

# flourish

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

ISSUE 9, 2019

## Also in the Edition

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IN A COMMUNITY  
PHARMACY

THE MILLENNIALS AND  
AND COMMUNITY  
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With a great sense of accomplishment, I present the 9th edition of Flourish to you. The production of this edition has been particularly challenging because it is coming at a time when a lot of things seem to be happening simultaneously however our commitment to deliver on the project saw us through. Timing of this release was also one of the major reasons why there was a lot of pressure because we wanted to release it as THE PANEL 11 CONFERENCE EDITION.

This edition promises to be interesting and engaging as usual. We have 2 interviews in this edition. The first one, which is our cover page personality interview, features a silent achiever who is making waves in the Sahel Savannah region of Nigeria. When most Pharmacists, chose to remain in the major cities of Nigeria, Pharm Shapi James Danjuma chose to settle in Yola, where he is neither an indigene nor did he grow up there. The interview is a must-read. The second is an interview with a passionate and committed Pharmacist and member of Pharmalliance, Pharm Amidi Alli Aishatu, Founder/CEO of Remedy Drugs Plus, Ikorodu. It's simply a masterpiece!

The clinical section of this edition focuses on Diarrhea, culled from a wonderful resource, Community Pharmacy by Paul Rutter. The book is a must have for every practicing Community Pharmacist. Other articles from our regular columnists like Ayodeji Oni, Timeyin Ogungbe, Wilson Okpani and many others promise to keep you enraptured to the last page!

We have amazing photos from the media launch of Moxie, a premium range of children medicines from the stables of Pharmalliance. We also have sights and sounds from the recent visit of a Pharmalliance delegation to South Carolina on a knowledge exchange program.

As you peruse this fine mix of clinical, business and lifestyle articles, we wish to remind you that Pharmalliance has released 3 business changing video recordings to empower community Pharmacists. These include

- REBECA (Break even analysis)- Acid test for business survival
- Retail Pharmacy Fraud- Detection, Prevention and Control
- Business Diagnosis Checklist- 27 questions every retail pharmacy owner must answer

These recordings are simply amazing and worth having. They can be procured at any Pharmalliance exhibition stand at Pharmacy conferences and can also be ordered online on [www.jumia.com.ng](http://www.jumia.com.ng) or on our online store on [www.rxevolution.com.ng](http://www.rxevolution.com.ng).

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



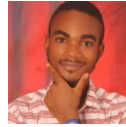
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# FEATURING



**Ayodeji Oni**  
He's a young community pharmacist based in Lagos



**Timothy Okooboh**  
He's a young pharmacist and founder of Health-hub



**Timeyin Ogungbe**  
She's the founder and CEO of Elbeth Pharmacy



**Wilson Okpani**  
He's a community pharmacist based in Lagos

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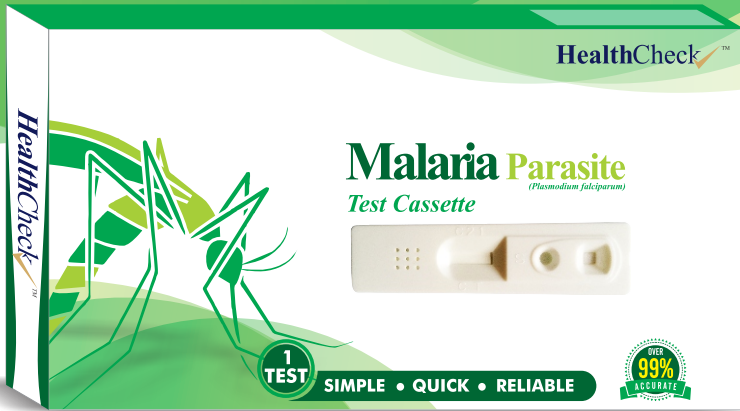


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# MANAGING DIARRHOEA IN A COMMUNITY PHARMACY

Paul Rutter



## BACKGROUND

Diarrhoea can be defined as an increase in frequency of the passage of soft or watery stool relative to the usual bowel habit for that individual. It is not a disease but a sign of an underlying problem such as an infection or gastrointestinal disorder. It can be classed as acute (less than 7 days), persistent (more than 14 days) or chronic (lasting longer than a month).

Most patients will present to the pharmacy with a self-diagnosis of acute diarrhoea. It is necessary to confirm this self-diagnosis because patients' interpretations of their symptoms might not match up with the medical definition of diarrhoea.

## Prevalence and epidemiology

The exact prevalence and epidemiology of diarrhoea is not well known.

This is probably due to the number of patients who do not seek care or who self-medicate. However, acute diarrhoea does generate high GP consultation rates.

It has been reported that children under the age of 5 years have between one and

three bouts of diarrhoea per year and adults, on average, just under one episode of diarrhoea per year. Many of these cases are thought to be food related.

## Aetiology

The aetiology of diarrhoea depends on its cause. Acute Gastroenteritis, the most common cause of diarrhoea in all age groups, is usually viral in origin. In the UK, rotavirus and small round structured virus (SRSV) are the most common identified causes of gastroenteritis in children, and in adults, *Campylobacter* followed by rotavirus are the most common. Other pathogens identified include *Escherichia coli*, *Salmonella* and *Shigella*. Viruses such as adenovirus; and the protozoa *Cryptosporidium* and *Giardia* are also causative agents. Viral causes tend to cause diarrhoea by blunting of the villi of the upper small intestine decreasing the absorptive surface. Bacterial causes of diarrhoea are normally a result of eating contaminated food or drink and cause diarrhoea by a number of mechanisms.

Table 1.0

**Causes of diarrhoea and their relative incidence in community pharmacy**

<b>Incidence</b>	<b>Cause</b>
Most likely	Viral and bacterial infection
Likely	Medicine induced
Unlikely	Irritable bowel syndrome, giardiasis, faecal impaction
Very Unlikely	Ulcerative colitis and Crohn's disease, colorectal cancer, malabsorption syndromes

**Table 1.0: Showing the relative prevalence of the incidence of diarrhoea in the community pharmacy practice.**

**Arriving at a differential diagnosis**

The most common causes of diarrhoea are viral or bacterial infection (Table 1.0) and the community pharmacist can appropriately manage the vast majority of cases. The main priority is identifying those patients that need referral and how quickly they need to be referred. Dehydration is the main complicating factor, especially in the very young and very old. A number of diarrhoea specific questions should always be asked of the patient to aid in diagnosis

(Table 1.1).

