

August/
September 2011

Fall Issue

Gulf Coast Society of Health -System Pharmacists



Has your contact
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Please send all changes to

gcsHP.membership@gmail.com

President's Report Monica Green, PharmD, BCPS

As promised, we can now communicate with you via Facebook and Twitter. We will provide information regarding live continuing education programs, webinars, and other upcoming pharmacy related events.

We are also very excited about bringing back our Annual Seminar February 2012. Our goal is to include topics that will affect your practice such as healthcare reform, PPMI, drug shortages and law updates. We hope to see you there.

As you know, students are very important part of our organization. In an effort to continue supporting our students, we have honored their request of highlighting a GCSHP member and their practice area to be included in this issue of the Newsletter. This new addition will provide our future pharmacists with details of pharmacy areas of interest.

As a member of TSHP, you have the opportunity to nominate individuals and institutions for their outstanding practices and services. On the TSHP website (www.tshp.org), under the 'About Us' tab, click TSHP Awards & Honors and submit the names of deserving people and programs by December 31, 2011. The awards will be announced at the 2012 TSHP Annual Seminar.

The 46th ASHP Midyear Clinical Meeting and Exhibition has returned to New Orleans December 4-8, 2011. You don't want to miss it. Hotels are going fast and advance registration ends October 19th. Hope to see you there.

And lastly, don't forget to "friend" us on Facebook and "follow" us on Twitter!

Monica Green



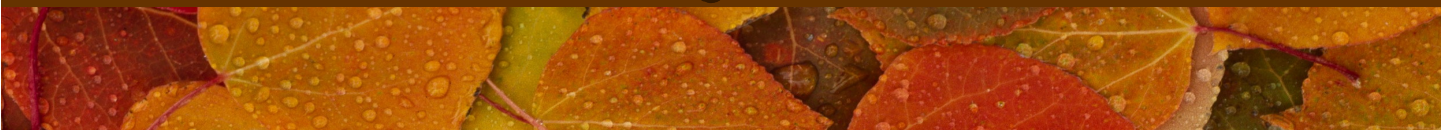
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Save the Date!!

The Gulf Coast Society of Health-System Pharmacists 42nd Annual Seminar will be held Saturday, February 4, 2012. Keep posted for more details!

February 4, 2012



August 2011

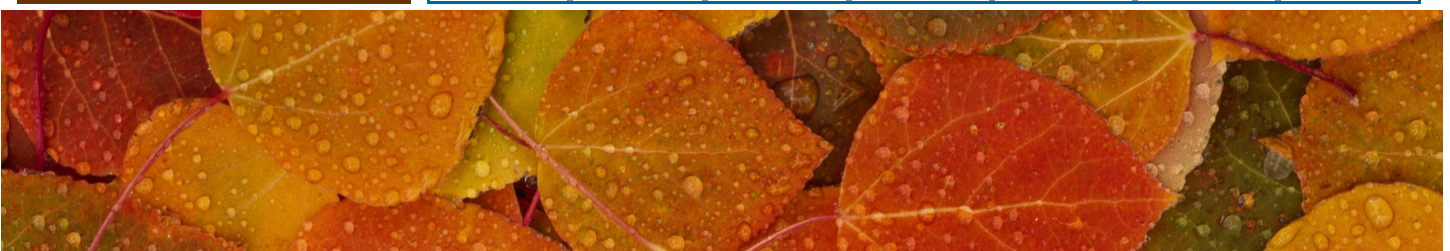
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Schedule of Events

