequency are common. It can be caused by direct irritation (e.g. use of vaginal sprays and toiletries). All patients should be questioned about any associated vaginal discharge. The presence of vaginal discharge is highly suggestive of vaginitis and referral is needed.

Figure 5.1 will aid the differentiation of cystitis from other conditions.

TRIGGER POINTS INDICATIVE OF REFERRAL: CYSTITIS

- Children under 16
- Diabetics
- Duration longer than 7 days
- Haematuria
- Immunocompromised
- (Men)
- Patients with associated fever and flank pain
- Pregnancy
- Vaginal discharge
- Women older than 70

Evidence base for over-the-counter medication

Alkalinising agents

Current OTC treatment is limited to products that contain alkalinising agents, namely sodium citrate, sodium bicarbonate and potassium citrate. (Applications to reclassify trimethoprim and nitrofurantoin in the UK have been made but were withdrawn due to pressure from medical groups.) Alkalinising agents are used to return the urine pH back to

normal thus relieving symptoms of dysuria. However, they have dubious efficacy with little trial data to support their use. Only one trial by Spooner (1984) could be found to support their efficacy. Spooner concluded that, when treated with a 2-day course of Cymalon, 80% of patients with cystitis for whom there was no clear clinical evidence of bacterial infection did gain symptomatic relief.

Cranberry juice

Cranberry juice is a popular alternative remedy to treat and prevent urinary tract infections, although few clinical trials have been performed to substantiate or refute its clinical effectiveness. A Cochrane review (Jepson & Craig 2012) identified 10 studies comparing cranberry juice or cranberry tablets to placebo. The review found cranberry products significantly reduced the incidence of UTIs at 12 months, particularly in women who suffer recurrent infections. However, dropout rates in the trials were high suggesting many patients may not be able to tolerate cranberry juice long term. The authors concluded that there was evidence that cranberry juice did offer some protection against recurrence of urinary tract infections in women that suffer symptomatic UTIs. However, it is still

unclear what amount and concentration needs to be consumed, nor how long patients should take it for. The same authors also reviewed the use of cranberry juice in the treatment of existing UTIs (Jepson et al 1998, updated in 2010). However, they were unable to find any RCTs that met their criteria. The authors concluded that there was no good evidence yet to support the use of cranberry juice for the treatment of UTIs. Studies involving cranberry juice were not associated with any serious adverse events, but widespread use of cranberry juice has resulted in the identification of a possible interaction with warfarin, although evidence is currently (2012) conflicting. Until evidence is conclusive it would seem prudent that patients on warfarin should be advised not to take products containing cranberry.

Practical prescribing and product selection

Prescribing information relating to cystitis medicines reviewed in the section 'Evidence base for over-the counter medication' is discussed and summarised in

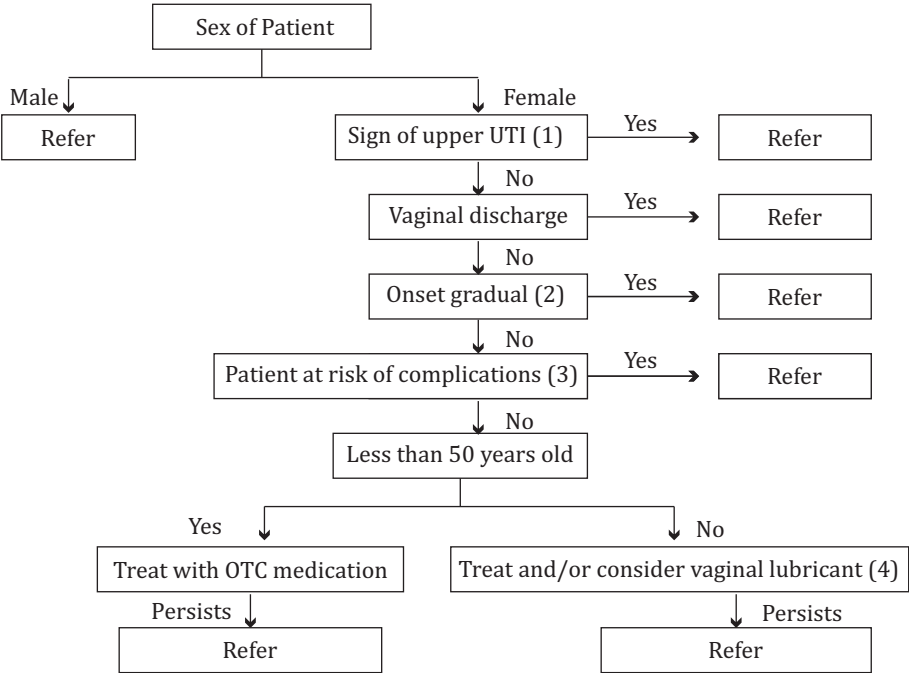


Fig 5.1 Primer for differential diagnosis of cystitis

- 1 **Involvement of the higher urinary tract structures**
Symptoms such as fever, flank pain, nausea and vomiting suggest conditions such as pyelonephritis.
- 2 **Gradual onset**
STDs should be considered in patients whose symptoms are not sudden.
- 3 **At-risk patients**
Patients at risk of developing upper UTI include those with diabetes, pregnant women, the immunocompromised, the elderly and those patients in whom symptoms have been present for more than 5 to 7 days.
- 4 **Patients over 50 years old**
Oestrogen deficiency might account for the patient's symptoms resulting in local atrophy of the vagina.

Table 5.3 and useful tips relating to patients presenting with cystitis are given in Hints and Tips Box 5.1.