**Specific questions to ask the patient: Diarrhoea**

<b>Question</b>	<b>Relevance</b>
Frequency and nature of the stools	<p>Patients with acute self-limiting diarrhoea will be passing watery stools more frequently than normal</p> <p>Diarrhoea associated with blood and mucus (dysentery) requires referral to eliminate invasive infection such as <i>Shigella</i>, <i>Campylobacter</i>, <i>Salmonella</i> or <i>E. coli</i> O157</p> <p>Bloody stools is also associated with conditions such as inflammatory bowel disease</p>



<b>Question</b>	<b>Relevance</b>
Periodicity	A history of recurrent diarrhoea of no known cause should be referred for further investigation
Duration	A person who presents with a history of chronic diarrhoea should be referred. The most frequent causes of chronic diarrhoea are IBS, inflammatory disease and colon cancer
Onset of Symptoms	Ingestion of bacterial pathogens can give rise to symptoms in a matter of a few hours (toxin producing bacteria) after eating contaminated food or up to 3 days later. It is therefore important to ask about food consumption over the last few days, establish if anyone else ate the same food and to check the status of his or her health
Timing of Diarrhoea	Patients who experience diarrhoea first thing in the morning might well have underlying pathology such as IBS Nocturnal diarrhoea is often associated with inflammatory bowel disease
Recent change of diet	Changes in diet can cause changes to bowel function, for example when away on holiday. If the person has recently been to a non-Western country then giardiasis is a possibility
Sign of Dehydration	Mild (<5%) dehydration can be vague but include tiredness, anorexia, nausea and light-headedness Moderate (5 to 10%) dehydration is characterised by dry mouth, sunken eyes, decreased urine output, moderate thirst and decreased skin turgor (pinch test of 1 to 2 seconds or longer)

**Clinical features of acute diarrhoea**

Symptoms are normally rapid in onset, with the patient having a history of prior good health. Nausea and vomiting might be present prior to or during the bout of acute diarrhoea. Abdominal cramping and flatulence are often present. If rotavirus is the cause, the patient might also experience prodromal symptoms such as cough and cold. Acute infective diarrhoea is usually watery in nature with no blood present. Complete resolution of symptoms should be observed in 2 to 4 days. However, diarrhoea caused by the rotavirus can persist for longer.

**Conditions to eliminate**

**Likely causes**

*Medicine-induced diarrhoea*

Many medicines (both POM and OTC) can induce diarrhoea (Table 1.2). If medication is suspected as the cause of the diarrhoea the GP should be contacted and an alternative suggested.

**Unlikely causes**

*Irritable bowel syndrome*

Patients younger than 45 with lower abdominal pain and a history of alternating diarrhoea and constipation are likely to have IBS (Irritable Bowel Syndrome).

*Giardiasis*

Giardiasis, a protozoan infection of the small intestine, is contracted through drinking contaminated drinking water. It is an uncommon cause of diarrhoea in Western society. However, with more people taking exotic foreign holidays, enquiry about recent travel should be made. The patient will present with watery and foul-smelling diarrhoea accompanied with symptoms of bloating, flatulence and epigastric pain.

*Faecal impaction*

Faecal impaction is most commonly seen in the elderly and those with poor mobility. Patients might present with continuous soiling as a result of liquid passing around hard stool and mistakenly believe they have diarrhoea. On questioning, the patient might describe the passage of regular poorly formed hard stools that are difficult to pass. Referral is needed as manual removal of the faeces is often needed.

**Very unlikely causes**

*Ulcerative colitis and Crohn's disease*

Both conditions are characterised by chronic inflammation at various sites in the GI tract and follow periods of remission and relapse. They can affect any age group, although peak incidence is between 20 and 30 years of age. In mild cases of both conditions, diarrhoea is one of the major presenting symptoms, although blood in the stool is usually present. Patients might also find that they have urgency, nocturnal diarrhoea and early morning rushes. In the acute phase, patients will appear unwell and have malaise.

Table 1.2

**Examples of medicines known to cause diarrhoea (defined as very common [ $>10\%$ ] or common [ $1-10\%$ ])**

$\alpha$ -blocker	Prazosin
ACE inhibitor	Lisinopril, perindopril
Angiotensin receptor block	Telmisartan
Acetylcholinesterase inhibitor	Donepezil, galantamine, rivastigmine
Antacid	Magnesium salts
Antibacterial	All

# Moxie

## Paracetamol



Antidiabetic	Metformin, acarbose
Antidepressant	SSRIs, clomipramine, venlafaxine
Anti-emetic	Aprepitant, dolasetron
Anti-epileptic	Carbamazepine, oxcarbamazepine, tiagabine, zonisamide, pregabalin, levetiracetam
Antifungal	Caspofungin, fluconazole, flucytosine, nystatin (in large doses), terbinafine, voriconazole
Antimalarial	Mefloquine
Antiprotozoal	Metronidazole, sodium stibogluconate
Antipsychotic	Aripiprazole
Antiviral	Abacavir, emtricitabine, stavudine, tenofovir, zalcitabine, zidovudine, amprenavir, atazanavir, indinavir, lopinavir, nelfinavir, saquinavir, efavirenz, ganciclovir, valganciclovir, adefovir, oseltamivir, ribavirin, fosamprenavir
Beta-blocker	Bisoprolol, carvedilol, nebivolol
Bisphosphonate	Alendronic acid, disodium etidronate, ibandronic acid, risedronate, sodium clodronate, disodium pamidronate, tiludronic acid
Cytokine inhibitor	Adalimumab, infliximab
Cytotoxic	All classes of cytotoxics
Dopaminergic	Levodopa, entacapone
Growth hormone antagonist	Pegvisomant
Immunosuppressant	Ciclosporin, mycophenolate, leflunomide
NSAID	All
Ulcer healing	Proton pump inhibitors
Vaccines	Pediacel (5 vaccines in 1), haemophilus, meningococcal
Miscellaneous	Calcitonin, strontium ranelate, colchicines, dantrolene, olsalazine, anagrelide, nicotinic acid, pancreatin, eplerenone, acamprosate

Reproduced with permission from R. Walker and C. Whittlesea, Clinical pharmacy and therapeutics, 5<sup>th</sup> edition, 2011, Churchill Livingstone.

## *Malabsorption syndromes*

Lactose intolerance is often diagnosed in infants under 1 year old. In addition to more frequent loose bowel movements symptoms such as fever, vomiting, perianal excoriation and a failure to gain weight might occur.

Coeliac disease has a bimodal incidence: first, in early infancy when cereals become a major constituent of the diet, and second, during the fourth and fifth decades. Steatorrhea (fatty stools) is common and might

be observed by the patient as frothy or floating stools in the toilet pan. Bloating and weight loss in the presence of a normal appetite might also be observed.

## *Colorectal cancer*

Any middle-aged patient presenting with a longstanding change of bowel habit must be viewed with suspicion. Persistent diarrhoea accompanied by a feeling that the bowel has not really been emptied is suggestive of neoplasm. This is especially true if weight loss is also present.

