“Manipulating the image of our self in other peoples mind is tantamount to lying about the truth or lying about a lie. Either way you look at it, it is a useless and counterproductive activity. But why is it that most of humanity seems to be engrossed in it most of the time?”

The possible explanation might be the realistic competition which is driven by self-interest and is aimed at obtaining material resources for the in-group i.e (favoring an in-group in order to obtain more resources for its members, including the self). This favoritism will bring about ethical discrimination which may result in the breeding of ill feelings at work, as well as reduced productivity. Good work ethics are considered to be an integral part of an individual’s character. In a way, it can be cultivated and achieved unless if the individual does not have an inner desire to attain it. Good work ethics drives an individual with a positive attitudinal approach to perform well at work place whereas, an individual with a dubious work ethics have been found with a troubled conscience. Work ethics and working culture are the values and principles that are based around conscientiousness. Work ethics has been considered to promote an individual’s integrity and honesty and tends to improve his character in preserving social skills, honesty, accountability and being reliable and resourceful as a team member. Essentially, work ethics is “what one does or would do in a particular situation that prompts him to choose wisely ‘what is right and acceptable’ versus “what is wrong, deceitful, and unacceptable”. A conflict in the work place promotes pessimistic environment due to its negative impact on the individual himself and the people around. The consequences have a depressive impact on the efficiency of work, communication and working atmosphere. Ethical problems might cause various consequences, some of them are solved almost unnoticed; the others have a strong impact on individual persons or organizations. Ethical problems might occur and disappear or have a continuous character; the duality of human nature is the cause of problems related to ethical behaviour. The man is sensitive and intellectual but at the same time he is guided by his impulsive nature. These personas must be guided by rules of moral or ethical excellence to maintain a harmonious balance. Ethics is important, as it is intrinsic to internal integrity of an organization’s functional framework.

Dr. R. B. Kotnal,
Journal Publications


Book Publication


Conference Presentation

1. Dr S ZInamdar and Chetankumar SM, Evaluation of drug information services in a tertiary care hospital, 70th IPC, 21-23, Dec. 2018, held at Amity University, Noida-[Best Oral Presentation Award]

2. Dr S.Z Inamdar, Priya Aradhya, Pradeepthi K, Evaluation of Antibiotic use in post operative care in a Tertiary Care Hospital, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.

3. Dr S Z Inamdar and Inamul Haque, Impact of clinical pharmacy services in the medicine Department of a tertiary care hospital, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy college ,RAICHUR.

4. Dr S.Z Inamdar,Jinisha Jain and Pradeepthi K. Pharmacist Mediated evaluation of medication Appropriateness in emergency department of a teaching Hospital, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.


8. Kavita et al., Hepatoprotective efficacy of fruits of ficus religiosa, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy college ,RAICHUR.

9. Vinayak Ragi et al., Novel first order derivative UV-spectrophotometric peak detect method for the determination of Nitrofurantoin, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy college ,RAICHUR.

10. Savita Kulkarni et al., Protective effect of Luffa cylindrica fruit Extracts on Alloxan Intoxicated
Diabetic Rats, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.

11. Sayeda samreen Burkaposh et al., Validated spectroscopic methods for the determination of Fluoxetine Hcl and Lamivudine in Bulk and Marketed Formulation, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.

12. Yasmeen mahibub Hinginicar et al., Area Under Curve UV spectrophotometric method for the determination of clonazepam in tablet, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.


14. Swati Mahajan et al., Novel first derivative UV method for the determination of Celecoxib in solid Dosage forms, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.

15. Vidyarani Harkude et al., First Derivative UV spectrophotometric method for the Determination of Etodolac in solid Dosage Forms, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.

16. Mangala Ontigodi et al., Anti Diarrheal activity of Pogananria pinnata Root back extract, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.

17. Veeresha Dalali et al., synthesis and evaluation of 2-chloro-3-[3-(6-chloro-1 H-Benzimidazol-2-YL)-1H-Pyrazol-5-YL]Quinolines as potent Anti inflammatory agent, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.

18. Soumya Savalgi et al., Lipid Lowering effect of Ananas comosus juice and extracts in Hyperlipidemic Rats, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.

19. Rashmi Patil et al., Anti Microbial activity of marine algae sargassum ilicifolium, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.

20. Somanath Bote et al., Development & evaluation of fast dissolving tablets of fluconazole, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.

21. Sandeep Chandakavate et al., Validated area under curve Uv Spectrophotometric method for the determination of glimepiride in tablet formulations, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.

22. Anil Metri et al., synthesis and evaluation of 1-(1H Benzimidazole- 2yl)-3(2-chloroquinoline -3-yl)prop-2-EN-1- ONG1 as potent antibacterial agents, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.

24. Suresh Gunaki and Gaviraj EN Aldose Reductase Inhibitory Activity of Linum usitatissimum, 3rd Annual Convention of Association of Pharmaceutical Teachers of India [APTI]-Karnataka state Branch, 26-27 Oct. 2018 held at NET Pharmacy College, RAICHUR.