Alkalinising agents
All marketed products are presented as a 2-day treatment course. The majority are presented as sachets (Effercitrate are dissolvable tablets) and the dose is one sachet to be taken three times a day, although potassium citrate can be bought as a ready-made solution (the dose is 10 ml three times a day diluted well with water). They possess very few side effects and can be given safely with other prescribed medication, although in theory products containing potassium should be avoided in patients taking angiotensin-converting enzyme inhibitors, potassium-sparing diuretics and spironolactone. However, in practice it is highly unlikely that a 2-day course of an alkalinising agent will be of any clinical consequence. They can also be prescribed to most patient groups and can be given in pregnancy although most manufacturers advise against prescribing in pregnancy, presumably on the basis that pregnant women have a higher incidence of complications resulting from cystitis. The manufacturers of Effercitrate and Cystopurin state they can be used in children but good practice would dictate that children under 16 should be referred to a medical practitioner

Table 5.3 Practical prescribing: Summary of medicines for cystitis					
Name of medicine	Use in children	Likely side effects	Drug interactions of note	Patients in which care exercised	Pregnancy & breastfeeding
Potassium citrate Effercitrate	> 1 years*	Gastric irritation	None	Patients taking ACE inhibitors, potassium sparing diuretics and spironolactone	Ok

Cystopurin	>6 years*	None		Patients taking ACE inhibitors, potassium sparing diuretics and spironolactone	Ok
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Sodium citrate Cymalon	Not recomm -ended	None reported	None	Patients with heart disease, hypertension or renal impairment	Ok
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*Children should not be treated for UTI by pharmacists as unusual in this age group. ACE, angiotensin converting enzyme.

HINTS AND TIPS BOX 5.1: CYSTITIS

Fluid intake: Patients should be advised to drink about 5L of fluid during every 24-h period. This will help promote bladder voiding, which is thought to help 'flush' bacteria out of the bladder.

Product taste: The taste of potassium citrate mixture is unpleasant. Patients should be advised to dilute the mixture with water to make the taste more acceptable

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EYES ON THE BALL

PHARM. ADEWALE OLADIGBOLU

Having won the keenly contested ACPN election in september 2021 with a mandate to lead a purposeful administration, the flourish team sat with Pharm. Adewale Oladigbolu, FPSN, to discuss his new vision for ACPN. Flourish crew reports



1. Can we meet you sir?

I'm Pharm. **Adewale Aderemi Oladigbolu**. A fellow of the Pharmaceutical Society of Nigeria. I have the privilege to lead over 6000 community pharmacists in Nigeria

2. Please share your work experience with us?

I started my practice in Ahoada local government, Rivers State where I did my national youth service at Ahoada General Hospital. After NYSC, I went straight into community pharmacy practice in Ahoada as there was a huge gap to fill in the town. After 7 years of practicing on Ahoada, I relocated to Port Harcourt. I currently lead a group of companies as

the managing director. I'm also the managing director of Sodaton Pharmacy. I have held different political positions in the Community Pharmacy space since I started practicing. I was once the financial secretary, secretary, and chairman of ACPN in Rivers state. I was also the Secretary and President of the Pharmaceutical Society of Nigeria, Rivers state before I got elected as the National Chairman of Association of Community Pharmacists of Nigeria on the 3rd of Sept., 2021.

3. You mentioned that you have always worked in the community pharmacy sector right from your NYSC days, what attracted you to that sector of pharmacy practice?

I will be sincere with you, what I set out to do was to be in the corporate world. One way or the other, I found myself in community practice but with the benefits of insight, I love what I am doing. Over the years, I developed a passion for helping people. You can't afford to lose a whole human life because the work of creation is fantastic, and God has deposited in everyone something to make the world better. So, losing people because of Malaria or Diarrhea, is something that has always touched my mind. So, what binds me to community pharmacy practice is saving human lives. A lot of people die because of ignorance, low health literacy, and because they do not have the required funds to be able to take care of themselves. Being able to work around making sure people have the right health education and healthcare despite being financially handicap is really what keeps me going in community practice.

4. What informed your decision to relocate your practice from Ahoada to Port Harcourt?

Ahoada local government area is a very old local government area and by the time I finished Youth Service, there was only one pharmacy there. So, mine was the second one in that community but after a few years, I found out that the opportunity for growth is better in Port Harcourt. Besides, when you are raising a young family you have to think through a lot of things like what school your kids will attend and how it will pan out. That also motivated moving out of Ahoada to Port Harcourt, which is just like an hour drive.

5. You mentioned that raising a family was one of the reasons you moved to Port Harcourt. I would like to ask; as an individual, a father, a businessman and a leader, what are your core values?

The main thing is the need to maintain peace with all men and that's a very strong thing. I've always known that strife is something I don't want to be involved in. It's difficult to achieve goals when there is rancour, so, I try to maintain peace with all men.

In my family, it's the love we share, the great moments that we spend together but the underlying value is peace. Peace is a precursor for growth and a lot of things.

6. As the newly elected national chairman of ACPN, what does this mandate and office mean to you personally?

I think one more time, I have the opportunity to change a number of things. This is a heavy mandate that was given to me by our members which I cherish. It is an opportunity to change the course of things that are not right. For me, it's an opportunity to ensure that things are done properly within community pharmacy space and the healthcare sector in Nigeria. For instance, if we look at the National Health Insurance Scheme, it's sad that things are not done properly and community pharmacists are more or less being sidelined. Currently, the National Health Insurance Scheme as it's constituted in Nigeria, community pharmacy services are not being utilized, and prescriptions are being filled illegally in some facilities. So under the NHIS, we are ready to do whatever it takes to change the interaction with community pharmacists so that people can live in good health. This mandate has also given me the opportunity to motivate members to do the right thing, and to provide the right tools for their practice. So majorly, I want the system to be better and I also want members of the association to do the right thing in their practice because ultimately, these two works together for the benefit of the people.

7. A great leader is marked by exceptional foresights and visionary instincts, what vision do you have for ACPN as a professional body, and what legacy would you like to leave behind?

I have a few years to work here, and I always ask myself, "what do you want people to remember you for?" One of the legacies I hope to leave behind is a community pharmacy practice that serves as a primary healthcare point within the community because once we can do that a

lot of Nigerians will have access to vaccination. I also want to leave a clean medicine distribution system where people have access to authentic medicines. We have started the clean medicine initiative, which is an advocacy and technology-driven program so that the medicine ordering system in Nigeria will be reordered for the good of the people and that of the professionals as well. I also want to leave a legacy where we have an extension of community pharmacy services to underserved areas. Currently, there are some local government areas in Nigeria, where there isn't a single community pharmacy. We want to encourage young ones and provide them with the necessary resources to be able to build their businesses in such locations. We're also putting a mechanism in place so that faculties of pharmacy in Nigeria can collect samples of products from the market, do analysis and if found to be defective, escalate it to the regulatory authorities.