## TRIGGER POINTS indicative of referral: Diarrhoea

Symptoms/signs	Possible danger/reason for referral
Change in bowel (long term) habit in patients over 50	Sinister pathology?
Diarrhoea following recent travel to tropical or subtropical climate	Giardiasis?
Duration longer than 2 to 3 days in children and elderly Patients unable to drink fluids (Signs of dehydration)	At risk of dehydration and associated complications
Presence of blood or mucus in the stool	Outside scope of community Pharmacist
Suspected faecal impaction in the elderly	Outside scope of community Pharmacist
Steatorrhea	Malabsorption syndrome?



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## **Evidence base for over-the-counter medication**

Acute infectious diarrhoea still remains one of the leading causes of death in developing countries, despite advances in its treatment. In developed and Western countries diarrhoeal disease is primarily of economic and socially disruptive significance. Goals of OTC treatment in the UK are therefore concentrated on relief of symptoms. Before considering treatment, it is important to stress to patients the importance of hand washing. Interventions that promote hand washing can reduce diarrhoea episodes by about one-third.

## **Oral rehydration solution (ORS)**

ORS represents one of the major advances in medicine. It has proved to be a simple highly effective treatment, which has decreased mortality and morbidity associated with acute diarrhoea in developing countries.

The formula recommended by the World Health Organization (WHO) contains glucose (75 mmol/L), sodium (75 mmol/L), potassium (20 mmol/L), chloride (65 mmol/L) and citrate (10 mmol/L) in an almost isotonic fluid. Until recently, the WHO oral rehydration solution contained 90 mmol/L sodium but a systematic review (Hahn et al 2002) concluded that ORS with a reduced osmolarity compared to the standard WHO formula were associated

with fewer complications in children with mild to moderate diarrhoea.

## *Loperamide*

Loperamide is a synthetic opioid analogue and is thought to exert its action via opiate receptors slowing intestinal tract time and increasing the capacity of the gut. It has been extensively researched, with many published trials investigating its effectiveness in acute infectious diarrhoea.

## *Bismuth subsalicylate*

Bismuth-containing products have been used for many decades. Its use has declined over time as other products have become more popular. However, bismuth subsalicylate has been shown to be effective in treating traveller's diarrhoea.

## *Kaolin and morphine*

The constipating side effect of opioid analgesics can be used to treat diarrhoea. However, kaolin and morphine products have no evidence of efficacy and should not be recommended. It remains a popular home remedy, especially with the elderly.

## *Rotavirus vaccine*

In 2006, two new oral vaccines (Rotarix, and RotaTeq) were licensed by the European Medicines Agency and the U.S Food and Drug Administration. Clinical trials have shown them to be effective.

**Practical prescribing and product selection** Information relating to the medicines used for diarrhoea is reviewed in the **Table 1.4 below;**

<b>Name of medicine</b>	<b>Use in Children</b>	<b>likely side effects</b>	<b>Drugs interactions of note</b>	<b>Patients in which care exercised</b>	<b>Pregnancy and breast-feeding</b>
ORS	Infant upwards	None	None	None	Ok

ORS	Infant upwards	None	None	None	Ok
Loperamide	>12 years	Abdominal cramps, nausea, vomiting, tiredness	None	None	Ok
Bismuth	>16 years			None	Avoid if possible
Morphine salts	>12 years	None	None	None	Ok

**Table 1.4: Showing a summary of medicines for treating diarrhoea.**

**HINTS AND TIPS BOX 1.5: DIARRHOEA**

Reconstitution of ORS	<p>All proprietary sachets require 200 mL of water per sachet to reconstitute Different brands come in different flavours:</p> <ul style="list-style-type: none"> <li>Dioralyte – blackcurrant and citrus</li> <li>Diorolyte Relief – apricot, raspberry or blackcurrant</li> <li>Electrolade – banana, blackcurrant, lemon and lime and orange</li> </ul> <p>Once reconstituted ORS must be stored in the fridge and drunk within 24 hours Note Oralyte is sold as a ready to drink product and requires no reconstitution.</p>
Rough guidelines for referral for children	<p>&lt;1 year old: refer if duration &gt;1 day                  &lt;3 years old: refer if duration &gt;2 days                  &gt;3 years old: refer if duration &gt;3 days</p>
Kaolin and morphine	Subject to abuse. Store out of sight
Kaolin and morphine	Patients can be advised to increase their intake of fluids, particularly fruit juices with their glucose and potassium content, and soups because of their sodium chloride content



Useful tips relating to patients presenting with diarrhoea are given in Hints and Tips Box 1.5.

**ORS (Dioralyte, Dioralyte Relief (rice-based), Electrolade, Oralyte)**

ORS can be given to all patient groups, has no side effects or drug interactions. The volume of solution given is dependent on how much fluid is lost. As infants and the elderly are more at risk of developing dehydration they should be encouraged to drink as much ORS as possible. In adults, 2L of ORS should be given in the first 24 hours, followed by unrestricted normal fluids with 200 mL of rehydration solution per loose stool or vomit. The solution is best sipped every 5–10 min rather than drunk in large quantities less frequently. In infants, 1 to 112 times the usual feed volume should be given.

**Loperamide (e.g. Diocalm Ultra, Diah-Limit, Imodium range)**

The dose is two capsules immediately, followed by one capsule after each further bout of diarrhoea. It has minimal CNS side effects, although CNS depressant effects and respiratory depression have been reported at high doses. OTC doses are therefore limited to 16 mg a day and cannot be used in children under 12. The excellent safety record of loperamide has seen it granted General Sales List status, although abdominal cramps, nausea, vomiting, tiredness, drowsiness, dizziness and dry mouth have been reported. Loperamide is available in a range of formulations, such as dispersible tablets, melt-tabs and liquid.

**Bismuth (Pepto-Bismol Liquid 87.6 mg/5 mL bismuth subsalicylate and Chewable tablet 262.5 mg)**

Pepto-Bismol should only be given to people over the age of 16. The dose is 30 mL, or two tablets taken every 30 min to 1 hour when needed, with a maximum of eight doses in 24 hours. Bismuth subsalicylate is well tolerated and has a favourable side-effect profile, although black stools are commonly observed

(caused by unabsorbed bismuth compound). Occasional use is not known to cause problems during pregnancy and breastfeeding, but the manufacturers state it should not be used. Bismuth can decrease the bioavailability of quinolone antibiotics therefore a minimum 2-hour gap should be left between doses of each medicine.

**Morphine (e.g. Kaolin and morphine, Diocalm Dual Action)**

Morphine is generally well tolerated at OTC doses, with no side effects reported. The products can be given to all patient groups, including pregnant and breastfeeding women. There are no drug interactions of note. Morphine is available as a non-proprietary product (Kaolin and morphine) and J Collis Browne's products.

