Illawarra Pharmacist Association

Newsletter

APRIL 2025

THE PRESIDENT'S REPORT

Welcome to our April 2025 newsletter.

The month of March has been full of events for Pharmacists with celebrations including International Women's Day and Thank Your Pharmacist Day.

International Women's Day

Our Illawarra Pharmacist Association president, Sharon Doolan, celebrated International Women's Day with other PSA Branch Committee members. The Guild 'Women in Pharmacy' Lunch was addressed by inspirational speakers -
Kellie Sloane MP – Shadow Minister for Health
Catherine Bronger – Pharmacist and NSW Guild vice president and Georgina Woods – Pharmacist and Project Officer PDL

The day provided amazing connections and was a celebration of the contributions of women in leadership and recognising the importance of mentorship in shaping future of women in pharmacy.
The significance of mentors was highlighted, to encourage young female pharmacists to have support and to attain guidance for their career development. Also to support and elevate more women into leadership roles and encourage young female pharmacists to participate in projects and training programs.

Thank your Pharmacist Day

On March 13 to celebrate how pharmacists are 'stepping up' and supporting our communities every day. We are stepping up to deliver more services, take on greater clinical responsibility, and ensure safer use of medicines across all sectors. The impact of our work is felt in every intervention, every consultation, and every patient we work with.

Pharmaceutical Society of Australia

PSA ATU 25 CONFERENCE

The NSW ATU25 Conference in March was a great opportunity to network with colleague's and enjoy the amazing site at the Blue Mountains. Cathy's Conference tips are attached to this newsletter being an overview of the educational updates from the weekend event.

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I would like to congratulate successful winners of the PSA New South Wales Excellence Awards from the Illawarra, recognising these pharmacists who have demonstrated excellence in their practice and dedication to improving healthcare outcomes for their communities.

PSA NSW President Luke Kelly congratulated each of the award recipients, highlighting their dedication to the pharmacy profession and improving patient care.

"Each of these award winners has demonstrated exceptional leadership, dedication, and passion for improving health outcomes in their communities. Their contributions to the profession exemplify the some of the best of pharmacy in New South Wales."
"These awards recognise pharmacists who are stepping up to new challenges and making a real impact in their communities," Mr Kelly said.
"Their dedication and leadership inspire the entire profession, and we are proud to celebrate their achievements."
PSA congratulates award recipients and thanks them for their contributions to the pharmacy profession in New South Wales.

NSW Intern of the Year Peter Figliuzzi is recognised for his leadership, initiative, and commitment to patient care. During his intern year Peter developed a hospital discharge medication management system to ensure patients understood medication changes, reducing confusion and enhancing adherence. His proactive engagement with Veteran patients improved health outcomes through tailored MEds Checks and stronger patient-provider relationships.

Additionally, he streamlined vaccination services by creating a patient recall system, improving vaccination rates in his community. Peter's continued dedication to patient safety, quality use of medicines, and professional collaboration makes him a deserving recipient of this award.

David North OAM has been awarded the PSA NSW Lifetime Achievement Award in recognition of his five decades of outstanding service to pharmacy and the Illawarra community. His career has spanned community pharmacy ownership, hospital pharmacy leadership, and significant contributions to professional development and mentorship.

David has played a key role in numerous community health initiatives, including projects on palliative care medication access, smoking cessation, asthma management, and opioid safety. His dedication to promoting medication safety and

pharmacy's role in public health has had a lasting impact.
A PSA Life Member and long-time advocate for the profession, David has also served as a peer reviewer, mentor, and board member of the Pharmacists Support Service (PSS). His leadership, commitment to patient care, and advocacy have left a profound legacy, making him a truly deserving recipient of this award.

PSA ATU 2025 Fairmont Blue Mountains

Some useful takeaways and tips from the recent PSA weekend in the beautiful Leura by Catherine Kirby.