26. Dr S.Z Inamdar and Srilakshmi, Impact of pharmacist mediated medication reconciliation of surgery department in tertiary care hospital, National Conference on ‘Advances in Drug Discovery and Development’ on 26th & 27th October 2018 held at KLE College of Pharmacy, Belagavi, Karnataka

27. Dr S.Z Inamdar and Swapna Priya, Development and asessement of checklist tool for safe discharge practices in a tertiary care hospital, National Conference on ‘Advances in Drug Discovery and Development’ on 26th & 27th October 2018 held at KLE College of Pharmacy, Belagavi, Karnataka

28. Gaviraj EN, In Vitro Aldose Reductase Inhibitory Activity of Selected Plant Extracts, National Conference on ‘Advances in Drug Discovery and Development’ on 26th & 27th October 2018 held at KLE College of Pharmacy, Belagavi, Karnataka

29. Indira M and B Shivakumar Synthesis And Evaluation Of 3-[3-(1h-Benzimidazol-2-Yl)-1h-Pyrazol-5-Yl]-2-Chloroquinolines As Potent Cardio Protective Agents, National Conference on ‘Advances in Drug Discovery and Development’ on 26th & 27th October 2018 held at KLE College of Pharmacy, Belagavi, Karnataka


31. Keerthi Sai P and Biradar SM, Pharmacoeconomic and cost effective study of antibiotics in COPD (Chronic obstructive pulmonary disease) patients, National Conference on ‘Advances in Drug Discovery and Development’ on 26th & 27th October 2018 held at KLE College of Pharmacy, Belagavi, Karnataka


34. Mallinath P, Evaluation of drug use in HIV patients with different opportunistic infections in a tertiary care hospital, 70th IPC, 21-23, Dec. 2018, held at Amity University, Noida

35. Somashekar M Metri, Synthesis of some derived 1,5,4-oxadiazole ring systems from morpholine and P-chlorobenzonitrile: a novel class of potential antiinflammatory agents, 70th IPC, 21-23, Dec. 2018, held at Amity University, Noida


37. Prashanth N Jorapur, Formulation and evaluation of the controlled release microsphere using polymetacrylates (eudragits) IS release retarding polymers, 70th IPC, 21-23, Dec. 2018, held at Amity University, Noida

38. SM Biradar, Drug utilization study and clinical pharmacist interventions in asthma and chron-
ic obstructive pulmonary disease (COPD) patients of a tertiary care hospital, 70th IPC, 21-23, Dec. 2018, held at Amity University, Noida


40. Hunasagi B S, Anti Bacterial activity of roots and leaves of Jasminum sambac, 70th IPC, 21-23, Dec. 2018, held at Amity University, Noida

41. Marapur S C, Formulation and evaluation of Sustained release tablets of Mercaptopurine, 70th IPC, 21-23, Dec. 2018, held at Amity University, Noida


**VIEWPOINT**

**Role of Pharmacist In Reducing Health Care Cost**

Keerti.Sai

Global healthcare expenditure is escalating at an unsustainable rate. Money spent on medicines and managing medication-related problems continues to grow. The high prevalence of medication errors and inappropriate prescribing is a major issue within healthcare systems, and can often contribute to adverse drug events, many of which are preventable. As a result, there is a huge opportunity for pharmacists to have a significant impact on reducing healthcare costs, as they have the expertise to detect, resolve, and prevent medication errors and medication-related problems. The development of clinical pharmacy practice in recent decades has resulted in an increased number of pharmacists working in clinically advanced roles worldwide. Pharmacist-provided services and clinical interventions have been shown to reduce the risk of potential adverse drug events and improve patient outcomes, and the majority of published studies show that these pharmacist activities are cost-effective or have a good cost:benefit ratio. The role of the pharmacist has evolved substantially in recent decades. The traditional activities of the profession primarily focused on the dispensing and supply of medications, while interaction with other healthcare professionals was somewhat limited. Nowadays, pharmacists also ensure the rational and cost-effective use of medicines, promote healthy living, and improve clinical outcomes by actively engaging in direct patient care and collaborating with many healthcare disciplines. With this expanding scope of practice, pharmacists are being recognized as key components in providing individualized patient care as part of inter professional healthcare teams.

**Role of Hospital Pharmacist:**

Hospital pharmacists’ clinical activities often include medicines reconciliation at transition points of care, medication management reviews for inpatients, provision of medicines information to other healthcare professionals, selection of drug therapy, monitoring patients for an appropriate therapeutic response to medicines, identifying and reporting ADRs, patient counseling, as well as other duties to ensure the safe and effective use of medicines in this setting. Pharmacist interventions are a key component to a hospital pharmacist’s role in preventing medication-related problems (MRPs) and have been defined as “any action by a clinical pharmacist that directly results in a change in patient management or therapy”. Evidence from the literature is quite mixed with regard to the cost-effectiveness of pharmacists’ interventions and related measures, such as health outcomes and quality of life. However, many studies have proven that pharmacist interventions have a positive impact on hospital budgets, but it is difficult to elucidate which interventions were the most cost-effective. Cost-saving interventions often include discontinuing unnecessary medicines, switching to less expensive agents, or altering the route of administration. However, previous research has suggested that cost avoidance measures, such as preventing ADEs and further healthcare utilization, have the greatest cost:benefit ratio. Cost avoidance calculations in this setting are usually based on ADE probability in the absence of pharmacist intervention. ADEs can cause hospitalization or prolong LOS and may even result...
in serious harm or death. Reducing LOS is the key to cost savings. Therefore, by preventing ADEs and shortening LOS over a period of time, pharmacists can make substantial cost savings in healthcare budgets. In this way, hospital pharmacists act as risk managers by eliminating additional costs due to ADEs which would have been incurred in the absence of any intervention.