8. There have been reports of ACPN members being harassed by different medical regulatory bodies about some of the services they render in the pharmacy . What plan does the association have to curb all of this?

Those who have something to do with community pharmacy and even those who do not have something to do with community pharmacy are stepping into the space. We are going to ensure that they stick to the rules of engagement of our profession. There are increasing tendencies for community pharmacists role to expand within the community based on what is obtainable in the community. This increasing tendency has dictated that we must step out of our natural boundaries and look for ways to serve the community better. In doing that, we also must stick to the rules and regulations of our practice. You will agree with me that the barrier to knowledge has been removed due to access to internet and this has expanded the scope of community pharmacy practice and the

demand for services from the community pharmacists. So, we will look at these two driving factors, engage with the regulatory authorities and reach an agreement.

9. There's been a growing concern among young pharmacists about capacity building in the community pharmacy space, a lot of them complain that they do not see a lot of growth and training prospect in this area of practise. What plan does the administration have about this?

In the past 12 weeks since we took over, we have started training webinars. I believe that if there is any community pharmacist that is not ready to learn or is not learning actively, the person is practising quackery because it is with these knowledge updates that you can serve the people well. So we have started with these webinars, but we're not stopping at that. During my electioneering campaign, I did make the promise that I want to put an end to that scenario where young people join community pharmacy practice, as superintendent pharmacists and they end it as superintendent pharmacists. That is not good enough, we are organizing a special interest group very soon we're going to start with the mental health special interest group. So that people who have interest in mental health can come together, learn together, earn certification together, do researches so that soon, we begin to even have professors within the community pharmacy practitioners. So, this will promote growth within a sector. Not only that, but it will also mean that if I have a community pharmacy, and I need a specialist in extemporaneous preparation, for example, because that is going to be another special interest group, then I will actively seek somebody that has the set skill. Rather than say, I'm looking for a superintendent pharmacist, I can say I'm looking for a pharmacist specialist in mental health, or a pharmacist specialist in extemporaneous preparation or a pharmacist specialist in complementary and alternative medicine.



That way, we are opening up more avenues for growth for community pharmacy.

10. There has been this dilemma of non-pharmacists owning community pharmacy businesses. Several issues have been raised as to the risks involved to the profession. What is your stance on this issue?

You know, when we talk about community pharmacy, we have the direct to consumers, and the business to business (wholesale) arm of community pharmacy. For business-to-business community pharmacies, we don't have any problem, even if non-pharmacists are coming into that space, because they are not directly interacting with consumers. The consumers of health trust pharmacists so much, we do not want interference from non-pharmacist at that level. That's why we will keep advocating for the right thing. As a matter of fact, it is also illegal to allow non-pharmacists come into the direct-to-consumer business or practice of pharmacy because a lot of influence can come to play. So, we insist that direct to consumer practices are professional

services. They are not just businesses. We continue to insist on that and continue to hold that part of our law jealously. As a community pharmacist interfacing with end consumers, there are lots of things on your table. You need to deal with expirations of the medicines professionally and no matter the price, once the drug expires, there is special way to discard it. And then when you now bring non professionals to that kind of practice, they do not see the professional service. There are some medicines you need to stock as a direct-to-consumer pharmacy, knowing fully well that even in the next year, nobody may ask for it. But professionally, the ethics of our profession demands that you stock those medicines such as emergency medications, anti-snake venom and all the rest. Professionally, you must stock those medicines, because availability may mean that you're saving human life and every human life is important.

11. One of your campaign objectives is the community pharmacy expansion scheme to rural areas, can you please expatiate on what this is about?

Like I said before, there are at least 100 local government areas in Nigeria without the presence of one community pharmacy. You now wonder how those people assess the first and advanced level of care that community pharmacists have to offer. So, we need more community pharmacies in under-served areas and that's why we will be launching the community pharmacies expansion scheme so that we can fund younger colleagues, and even some old colleagues to go into these areas to go and practice. This initiative will kick off by the middle of 2022 by the special grace of God. We're not just going to be putting funds on the table, we will be training community pharmacists to identify under-served areas and we will be sending a delegation to do an evaluation to ensure that what we're doing is built to win. So that when they come out with the result that the place is valuable, we then find a way to extend the payment of rent to that place. We will also collaborate with

Stockists and suppliers of the basic equipment that you need and pay them off. At the end of the day what you may then need from us might be a token or a grant to take off.

Not only are we going to do that, but we're also going to look at expansion of community pharmacy presence in the public health sectors so that community pharmacies can earn non-commodity-based revenue. Because we believe that if you are in an underserved area, and you are earning non-commodity-based revenue, then you will be able to stay afloat and you will not have any regrets about staying in underserved areas. These underserved areas are places where it is a lot easier to earn non-commodity-based revenue based on participation in public health campaigns. So we are going to see to that and see to the increasing involvement of community pharmacies all over Nigeria in public health.

12. How are you able to manage running your community pharmacy practise with the responsibilities of this leadership position?

To be honest, it is very demanding and tasking. I love what I'm doing within the community pharmacy practice space. My family used to quarrel with me about closing hours because I can't see someone that need my service and say "no, I have closed, come back later". So that's something I love so much but having come to this level, I now see my practice as that of motivating pharmacists across the length and breadth of Nigeria and representing them well, that is my new practice. Sincerely speaking, my practice now secondary on my scale of preference. My primary service now is to represent community pharmacy well and ensure that my people are well motivated, they earn a lot of resources and are happy with their practice. Fortunately, my wife has been involved in the management of Sodaton pharmacy for some time now and is currently the one in charge of managing the business. I also have at least two talented pharmacists who I mentor and work in my community pharmacy outlet.

13. With all these responsibilities, how do you manage to unwind and relax?

Before now, I used to exercise a lot. But now, I don't even have time to exercise. So, unwinding and relaxing is now a luxury since I took this role. To answer your question, maybe I'll be relaxing later. The only thing I do now is that sometimes I take a walk. Sometimes once I have the opportunity, I take a walk for about 15 or 10 minutes and when I come back, I feel more refreshed and settled. I have had to give up things like jogging and running because there is no time for it anymore on my schedule.