The weekend started with an alarming talk by members of the Pharmaceutical Services Unit (PSU) outlining the upcoming audits on Vaping Products supply, UTI services and S8's. A reminder to email the PSU if you have not received a faxed S8 script by mail in 7 days.
There is also a New Medicine, Poison and Therapeutic Goods Act 2022 which will be released in draft form mid-year. This is the first update in 60 years and has some significant changes. Something for us all to get familiar with.

Professor Peter Carroll gave us an update on Stroke Prevention and AF. He wanted to emphasize that many of our patients could have undiagnosed symptom free AF. As 20% of all Ischemic Strokes are caused by AF, it would be a useful Health Service for Pharmacy to encourage our patients to test themselves. This can be done with many blood pressure machines and smart watches. Hearts4heart organises Atrial Fibrillation Awareness Week which is September 23-29 this year.

Everyone is talking about Menopause at the moment, and Terri Foran was able to give us some clear guidelines and bust many myths regarding MHT. Thankfully, the transdermal Gels are a good and safe alternative to patches, since we have such a disrupted supply. Vasomotor Symptoms are most effectively managed by MHT, though there are less effective alternatives if contraindicated. Micronized Progesterone has the best safety profile.
There are great resources to give patients and refer to on the Australasian Menopause Society website www.menopause.org.au .
Insomnia is another issue that affects us all and many of our patients. There is a research project that is being run by Prof Bandana Saini using Cognitive Behavioural Therapy for insomnia (CBT-I). Pharmacists can train to treat with CBT-I if you want to start a Sleep Clinic.
Brief Behavioural Therapy for Insomnia (BBT-I) is a shorter option that outlines 4 main areas that can help with Chronic Insomnia and can be done when counselling patients. These are Sleep education, Stimulus Control Therapy, Bedtime restriction Therapy and Relaxation Techniques. The Australian Sleep Association has also published a Sleep Health Action Plan which can be accessed on sleepcentral.org.au as well as other useful resources for Pharmacists.
Cannabis Dispensing is here to stay. We have a legal obligation to make sure that the product that has been prescribed, for the patient we are dispensing, is appropriate and safe. This is hard with the limited information and evidence currently available. Myfanwy Graham who is a researcher scholar at Monash, highlighted the surge in SAS B Cat 5 applications in Australia. These are high dose cannabinol CBD and delta-9-tetrahydrocannabinol THC products. There has been a shift away from oils to inhaled products.

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There also are Pastilles (gummies) applying for approval which have a high safety risk for children because they look like lollies. Inhaled Cannabis products must be inhaled using approved medical devices not smoked.
In practice the maximum dose of THC for anxiety is 10mg daily and Chronic pain is 20mg in Australia and Overseas but there are vast knowledge gaps in dosing. Anything more than this should be questioned. Do not forget to check SafeScript, that it is a compliant S8 script and drug interactions. PDL and RACGP have good Medicinal cannabis risk mitigation checklists. TGA has a Medicinal cannabis hub.
I have been to a few of these weekends and would highly recommend them to up skill, especially with our expanding scope of practice and responsibilities. Catherine Kirby.

The Pharmacy Guild of Australia
NSW Branch

Peppe Raso the NSW Guild Councillor for the South Sydney- Illawarra region, District 7, invites all pharmacies in our region to consider becoming a Guild member if their pharmacy is not already a member.

The NSW Branch delivers a range of services and benefits to assist members in operating professional businesses that most importantly, service the healthcare needs of patients.

Pharmacy Assistant of the Year Award.

One nomination could change a Pharmacy Assistant's career. All it takes is a few minutes of your time!

Do you know a dedicated, hardworking Pharmacy Assistant who goes beyond for their team and customers? Now is your chance to recognise their contributions by nominating them for the **2025 Pharmacy Assistant of the Year (PATY) Award**!

Being nominated for PATY is an incredible opportunity for a Pharmacy Assistant to:
☑ Gain professional recognition and career growth
☑ Develop their skills through exclusive workshops
☑ Be in the running for $5,000 cash + Guild event opportunities

Nominating is quick and easy. With just a few minutes of your time could help change someone's career!