Medicines Reconciliation and Transitions of Care:
However, a recent systematic review revealed that undertaking medicines reconciliation alone at discharge is insufficient in reducing postdischarge clinical outcomes, and that the approach should be multifaceted, incorporating a clinical medication review during admission and patient counseling. Consequently, hospital pharmacists are being given the opportunity to take up more proactive roles in the management of patients’ care transitions, where there is an increased risk of medication error. A cost-effectiveness evaluation indicated that discharge counseling by pharmacists was cost saving in 48% of scenarios, but all scenarios were cost-effective at a low willingness-to-pay value. High-risk elderly patients appeared to benefit most from this service. It has been shown that pharmacists’ involvement at admission and discharge has resulted in reduced medication errors and ADEs, as well as a substantial decrease in the rate of all-cause ED visits and hospital readmissions. Although these outcomes should produce significant cost savings for healthcare providers, further studies must be conducted to quantify the exact economic benefits of these results as pharmacists continue to lead the way in delivering effective transitional care.

Inpatient Medication Review:
Hospital admission appears to be an opportune time at which a pharmacist can comprehensively review a patient’s pharmacotherapy; this is especially of value where the hospitalization may have been drug-related or in patients with complex medication regimens, such as the multimorbid elderly receiving polypharmacy. Medication reviews allow hospital pharmacists to identify any MRPs and formulate their recommendations to resolve these issues with their fellow healthcare professionals. MRPs can be very costly to healthcare providers, as they can result in hospitalization, as well as increased LOS and cost of stay.

Ambulatory Care Clinics:
Most of these clinics are located in primary care medical centers, where pharmacists perform patient assessments, provide collaborative drug therapy management, and can order medication therapy-related tests. The delegation of some medication management responsibilities, such as prescribing, to an ambulatory care pharmacist frees up time for GPs and reduces patient waiting lists, resulting in increased patient satisfaction scores. However, the integration of these clinics into primary care has encountered various barriers, such as the lack of reimbursement for pharmacy services. A common implementation model for these services includes a disease-specific chronic care management model, whereby a pharmacist will focus on the management of one chronic disease in particular (eg, chronic obstructive pulmonary disease, type 2 diabetes)

Informed Consent For Clinical Trails
Pavan, Suhail
To many, the term informed consent is mistakenly viewed as the same as getting a research participant’s signature on the consent form. FDA believes that obtaining a research participant’s verbal or written informed consent is only part of the process. Informed consent involves providing a potential participant with adequate information to allow for an informed decision about participation in the clinical investigation, facilitating the potential participant’s understanding of the information, an appropriate amount of time to ask questions and to discuss with family and friends the research protocol and whether they should participate, obtaining the potential participant’s voluntary agreement to participate, continuing to provide information as the clinical investigation progresses or as the subject or situation requires.

What is Informed Consent?
As new medical products are being developed, no one knows for sure how well they will work, or what risks they will find. Clinical trials are used to answer questions such as:
• Are new medical products safe enough to outweigh the risks related to the underlying condition?
• How should the product be used? (for example, the best dose, frequency, or any special precautions necessary to avoid problems),

• How effective is the medical product at relieving symptoms, treating or curing a condition.

The main purpose of clinical trials is to “study” new medical products in people. It is important for people who are considering participation in a clinical trial to understand their role, as a “subject of research” and not as a patient.

While research subjects may get personal treatment benefit from participating in a clinical trial, they must understand that they:

• May not benefit from the clinical trial,
• May be exposed to unknown risks,
• Are entering into a study that may be very different from the standard medical practices that they currently know

To make an informed decision about whether to participate or not in a clinical trial, people need to be informed about:

• What will be done to them,
• How the protocol (plan of research) works,
• What risks or discomforts they may experience,
• Participation being a voluntary decision on their part.

This information is provided to potential participants through the informed consent process. Informed consent means that the purpose of the research is explained to them, including what their role would be and how the trial will work.

A central part of the informed consent process is the informed consent document. The Food and Drug Administration (FDA) does not dictate the specific language required for the informed consent document, but does require certain basic elements of consent be included.

Before enrolling in a clinical trial, the following information must be given to each potential research subject:

• A statement explaining that the study involves research,
• An explanation of the purposes of the research.

• The expected length of time for participation.
• A description of all the procedures that will be completed during enrollment on the clinical trial.
• Information about all experimental procedures the will be completed during the clinical trial.
• A description of any predictable risks.
• Any possible discomforts (e.g., injections, frequency of blood test etc.) that could occur as a result of the research.
• Any possible benefits that may be expected from the research.
• Information about any alternative procedures or treatment (if any) that might benefit the research subject.
• A statement describing:
  o The confidentiality of information collected during the clinical trial,
  o How records that identify the subject will be kept
  o The possibility that the FDA may inspect the records.
• For research involving more than minimal risk information including
  • an explanation as to whether any compensation or medical treatments are available if injury occurs,
  • what they consist of, or
• Where more information may be found.
• questions about the research,
• research subjects’ rights,
• Injury related to the clinical trial.
• Research subject participation is voluntary,
• Research subjects have the right to refuse treatment and will not losing any benefits for which they are entitled,
• Research subjects may choose to stop participation in the clinical trial at any time without losing benefits for which they are entitled.
• Contact information will be provided for answers to:
  • A statement that:
When Appropriate, one or more of the following elements of information must also be provided in the informed consent document:
A statement that the research treatment or procedure may involve unexpected risks (to the subject, unborn baby, if the subject is or may become pregnant).