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

I will. I have no regrets about being a pharmacist. I see pharmacy practice as a calling because you have the opportunity to sustain people's life and deposit the grace and goodwill that God has given you into their life. Being a pharmacist also gives you opportunity to develop other channels that you have especially as a community pharmacist. You have the opportunity to read wide and think. It's not strictly a transactional job, it allows you to explore all other areas. I've seen a lot of pharmacists that are doing very well. I do tell people that pharmacy practice could affect thousands of people in diverse ways. For instance, if there is no Alpha pharmacy in Nigeria to bring in rare drugs to sustain peoples lives, you can imagine how many lives will be affected. I am happy with community pharmacy practice and if I have a second opportunity, I will choose the profession a million times.

15. So what would you say to a room full of community pharmacists?

You are a messenger of God, go ahead and fulfil your role in the community. Go ahead and make sure that people live in good health without being exploited. It is by grace that you are a community pharmacists and God wants you to explore that grace to sustain people's health. So go ahead and fulfil God's wish.

16. Do you have any parting words for us?

I'll just use this opportunity to assure my people that we not relenting in the work to see the growth of community pharmacists in Nigeria and they should expect more from us even more than what we promised during the campaign. We will be launching some of the community pharmacies practice tools very soon, which will be given to pharmacists free courtesy Newheights Pharmaceuticals. One of them is what we call CPT1; Community Pharmacist Tool One, which is the laboratory reference book. A lot of pharmacists find it difficult comparing laboratory values with standard values. The CPT1 will help bridge that gap. We also have CPT 2, which is our referral book and prescription pads. With this, we look forward to collaboration with other health care practitioners.

We want to see to it that we inspire other health care partitioners to stay within their limits while we're still within our own limits for the good of the patient. So that's why we have come out with that CPT2, which is the referral booklets which we will be giving to our pharmacists free. We're also coming out with some digital innovations that community pharmacists will benefit from tremendously. We are coming out with inventory control software that community pharmacists will be able to download for free as one of the tools to be deployed to help our practice. We will also be engaging with NHIS in a bid to develop solutions that can ensure prescriptions filled in community pharmacies as it is obtainable all over the world. So they should expect more from us during this tenure.

Thank you so much for your time sir

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GENERIC VERSUS BRANDED MEDICATION

TomiMajekodunmi



Which offers a better quality of life?

Alan Sager, once quoted “Generic drugs are a sideshow in a circus. They may attract a lot of attention, but the main event is the big tent—The brand-name drug.

To some people, this means that the generic products may be gaining more attention than the branded products even though without the existence of the branded products, the generics might never even exist nor be known. To some others, even though branded products are the main deal giving the best therapeutic effect according to research and surveys carried out, the demand for generics (the sideshow) is on the increase compared to that of branded products.

Here’s what I see about Alan Sager’s quote, “Generic medicines ride on a rosy platform built by the brand- name products and seem to be taking the glory that the branded products should enjoy. They are cheaper than Branded medicines although they have similar ingredients, and are believed to be or expected to be bioequivalent, so pharmacists and medical sales representatives preach to the public

and other health professionals about the cost effectiveness of generics rather than give evidence-based positive clinical outcomes from the use of generics compared with the use of their innovative branded products which has proven itself to be highly effective, efficient and life-saving in countless ways.”

As a community pharmacist who has worked in diverse communities, I have taken time to observe the clinical outcomes in patients taking generic products and those taking branded products who were managing similar conditions and the results I got is quite amazing. These I will be sharing as you read on in this column. But for now, let’s clarify what branded and generic medicines are.

A branded medicine is the original or innovator product that has been developed by a pharmaceutical company. When a company develops a new medicine, their product must undergo and pass rigorous tests and evaluations to ensure that it is both effective in curing the condition

it claims to treat and safe for human use.

Branded medicines are the most known and most trusted type of that particular medicine because

pharmaceutical companies have invested considerable amounts of money and time to develop their active ingredients. The pharmaceutical companies who discover these medicines are given the sole right to manufacture and distribute the medicine for a given period.

A generic medicine is a copy of the original branded product. Once the patent for the original product has run out, the pharmaceutical company who developed the medicine no longer has the exclusive right to produce and distribute the medicine. Other pharmaceutical companies are able to create their own version of the medicine. They are commonly referred to as the **unbranded medicines**.

An unbranded medicine is a medication that is believed to be created to be the same as an already marketed brand-name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. They are therefore expected to be equivalent to the innovator brand in terms of efficacy, quality, and safety.

But in reality, especially in the Nigerian society, do all generics in the market today, have the above described characteristics? In my opinion, **unbranded medicines are furthered categorized as:**

- a) Random generic medicines
- b) Authorized generic medicines

Random generic medicine is an equivalent of a branded medicine made by a company separate from the company that makes the brand-name product. They may have the same active ingredient but different inactive ingredients from the original manufacturers own.

Authorized generic medicine is the same as the branded medicine in that they have the same active and inactive ingredients, but their appearance may differ. An authorized generic, however, may be marketed by the original brand or

Innovator Company or another company with the brand's permission but as a generic and at a lower cost than the innovator brand.

Although many people may not be familiar with Authorized Generics, they are not new. For example, Greenstone, a US-based company owned by Pfizer Inc., has been providing Authorized Generic versions of original brand name medications for more than 25 years. Greenstone sells over 70 of Pfizer's brand name drugs as Authorized Generics that are prescribed to treat a range of therapeutic areas. Greenstone also provides a limited number of Authorized Generics and generics from other manufacturers.

Both random generics and authorized generics may be lower in cost when compared with branded medications since **generic manufacturers do not have to complete the clinical trials that were required for branded products**.

Due to perceptions or past experiences with generic medications, some consumers continue to use branded medications despite the huge difference in cost. Answering questions or discussing the use of generics versus branded medications or inactive versus active ingredients with patients is an important role for pharmacists to help improve patient satisfaction, adherence, and quality of life.

To gain approval from the Country's medicine regulatory bodies, a generic medication must contain the same active ingredient as the originator medication (i.e., branded medicine). Although the inactive ingredients may be different, the medicine regulatory bodies are expected to regularly conduct extensive reviews of the generic products to ensure they meet standards. If all the standards with regards to medicines are duly met and efficacious medicines are available in circulation, then the clamor for most generics will be highly welcomed.