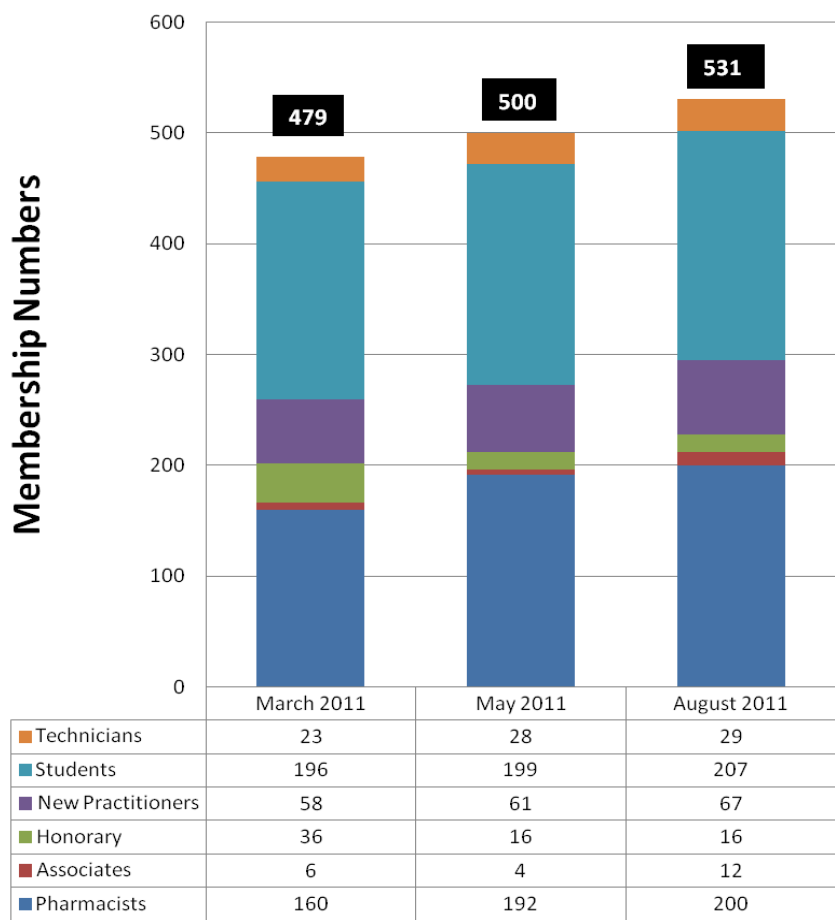
- September 5, 2011
Labor Day
- September 22, 2011
UH-SSHP FUNdraising Event
- September 23-24, 2011
TAMHSC—Annual Gulf Coast
Pharmacy Symposium
- September 29, 2011
UT Residency Showcase
- November 4, 2011
UH Residency Showcase
- December 5-9, 2011
ASHP Midyear Clinical Meeting
- February 4, 2012
GCSHP Annual Seminar

September 2011

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
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2011 GCSHP Membership



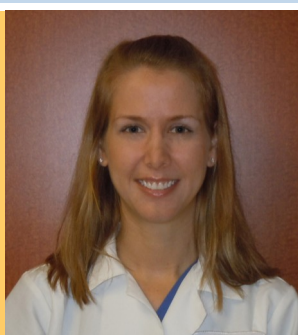
Membership Update

Linda Haines, PharmD, MS – GCSHP Membership Secretary

Great News! GCSHP membership has reached a total of 531 members as of August 2011.

Please help contribute to our growth by spreading the word about GCSHP to your friends and colleagues. Non-members can easily become members via the TSHP/GCSHP application process found on TSHP’s website (<http://www.tshp.org>).

Any additional questions regarding membership can be sent to GCSHP.membership@gmail.com.