Any reasons why the research subject participation may be ended by the clinical trial investigator (e.g., failing to follow the requirements of the trial or changes in lab values that fall outside of the clinical trial limits).

Added costs to the research subject that may result from participating in the trial.

The consequence of leaving a trial before it is completed (e.g. if the research and procedures require a slow and organized end of participation).

A statement that important findings discovered during the clinical trial will be provided to the research subject.

The approximate number of research subjects that will be enrolled in the study.

A potential research subject must have an opportunity to:

- Read the consent document and ask questions about anything they do not understand.
  Usually, if one is considering participating in a clinical trial, he or she may take the consent document home to discuss with family, friend or advocate.

An investigator should only get consent from a potential research subject if:

- enough time was given to the research subject to consider whether or not to participate
- The investigator has not persuaded or influenced the potential research subject.

The information must be in language that is understandable to the research subject.

Informed consent may not include language that:

- the research subject is made to ignore or appear to ignore any of the research subject’s legal rights,
- Releases or appears to release the investigator, the sponsor, the institution, or its agents from their liability for negligence.

Participating in clinical trials is voluntary. You have the right not to participate, or to end your participation in the clinical trial at any time. Read the informed consent document carefully. Ask questions about any information you don’t understand or find confusing.

Are Generic Drugs Safe And Effective As Branded Drugs? 

Mahita.N

A generic must contain the same active ingredients as the original formulation. Often, generic drugs are identical or within an acceptable bio-equivalent range to the brand name counterpart with respect to pharmacokinetic and pharmacodynamic properties. By extension, therefore, generics are considered identical in dose, strength, route of administration, safety, efficacy, and intended use.

Generic drugs are often cheaper because the manufacturers have not had the expenses of developing and marketing a new drug. When a company brings a new drug onto the market, the firm has already spent substantial money on research, development, marketing and promotion of the drug.

Medicines also contain inactive ingredients, which are used to formulate the active ingredient into a tablet, liquid, cream or other preparation. These inactive ingredients are called excipients, and different manufacturers do not always use the same ones when formulating their product. This is why medicines containing the same active ingredient, but made by different manufacturers, may vary in appearance. The excipients used may create small differences between them, such as in colour, or the amount of time it takes for a tablet to dissolve in the gut and be absorbed into the bloodstream, but these differences are rarely significant, which is why generic and branded medicines are (with a few exceptions) interchangeable.

There are situations where it is clearly not an issue. Drugs such as testosterone have had injectable formulations which have been generic for years. However, there are currently topical formulations which are all labeled (Testosterone). Physicians have to titrate a dosage to produce the desired effects. The consequences of getting it wrong are less severe in Testosterone replacement therapy (TRT), making it easier to switch. There is also a significant body of prior injectables which provide a basis for the impact and expectations of how the drug should behave.

In addition to branded/generic, there are also com-
pounding pharmacies which take branded/generic drugs and reformulate them to suit better needs. There are obviously regulations and requirements for this; however it is a completely legal and safe practice. It is a practice in which the goal is to optimize a patient’s health vs optimizing the ROI on a script whether it’s for a insurer, doctor, pharmacy, or drug company. So, though generics have the same active ingredient(s) as the name brands it is the inactive ingredients that may affect quality. There are also issues of quality control which subconsciously most might equate with name brands rather than generics. That is to say that most people believe the name brands are ‘better’ or ‘safer’... However, there is absolutely no truth in these myths that generic drugs are manufactured in poorer-quality facilities or are inferior in quality to brand-name drugs. Many health regulatory bodies like the FDA and MHRA apply the same standards for all drug manufacturing facilities, and many companies manufacture both brand-name and generic drugs. In fact, the FDA estimates that 50% of generic drug production is by brand-name companies.

MED FLARE
PvPI Drug Safety Alerts

The preliminary analysis of ADRs from the PvPI database reveals that the following drugs are associated with the risks as given below.

<table>
<thead>
<tr>
<th>S. no</th>
<th>Suspected Drug</th>
<th>Indication</th>
<th>Adverse Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amikacin</td>
<td>Indication: Short term treatment of serious infections due to susceptible strains of Gramnegative bacteria, including Pseudomonas species, Escherichia coli, species of indolepositive and indolenegetic proteus, Providencia species, Klebsiella, Enterobacter, Serratia species and Acinetobacter species</td>
<td>Stevens-Johnson Syndrome</td>
</tr>
<tr>
<td>2</td>
<td>Allopurinol</td>
<td>Indication: Prophylaxis of gout; prophylaxis of hyperuricaemia associated with cancer chemotherapy</td>
<td>Uveitis</td>
</tr>
</tbody>
</table>

| 3 | Cefixime | Otitis media, respiratory tract infections, uncomplicated UTIs, effective against infections caused by Enterobacteriaceae, H.influenza species. | Anal Ulcer |
| 4 | Cabergoline | For the treatment of hyperprolactinemia and inhibition of lactation | Steven Johnson Syndrome |
| 5 | Cefop-erazone Sulbactam | For treatment of RTI, UTI (lower & upper), Septicemia, Meningitis, Skin & Soft tissue infection, Endometritis, Other infection of genital tract, Intra abdominal infection bone & joint infection | Acute Generalised Exanthematos Pustulosis (AGEP) |