As earlier indicated, my observations in clinical outcomes among different people taking similar medications in generic forms and branded forms made me to consciously carry out a random survey in

community pharmacies where I worked over the years. The results obtained made me realize that it's better to recommend branded medicines to people who can afford it and the authorized generics to people who truly can't afford the innovator brands but also prefers a positive clinical outcome and ultimately a better quality of life.

For many years, we have had just the random generic medicines and the branded medicines in circulation, not until recent years when authorized generic medicines have been made available though not all innovator companies have engaged in producing authorized generic medicines which will be safer when compared to most random generic medicines. With the rate at which random

generic medicines are flooding the drug market these days, pharmacists have to be more careful and observant on the clinical outcomes of many of these medications rather than focusing on the profit these random generic medicines might bring. Below are some of the observations encountered while managing people with certain health conditions.

Disclaimer: The information in the succeeding paragraphs are from a random study carried out while observing clinical outcomes in patients being managed for 2 medical conditions: Hypertension and Diabetes. The results from this survey are subject to further investigations before approving or agreeing to what is being shared.



Condition 1: Hypertension

6 random patients **AB, AD, AG, AP, AT and AV** who were regular customers in a community pharmacy which I will refer to as **Pharmacy A** were being observed for **clinical outcomes (BP readings), safety (Adverse events), improved quality of life and adherence.**

They were selected based on the following criteria:

- i. Observed the DASH diet effortlessly and consistently
- ii. Do not smoke nor take alcohol
- iii. Not obese nor on any cholesterol-reducing medications
- iv. Have an Omron BP monitor which keeps record of all weekly BP readings done.
- v. Have Blood pressure btw 150-165/85-90mmhg
- vi. Using medications containing same API

**The 6 patients (Px) were further divided into 3 categories:
Observations on these groups after 12 weeks are indicated below:**

Assessment	Px on Branded medicines-AB, AD	Px on Authorised generics- AG, AP	Px on Random generics- AT, AV
Clinical outcome (Bp readings)- Average reduction in BP Values	27/10mmhg	22/8mmhg	13/5 mmhg
Safety (Adverse events)	Nil	Nil	Headaches, dizziness
Improved Quality of life (based on reduced Bp)	Improved	Improved	Fluctuations in Bp pressure readings but no significant improvement noticed
Adherence	Yes	Yes	Yes

Discussion: From the table above, a marked reduction in High blood pressure was observed in patients using the branded product compared to the other two categories, however, those taking the authorized generic showed a much more reduction compared with the random generic category. Patients on random generic complained of some side effects but all categories were adherent with their medications.



Condition 2: Diabetes

6 random patients **IB, ID, IG, IP, IT and AV** who were regular customers in a community pharmacy which I will refer to as **Pharmacy B** were being observed for **clinical outcomes (Blood Glucose (BG) readings), safety (Adverse events), improved quality of life and adherence.**

They were selected based on the following criteria:

- Observed the DASH diet effortlessly and consistently
- Do not smoke or take alcohol
- No Co-morbidities
- Have an Accu-chek glucose monitor and each keep records of their BG readings.
- Blood Glucose btw 200-300mg/dl
- Using medications containing same API

The 6 patients (Px) were further divided into 2 categories:
Observations on these groups after 12 weeks are as indicated below:

Assessment	Px on Branded medicines-IB, ID, IG	Px on Random generics- IP, IT, IV
Clinical outcome (Bp readings)- Average reduction in BP Values	90-180mg/dl	50- 110mg/dl
Safety (Adverse events)	Weight loss	Slight reduction in weight observed
Improved Quality of life (based on reduced Bp)	Yes	Fluctuation in readings despite adherence to lifestyle modification
Adherence	Yes	Yes

Discussion: The result in the table shows that with the branded medications, reduced glucose levels were observed compared to the random generic brands. Quality of life was improved compared to those taking the random generics who experienced fluctuations in their blood glucose readings.

Studies have also reviewed switchback rates or the amount of times that patients switch back to branded drugs from generics despite a cost differential. However, studies reviewing authorized generics and random generics showed a lower rate of brand switchbacks due to interventions to improve communication and education on the equivalency of generics and brand-name products.

Due to recent recalls on generic products, patients have been apprehensive to switch to generics as the country of manufacture is of major concern when determining their authenticity and potency. Most believe that medications manufactured in certain countries are not safe, despite approval from regulatory bodies. Proper education on the details of medication recalls would be effective to encourage adherence to medications. Despite the availability of a generic drug, whether authorized or random, the use of a brand-

name product may be clinically appropriate in select situations. For example, patients taking epileptic medications who experienced an increase in seizure frequency with a generic switch may be appropriate for a change to a brand-name medication for seizure control.

Besides the afore stated observations and reports revealed from studies, here are concerns shared by patients on the use of generic products

- *Generic medications are not high-quality medications because of its relatively low price compared to the branded products*
- *If a medicine costs more, then it is more effective than the one that costs less, so they would always prefer the branded to the generics*
- *Generic alternative might not look or taste like the brand name option and therefore might not be equivalent.*
- *Generic medications could be counterfeit and might not contain the active ingredient.*

We, as pharmacists, being custodians of the knowledge of drugs are in the best position to correct these notions and advise patients constructively and appropriately on the use of generics or

branded products. Also, while making recommendations, it's our role to assess, monitor and ascertain efficacy so that patients can enjoy a positive health outcome. Some patients may enjoy equal benefits from using a generic product as with using a branded product. However, some might experience a better quality of life with branded products than with generics. It's our role as pharmacists to be observant and monitor appropriately and not just dispense.

Drugs. The health and positive outcome of every patient we encounter should be our focus and priority. This builds trust and confidence in your brand and will ultimately generate the profit you need without making so much effort.

Handling switches from Branded Products to Generic Products

As you can see, patients may have a variety of concerns about taking a generic product. It is important for pharmacists to use effective interviewing, listening, and counseling skills while exploring the underlying cause of this resistance. If patients express unease about taking a generic, be respectful, patient, and kind. Do not dismiss their concerns. Instead, interview patients to ascertain the exact cause of their apprehension, and then provide appropriate patient-specific counseling.

