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virtual educational evening



FREE
LIVE
WEBINAR

Cognitive Health Through the Ages: Research Insights & Clinical Conversations

DATE: Wednesday 6th April 2022 **TIME:** 6 – 7:15 pm AEDT

- Explore cognitive changes throughout the lifespan
- Research insights into treatments for cognitive decline
- Clinical discussion examining the role of PUFAs for neurodiversity
- Interactive live Q&A session with guest presenters



Research Insights: Risk factors for cognitive decline and the potential for interventions

Deep dive into the evidence for preventing cognitive impairment and dementia, including the role of lifestyle and interventions such as CDRI 08, *Bacopa monnieri*. Presented by Matthew Pase, Associate Professor of Neurology at Monash University, & Associate Professor of Epidemiology at Harvard University. Dr Pase's core initiatives include elucidating risk factors for the development of dementia and identifying strategies to reduce this growing health crisis.



Clinical conversations: Practical applications for PUFAs in neurodiversity

An exploration of the role of polyunsaturated fatty acids in the treatment of neurodiverse children. Presented by Gerald Quigley, Integrated Pharmacist, and Master Herbalist, Gerald will share his unique expertise and experience on the integration of PUFAs in complex patient management.

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[Flordis.com.au/cognitive-webinar](https://flordis.com.au/cognitive-webinar)

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Pharmacies facing rising flood threat

DOZENS of pharmacies in South East Queensland and Northern NSW are facing significant disruption due to the ongoing flooding crisis.

Pharmacy Guild of Australia Queensland Branch Director, Gerard Benedet, told *Pharmacy Daily* that a number of stores were inundated over the weekend, with more likely to be hit in the coming days.

"We're still trying to piece it all together from the weekend," he said.

"Some [pharmacies] that survived the weekend are probably not going to survive high-tides today and tomorrow, with water continuing to come down the river... Ipswich was relatively okay yesterday, it won't be today."

Benedet said that two scenarios were playing out in pharmacies across the region, "you've either got shops inundated or you've got people whose staff are inundated at home".

"Some stores will probably be closed for the next few days because of staff issues, and for others it'll be a matter of flood waters in the premises," he said.

"There's definitely two members in the Toombul Shopping Centre [in Brisbane's North] whose shops are totally destroyed - they're underwater still, the north side really did cop it a lot harder than in 2011."

Benedet added that the floods highlighted the need for pharmacists to be able to provide medicines under Continued Dispensing measures going forward.

"A mechanism that was put in place for COVID is now going to be invaluable in this flood emergency, so that patients don't go without," he said.

"If you can ascertain that someone is on a medication and has been for some time, you're able to help them as opposed to trying to send them to a doctor's surgery that probably isn't open either."



MEANWHILE, former Guild National President, Kos Sclavos, told *Pharmacy Daily* that with flood waters continuing to flow south, pharmacy owners on the Gold Coast and Northern NSW, need to prepare themselves.

With the profession shifting from paper-based systems to digital platforms since the 2011 floods, Sclavos stressed the need for stores to back-up their IT infrastructures.

He also urged owners to implement plans for nursing home patients, to check in on staff, to divert the store's phones to mobiles and get in touch with the Guild.

Today's issue of *PD*

Pharmacy Daily today features two pages of news plus a full front page from **Flordis** and a full page from **Willach**.

Cognitive health

INTEGRATIVE medicine specialist, Flordis, will host a webinar exploring cognitive health and the role of PUFAs for neurodiversity on 06 Apr. See cover page for more.

It's okay to ask

CHOOSING Wisely Australia is encouraging patients to ask pharmacists, doctors and nurses questions about their medications this week, as part of a campaign.

The Choosing Wisely Week initiative aims to stop the use of unnecessary tests and treatment.

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Dispensary Corner

REVOLUTIONARY values of liberty, equality and fraternity, appear to only apply to French citizens aged four to 69 years, when it comes to medicines pricing.

While Australian pensioners can access prescription medicines listed on the Pharmaceutical Benefits Scheme for \$6.80 per script, rather than the \$42.50 general co-payment, their French peers are being charged a \$2.45 “fee due to the age of the patient” on top of what younger people pay for the same scripts.

The fee, which was introduced by French health authority, l'Assurance maladie, in 2019, has been described as a “form of discrimination” by an 88-year-old woman from Avranches in Normandy, who recently spotted the charge listed on an itemised receipt.