**Drug Information**

**PRUCALOPRIDE**

**Drug Classes:** Autonomic, Gastrointestinal Agent

**Route** Oral

**Mechanism of Action**
Prucalopride is a selective agonist of serotonin type 4 (5-HT4) receptors resulting in gastrointestinal prokinetic stimulation that increases colonic motility as measured by the number of high-amplitude propagating contractions

**Adult Dosing**

**Oral route**
- Usual dosage: 2 mg orally once daily
- CrCl less than 30 mL/min: 1 mg orally once daily

**Dosage in Geriatric Patients**
- Adjust dosage based on renal function in geriatric patients; higher prucalopride exposure may occur due to decreased renal function in this population.
<table>
<thead>
<tr>
<th><strong>Dose Adjustments</strong></th>
<th><strong>Dosage in Renal Failure</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• CrCl 30 mL/min or greater: No adjustment necessary</td>
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<table>
<thead>
<tr>
<th><strong>Dosage Adjustment During Dialysis</strong></th>
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</thead>
<tbody>
<tr>
<td>• ESRD requiring dialysis: Avoid use</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Pharmacokinetics</strong></th>
<th><strong>Absorption</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Tmax, oral: 2 to 3 hours [1]</td>
</tr>
<tr>
<td></td>
<td>• Bioavailability, oral: Greater than 90% [1]</td>
</tr>
<tr>
<td></td>
<td>• Effects of food: No significant effect on bioavailability [1]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Distribution</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Protein binding, plasma proteins: 30% [1]</td>
</tr>
<tr>
<td>• Vd: 567 L [1]</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Metabolism</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Substrate of CYP3A4 (in vitro) [1]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Excretion</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Renal excretion: 60% to 65% unchanged [1]</td>
</tr>
<tr>
<td>• Fecal excretion: 5% unchanged [1]</td>
</tr>
<tr>
<td>• Total body clearance: 317 mL/min [1]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Elimination Half Life</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• 1 day [1]</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Adverse Effects</strong></th>
<th><strong>Common</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Gastrointestinal: Abdominal distension (5%), Abdominal pain (16%), Diarrhea (15%), Flatulence (3%), Nausea (14%), Vomiting (3%)</td>
</tr>
<tr>
<td></td>
<td>• Neurologic: Dizziness (4%), Headache (19%)</td>
</tr>
<tr>
<td></td>
<td>• Other: Fatigue (2%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Serious</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Psychiatric: Suicidal thoughts</td>
</tr>
<tr>
<td>• Reproductive: Suicidal thoughts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Pregnancy and Lactation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fetal risk cannot be ruled out. (TH)</td>
</tr>
<tr>
<td>• Micromedex: Infant risk cannot be ruled out.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Contraindications</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hypersensitivity to prucalopride [1]</td>
</tr>
<tr>
<td>• Intestinal perforation or obstruction due to structural or functional disorder of gut wall, obstructive ileus, or severe inflammatory conditions of intestinal tract (eg, Crohn disease, ulcerative colitis, toxic megacolon/megarectum)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Precautions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Psychiatric: Suicides, suicide attempts, and suicidal ideation have been reported; monitoring recommended and discontinue therapy immediately for any symptoms</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Patient Education Medication Counseling</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Prucalopride (By mouth)</td>
</tr>
<tr>
<td><strong>Prucalopride</strong></td>
</tr>
<tr>
<td><strong>Treats chronic idiopathic constipation.</strong></td>
</tr>
</tbody>
</table>

| **When This Medicine Should Not Be Used:** |
| This medicine is not right for everyone. Do not use it if you had an allergic reaction to prucalopride, or if you have stomach or bowel perforation, blockage, or swelling (including obstructive ileus, Crohn’s disease, ulcerative colitis, toxic megacolon or megarectum). |

| **How to Use This Medicine: Tablet** |
| • Your doctor will tell you how much medicine to use. |
| • Do not use more than directed. |
| • Read and follow the patient instructions that come with this medicine. |
| • Talk to your doctor or pharmacist if you have any questions. |
| • Missed dose: Take a dose as soon as you remember. If it is almost time for your next dose, wait until then and take a regular dose. Do not take extra medicine to make up for a missed dose. |
| • Store the medicine in a closed container at room temperature, away from heat, moisture, and direct light. |
| • Keep the medicine in its original container. |
| • Drugs and Foods to Avoid: |
| • Ask your doctor or pharmacist before using any other medicine, including over-the-counter medicines, vitamins, and herbal products. |

| **Warnings While Using This Medicine:** |
| • Tell your doctor if you are pregnant or breastfeeding, or if you have kidney disease, or a history of depression or mood problems. |
| • This medicine may cause worsen-

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<td><a href="http://www.micromedexsolutions.com">www.micromedexsolutions.com</a></td>
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Mr. Chetankumar SM Asst Prof, received Best Oral Presentation award for his work titled “Evaluation of Drug Information Services In A Tertiary Care Hospital, carried out under the guidance of Dr S Z Inamdar at 70th IPC, 21-23, Dec. 2018, held at Amity University, Noida.

Mr. S. M. Metri wrote book on MEDICINAL CHEMISTRY 1 for B Pharm 4th Sem students as per PCI syllabus published by Weser Books Publishers, Germany.


Dr. S. R. Karjagi, Shri B S Hunasagi and Dr. S. M. Biradar felicitated during BLDEA Foundation day celebration.