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**Further reading**

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# Moxie

## Paracetamol



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## INTERVIEW QUESTIONS FOR PHARM SHAPI DANJUMA



While many Community Pharmacists would rather practice in the urban centers of Lagos, Abuja or Port Harcourt. Kogi Born and bred Pharmacist, Shapi James Danjuma chose to plant himself far away from home and establish for himself an empire worthy of commendation. In just about 10 years of establishing JDS Pharmacy in Yola, not only has he become a reputable force to reckon with in the whole of Adamawa state, his new expansive head office complex is a sight to behold.

### Can we meet you Sir (Educational background & work history)?

I am Pharm Shapi James Danjuma from Kogi State. I attended my primary and secondary schools in Kogi State in the seventies and late eighties. I then had my B.Pharm from the University of Ibadan in 2002 and had since attended many business and scientific conferences seminars and workshops. My work experience started with First Alumni Nig Plc, later Aluminium Technology Plc Lagos as a Fabricator and Raw material store keeper between 1989 and 1996. Upon graduation from University, I went to Federal Medical Centre (FMC)

Owo for my 12 calendar month internship. While in U.I, I did holiday jobs with Sir Tony Akhimien (TEO Pharmacy), which was my first community pharmacy experience. I joined May & Baker (Avensis Business Unit) as a Business Development Executive, Medical representative in Kano, then to Pharmatex and Reals Pharmaceuticals in Yola Adamawa State before setting up my community pharmacy in October 2010. I am currently both the ACPN and PSN chairman Adamawa State by providence.

### Share with us your family background and upbringing.

I am from a family of seven and happen to be the last born, four females and three males. I grew up finding it difficult to discover my path and trying to find my road to success but by God's grace I am where I am today.

### Why did you decide to settle for community pharmacy practice?

Settling for community practice stems from my innate desire to care for the sick in body, soul and spirit. Pharmaceutical care is my strength and I found myself in an environment where people were just do buying and selling of medicines without knowledge and values. I therefore decide to pitch my tent in Yola and be of service to the people there since there was a huge manpower shortage in the state.

### You have just one pharmacy outlet. Do you have any plans for business expansion?

In a few days time, we will be moving from our old location to a new complex we started building sometime ago.

I personally don't like proliferation of outlets. I'd rather do other businesses that requires less supervision, as monitoring retail business needs a lot of attention except one wants to be a trader like patent

medicine dealers. Over here in the North, young pharmacists don't want to stay. They prefer to go to Abuja and Lagos.

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

I have 2 key guiding principles. My 'God first principle' and also, do unto others as you want them to do to you.

**Is there really a business opportunity for community pharmacy in Adamawa state?**

There are lots of business opportunities for community pharmacy practice to thrive in Adamawa. The downside to this is that people are afraid, due to the bad publicity brought about by the Boko Haram insurgents. Out of 21 Local Government Areas, only 3 have registered community pharmacies. Adamawa has proven to be a business friendly environment, as most of my friends I have invited from Lagos and other states have conveniently set up shop and have refused to return to their states.

**Will you honestly encourage pharmacists to come into Adamawa and other northern states to set up retail pharmacies?**

Honestly, I encourage any pharmacist who knows his onions to come up North and set up their practice. The gap in healthcare manpower is huge and if optimal pharmaceutical care is practiced, you would soon be smiling at your profit margins. In less than 10 years of operation, we have completed our own head office complex. That tells you the fertility of the business grounds here. It is important to note that the cost of living and power supply is better up North. I have experienced standard of living in Lagos, Port Harcourt, Ondo, Edo e.t.c during my days as a medical representative and I know the difference is clear.

**How do you cope with the vast number of Patent medicine stores around you? Is the competition healthy or unhealthy?**

No patent medicine vendor can survive in my practice area because the difference is clear. We raise the bar of community practice and we do not expect everyone's patronage.

**How come we haven't seen you aspire for leadership position of ACPN and PSN at national levels?**

PSN and ACPN leaderships require a lot of travels and both headquarters are in Lagos. However, it's under serious consideration as I believe in one thing at a time. Although right now, I double as the ACPN and PSN state chairman so I sit on the National Executive Councils of both associations.

**How do you deal with issues of insecurity and terrorism? Does it have a negative impact of your business?**

The ultimate security of life is in the hands of the Almighty. This is our hope and so far so good. There is no perfectly secured place anywhere in the world.

**How come you feel so comfortable in a place far from home and even decided to start a business in Yola?**

I have always been my own man from childhood and I can survive anywhere, even in the forest or desert. I have had very tough experiences that has made me stronger. Yola is peaceful and one can get whatever one needs provided the values of hard work and dedication are followed.

**What do you think can be done to bridge the very low Pharmacy count in Northern Nigeria?**

There is a lot of de-marketing going on in the media about the North, especially in terms of security. This seems to be deliberate and exaggerated. Many pharmacy schools here are churning out graduates and hopefully we can mentor them to set their practice on time and commit to it, knowing it will get better soon.



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**With the constant threats we face as a profession, are you confident that there is still hope for our dear profession?**

Only pharmacists are a threat to this profession, not non-pharmacists. As long as we keep stabbing one another in the back, the complaints will continue. We encourage R&G and turn back to complain about it. Who is deceiving who?

**You seem to run a very busy schedule with a lot of demanding responsibilities. How do you manage to unwind and refresh yourself?**

I rest anywhere and anytime and that is the freedom one gets from being your own boss. Besides, working is leisure for me. I can switch off my phone for 2 weeks, no problem.

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

I would always choose to be a pharmacist because there are lot of opportunities to harness and add value, such as the community practice, academia, journalism, marketing. If you choose, do pick up the Law degree after B.Pharm.

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

I would have been a Lecturer because I have flair for conveying complex ideas into simple and easy to understand tips.



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# NATURAL FERTILITY 102:

## GUIDELINES ON NUTRITION FOR FERTILITY

Timeyin Ogunbge



### a) High Fructose Corn Syrup

We hear a lot about avoiding sugar in our diets these days but beyond moderating intake of sugar, it's also important to consider the quality of sugars we are consuming. The dominating contributor to sugar intake in the modern diet is High Fructose Corn Syrup (HFCS). It's often found in foods that might not even seem "sweet."

### Why is Fructose a problem?

Unlike glucose which is metabolized everywhere in the body, fructose is processed only in the liver where it gets turned directly

into fat. So when we expose our bodies to abnormal concentrations of fructose, such as with HFCS, our livers get

***One of the resultant effect of an overworked liver is infertility.***

### Foods containing HFCS include:

Soda, candies and sweets, packaged cakes and cookies, sweetened yogurt, salad dressing, tomato ketchup, barbecue sauce, packaged juice, coffee creamer, energy drink and sports drinks, Ice cream, cereals, jam.