Nominations close **Friday 9 May**, so do not miss your chance to celebrate a PA you know for the amazing work they do and what they give back to their community!

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Flu Vaccination Clinic a Success at NSW Parliament House

On Tuesday 25th March, the Pharmacy Guild NSW Branch, in partnership with CSL, hosted a Flu Vaccination Clinic for NSW MPs and their staff in the Macquarie Room at NSW Parliament House.

The event saw over 100 MPs and staff receive their flu vaccination, reinforcing the importance of proactive healthcare and the vital role of community pharmacists in immunisation services.

It was fantastic to see such strong participation from Parliament, highlighting the growing recognition of pharmacy as a key provider of accessible healthcare. A huge thank you to CSL, our vaccination team, and everyone who attended for making this clinic such a success.

FROM THE TREASURER.

Federal Budget Delivers Cheaper Medicines for Patients. Provided by Daniel Kicuroski NSW Branch Director Pharmacy Guild of Australia Tuesday night's Federal Budget has delivered on the Prime Minister's commitment to make medicines more affordable for over 20 million Australians - a move strongly supported by the Guild and leading health and patient groups.

From 1 January 2026, the PBS general co-payment for non-concession card holders will be reduced from $31.60 to $25, saving patients $6.60 per script. This means that more than 400,000 scripts each week will be available at a lower price, putting $784.6 million back in patients' pockets over the next four years. By 2026, prescription medicine prices will be the lowest they have been in 20 years.

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This is only the second time in the 75-year history of the PBS that the co-payment has been reduced, following the 2023 decrease from $42.50 to $30 - a crucial step that prevented Australians from paying up to $50 per script by 2026. The policy has bipartisan support, with backing from both the Government and the Liberal-National Opposition.

The Guild has long advocated for more affordable medicines. As community pharmacists, we too often see patients struggling with the tough choice between filling their prescriptions and covering essential living costs. This reduction is a significant step toward easing the financial burden, particularly for those managing chronic conditions.

Additionally, the Guild welcomes the $1.8 billion investment announced in the Budget to fund new PBS medicine listings, including treatments for endometriosis, menopause, lymphoma, treatment-resistant major depression, and new oral contraceptives.

This is a positive outcome for patients and for community pharmacy, reinforcing our essential role in delivering accessible, affordable healthcare to Australians.

FROM THE SECRETARY.

Medscape Friday, January 31, 2025,

Bench the BMI? New Guidance Redefines Obesity Neil Skolnik , MD

Obesity is one of the most common conditions we see in primary care. It affects over 40% of adults in the United States. There are very few, if any, diseases where there is so much misunderstanding, bias, and confusion about the correct way to approach it. Many people still think of obesity as a failure of will. **It is not**. Once a person has gained weight, hormonal shifts and metabolic alterations lead the body to resist weight loss. We have known this for years, yet many clinicians still struggle to fully wrap their heads around this fact.

The American Association of Clinical Endocrinology, the American Diabetes Association, and the American Heart Association make two main recommendations. The first of these is that obesity should be categorized as "clinical obesity" or "preclinical obesity."

Clinical obesity as a condition where the risk to health associated with excess adiposity has already materialized and can be objectively documented. So, if the patient has metabolic syndrome, diabetes, arthritis, or functional limitations due to their obesity, they have clinical obesity.

Preclinical obesity is excess adiposity without alteration of body function. A patient who has preclinical obesity may or may not develop complications of obesity in the future. The pragmatic rationale for this distinction was to create a sense of urgency in the treatment of clinical obesity, and to influence both clinicians and policymakers such as insurers to understand the importance of treating obesity aggressively.

The second main recommendation is that body mass index (BMI) should be used as a screening tool, after which confirmation of excess or abdominal adiposity should be undertaken to confirm whether the patient has obesity and/or where in the body the adipose tissue has accumulated. The traditional BMI-based definition of obesity is not exactly accurate. It does not differentiate between lean body mass (which is muscle, bone, and organs) and fat body mass. It is

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the balance of lean and fat body mass that influences risk. Furthermore, BMI does not give insight into body fat distribution, which is important because increased visceral and abdominal fat increase the metabolic and cardiac risk. For the remainder of this article go to Medscape 31 January 2025.