Reviewer/Editorial Member for Scientific Journals [Jan – Dec 2018]

<table>
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<th>SL. no</th>
<th>Name of the Faculty</th>
<th>Journal Name</th>
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<tr>
<td>1</td>
<td>Dr B Shivkumar</td>
<td>Oriental Journal of Chemistry</td>
<td>Reviewer</td>
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<tr>
<td>2</td>
<td>Dr R.B Kotnal</td>
<td>Journal of liquid chromatography and related technologies</td>
<td>Reviewer</td>
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Counseling is a methodological process including sessions in which patients are provided with information about the therapy and emotional support. I chose to write about this topic because it is being neglected most of all the time in our country. Patient counseling plays a vital role along with the drug therapy. It helps to improve the quality of the drug therapy by providing comfortability and emotional stability to the patient. But the saddening part is that it is not practiced properly or efficiently in our country. This led to misinformation and misuse of drugs across the country in many cases which we have already encountered in newspapers. As I started to read about these aspects, it sparked an interest in me to go beyond and find out the kinds of circumstances occurring which is leading to the negligence of patient counseling. I was keen to enquire about this topic so I managed to meet a physician who practices modern medicine. During the conversation, he put his honest opinions on why the counseling procedure is not prevalent in our country. His opinion was that it is a mandatory process in Western countries and it is very successful there because most of the patients are educated or interested in being educated about the therapy. They frequently ask questions relating to their therapy. But situations in our country are very contrasting to the Western lifestyle. Here, neither the patients are interested nor the doctors. The patients want to improve their conditions instantly whereas doctors are interested in just relieving the symptoms and neglect all other vital parameters. This may lead to the ineffective drug therapy and misusage of drugs. A therapy becomes successful only when the drugs prescribed are compatible with the conditions which are specific and variable from patient to patient and along with that patient’s comfortability and emotional stability also play a crucial role. It doesn’t mean that all the physicians are negligent about this. Many of them are practicing it but they don’t receive the supportive response from the patients. I had a chance to meet an Ayurvedic doctor and I asked him about the way of counseling in Ayurveda therapy. He said that the very first step taken before the initiation of the therapy is patient counseling. He said that the very first step taken before the initiation of the therapy is patient counseling. In Ayurveda, the primary goal is to find out the cause by correlating the symptoms, food diet and medical history. After digging the complete information, therapy is initiated. Throughout the therapy, the patients are educated customarily. This method of counseling is making Ayurveda therapy successful. In developed countries, the patients are mandatorily counselled and educated during the therapies with the aim of providing ideal care. This is where our Indian healthcare system is failing persistently. I decided to do proper counseling with the two patients
that I was following up during my ward rounds. I studied the cases and framed important questions relating to their particular conditions. I was successful to counsel the patients properly and duration of both the sessions was about 10 minutes. But surprisingly some of the important information given by the patients wasn’t mentioned in the case files i.e. one of them was taking OTC medication for prolonged time before admitting to the hospital and another one was not following the necessary diet. When I enquired about this, the patients said that the physicians never asked them about this. I would like to mention here another incident which happened with one of my relatives. She was consuming the double dose of a same drug with two different brand names at a time for bid. However I intervened to prevent her from the possible risk. These kinds of situations are building up the communication gap between the physicians and patients, leading to the inaccuracies in the therapies. For example, many of the patients aren’t really aware of the drugs they are consuming and what they are indicated for. They are not advised thoroughly about the food diet to be followed during the course of the therapy, so because of this some of the patients consume improper foods which affect the efficacy of drugs administered. Communication gap is a curse to any kind of therapy. In my opinion, these gaps can be prevented successfully by providing opportunities to clinical pharmacists who are trained specifically in drug therapy and patient counseling. If this point is considered and implemented, then the public health care sector will be effective and optimal. In India, most of the physicians don’t really believe in the efficiency of the role and responsibility of clinical pharmacists. But the clinical pharmacists can prove their role only when they are provided with opportunities. The clinical pharmacists will play a vital role in educating the patients about the therapy and the food diet simultaneously in providing emotional and moral support to the patients. I am really hopeful in this regard that it will be implemented one day by allowing the clinical pharmacists to take the responsibility of the cost-effective drug therapy and patient counselling. Because I do believe strongly that optimization of healthcare procedures should always be the first priority to build a better and healthier society.

INSTITUTE CHRONICLE

SWACHHA BHARATH ABHIYAN

“Purity of Intention Purify the Surroundings”

BLDEA’s SSM College of Pharmacy & Research Centre, Vijayapur celebrated Birth Anniversary of Rashtrapitha Mahatma Gandhi and Lal Bahadur Shastri on 2nd October, 2018. On this auspicious day the NSS unit of BLDES’ SSM COP & RC organized Swachha Bharath Abhiyan at BLDEA’S University Campus Vijayapur under the theme of “Purity of Intention Purify the Surroundings”. Welcomed the gathering Dr. N V Kalyane Principal BLDEA’s SSM College of pharmacy, Vijayapur spoke to gathered faculties and students on Swachhata Abhiyan. Shri S S. Biradar spoke about former prime minister Shri Lal Bahaddur Shastri. All faculty members and more than 35 students enthusiastically participated in Swachha Bharath Abhiyan. The program was coordinated by Shri. Prashant N Jorapur NSS program officer, and teaching and non-teaching faculty of the college.

VRUKSHATHON PROGRAM

Promotion and Sustainment of the Environment Biodiversity
BLDEA’s SSM college of Pharmacy Vijayapur celebrated the auspicious 54th Birthday of their beloved Shri, Dr M.B.Patil, Hon’ble President BLDE Association, Vijaypur and former Minister of Irrigation and Water resources, Govt. of Karnataka.