Over time, when HFCS is consumed day in and day out, this can create an insulin resistance, where the body is not responding to the insulin being released. This can go on to cause many different health issues, one of the main fertility ones being Polycystic Ovarian Syndrome (PCOS). This affects ovulation and implantation of the ovum, as well as increasing the rate of miscarriage.

Nutrition is the cornerstone to laying down the foundations for a healthy pregnancy and baby. The building blocks for hormones are embedded in the foods we eat. Nutrients play an essential role in creating and maintaining healthy eggs and sperm that will go onto fertilise, implant and grow a healthy baby. If the issue of nutrition is sorted out, many of the causes of infertility over time.

Research has shown that you get up to 70% improvement of infertility when you fix only the diet factor. Nutrition is a big deal.

### Fertility Diet Guidelines

#### 1. Food Substances to Completely Eliminate to Improve Fertility

So let's begin with food substances that have been shown to negatively affect fertility. They are used in the food industry.

In males, consumption of HFCS is associated with lower testosterone concentration in the serum. This will ultimately lower sperm count and mobility. Therefore, avoiding processed sugars is one of the best things that you can do to eat a healthier, fertility-friendly diet.

Recently, big food companies have gotten wise to the unhealthy reputation their favourite ingredient has developed and have subsequently started re-labelling it under different names. Make sure to check the list of ingredients for all of these variations: high-fructose corn syrup, natural corn syrup, isolated fructose, maize syrup, glucose/fructose syrup and tapioca syrup.

### **b) Artificial sweeteners**

Now we know that sugar consumption is detrimental to our fertility health, let's also be clear that the artificial sweeteners are also not healthy alternatives.

### **c) Trans fat**

Eating this unhealthy fat has been strongly linked to an increased risk for heart disease. Now, new research suggests they also increase a woman's risk of infertility.

To cut trans fats out of the diet completely, you should avoid all foods that list "hydrogenated" or "partially hydrogenated oils" in their ingredients. Foods containing trans-fat include Biscuits, cream crackers, packaged cakes, cookies and potato chips, fast foods, store bought pizza, certain margarine, coffee creamer.

### **d) MSG**

Monosodium glutamate (MSG) is a widely used food additive and flavour enhancer. It is found in seasoning cubes and packaged salty foods.

## **2. Classes of Food to Eat to improve Fertility**

### **General Tips.**

#### **a) Carbohydrates**

Eat more of complex carbs than simple sugars. Complex carbohydrates take more time to digest and hence would not cause glucose levels to spike, unlike simple carbs. Recommended sources of complex carbohydrates include tuber food (yam, sweet potatoes, cocoyam, garri) and unrefined grains (ofada rice, corn)

#### **b) Proteins**

Eat more of plant proteins than animal proteins. Get more of your proteins from plant sources such as beans, Bambara nuts (okpa), peanuts, walnuts, coconut, Melon, cashew nuts.

Keep to the barest minimum your consumption of red meat (beef, pork). Lean organ meat (heart, kidneys, liver) is preferred.

#### **c) Fats & Oils**

Take mono- & poly-unsaturated oils (peanut oil, olive oil). Unsaturated fats moderately (palm oil, coconut oil). ZERO trans-fat. Limit use of processed oils (refined palm oil)

#### **d) Micronutrients**

Take at least 5 portions of fruits and vegetables daily. Fruit and vegetable salad are great strategies to achieve this.

## **3. Nutrition Support**

In order to ensure you are getting the right amount of micronutrients, Pre-Conception supplement containing the following vitamins and minerals is also recommended.

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# POLYPHARMACY

## THE ROLES OF THE COMMUNITY PHARMACIST

Timothy Okooboh (Pharm.D)



Polypharmacy is the use of multiple medications at the same time. It is common among older adults because they're prone to comorbidities. Polypharmacy is associated with harmful consequences, which may include, dangerous drug-drug interactions, adverse drug reactions, increased cost of care, and even death. It is important for healthcare professionals, especially community pharmacists who are known to be custodians of drugs and usually the most accessible healthcare providers in the community, to provide adequate interventions regarding polypharmacy.

### 1. Asking relevant questions

By asking relevant questions; community pharmacists can help to intervene in cases of polypharmacy. When patients present their prescriptions, it provides the opportunity to ask the following relevant questions.

- What are you suffering from?
- When did you see a doctor?
- Why did you see a doctor?
- When were these drugs prescribed?
- Who prescribed them?
- Who dispensed them before?
- When were they dispensed?

The objective of these open-ended questions is to ascertain if the use of multiple drugs is due to a patient's ignorance or misuse of drugs. These relevant questions can help to determine and resolve polypharmacy. These questions can help to know who the prescriber was; it's possible that the medications were prescribed by a patent medicine dealer who doesn't have sufficient knowledge about diagnosis and medications.

### 2. Contact the prescriber

This involves reaching out to the prescriber and politely recommending better alternatives.

For instance, a prescription for Valsartan, Amlodipine, and Hydrochlorothiazide; to reduce the pill burden caused by polypharmacy, the community pharmacist could contact the prescriber and suggest that Exforge HCT® be given instead, as it contains all the drugs in one pill.

### 3. Perform patient medication review

Performing patient medication review implies assessing all drugs a patient is currently using. The community pharmacist can tell the client to bring all the medications he/she is taking. Then the pharmacist would assess the medications to determine drug therapy problems such as unnecessary drugs and wrong drug; which are issues that accompany polypharmacy.

This is important because it's possible that apart from the drugs the patient visited the pharmacy to buy, there may be other medications the patient is taking at home. Performing medication review for clients is a show of a high sense of responsibility by community pharmacists.

So that's it! Three simple ways community pharmacists can help to prevent, resolve or reduce polypharmacy. Community pharmacists should see this as one of their core responsibilities to ensuring we have a healthy society. Helping to intervene in polypharmacy will improve the clinical and social impact of the pharmacy profession.



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# THE MILLENNIALS AND COMMUNITY PHARMACIES IN NIGERIA: DEALING WITH THE HOPPERS

Wilson Okpani



Pharmalliance organized a strategy meeting in 2018 with **Pharm. Chris Ehimen** doing a presentation on "Winning in 2019, Products, People and Processes". His presentation highlighted concerns about how millennials hop from one job to another, he posed the question:

*Why do Millennials not stay in one job for reasonably long time?* The question was a revelation of what bothers most Community Pharmacy owners in Nigeria. Yes, there were attempts to answer the question by the Millennials in the meeting. But I did know there was more to it than the attempts we made on the spot. This triggered in me the quest to find more elaborate answers to this problem.