A Day in the Life: Emergency Center

Name/Credentials: Katy Hanzelka Toale

Title: Clinical Pharmacist

Institution/Work location: M.D. Anderson Cancer Center

Area of Focus: Emergency Center

Biography/Path to Career in Pharmacy

I first became interested in pharmacy my junior year of college after receiving advise from a career counselor. He suggested that I look into compounding pharmacy based on the interests I had. I visited a local compounding pharmacy and thought that it was unique and definitely something I could see myself doing in the future. During my fourth year of college I worked part time at a compounding pharmacy prior to applying to pharmacy school. While at pharmacy school at the University of Texas, I became involved in several student organizations. During my fourth year of pharmacy school I started to become interested in clinical pharmacy while on rotations in Houston. I had very little previous experience in the hospital, but I found this area of pharmacy to be challenging and rewarding at the same time. I made a last minute decision to attend the ASHP Midyear Meeting to research residency programs. I applied to several programs across the nation because I knew that this was the one time in my life I could experience a practice in a different part of the country. I was accepted and completed a PGY1 pharmacy practice residency at

Continued on page 9

STUDENT SECTION

Texas Southern University SSHP Kinyatta Witherspoon, President

TSU-SSHP would like to welcome everyone to the new school year. Our chapter had a great year last school year and we are definitely looking forward to having more success this year. We are very excited about the events we have planned this semester. We just recently attended the P1 Orientation and we have garnered great interest from many current and potential members. We are definitely looking forward to having our first general meeting next week, and growing as a student organization with our upcoming membership drives.

We are currently making plans to have guest speakers at our general meetings. One of our key events will be a CV Writing Workshop with Dr. Todd Canada next month. Additionally, our Clinical Skills Competition is set for late October, as well as our Antibiotic Awareness Project. We are also very excited and happy to announce the addition of our newest faculty member, Dr. Joshua Swan, who is already proving to be a very valuable resource to our chapter. TSU-SSHP would like to wish all pharmacy students around Texas a successful semester.

President: Kinyatta Weatherspoon
 President Elect: Osita Okafor
 Vice President: Helen Muoneke
 Secretary: Quyen Ho
 Treasurer: Anh Vu
 Historian: Ndidi Uwadia
 Community Service Chair: Precious Anyanwu
 Fundraiser Chair: Quinn Branch
 Social Chair: Lina Anaele-Nnubia
 Webmaster: Muhammad Qudoos



From Left: Quinn Branch (Fundraising Chair), Lina Anaele-Nnubia (Social Chair), Helen Muoneke (Vice President), me, Osita Okafor (President-Elect), Ndidi Uwadia (Historian), Precious Anyanwu (Community Service Chair). Front Row: Quyen Ho (Secretary) and Anh Vu (Treasurer) and member Audra Anderson. Not pictured is our Webmaster Muhammed Qudoos

University of Houston SSHP Amy Lehnert, President-Elect

As a UH Student just finishing up my first year of pharmacy school last May, I had grand plans to enjoy my summer vacation, but I must admit, none of them involved attending the ASHP 2011 Summer Meeting in Denver. I had only been elected President-Elect of our SSHP Chapter two full days before our faculty sponsor, Dr. Jessica Cottreau, asked me if I'd like to attend on behalf of our chapter. After the initial shock wore off, and the excitement set in, my summer plans changed dramatically – and for the better! I was going to Denver!

As the spring semester came to a close, I began learning the various duties involved in my new officer role with UH SSHP, and I very quickly realized how extremely fortunate TSU and UH are to have such a strong support system in the Gulf



Welcome to Denver! Amy enters the Expo at ASHP's 2011 Summer Meeting.

(Lehnert—continued from page 4)

Coast Society of Health-System Pharmacists – both financially and professionally. After meeting Dr. Green and the rest of the GCSHP Officer Board last May, I was all the more encouraged and excited to attend the Summer Meeting.

Once I arrived in Denver, I mapped out my agenda: student programming, socials, expos, the whole nine yards. I attended everything I possibly could – and met some wonderful pharmacists and fellow students along the way. I quickly met the President of the University of Colorado SSHP Chapter, who very graciously introduced me to many of the key speakers and coordinators of the Summer Meeting – since due to proximity, many were UC-Denver Faculty. Many of these people knew some of my professors at UH, which certainly solidified the expression, “Pharmacy is a small world!” in my mind!