The occasion witnessed the adopting of 1000 trees planted under the popular Vrukshathon program for the promotion and sustainment of the environment biodiversity. The Principal, Staff and the students enthusiastically participated in the program and watered the plants near Bhutnal Lake. NSS program officer Prashant Jorapur NSS coordinator, along with Principal, N.V.Kalyane and Dr.R.B.Kotnal Dr. Mallinath and all other staff coordinated the event filled with sparkle and excitement.

**SHRI B. M PATIL JAYANTI CELEBRATION**

The NSS and CPETS Unit of B.L.D.E.A's S.S.M College of Pharmacy and Research Centre, Vijayapur in association with rotary club vijayapura north has organized “AIDS AWARENESS RALLY” on 01/12/2018 on account of ‘WORLD AIDS DAY’. Shri. Guggari Goudar Principal, Shri. B M Patil Medical College and & Research Center Vijayapur, has flagged off the rally. All the staff members and students of D. Pharm, B. Pharm, Pharm.D and M. Pharm have actively participated in the event. The program has been concluded at Lingayat Samuday Bhavan, Vijayapur. The programme was successfully coordinated by Mr. Prashant Jorapur NSS Program
Officer, Dr. S Z Inamdar CPETS Secretary, and all the staff of our college

BHARTIYA SANSKRITI UTSAV

B.L.D.E.A’s S.S.M College of Pharmacy and Research Centre, Vijayapur Participated in “Bhartiya Sanskriti Utsav” from 24/12/2018 to 31/12/2018. All the Teaching and Non-Teaching Faculty and students of D. Pharm, B. Pharm, Pharm.D and M. Pharm actively participated in the event and made the public aware of Importance of use and mis-use of Medications, also provided the basic knowledge on First Aid, Patient counselling along with patient information leaflet on infectious and non-infectious diseases in English and local language. The event was co ordinate by Dr H Shivkumar, Dr SZ Inamdar, Dr C CPatil and Dr Gaviraj EN and equally supported by all teaching and non teaching faculty.

EVENTS FORECAST

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<th>Sl. no</th>
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<tr>
<td>1</td>
<td>4th International Conference on Clinical Pharmacy (CPCON - 2019)</td>
<td>5-6th Jan 2019</td>
<td>Dr T M A Pai Halls, Kasturba Medical College, MAHE</td>
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<tr>
<td>2</td>
<td>3rd National conference on Innovative practises clinical training and patient safety</td>
<td>22nd-23rd Feb 2019</td>
<td>Srinivas college of pharmacy Manglore</td>
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<tr>
<td>3</td>
<td>KLE COP QIP</td>
<td>25th Feb to 09th March 2019</td>
<td>KLE College of Pharmacy Belagavi</td>
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<td>4</td>
<td>Quality improvement programme on Pharm-D Education: Training for the academic Practitioners.</td>
<td>1-14th March 2019</td>
<td>JSS College of Pharmacy Ooty</td>
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ARCHIVES VAULT

History of Pharmacy

Theophrastus –Father of Botany
Theophrastus (about 300 B.C.), among the greatest early Greek philosophers and natural scientists, is called the “father of botany.” His observations and writings dealing with the medical qualities and peculiarities of herbs are unusually accurate, even in the light of present knowledge. He lectured to groups of students who walked about with him, learning of nature by observing her treasurers at firsthand. In his hands he holds a branch of belladonna. Behind him are pomegranate blooms, senna, and manuscript scrolls. Slabs of ivory, coated with colored beeswax, served the students as “slates.” Writing was cut into the surface with a stylus. [Ref: “Great Moments in Pharmacy” by George A Bender Paintings By Robert A. Thom. Copyright ©Parke, Davis & Company 1965, Library of Congress Catalog Number: 65-26825]

STUDENT DIARY

Haemovigilance Programme to Improve Patient Safety
G. Sri Lakshmi

The word “Haemovigilance” is derived from the Greek word “haema” which means blood and the Latin word “vigilans” which means watchful. Haemovigilance as defined by Faber is “a set of surveillance procedures covering the whole transfusion chain (from the donation of blood and its components to the follow-up of recipients of transfusion), intended to collect and assess information on unexpected or undesirable effects resulting from the therapeutic use of labile blood products and to prevent the occurrence or recurrence of such incidents.”
The need for safe blood transfusion was felt as early as 1980’s and 1990’s when many hemophilia patients in the UK, France, Canada, Japan, and USA contracted HCV and HIV from blood transfusions and factor concentrates. This heartbreaking example in history emphasized the need for haemovigilance. The work on haemovigilance was first initiated in France in 1991, with the setup of monitoring systems by Blood Transfusion Committees followed by the inception of Centre National d’Hemovigilance in 1992.

Haemovigilance Program of India was launched at the national level on December 10, 2012, as a fundamental component of the Pharmacovigilance Program of India (PvPI). The major aim of the program is to track adverse reactions/events and incidents associated with biological, blood transfusions and blood product administration (Haemovigilance) as well as tissue organ and cell therapy transplantation. The program is also aimed to identify trends, recommend best practices and interventions required to improve patient care and safety, while reducing the overall cost of the healthcare systems. The haemovigilance program is functional through a core group and advisory committees, which coordinate the activities of haemovigilance between medical colleges and the National Coordinating Centre and also provide an expert opinion for analysis of the information generated. The advisory committee also provides insights helpful in linking Haemovigilance Program of India with the Integrated Healthcare Network.