## WHO ARE MILLENNIALS?

*Millennials*, also known as *Generation Y*, (after the Baby Boomers), represents the generations of people born between 1980s to 1995. They have also been described as the 'Peter Pan or Boomerang generation' owing to their tendency to move back in with their parents. Also, they have also been called 'Generation Me' because of their more emphasis on themselves than others.

### Transparency

*Millennials* want to have an open and honest relationship with their manager and co-workers, or at least feel like they do. They don't like fancy unpleasant surprises when they join a company. Once enlisted, they want guarantee that their opinion is valued and expect a good deal of feedback from both parties.

### Career Advancement

*Millennials* are futuristic, seeking to ensure a

guaranteed career in the future.

They want to know that they will have the opportunity to advance and develop their careers within the company they choose to join and do greatly value this.

### *The Community Pharmacy in Nigeria in the eyes of millennial.*

The community pharmacy landscape is particularly interesting as an increasing number of *Millennials* are becoming owners. With the situation one would expect that there would be an alignment or better understanding but the reverse seems to be the case. To understand these migrations from one job to another by millennials, we need to consider how they look at the community pharmacy in Nigeria. This perspective might not be right, however as a retail pharmacy owner, you need to appreciate these facts, see how it can impact how you deal with your millennial employees. First, for most *millennials*, most community pharmacy businesses do not afford them the feeling of belonging to something bigger. Many do not have vision that is compelling enough to inspire the millennials. And those that have do not have effective systems to communicate it to their employees. In addition, being a career advancement concerned generation, the *millennials* seek organizations that can afford them opportunity for career advancement and, except for a few, most retail pharmacies in Nigeria do not afford them such opportunities. They seem much like a place where one is stuck; a place where there is no future for the employees. They do not invest enough in training their employees.

Even training isn't enough. Coaching is a necessity. Training enables them to do the work better, while coaching increases their engagement and creates a feeling of belonging. Furthermore, most community pharmacies in Nigeria for the millennials seems 'boring'. They are largely yet to embrace technology. Pleasure means a lot to the millennials, and as the tech savvy generation, no technology, no fun; and the fun is in connection, that feeling of belonging to a community.

Finally, while millennials believe in recognition and instant gratification, most community pharmacies in Nigeria lack the culture of recognition and a sound rewards system. Even those that have do not keep to them. Again, some in creating the reward system set unrealistic goals, one that is not achievable with the resources available.

## THE WAY FORWARD

The People stand at the centre, between Strategy and Operations, the *three core* processes of every business, and building a successful business demands an alignment between the three. Since *Millennials* make the most of our *people*, to *attract and retain them* we must find better ways to deal with them. A recent study everyone wants to belong to something big enough to inspire them so do millennial. But it must be a cause they believe in, and one that can inspire them enough. Just as important as that is a system to effectively communicate that vision clearly and constantly.

A *Vision*, clear and compelling enough, if well communicated, has the ability to constantly re-energize and refocus the employees' energy creating an alignment with the vision of the organisation. This breeds self-fulfilment and improves the employees' engagement. This makes the employees feel they are a part of something big, a cause big enough to constantly inspire them. Stagnation isn't a desire for anybody in life. Millennial are averse to organisations where their growth is not guaranteed. They want to see where they can be in future. In truth, most millennial are on transit through your Pharmacy, patiently waiting to start their own Pharmacy.

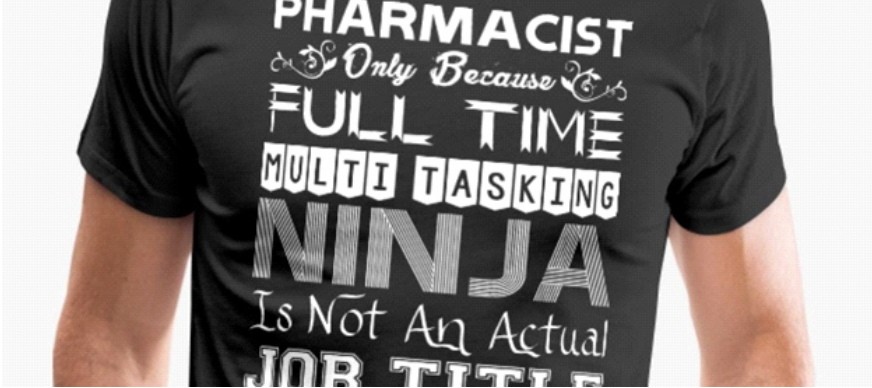
To keep them longer, do not only invest in their training, show them that you are interested in their future by coaching them. Coaching increases the bonding with your employees, creates a feeling of collaboration and increases their reluctance to move. Just as the Pharmalliance Project Catalyst, Adeshina Opanubi will ask, were your child to work in your Pharmacy, would you be comfortable to pay him/her what you pay your employees? Many will say money isn't important but if not why not. Money isn't everything, but someone says it ranks right up there. Daniel Pink in his book *Drive: The Surprising truth about what motivates us*, points out the best use of money - to take out distractions. He says pay your people enough to take out their money problem, and they will commit more to their jobs, building your business.

Finally, a transparent reward and recognition system is a necessity. Yes, such rewards should be tied to some goals but the goals should be realistic; should be set not in isolation but in conjunction with every party that will drive the goal. A system that recognizes and rewards even the least of successes helps improve employee's self-esteem and makes them feel greatly at home within your company. Such recognition and rewards must not necessarily be money. Steve Covey in *Seven Habits of Highly Effective People*, calls it investing in the emotional bank accounts, and Dr Okay Akpa of SKG calls it paying Emotional Salary.

Finally, the movement from job to job by millennials as purported by employers in the community pharmacy space remains a challenge that cannot be completely overcome, but one that can be greatly mitigated. I believe community pharmacy owners can get the most from the millennials by seeking for ways to engage them better. I believe focusing more on getting the most from the millennials is more beneficial than being cheap labour oriented. Create your system to sort out the better ones who align with your organization and then train, coach, motivate and inspire them, recognise and reward them, and be sure to have them pretty longer than usual.

# THE MULTIFACETED COMMUNITY PHARMACIST

Ayodeji Oni



The Pharmacy school curriculum does little to prepare one for the enormous solution provider role in the retail sector of the pharmaceutical industry. The value chain of this sector poses challenges that require many disciplines; however, retail pharmacists have had to evolve to take up more responsibilities in their premise. This is most times done to save cost. This has however led to lack of 'white space' leaving little or no room to innovate or grow the sector. These tasks can also affect service delivery with regards to pharmaceutical care and counselling, thereby increasing medication errors and abuse. The community pharmacist is therefore considered to be too busy but reaping little or no reward. The different facets of discipline usually embarked on are highlighted below;

### **The Accountant Pharmacist**

Finance management is essential to maintain all facets of community pharmacy practice as it is with any other business. However, the over-dependence on the pharmacist to carry out detailed accounting processes is farfetched and overbearing. Basic counting, the closing of

the end of day sales, banking of cash and filling cash registers can be otherwise done by a cashier, leaving the pharmacist with ample time and space to provide better service to patients.