The woman, identified as Marie, said the additional charge was a symptom of France treating elderly people like children.

“When you get older, we treat people here as if they’re going back to childhood,” she said.

“It’s mentally hurtful, and the injustice eats away at me a bit. “It suggests that I’m ‘a little old lady who can’t manage’.”

“It makes you feel inferior.”

L'Assurance maladie, told *The Connexion*, that the fee was not a discriminatory tax, “but a fee paid to the pharmacist for the advice and support they provide when dispensing medicines”.

Pharmacist Rx outdated and harmful

EXPANSION of pharmacists’ scope of practice to include antibiotic prescribing will see general practice become a “back-up service” managing treatment failures, a leading GP warns.

In an article published on the Royal Australian College of General Practitioners’ (RACGP’s) *newsGP* website, the College’s former Expert Committee Quality Care Chair, said the decision to extend the Urinary Tract Infection Pharmacy Pilot - Queensland (UTIPP-Q) suggested a move to pharmacists prescribing “appears to be a fait accompli - regardless of the results of this ‘trial’”.

“Pharmacies may be convenient and accessible, but pharmacists aren’t,” he said.

“They are busy too, with usual workload involving prescription dispensing.

“From a health management perspective, we also have no idea of the backgrounds, workloads or competency of the pharmacists who are making these clinical decisions.

“What we do know, is that with non-prescription medications counselling is not often provided or is of poor quality.

“There are also high rates of over-treatment and overselling of medication, with pharmacists ignoring eligibility criteria and not complying with legislation or clinical protocols, nor having appropriate medical referral practices.

“The retail environ of pharmacy is not a location where judicious use of antimicrobials is made. History shows that Australian pharmacy sales of vaginal antifungals and chloromycetin eye drops increased dramatically when the prescriptions were made pharmacist-only.

“If the promotion of pharmacy antibiotic sales and services under the guise of convenience is prioritised over good healthcare, then antimicrobial stewardship as a national priority is dead.

“GPs will be stuck between a rock and a hard place.

“They will be forced to collaborate with a business-oriented pharmacy



model of which they do not approve.

“They will be the clinical back-up service, managing the over-diagnosis, misdiagnosis, and treatment failures.

“Whilst governments have a mandate to govern as they see fit, it is important that consumers and national health priorities are not sacrificed for business benefit.

“Drug and antibiotic sales under the guise of convenience is poor health policy with little societal or professional benefit, other than pharmacy business.”

PBAC backs PBS listing of COVID drug

THE Pharmaceutical Benefits Advisory Committee (PBAC) has voiced support for the listing of COVID-19 treatment, Lagevrio (molnupiravir) as a general schedule authority required (streamlined) benefit.

PBAC recommended that the drug be initially listed on the Pharmaceutical Benefits Scheme (PBS) for patients with mild to moderate COVID, not requiring supplemental oxygen, where treatment is commenced within five days of onset of symptoms, in Indigenous people age 50 years

and older with two additional risk factors for developing severe disease, patents aged 65 years or older with two additional high-risk factors, people aged 75 years with a high-risk factor of developing severe disease, and moderately to severely immunocompromised patients.

PBAC noted that being unvaccinated or partially vaccinated was currently considered the greatest risk factor for developing severe infection.

CLICK HERE for more information.

AZ prophylaxis drug approved

ASTRAZENECA'S combination COVID-19 medication, Evusheld (tixagevimab and cilgavimab) has received provisional approval for pre-exposure prevention, by the Therapeutic Goods Administration (TGA).

The drug has been given the green-light for people aged 12-years and older weighing more than 40kg.

The TGA stated the medication was not a substitute for vaccination.

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EDITORIAL
 Editor in Chief and Publisher – Bruce Piper
 Editor – Nicholas O’Donoghue
 Contributors – Adam Bishop, Myles Stedman
info@pharmacydaily.com.au

ADVERTISING AND MARKETING
 Sean Harrigan, Hoda Alzubaidi
advertising@pharmacydaily.com.au

BUSINESS MANAGER
 Jenny Piper
accounts@pharmacydaily.com.au

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Suite 1, Level 2, 64 Talavera Rd
 Macquarie Park NSW 2113 Australia
 PO Box 1010 Epping NSW 1710 Australia
 Tel: 1300 799 220 (+61 2 8007 6760)

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