- **Pharmacists can obtain brochures, articles, posters, and other resources that might be useful in initiating a dialogue with a patient concerning**

generic medications by visiting peer reviewed websites or literatures that can be useful in educating and convincing the patients about their medications

Let's take a look at the dialogue below;

Appropriate Dialogue

Pharmacist: Mrs. Kent, I have refilled your medication as instructed in your prescription by the doctor.

Patient: This is not the medicine I got last time. It has a different name and colour.

Pharmacist: That is the generic form of the previous medicine. You got the branded version last time, and the doctor approved a generic version this time. It's less expensive yet as effective as the brand.

Patient: I've heard that generics aren't as effective, and I don't really want to take one.

Pharmacist: You're worried that the generic version won't work as well for you?

Patient: That's correct.

Pharmacist: I wouldn't want you to take something that isn't effective either. I have other patients who have switched to this generic and have reported excellent results. I can assure you that this product is equivalent to the brand name product. Does this help, or do you need some other information or assurance?

Patient: I don't know. I just want to get better real fast.

Pharmacist: I do, too. Would you be willing to take this generic for two weeks and let me know if you have any problems or changes? I really think you will do well on this generic, and it will save you quite a bit of money. I am confident that it will work just like the branded product you were using.

Patient: I would be willing to try that, but if I see any problems or changes, I would want the brand name medication again.

Pharmacist: No problem. That's fair.

Discussion: The pharmacist indicated his understanding of the patient's concerns and explored them with the patient. The pharmacist also supported the patient's desire to have an effective medication. Note that the pharmacist expressed confidence in the efficacy of the generic product. This is very important in helping the patient accept the product and believe that it will be effective.

Switches between branded medications and the corresponding generic medications or between two different corresponding generic medications occur commonly during the treatment of various health conditions. Prescribing a generic product in place of a branded product can reduce patient and pharmacy cost but there can be implications. Planned or unplanned switch from one product to another during ongoing treatment may introduce variability in drug exposure which could in turn compromise efficacy and/or tolerability. Studies comparing the initiation of branded versus generic products do not provide clear evidence of the superiority of branded or generic products generally, whereas several studies examining a switch between branded and generic products suggest that reductions in efficacy or medication adherence and persistence may be associated with generic substitution. Pharmacists should work with patients to facilitate a consistent supply of branded or generic medicines that provides stable exposure to avoid clinical deterioration or poor tolerability.

A patient described experiencing side effects after switching from a brand-name high blood pressure medicine to a generic version. Though rare, I have seen patients who had no problems with a brand-name medicine develop certain side effects when switched to generic versions.

These side effects were mild like headache, stomach upset and usually went away in a short period of time. On a few occasions, the side effects persisted long enough that the patient had to be switched back to the brand-name medicine.

So it's highly essential that pharmacists and even doctors be careful when recommending certain medications, thorough interviews and interrogations with the patient can help health care professionals make informed decisions about what to recommend.

Key points for pharmacists

- Branded and generic products are not 'identical'. Although the Active Pharmaceutical Ingredient (API) is the same, small differences in constitution can affect efficacy or safety in individual patients.

- Modified release products are complex; the delivery systems are difficult to reproduce. Some generics do not release the API(s) at the same rate.
- Avoid unnecessary or unplanned product switches (Brand product-to-generic, generic-to-generic or even generic-to-branded product)
- Communicate directly with doctors to be sure they recognize that branded and generic products may differ.
- Consider whether an unplanned product switch may be a factor when any sudden deterioration in symptom is observed.
- Keep in mind or take note of the previous product the patient is being switched from so that the patient can be switched back if there are negative consequences.

In Summary, as pharmacists, we set forth an oath to apply our knowledge to assure optimal outcomes for our patients and advocate changes that improve patient care. Improving adherence, educating our patients on facts, and having open communication with providers on information is vital for us to fulfill our oath. In my opinion while branded products have proven to effectively manage certain health conditions, recommending authorized generics may be more beneficial to patient who truly cannot afford the brand name products. Misconceptions and misunderstandings about generic drugs are not unusual. When pharmacists engage patients in a dialogue about their hesitation to take a generic, the pharmacist has an opportunity to assist the patient with selecting the most cost-effective medication regimen. When their concerns are respected and their issues are addressed, patients are more likely to listen to information that will help them make an informed decision about generic utilization. This can result in savings to the patient and the health care system.

Lastly, pharmacists should endeavor to follow up with as many patients as possible that visit their pharmacy stores to ascertain progress or relief gotten from medications recommended by the doctor or pharmacist or selected by the patients. This will give an indication whether the medication used was effective or not and if further investigation is needed or not.

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EMPLOYEE MANAGEMENT MADE EASY

Dr. LisaFaast



Employees. You can't have a successful pharmacy without them, and sometimes it seems you can't have one with them either! Employee management isn't a natural ability that most pharmacists have, even though pharmacists are often put in that situation because pharmacists are "over" technicians. Yes, legally, pharmacists need to manage technicians' activities to comply with laws and ensure patient safety. However, that doesn't mean that you or your pharmacist is a natural-born manager. Developing employee management skills should be on every pharmacist and pharmacy owner's to-do list.

Employee Management Without Micromanaging

When any business owner is underdeveloped in their employee management skills, their default setting tends to be micromanaging. Micromanaging is not the way to effective employee management. Here are just some

of the adverse effects that micromanaging has on employees:

- Increased stress, frustration, and burnout
- Decreased productivity
- Poor health and mental well-being
- Stifles creativity and innovation
- Not scalable
- Damages employee trust
- Increases turnover

Micromanaging has side effects for the manager too:

- Increased stress, frustration, and burnout
- Decreased productivity
- Poor health and mental well-being
- Stifles creativity and innovation
- Not scalable
- Damages self-confidence

Almost identical. No one benefits from a micromanager.

Developing Employee Management Muscles

As with any skill, you can get better with practice and time. If you are frustrated that you never seem to have time to work on your pharmacy, start that new line of revenue, or take a much-needed vacation, it is time to start exercising your employee management muscles.