### **The Pharmacy Manager**

He/She acts as a supervisor of other team members to achieve company goals, as well as coordination of daily activities in the pharmacy. This may include inventory management, upholding standards, reporting to Pharmacy CEO or higher hierarchy, learning and development of pharmacist assistants. It is advised that the job description outlined for the Pharmacy Manager is clearly understood, this will help achieve targeted team results. A manager must have excellent knowledge of inventory available in-store and always ensure information dissemination through regular strategy sessions executed at least once a week.

### **The Clinical Pharmacist**

The most important attribute of a Pharmacy manager is the ability to offer up to date pharmaceutical care to patients and to ensure the safe use of medicines.



Every community pharmacy must utilize in-store space to counsel their patients on medicine use, side effects, dosage, and disease management, use of medical devices, herbal medicines and allergies. These added services make the community pharmacist an indispensable healthcare professional adding significant value at all times. The community pharmacist must, therefore, ensure daily knowledge acquiring to meet up with the demands of their community. They must emphasize preventive therapy and use an integrative approach in treatment. For example, in counselling an obese patient with a fasting blood glucose levels at the pre-diabetes level, should be advised on a holistic change of diet, to a more balanced diet with fruits, fibres, and nuts as a mainstay. Also, advice on exercise, more regular checks to monitor the increase or decrease in sugar levels should be given. While a patient treating diabetes must be treated with the integrative approach of standard medicine, sufficient knowledge on the condition he is treating, offering services such as blood glucose checks, given supplements to help management of the condition and lastly given a device to monitor daily or weekly glucose levels.

### **The Interior Decorator Pharmacist**

The layout, design and merchandising of your pharmacy to meet your customers' needs is paramount and must be done to increase purchase. Orderly arrangements help avoid mistakes due to medication error and also help for the secure location of products with little help from the staff. Labelling shelves according to category and sections make the customer feel welcomed and helps increase market size. The community pharmacist must always ensure a neat work area that depicts hygiene at all times. Arrangements of over the counter medicines must favour premium brands placed on eye level over non-premium ones. The Pharmacist must supervise regular cleaning of shelves and maintain an elegant ambiance at all times.

### **The Facility Manager Pharmacist**

Ensuring bulbs are changed, burnt wires are fixed, generator serviced, pipes changed, floors cleaned, shelf glass changed when broken, are some amongst the many other facilities issues a pharmacist must supervise while on duty. Some of these issues can cripple office activities and must be treated as urgent, hence can obstruct more related duties such as offering pharmacy services, or counselling. The solution of collaboration can be offered to pharmacies where a facility management company can be hired to cater for 20 pharmacies who can pull funds together to pay for excellent facility services.

### **The Procurement Pharmacist**

To ensure authentic and safe medicines are procured at all times, the eagle eye of a pharmacist is needed to ensure nothing fake passes through the cracks. This adds negotiation techniques and quality assurance skills to list of disciplines necessary for a pharmacist to possess in a community pharmacy.

### **The Customer Service Expert**

The backbone of the retail business is customer service, and the community pharmacist must not be left out in offering quality customer service. Other thriving sectors such as finance, telecommunications, and confectionaries have established their brands using this technique, and the retail pharmacy sector must endeavour to do the same. This means the pharmacist must embody this trait and cascade the skills to every member of the team. Finally, acquiring these multidisciplinary skills makes the community pharmacist a valuable team player, as none of the above can be achieved through self-help but only with teamwork. However, priorities (patient care) must be focused on to achieve best service delivery. Therefore, collaborating with sectors that can offer services that can give the pharmacist more time to focus on safe medicine use would be best to achieve a better therapeutic outcome.

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## PHARMALLIANCE INTERVIEW

# REMEDY DRUGS PLUS PHARMACY

### *Please tell us about yourself and your journey into retail?*

I am Amidi Ali Aishatu a Muslim and an indigene of Estako East Local Government in Edo State. I am a Pharmacist, Business woman and a mother of two beautiful Princesses. I am an only child.



I worked with Pharmacists and Nurses in the Pharmacy and I learnt very crucial point of care skills that still help me today in running my business.. I have also been a Business person and knew that business had rules and not following it was detrimental to success.

### *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 practise?*

People management has been very crucial to running my business. Due to the hectic nature of Community Pharmacy Management, I have learnt to empower my team to undertake critical tasks in the Pharmacy thereby having to overlook some slip ups. That way I can steal some time out to be alone with myself and family. I also had to go for the PharmD conversion program so as to strengthen my clinical knowledge base. The program has proven to be very impactful as it has helped differentiate my practice from competition.

### *What personal character traits would you say has given you an edge in running your own practise?*

I genuinely like to care for people and so it has helped me to render pharmaceutical care and consultation even before it became prioritised. I believed quality medicines are for all whether you are rich or poor and its availability is very crucial.

My journey into retail business started in 2008, prior to this I had worked in community pharmacies, were I worked locum as an Intern Pharmacist. After my NYSC, I relocated to Lagos, seeking for a job. The Pharmacist I met implored me to open my own pharmacy. Some offers I got were not close to home and I had a baby to cater for.

A location opened up around my vicinity and I took the opportunity immediately. My late dad's gratuity helped me achieve it and my uncle gave me two hundred thousand naira on my birthday to help me when I asked for help. God has been awesome. I started work at St Nicholas to help fund the business but it wasn't easy combining the 2 jobs. Things began to fall in place when I resigned and focused fully on running the Pharmacy.

### *What work experiences have contributed to the running of your own business today?*

Like I mentioned earlier, I worked previously in a Pharmacy in Kaduna.

### *What have you found most challenging in retail practise and what ways have you found to deal with it?*

Colleagues bad mouthing your practice

with other professionals in a bid to make sales. We however had to strengthen our brand position by providing cutting edgeservices and our customers responded positively to our efforts. Also unhealthy pricing activities by competitors in order to acquire customers led us to developing a range of Pharmacy services so that we didn't fully depend on product sales alone but rather we differentiated ourselves by becoming a service driven Pharmacy.

### **What was your motivation for joining Pharmalliance**

A good friend introduced me to Pharmalliance. I had gotten to a point in my business life where I felt stuck on ideas and needed that extra push to make a difference. Every time we spoke, this friend of mine also had some interesting ideas to share. I realized I needed to join the group to get first hand information. I did and the journey has been worth it.