If you found this article interesting, may I suggest another article "Vicious cycle": Are there benefits to "yo-yo dieting" by Batya Swift Yasgur within Medscape 27 January 2025.

Weight regain is common, especially among those who have lost weight through lifestyle modifications. In these patients, approximately 30%-35% of lost weight is regained within the year, and half return to their baseline weight by the fifth year.

Our body compensates when we lose weight, our cravings increase. Our basal metabolic rate decreases, and we burn less energy. These push back against the weight loss we attain with lifestyle modifications."
This "energy gap" creates a hyperphagic response and rapid, efficient weight gain. According to one review paper, this results in "a vicious cycle of obesity, followed by weight loss, followed by weight regain, and so on."
The article discusses the unclear health implications of weigh cycling, is it better to lose and regain than stay obese, does sustained weight loss begin in the brain, harnessing nutrigenomics, and maintaining weight loss by building muscle.

To foil bag or not to foil bag, that is the question!

Clinical By Claire Antrobus MPS
-
Australian Pharmacist January 30, 2025

Whether 'tis nobler to use the foil bag to avoid the temperature excursions or . . . Putting William Shakespeare aside, what is the point of the foil bag?

Do foil bags keep medicines cold?

The *National Vaccine Storage Guidelines* 'Strive for 5' state that 'foil bags commonly provided by pharmacists when vaccines are privately purchased are not effective in keeping vaccines at the correct temperature – for example, when the vaccine is left in a car or stored in a domestic refrigerator'.[1]
Suppliers of foil bags advise they are for transporting medicines that require short-term storage at a constant temperature until appropriate refrigeration can be reached.
They are not suitable for long-term storage.[2] It is unclear whether foil bags provide thermal protection and for how long.
Some pharmacists use foil bags to remind the patient that the medicine in the bag needs to go in the fridge.
However, the patient should still be advised to take the medicine straight home to put it in the fridge and not to rely on the false sense of security that the foil bag will keep it cold while they 'duck into the shops'.

What if the patient doesn't have a fridge?

Not all patients have consistent access to a fridge (e.g. travelling, power outages, no fixed address). It is useful to ask patients about this, and tailor your advice accordingly.
Cautionary Advisory Labels 6, 7a, 7b and 13 can supplement your verbal advice about storage where appropriate.[3]
For some medicines that require refrigeration, the approved Product Information (PI) contains guidance about room temperature storage options if refrigeration is unavailable or impractical.[4]

You can also offer to store the medicine or not-in-use containers at the pharmacy until needed (e.g. pending a doctor's appointment, not-in-use insulin pens/cartridges).

Opened containers – in or out of the fridge?

It depends on the medicine.

The manufacturer has determined the stability and shelf-life of a medicine using the container and storage conditions outlined in the PI.

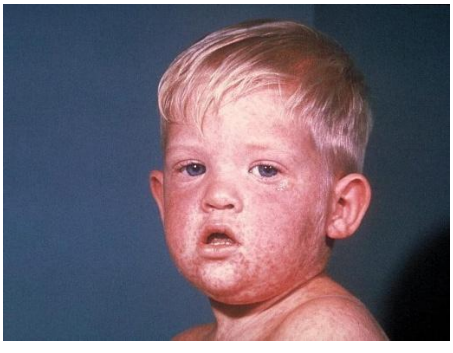
Keeping an in-use container in the fridge instead of at room temperature may extend its shelf-life. This might avoid wastage if the dose changes.

However, cold eye drops and injections can cause discomfort. They should generally be allowed to reach room temperature before they are administered.

In-use multi-dose injections or eye drops should be kept at room temperature unless otherwise advised by the PI.[4]

Medscape

Measles, also known as rubeola, is one of the most contagious infectious diseases, with at least a 90% secondary infection rate in susceptible domestic contacts. Despite being considered primarily a childhood illness, measles can affect people of all ages.