Haemovigilance has evolved from pharmacovigilance, which aims to collect and assess information related to medicinal products, most importantly adverse drug reactions in human beings. Pharmacovigilance in transfusion medicine deals with plasma derivatives: Clotting factor concentrates immunoglobulins, albumin, and other fractionated products. Haemovigilance, as the name suggests, is responsible for blood components: Whole blood, erythrocytes concentrates, thrombocytes concentrates, and fresh frozen plasma.

The haemovigilance system should involve all relevant stakeholders and should be coordinated between the blood transfusion service, hospital clinical staff and transfusion laboratories, hospital transfusion committees, the national regulatory agency and national health authorities. The Transfusion Reaction Reporting Form (TRRF) and the software (Hemovigil) for reporting were also designed under the guidance of the advisory committee. Hemovigil software was uplinked on National Institute of Biologicals (NIB) website on January 24, 2013, and can be accessed from http://nib.gov.in/haephp/haemovigilance_login.php. The TRRF can be downloaded from these websites: www.nib.gov.in, www.ipc.gov.in and www.cdsco.nic.in.

Any healthcare professional (Doctors, Dentists, Nurses and Pharmacists) can report and can return the completed form to the nearest Medical College under Haemovigilance Program or to National Coordinating Centre-Haemovigilance. After which the causality assessment is carried out at Medical Colleges under Haemovigilance Program.

The patient’s identity is held in strict confidence and protected to the fullest extent. Program staff is not expected to and will not disclose the reporter’s identity in response to a request from the public. Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction. Finally as Healthcare Professionals we should encourage the reporting of such events related to blood and blood products by active voluntary reporting and in the dissemination of the information regarding the events that has occurred in the past as it is a part and parcel of patient safety.
WISDOM PEARLS

The opinion which other people have of you is their problem, not yours.
Elisabeth Kübler-Ross

PHOTO FEATURES

GANDHI JAYANTI

SHRI B.M.PATIL JAYANTI
AIDS AWARENESS RALLY

NATIONAL PHARMACY WEEK 2018

NPW Inauguration & Welcome address by Dr S Z Inamdar
Vote of Thanks proposed by Dr Mallinath P at the NPW concluding session

Dr Sunanda and Dr K Pradeepthi as evaluators for Thematic Rangoli competition

Shri S S Biradr and Shri Sripad Potadar moderator at NPW Debate competition

Dr C C Patil, Shri Sripad Potadar and Shri Chetan Patil as Evaluators for Poster Presentation during NPW events

CPETS and Organising committee members for NPW 2018

Pharmacist Oath administration

Global Pharma Summit-2018, Bangkok
Mr. Prashant Jorapur, presenting a paper at IPC 2018

Dr. Mallinath Receiving the certificate at IPC 2018, Delhi

BHARTIYA SANSKRIT UTSAV
Shri R G Patil, President APTI, inaugurating KAAPTICON at Raichur

APTI dignitaries felicitating “Young Teacher Award” at KAAPTICON, Raichur
To Provide Quality Pharmaceutical Education, Practice and Research with Global Standards and to meet health care needs of Backward Region of North Karnataka

Mission
Empowering Graduates in application based Knowledge with high degree of Professional Integrity and Ethics

The Bijapur Liberal District Education Association

The Bijapur Liberal District Education Association (BLDEA) was founded in the year 1910 with the objective of imparting quality education. BLDEA currently owns 7% educational institutions and thereby making a significant contribution to India's development. Since inception, the association has been working with a deep sense of commitment to bring about multidisciplinary development in a wider sector of population through an extensive network of educational institutions. BLDEA College of Pharmacy established in the year 1982 to cater to the needs of pharmacy education, known for quality education.

BLDEA’s SSM College of Pharmacy and Research Center

Vision
To provide quality Pharmaceutical Education, Practice & Research with high degree of Professional Integrity and Ethics.

Courses offered
1. Diploma in Pharmacy (D. Pharm)
   - Course duration: 2 years
   - Eligibility: Pass in 12th or any equivalent examination with minimum 40% marks in any combination of PCM or PCB.

2. Bachelor of Pharmacy (B. Pharm)
   - Course duration: 4 years
   - Eligibility: Pass in 12th or any equivalent examination with minimum 45% marks in any combination of PCM/PCB/PCMB.

3. Master of Pharmacy (M. Pharm)
   - Course duration: 2 years
   - Eligibility: Pass in B. Pharm or equivalent examination.

Placement Cell
All efforts are made to place our students in reputed companies for the best opportunities. Over the last 5 years, our students have been placed in several reputed multinational and Indian companies such as Wockhardt, Astra, Pfizer, Torrent, ETC, Cipla, Himlaya, etc. Several of our students are employed in corporate hospitals too.

Salary Potential
Approximate earnings per month of the newly employed Pharmacy graduates:

- Along with mandatory Provident Fund, gratuity, medical reimbursement, and other allowances and benefits as per government rules, average salary of a Pharmacist reaches Rs. 20,000.

- Research scholars: Rs. 50,000 - 60,000

- Medical representatives: Rs. 20,000 - 25,000 + incentives

Manufacturing Pharmacists: Rs. 25,000 +

Hospital Pharmacists: Rs. 25,000 - 30,000

Government post: Rs. 25,000 + incentives

Academics: Rs. 40,000 +

BLDEA’s SSM College of Pharmacy and Research Center

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