There were also several student highlights for this year’s meeting, including the President’s Reception, Student Planning for the new Health-System PPMI, and a Meet and Greet with Pharmacy Leaders. I was amazed at how helpful and humble so many of the key leaders of my future profession were – it was such an honor to have met so many of them.

I left Denver with a newfound excitement for the future of our UH SSHP organization, as well as for my future profession. Being exposed to so many key resources, meeting fellow emerging student leaders, and sharing thoughts and ideas for student success were all invaluable experiences that, because of the generous sponsorship of GCSHP, I will carry with me throughout my years as a student, as well as a Pharm.D.

On behalf of the University of Houston and Texas Southern University Colleges of Pharmacy, as well as myself, I wish to extend a big thank you for all the support the GCSHP Officer Board and its Members extend to the students.



It’s never too early to start using Lexicomp! Amy networks at the ASHP Summer Meeting.

Your sincere commitment to our success is inspiring and very much appreciated!

- Amy

Leaders Wanted

GCSHP is looking for leaders for the following posts. If you are interested, contact Monica Green.

New Practitioner Liaison

Duties and benefits of the position include:

- Being the voice for New Practitioners in both GCSHP and TSHP decisions
- Streamlining communication between GCSHP and TSHP
- Coordinating State and Local efforts
- Encouraging New Practitioners Participation
- Providing direct communications to New Practitioners
- Being involved in conference and event planning
- Bridging the gap for New Practitioner transitions
- Partaking in Career and Educational Development
- Gaining great leadership experience
- Networking potential with leaders of GCSHP and TSHP

Legal and Public Affairs Council Chair

This Council shall:

- Identify community resources available to the Society
- Coordinate requests from the community for guest speakers and information pertaining to pharmacy
- Coordinate the release of any public relations material to the news media and to the public regarding the Society or the profession of pharmacy
- Coordinate all official awards made by the Society

Organizational and Professional Affairs Council Chair

This Council shall:

- Review the organizational structure of the Society
- Analyze its effectiveness, and making recommendations for improvements
- Draft proposed amendments to the Constitution and Bylaws

Advertise with TSHP!!

The TSHP job board is custom tailored for the Health System Pharmacists industry. Visit TSHP online and post your Health System Pharmacists jobs today!

www.tsHP.org

RESIDENT SECTION

Intrathecal Analgesia

By **Carla Jardin, PharmD**
PGY2 Cardiology Resident
 St. Luke's Episcopal Hospital

Intrathecal (intraspinal) analgesia is the delivery of pain medications directly into the spinal column. It is reserved for patients with severe chronic pain who have failed all other routes and methods of analgesia. Most clinical trials evaluating intrathecal (IT) analgesia are studied in cancer patients. Not many studies have been performed in patients with nonmalignant pain. Prior to initiating IT analgesia, it is important to screen patients for signs of substance abuse or addiction, aberrant behavior, and psychological conditions. IT analgesia can be dangerous if doses are not administered appropriately or discontinued abruptly. All IT therapy is administered via an intrathecal pump device due to the very small doses of medications administered via this route. Opioids, local anesthetics, calcium channel blockers, alpha-2 agonists, N-methyl-D-aspartate (NMDA) receptor antagonists, and gamma-aminobutyric acid (GABA) agonists have been studied for IT analgesia.

Hydrophilic opioids are easily transported to neural receptors

when injected intrathecally and are preferred. Table 1 displays the hydrophilicity as well as the recommended conversions for IT dosing of opioid agents. Morphine, a highly water-soluble opioid, is considered the first line opioid for IT analgesia; however, it is also associated with higher rates of pruritis, vomiting, and respiratory depression than other opiates. When compared to oral and parenteral administration, the incidence of side effects with IT dosing is significantly reduced. The most common side effects associated with IT opioids are constipation, urinary retention, nausea, vomiting, and decreased libido. Opioids have been shown effective in treating malignant and nociceptive pain, but may not be as efficacious in treating neuropathic pain.