A 90% secondary infection rate means that if an infected individual interacts with susceptible individuals, there is a 90% chance that those individuals will also become infected.

Try this quiz on measles.

What is typically the first noticeable symptom of measles?

Photophobia
Myalgias
High fever (> 40° C) and Koplik spots
Periorbital oedema

Which is the fastest method of confirming acute measles?

Viral culture
Antibody assay
Urinalysis
Tissue analysis

Which is a common complication of measles?

Acute pancreatitis
Myocarditis
Ile colitis
Sinusitis

What is the most common severe complication of measles that contributes to morbidity and mortality?

Pneumonia
Gastroenteritis
Meningitis
Hepatitis

Which supplementation has been shown to reduce morbidity and mortality in patients with measles?

Calcium
Dehydroepiandrosterone
Vitamin D
Vitamin A

Answers are on last page.

Vaccination eligibility table for community pharmacies (updated list December 2024)

https://www.health.nsw.gov.au/immunisation/Pages/pharmacist-vaccination-expansion.aspx
Particular caution is recommended around RSV vaccination – Arexvy and Abrysvo vaccinations
Abrysvo® (RSV vaccine) is not registered for use in children

• There are no RSV vaccines approved for use in children. Abrysvo® is licenced for use in pregnant

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women (funded under NIP from 28-36 weeks gestation) and individuals aged 60 and over. Arexvy®, another RSV vaccine available in the private market, is only indicated for use in older adults aged 60 and over and should not be administered to pregnant women or children. Both Arexvy® and Abrysvo® require reconstitution prior to administration – do not administer any RSV product to infants or children that requires reconstitution Further information regarding RSV vaccination of infants -

Infant RSV immunisation (nirsevimab (brand name BeyfortusTM))

o Nirsevimab is a long-acting monoclonal antibody that provides passive immunity; it comes in a prefilled syringe ready for administration of either 50mg or 100mg presentations.

o Nirsevimab is registered for the prevention of RSV lower respiratory tract disease in neonates and infants born during or entering their first RSV season, and children up to 24 months of age who remain at risk of severe RSV disease through their second RSV season.

SAVE THE DATE

1.Cultural safety training workshops for NSW pharmacists delivering OTP and NSP Wollongong Sunday 15th June *Supported by an unrestricted educational grant from NSW Ministry of Health*
https://psa.eventsair.com/psa-events/eoi-culturalsafety/Site/Register?j=702656&sfmc_sub=46318160&l=135_HTML&u=30459616&mid=110006074&jb=2001&utm_source=SFMC&utm_medium=email&utm_campaign=PSA+Today_20.03.2025

2. IPA Annual AGM Dinner – Wednesday 23rd July – NEW VENUE -watch this space!

COMING EVENTS -

Illawarra Pharmacy Student Intern Group (IPSIG) is having an educational evening.
FREE event with light meal provided **On** Wednesday 9th April **At** Corrimal RSL – 168 Princes Hwy Corrimal. **Topic** – Cardiovascular Guideline Updates **RSVP** – sharon@medsreview.com.au
Let your interns, students or newly registered pharmacist know about this event
2025 Immunisation Update ISLHD – South Eastern Region PHN – Tuesday 18th March

Thank you for taking the time to read our newsletter and until our next newsletter stay safe and healthy.

Sharon Doolan.
IPA president on behalf of the IPA committee

Answers to measles quiz

High fever (> 40° C) and Koplik spots
Antibody assay
Sinusitis
Pneumonia
Vitamin A

Vitamin A deficiency might increase the morbidity associated with measles infection. Supplementation of Vitamin A might reduce morbidity and mortality especially in very young patients with measles. It also helps prevent eye damage and blindness. Because vitamin A deficiency is associated with more severe measles, the World Health Organization recommends vitamin A supplementation for all children diagnosed with measles, regardless of their country of residence, with dosages adjusted according to age. Calcium and vitamin D do not influence measles outcomes, and dehydroepiandrosterone is unrelated to measles management or immunity.