### **How has your membership of Pharmalliance affected your business and its running?**

It has influenced my business in so many ways;

- It has enabled me to expand my operations and improve the outlook of my Pharmacy
- I was also encouraged to put proper management structures in my business so that the business can run effectively without me
- I have been equipped with the requisite tools to guide my recruitment and people management processes so that I can attract and retain top talent.
- I have also been encouraged to work on my business and not in my business and also to think outside of the box in spite of challenges.

- Right now, I run my business without sentiments or emotions. I can decide to leave it or sell it if I think am not doing well and not telling my self lies. I don't have to prove anything to anyone.

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

Pharmalliance is a place where you have like minds who try to bring out the innate qualities of each other. They encourage you when things are down and open your eyes to another side of a coin, when your vision is blurred. They are deliberate about being successful! Don't just pray act on it

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

The sky is so wide we can all glide and not collide! Be yourself! While some are prosperous with 20 premises some are more with one. What matters at the end of life is how much you give back to your family, colleagues, humanity as a whole and it is not measured by money.

### **If you weren't a Pharmacist, what would you be?**

I would have been a doctor.

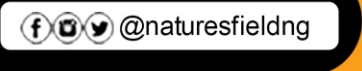
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# PHARMALLIANCE IN PICTURES



Media launch of Moxie with Jude Elue of Rockforth, Folasade Lawal, Clinical coordinator, Pharmalliance, Adeshina Opanubi, Project Catalyst, Pharmalliance, Dr. Bola Keshinro, Moxie Manufacturing consultant



Adeshina Opanubi presenting the Moxie Limited Edition package to Pharm Bukky George, Founder/CEO of HealthPlus



Adeshina Opanubi presenting the Moxie Limited Edition package to Sir Ike Onyechi, Founder/CEO, Alpha Pharmacy and Stores



Adeshina Opanubi presenting the Moxie Limited Edition package to Pharm Banji Obideyi, ACPN Chairman, Lagos State

# PHARMALLIANCE IN PICTURES



Moxie Limited Edition boxes



Adeshina Opanubi presenting the Moxie Limited Edition package to Mazi Sam Ohuabunwa President of PSN



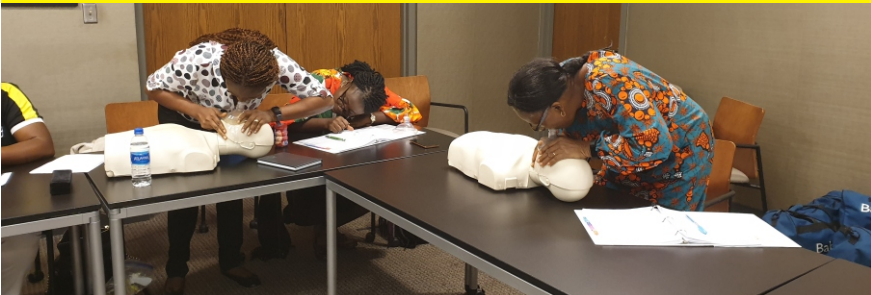
Muiyiwa Olagunju National Chairman PSN Young Pharmacists group with a limited edition pack

# PHARMALLIANCE IN USA

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Practical session on cardio-pulmonary resuscitation



Practical session on mouth to mouth resuscitation



American Red Cross certification examination in progress



# PHARMALLIANCE IN USA



Cannabis plant nursery at the Hemp Mine farm in South Carolina



Pharmalliance delegation at the Hemp Mine in South Carolina



Pharmalliance meets the Hemp Mine



Onsite demonstration of Hemp cultivation

# PHARMALLIANCE IN USA PHARMALLIANCE DELEGATION AT THE HEMP MINE CBD PROCESSING FACILITY



# PHARMALLIANCE IN USA



Session on Diabetes education at Faculty of Pharmacy at the Presbyterian College, South Carolina



Project Catalyst of Pharmalliance, Adeshina Opanubi and Clinical Coordinator of Pharmalliance, Folasade Lawal at Faculty of Pharmacy, Presbyterian College, South Carolina



Pharmalliance delegation: L-R Folasade Lawal- Victory Drugs, Charles Oyenyiyi- Drug Consult, Prof Bolajoko Aina, Dean, Faculty of Pharmacy, Unilag, Modupe Fasoyin- Femire Pharmacy, Ifeoma Ezekwem- Fidik Pharmacy, Adeshina Opanubi, Pharmalliance, Stella Nwafor- Simstel Pharmacy

# PHARMALLIANCE IN USA



Session on use of conversation maps in Diabetes education

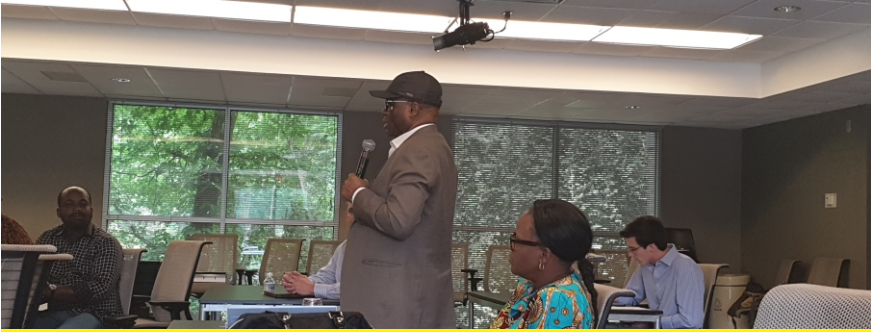


Professor Bolajoko Aina, Dean, Faculty of Pharmacy University Lagos with Professor Guiseppa Gumina of Presbyterian College, School of Pharmacy



Practical session on Diabetic Nutrition

# PHARMALLIANCE IN USA



Pharm Elijah Mohammed, Registrar, PCN, leading a discussion at the Hemp summit in South Carolina



Group Photograph of Participants who attended South Carolina Exchange program including Prof. Bolajoko Aina, Dean, Faculty of Pharmacy, University of Lagos



Grand opening of Connected Health Pharmacy, founded by Odiri Igbeyi in South Carolina

# PHARMALLIANCE IN USA



Elijah Mohammed, Registrar, PCN making a presentation on Pharmacy practice in Nigeria



Group Photograph of delegates and dean, Faculty of Pharmacy, University of South Carolina



Dean, Faculty of Pharmacy, University of South Carolina Prof. Bolajoko Aina, Dean, Faculty of Pharmacy, University of Lagos and Pharm N.A.E Mohammed, Registrar, PCN

# Moxie

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<sup>1</sup> Kennedy et al. Multivitamins and minerals modulate whole-body energy metabolism and cerebral blood-flow during cognitive task performance: a double-blind, randomised, placebo-controlled trial. *Nutrition & Metabolism*, 2016, 13(1): 1

2. OTC IMS Data (CVOTP) Q2 2019 Update