Although IT administration of opioids is more effective in providing pain relief than oral or parenteral administration, often, patients with severe chronic pain will require additional agents for pain relief due to limitations with adverse effects. As a result, local anesthetics have been combined with opioids to provide more effective pain relief. Several studies have assessed the combination of IT bupivacaine and morphine and shown that the addi-

tion of bupivacaine in patients with malignant or nonmalignant pain who have failed IT morphine monotherapy provides adequate pain relief in most subjects. Addition of local anesthetics enhances analgesic effects at a reduced opioid doses with fewer side effects. The recommended dose of bupivacaine is between 3 – 50 mg/day, but can be tolerated up to doses > 100 mg/day as reported in some case reports. The side effects most commonly associated with IT bupivacaine include numbness, paresthesias, weakness, and bowel or bladder dysfunction.

Alpha-2 agonists have also been shown to provide analgesic effects by binding to receptors on primary afferent neurons thereby diminishing the release of neurotransmitters which signal pain. Clonidine, the only FDA-approved IT alpha-2 agonist, has been shown in multiple studies to have synergistic analgesic properties with local anesthetics or opioids in patients with malignant or nonmalignant pain. However, conflicting studies show no additional benefit with clonidine. The side effects noted with IT clonidine use include sedation, hypotension, nausea, and dry mouth. The addition of IT bupivacaine or IT clonidine to opioid analgesia is con-

Table 1. Conversion Ratios of Opioid Agonists¹

| Opioid | Oral | Parenteral | Epidural | Intrathecal | Hydrophilicity |
|---------------|------|------------|----------|-------------|----------------|
| morphine | 300 | 200 | 10 | 1 | High |
| hydromorphone | 60 | 20 | 2 | 0.2 | Intermediate |
| meperidine | 3000 | 1000 | 100 | 10 | Low |
| fentanyl | – | 1 | 0.1 | 0.01 | Low |
| sufentanil | – | 0.1 | 0.01 | 0.001 | Low |

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sidered second line therapy whereas the combination of IT opioid, local anesthetic, and clonidine is recommended as third line therapy.

In patients with nociceptive pain or those who have failed conventional IT analgesia, “N-type” and “L-type” calcium channel blockers have been shown to alleviate pain. The only FDA-approved IT calcium channel blocker is ziconotide, an “N-type” calcium channel blocker. Ziconotide can be given as monotherapy, however it is commonly used in combination with opioid and other nonopioid analgesics. Side effects commonly associated with ziconotide are confusion, somnolence, and urinary retention. Due to its high cost and high incidence of side effects (up to 30%), ziconotide is considered a fourth line agent for chronic pain management.

Additional agents, such as the GABA agonists midazolam and baclofen, can also be considered as fourth line treatment of chronic pain. GABA receptors, when activated, decrease neuron excitability and response to neurotransmitters signaling pain is diminished. IT midazolam has been shown in several case reports to provide additional pain relief in addition to IT opioids

and clonidine. Side effects most commonly associated with IT midazolam include sedation and motor weakness at high doses. The golden standard for treatment of spasticity is baclofen. In studies assessing baclofen’s ability to decrease muscle spasms, analgesic effects were noted and baclofen was further studied and found to be effective in providing pain relief in patients with neuropathic pain, amputation, and plexopathy. The most common side effects associated with IT baclofen are drowsiness, cognitive impairment, weakness, gastrointestinal upset and sexual dysfunction.

If all other IT analgesia treatment options have failed, the addition of IT ketamine, an NMDA receptor antagonist, can be used in terminal patients. Ketamine use is reserved for the terminally ill due to the high risk of neurotoxicity. NMDA receptors are upregulated after tissue injury and lower the threshold for painful stimulation. Ketamine blocks NMDA receptors from binding neurotransmitters relaying pain signaling to the brain. The best evidence supports use in cancer patients with nociceptive and neuropathic pain in combination with IT morphine, clonidine, and lidocaine or bupivacaine.