Here are five simple (not necessarily easy) steps to becoming an effective manager

5 Steps To Vanquishing A Micromanager & Develop Effective Employee Management Skills

1. Set clear outcome goals
2. Explain priority of tasks
3. Increase communication
4. Delegate don't abdicate
5. Throwout perfection

Step 1: Set clear outcome goals

You are laying out the “what,” not the “how” for your employees. Describe in detail what the finish line looks like, not the best route to take. By letting your employees choose their preferred method to achieve the goal, you invite creativity and self-reliance. You might be surprised at the awesome ideas your employees have.

A great example of this was when I wanted to increase my OTC sales in my pharmacy. I laid out what our current sales are and where I wanted to be. The entire staff learned about all the various product lines we carried. I gave exact goals of how much additional sales I was looking for and in the precise timeframe. Once I armed them with knowledge, I let each employee choose their method. Some employees focused on vitamins, others on probiotics, and one employee focused solely on Burt's Bees products. By allowing them their choice, they each succeeded more than ever before. They had inner confidence and skin in the game to achieve. After all, it was their choice for what to focus on. Remember, clearly paint a picture of the outcome you are looking for and let each employee create a plan to achieve the results.

Step 2: Explain the priority of tasks

One of the biggest causes of frustration and ineffective employee management comes from misaligned priorities. The employee works enthusiastically on a task he thinks is crucial, and the manager walks by and scolds him for not having a different job completed already. When handing out assignments to employees, make sure you give them when they are due and the order of importance. This clarity will help the employee work more efficiently on what is most important to the manager and help develop their time management skills.

Step 3: Increase Communication

To effectively manage employees, you will need to increase the quality and the frequency of communication. Many managers regress to micromanaging because they hate surprises. If they are involved in every part of a project, then there are no surprises. When a manager and employee learn a new way of working together, more communication is better and will prevent both parties from being caught by surprise. This communication can be simple. Text, emails, or even notes on a desk, will all work in sharing critical information. I recommend that a meeting or phone call is required if there is a problem or significant delay. Many managers make the mistake of assuming the employees know how often to communicate. If an employee shares more frequently, then the manager might think, “I should just do this myself.” If too infrequent, then unwanted surprises can happen. Instead, the manager should tell the employee how often updates should come and his preferred method of getting them.

Step 4: Delegate Don't Abdicate

This lesson was the hardest for me. When I first started giving employees more freedom and a chance to take charge, I assumed (incorrectly) that they would

take my instructions and execute them flawlessly. I know, it sounds dumb. We often expect of others what we expect of ourselves. Employees won't pick up new tasks as you do; they might need instructions differently. For everything you delegate, you must also follow up with.

Checking in with employees and following up is not micromanaging. You are not stepping in and doing the work or instantly solving their problems. Letting employees know beforehand that you will be following up will also prevent any trust issues. When it comes time for you to check in on your employee, here is a list of items to consider.

- Spot check their completed work for accuracy.
- Ask if there are any unexpected issues.
- Ask how you can better support them.
- If problems come up, get their insight on a solution first.

Step 5: Throwout Perfection

Logically, no one expects perfection. Oftentimes though, we can behave as we

do. Be sure to treat minor errors or mistakes appropriately. Learn from them, but don't dwell on them. Never, ever, never, ever expect anybody else to do a job as good as you. The best lesson I learned long ago is to expect only a maximum of 80% as good as yourself as the top achievable amount. If you can fill 300 scripts a day with one tech, a fill-in pharmacist can probably only do 240. By using this 80% rule, you will have more realistic expectations of others, and you won't be disappointed, and they won't feel like a failure.

Dr. Lisa Faast is an innovator, experienced business executive, and leader in the independent pharmacy industry. With over 20 years of experience as a pharmacy owner, consultant, compounder, and businesswoman, she is able to bring a unique perspective to the industry's problems. Her passion is helping independent pharmacy owners thrive by focusing on diversifying and then growing revenue streams. She is currently CEO at DiversifyRx, a consulting and education company based in USA

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MUSINGS

OF A VILLAGE PHARMACIST

TimeyinOgunbe



Community pharmacy practice can be tough (what job isn't?) but it's not boring!

I have had cause to share in the joys and sorrows, the hopes, and fears of the community I work in. Many times, I could not help but become personally involved. I just couldn't mind my business.

I remember one of such experiences which occurred in 2005, when I was still under employment. It involved a man we had nicknamed "Baba Tramal" at the pharmacy. You see, two of his four children had the sickle cell disease. Every now and then, when they get a crisis, he would come to the pharmacy for Tramal. In fact, he was our only customer for Tramal.

It is worth noting that at the time, the only brand of tramadol available was Tramal and because it was very expensive, it was hardly abused unlike in this present day.

I think that some drugs should remain expensive to prevent abuse...

Anyway, let's get back to our story. On this day, I had just returned from a brief visit to the cybercafé nearby.

"Baba Tramal came to see you concerning his son", one of the attendants informed me. He had left one of his children for me to examine. I looked at the boy lying on the seat,

I estimated him to be around 10 years old. He looked rather pale. I placed the back of my hands on his forehead. My skin burned.

Suddenly the boy writhed in pain. **"My chest, my chest"**, he groaned, holding his hands tightly to his chest. I remembered his father had recently come to me for drugs to treat his son's malaria. I had given him artesunate tablets for five days.

[Again, it's worth noting that this was in 2005 and Artesunate was the "reigning" anti-malarial, and ACT was yet to become the standard of treatment for malaria.]

"What have you eaten today?", I asked him.

"I have been vomiting everything I eat", he answered.

Suddenly he cried out, once again holding his chest. This boy was in severe pains. I was getting anxious. He needed urgent medical attention.

"Where did your dad go?"

"I don't know," he replied. I gave him a pen and paper.

"Please, write out your fathers phone number"

Baba Tramal showed up some minutes after my call. I explained to him his sons need for

urgent medical attention. He was reluctant. I knew very well that it was not because he could not afford medical bills. He told me he had seen his son many times like this, and this case was not peculiar.

"Just prescribe drugs for him and all will be well", he said.

"What hospital do you use, sir?" I asked. He told me. That was one of the most popular hospitals around.

"You remember when my daughter was hit by a cyclist? Well, I took her there. After paying ten thousand naira, all they did was to dish her some drugs that never did her any good until I brought her to you", he said

I remember the day he brought her to me. The left side of her head was so swollen that she could hardly open her left eye. I had given her Bromelain and Ibuprofen tablets. That was a success story, and he was hoping I would do the same here. How could I make him understand that this case was different, and he needed the doctor's input? Maybe having the facts could help me press home my point.

"Can we go to the lab? I need to assess his condition so I can help you", I said.

Finding a good lab at the time was another matter. Anyway, I took them to one I felt was at least not fraudulent in its reporting. A blood sample was taken, and tests were run on it. The results obtained confirmed my fears:

PCV-19%; Hb-8%; Malaria parasite - ++;
Widal reaction for Salmonella typhi- 1:160.

Meanwhile the boy's groaning had increased, and he could not keep still. Together with the lab scientist, I urged his father to take him to the hospital.

"Can you recommend any other hospital?" he asked.

I did and described the location to him. He promised to go there later. I was not satisfied. I checked the time. It was time to close from work.

"I'll go with you, sir". "If you don't mind, let's go there now", I firmly insisted. He conceded.

At the clinic, we were told that the doctor was in his quarters and would attend to us shortly. The auxiliary nurse brought out a card and took the boy's biodata. I felt this was an emergency and ought to be treated as one. The boy was becoming more restless.

"Can you tell the doctor I came in with a patient and he is needed urgently?"

The young lady, apparently unmoved by the condition of the boy became angry.

"What do you want me to do? Have I not told you the doctor is coming? Why can't you be patient?"

Baba Tramal had had enough. ***"Pharmacist, I told you they were all the same. Let's go",*** he said.

The other patients began to plead with him, telling him the doctor was not like that. I ran to the doctor's quarters at the back of the clinic. I met his wife and explained everything to her. Within seconds the doctor was at the clinic. I gave him the lab report and immediately the boy was taken into the ward. Seeing he was receiving medical attention; I took my leave. I kept praying that the boy would make it.

Three days later, father and son came to my office to thank me. They brought along a crate of Jumbo eggs. I was greatly moved.

The boy's condition had rapidly improved (he had had a blood transfusion). I was glad to see him up on his feet. All is well that ends well, I thought. Yet as I observed his bulging eyes and abdomen, his diminutive figure (I eventually discovered he was 17 and not 10 years old as I had earlier presumed), I couldn't help but wonder how long he had left to live on this side of the great divide.

P.S.

This happened 16 years ago. As I write, the boy is alive and doing well!

Baba Tramal, however, has gone to the Great Beyond.

Hmmm! How he passed on is a story for another day.

A story that still makes me sad...

I remain Auntie Pharmacist

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PHARMALLIANCE

INTERVIEW.

Pharm. Alex Meseko

Having worked in the corporate space for years before venturing into community pharmacy practise, Pharm Alex takes us on his journey into retail and the contribution Pharmalliance has made to ensure he runs a successful practise



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

My name is Alex Oluwagbemigun Meseko, I am a native of Okebukun in Kogi state Nigeria. I had my pharmacy training at Ahmadu Bello University Zaria. I'm married and blessed with two children. I was born into a business-oriented family. My dad was a civil servant and an entrepreneur. I was actively involved in his enterprises in the early days of my life. My first exposure to retail pharmacy was at a pharmacy in Benin city where I did a locum job while I was doing my internship at the Central Hospital Benin city. At that pharmacy I was able to discharge my duties with a high level of professionalism for a year. Many years after I left, I still get calls from customers for consultation. The MD kept singing my praises many years after I left for my remarkable impact and honesty. That was the preparatory ground for my journey to retail pharmacy.

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

I started my career fully as a Sales Representative. I grew through the ranks to Area Manager, Product Manager, Marketing Manager, Business Coordinator and later became Head of the Business Unit. I resigned from this position in December 2016, to fully work in Alek pharmacy that started 7 years earlier. My experience in marketing and management no doubt helped in the organic growth of the pharmacy. The extraordinary effort of our Executive Director, Mrs Adeola Meseko to ensure things were always done right, coupled with our dedicated Pharmacists and staff helped a great deal.

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

I have the ability to relate and sustain relationships, which is a strong tool in marketing. I am also passionate about

community practice and I believe anything I do must have a touch of excellence.

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?

I have an MBA degree from Lagos State University, I am an Alumni member of Executive Advance Leadership course of Daystar Leadership Academy Lagos, I attended Marketing courses at the College of Economics and Management Sciences, University of South Africa, Pretoria. I also did a management course at University of Washington, U.S.A.

I'm also a student of Pharmalliance where we learn so much to enhance our practice besides several courses and workshops. I have attended a lot of master classes on how to manage different disease conditions with experts in the field. Also, I have read a lot of business and leadership books. All these impact on running the business profitably.

5. What was your motivation for joining Pharmalliance?

In 2018, I attended panel 10 and I was impressed by the way it was organized- It was nothing different from an international conference. I saw excellence, there was so much learning. I made up my mind to be part of the forward looking pharmacists.

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

I wrote the starter exam to join Pharmalliance and I managed to score 40 percent; that was when I realized I had work to do. That made me sit up to develop systems and structures in my practice, which was a growing concern at the time. There is so much work to do in community practice and Pharmalliance is always there as a guide

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

The catch for me is business growth, which thankfully is evident in the revenue generated in the pharmacy. Today, I have a business that has grown in leaps and bounds and that gives me joy. At Pharmalliance, you will meet industry leaders, pace setters, and starters. We compare notes and help each other grow and get better.

8. Do you get value for your investments with the group?

Oh sure, I get real value for my investment. I'm satisfied with the services. If I wasn't a member of pharmalliance, I would have been bored with community practice. Money isn't the only motivation for me. In the communities we operate in, we are making impacts; we add value to lives and generally enhance the quality of life of the thousands of people we encounter.

9. What do you like most about Pharmalliance?

I like the master classes where professors and medical consultants from various fields come to lecture us on interventions at the community level. This puts us in a position to help our patients better. Peer review is also very helpful. We get wiser by not repeating mistakes. We're able to reproduce success.

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

Whatever you are doing now, there are better ways to do it; seek to improve your processes, expose yourself to knowledge because you cannot grow beyond your horizon. Invest in your human capital. Run your race, don't be distracted, or discouraged. Don't lose your vision; it is achievable.



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