In patients with chronic pain there are many options for IT treatment of pain. Table 2 contains the dosing range commonly used for each of the analgesic agents men-

tioned in this article. It is important as a pharmacist to know the appropriate dosing range for IT administration of these various agents and ensure that parenteral doses are not administered intrathecally. As pharmacists, we can also help provide recommendations for combination therapy and stepwise approaches to escalate pain management with the appropriate addition and combination of nonopioid analgesics to previously failed opioid therapy. The ideal goal for IT analgesia therapy is to provide adequate pain relief while minimizing side effects that limit quality of life.

References:

Cohen SP and Dragovich A. Intrathecal Analgesia. *Anesthesiology Clin* 2007;25:863-882.

Bennett G, Burchiel K, Buchser E, et al. Clinical Guidelines for Intraspinal Infusion: Report of an Expert Panel. *J Pain Symptom Manage* 2000;20(2):S37-S43.

Table 2. Dosing for IT Analgesics¹

| Drug | Typical Dose Range |
|---------------|-----------------------------------|
| morphine | 1-20 mg/day |
| hydromorphone | 0.5-10 mg/day |
| fentanyl | 0.02-0.3 mg/day 20-300 mcg/day |
| bupivacaine | 4-30 mg/day |
| clonidine | 0.03-1 mg/day |
| midazolam | 0.2-6 mg/day |
| baclofen | 0.05-0.8 mg/day |
| ketamine | 1-50 mg/day |



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A Day in the Life: Nutrition Support



Name/Credentials: Todd W. Canada, PharmD, BCNSP, FASHP

Titles: Clinical Pharmacy Services Manager; Nutrition Support Team Coordinator; Galveston-Houston Regional Internship Institutional Coordinator for the University of Texas at Austin College of Pharmacy

Institution/Work location: University of Texas MD Anderson Cancer Center

Area of Focus:

Direct patient care in Nutrition Support; Student and Resident training/Pharmacy Staff Development in Nutrition Support/Critical Care; Safe practices for parenteral nutrition; Pharmacy mentoring and leadership

Biography/Path to Career in Pharmacy:

Todd received his B.S. in Pharmacy from the University of Oklahoma Health Sciences Center in 1988, after which he moved to the Dallas-Ft Worth area to begin work as a staff pharmacist for Parkland Health and Hospital System. After 3 years at Parkland, he returned to school to get his post-baccalaureate Pharm.D. from the University of Texas Health Science Center at San Antonio in 1991 through 1993 where he also worked at the University Hospital in San Antonio. He completed a specialized residency in Critical Care / Nutrition Support at the University of Tennessee-Memphis in 1994 and has been board certified in nutrition support since 1996. He returned to Parkland Health and Hospital System after his residency and worked as a clinical pharmacy specialist in critical care and nutrition support from 1994 - 1999 when he relocated to Houston, Texas to begin work at the University of Texas MD Anderson Cancer Center as a nutrition support clinical pharmacy specialist. His career at MD Anderson has included becoming a PGY2 Critical Care/Nutrition Support Residency director (2002-2010) training 10 residents before passing this on to Jeff Bruno, PharmD, BCPS, BCNSP; becoming the Regional Internship Director for the Galveston-Houston area for the University of Texas at Austin College of Pharmacy (2003-2010) training 130 4th year PharmD students before passing this on to Sharla Tajchman, PharmD, BCPS, BCNSP; becoming a Clinical Pharmacy Services Manager supervising up to 15 employees annually.

Todd has also served on the Board of Pharmaceutical Specialties – Nutrition Support Specialty Council, the Texas Society of Health-System Pharmacists Board of Directors, and the American Society for Parenteral and Enteral Nutrition Board of Directors. He has held elected offices for several pharmacy- and nutrition-related societies including being Past-Presidents of the Gulf Coast Society of Health-System Pharmacists and Texas Society of Health-System Pharmacists. Todd originally wanted to go to medical school and pursued pharmacy school as a BS degree after consideration of the competition of getting into medical school in the 1980s.

Challenges:

The biggest challenge, by far, according to Todd in any career is work-life balance. Todd can honestly say he does not regret any of his choices about the many professional opportunities in pharmacy he has been presented, plus he says many are way more fun than they often sound at first. He has

Save the Date!!

The Gulf Coast Society of Health-System Pharmacists 42nd Annual Seminar will be held Saturday, February 4, 2012. Keep posted for more details!

February 4, 2012

(Hanzelka Toale—continued from page 3)

Wake Forest University Baptist Medical Center in Winston-Salem, North Carolina. The research project I completed during my year at Wake Forest was eventually published in Hospital Pharmacy. After residency I was very fortunate to get a job offer at MD Anderson and I have worked here for the past four years. Being involved in organizations helped me to network and develop leadership skills that lead me to where I am today. If you asked me 5 years ago, what would I be doing today, I don't think I could have imagined where my path has lead me.

Challenges

Being a clinical pharmacist is challenging in the fact that you are constantly required to keep up with current information. The emergency center is unique because you have to make on the spot decisions that could affect the outcomes of your patients. It is often overwhelming and fast-paced. However, I can truly say that I feel that I have an impact on patient care. The team I work with is extremely appreciative of the work I do and the contribution I make. The days almost always go by very quickly, which is nice.

Advice (to students, residents)

My advice to students is to not rule out clinical pharmacy because you are concerned about doing a residency. Doing a residency was one of the best decisions I have ever made. The year went by very quickly and even though it was challenging, it was definitely worth it. I have many colleagues who have gone on to different areas of pharmacy after completing residencies. The knowledge and experience you gain will help you regardless of which area of pharmacy you decide to pursue.

My advice to residents is to keep an open mind and stay involved in local, state, and national organizations. I never thought I would end up working in emergency medicine nor had I had experience in emergency medicine prior to taking my position here at MD Anderson. It took some time to get familiar with the patient population here, but now I feel very comfortable making recommendations.

(Canada—continued from page 8)

seen most of the United States as a national speaker and active member of several professional organizations, as well as met many of his closest friends, colleagues and trainees over the last 23 years, as well as shared with his children. He wishes he had attended the Landmark Education Forum before 2000 where he gained the greatest insight into his own struggles both professionally and personally. According to Todd, he is the possibility of inspirational leadership and admits time is the only limiting factor to spread it around to everyone he comes into contact with daily.

Advice (to students, residents)

1. Get a hobby (Todd's is digital photography - check out his website <http://tcanada.zenfolio.com/>) and exercise frequently - it will keep your mind clear of the clutter of the day-to-day dilemmas you face.
2. Pursue what you love doing and your job will never seem to be one - try not complaining or gossiping for 24 hours and see how efficient you become.
3. Read "The Four Agreements" and remember them daily (or attend the Landmark Education Forum in Houston) to help you know you can make a difference for everyone in your life and around you.
4. Volunteer when you are asked or feel uncomfortable being asked (that's a true sign you need to volunteer). By the way, Todd said he did not want to do this so he did it anyway since he felt uncomfortable doing it.
5. Ask questions since you will always be "forgiven" for asking the "dumb question" as no one in medicine or pharmacy has all the answers. If they say they do have all the answers, ask them what isle at Barnes and Noble is that book located so you can buy it.



We want to hear from you!

If you have an article submission, contribution, or if you'd like to contribute to the Day in the Life Section, please submit your information to Ogechi Eshleman, Editor at Ogechi_Eshleman@hchd.tmc.edu



GCSHP Newsletter is published quarterly.

Submit contributions to:

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