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1. West R, et al. N Engl J Med. 2011;365(13):1193-1200. 2. Walker N, et al. N Engl J Med. 2014;371(25):2353-2362.

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Today's issue of PD

Pharmacy Daily today features four pages of news, plus a cover wrap from **Cyventine** and a full page from **MediChoice OSTEO-CAPS**.

Quit smoking aid

NEW nicotine-free Cyventine from Key Pharmaceuticals can help your patients quit smoking in 25 days.

The Pharmacist Only oral medicine contains clinically proven cytosine 1.5mg.

See the **cover page** for more.

Osteo flash sale

MEDICHOICE OSTEO-CAPS from Nova Pharmaceuticals provides up to eight hours of relief from osteoarthritis pain.

See **page five** for details about a flash sale running throughout Oct.

More Andrographis recalls announced

ARROTEX has recalled Chemists' Own Provance Immune Defence and 28 Plus Immune Defence products, which contain the ingredient *Andrographis paniculata*.

The TGA has removed Andrographis from the permitted ingredients in Listed Medicines following increasing reports of anaphylaxis linked to products containing the herb - learn more **HERE**.

Polypharmacy likely to increase: AIHW

ALMOST two million Australians, or 7% of the population, were regularly dispensed five or more medicines at the same time in 2025, according to the first release in a new series about polypharmacy from the Australian Institute of Health and Welfare (AIHW) launched today.

Of those experiencing polypharmacy, around 11% were regularly dispensed 10 or more medicines, known as hyperpolypharmacy, accounting for 219,000 people or 1% of the Australian population.

Not unexpectedly, the analysis found that polypharmacy increased markedly with age and was most common among older people.

Around 910,000 people aged 75 years and over were dispensed five or more PBS/RPBS medicines during the year, equivalent to 40% of the age group.

This compared to 20% of people aged 65-74 years and 9.5% of those aged 55-64 years.

While overall rates were similar between males and females, there was variation by age - polypharmacy rates were higher among younger females than males, a situation that reversed from the age of 55.

The AIHW noted that this was consistent with findings that older males are more likely to be living with two or more chronic conditions compared to females, therefore requiring more medication to manage them.

Among younger age groups, polypharmacy was characterised by medicines for mental health and

neurological conditions, particularly antidepressants, antipsychotics and psychostimulants, while for older people, it was medicines used to manage chronic physical health conditions, including diabetes, cardiovascular disease, dyslipidaemia and gastro-oesophageal reflux disease.

The team pointed out that medicines supplied through private prescriptions were not included in the analysis, so the results may underestimate the true extent of polypharmacy in Australia.

The AIHW underlined the importance of understanding the extent and patterns of polypharmacy, noting that it was identified as a priority area for medication safety by the World Health Organization in 2019.

Polypharmacy increases the risk of medication-related harm, such as adverse drug reactions, drug-drug interactions and difficulty managing complex medicine regimens.

"As Australia's population



continues to age, the number of people exposed to multiple medicines is likely to increase, with implications for medicine safety, appropriate medicine use, and healthcare utilisation," the AIHW noted.

"These findings highlight the importance of policies and programs that support the safe and appropriate use of medicines, including regular medication reviews, deprescribing where appropriate, monitoring medicine-related risks, and strategies to reduce potentially avoidable medicine-related harm."

Read the report **HERE**. *KB*

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APC opens abstract submissions

THE Australian Pharmacy Council (APC) has invited health profession educators and practising health professionals to submit abstracts for the 2027 Interprofessional Colloquium event in Sydney.

In keeping with the conference theme of what shared capability looks like when digital tools and interprofessional practice converge, the event program will delve into tools and initiatives that support shared capability in a constantly evolving digital landscape.

The APC is seeking case studies, educational activities, guidance and strategies that explore the link between digital tools and emerging models of care to support shared capability.

Submissions close 27 Jan 2027 - learn more [HERE](#).

Dengue fever vaccine now available

AUSTRALIANS travelling to dengue fever hotspots can now get vaccinated against the disease, with the live-attenuated tetravalent vaccine Qdenga (Takeda) now available by private prescription.

Popular overseas destinations including Indonesia, Thailand, India, Vietnam and Fiji have frequent or continuous dengue transmission, according to the Australian Technical Advisory Group on Immunisation (ATAGI), while Florida has declared a state of emergency in some parts of the state.

Julianna Neill, PSA vaccination ambassador and community pharmacist, told *Pharmacy Daily* the availability of Qdenga gives community pharmacists another important tool in travel medicine.

"With Qdenga now available, pharmacists can incorporate dengue vaccination into a broader travel-health consultation where clinically appropriate and permitted under their state or territory authorisation," she said.

"That assessment should consider the traveller's destination, duration and frequency of travel, accommodation, planned activities, previous dengue exposure, medical history, medicines and other vaccination requirements.

"The key message is that Qdenga adds another layer of protection, but it does not replace good travel health advice or mosquito avoidance," she added.

Qdenga is approved for people aged from four years and is only available on private prescription, so patients will need to pay for the vaccine and associated service.

The cost is estimated at around \$1,000 for a course of two doses, although costs are expected to go down as supply and uptake increase.

Neill said pharmacist authority to initiate and administer Qdenga varies between jurisdictions.

"In Queensland and South Australia, appropriately trained pharmacist immunisers have broad authority to administer

Schedule 4 vaccines without a separate prescription, which includes Qdenga where clinically appropriate and within scope of practice," she explained.

"In other jurisdictions, pharmacist vaccination authority is based on a specified list of vaccines, and Qdenga has not yet been added to those lists.

"Pharmacists should therefore check their current state or territory authority before offering Qdenga vaccination," she advised.

"Dengue fever is one of the fastest-growing communicable diseases globally," Dunya Zahr, National Pharmacies pharmacist and head of operations told *Pharmacy Daily*.

"Providing eligible Australians with greater access to dengue vaccination through their local pharmacies is an important step in protecting travellers to popular destinations where transmission occurs," she added. KB

ATAGI's Qdenga statement is [HERE](#).

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Dive into our latest podcast episode featuring **Krishna Nathwani**, Pharmacist and former Chief Operations Officer at Community Care Chemist - "From Dispensary to PSA's First Harm Reduction Champion".

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GLP-1 pre-surgery fasting warning

PATIENTS taking GLP-1 weight-loss injections and peptides are being urged to inform their anaesthetist before undergoing surgery, as their stomach may still contain food, a complication with potentially life-threatening consequences.

The warning comes from the Australian and New Zealand College of Anaesthetists (ANZCA) ahead of National Anaesthesia Day on Fri 16 Oct.

"These medications can slow the emptying of the stomach which may still contain food or other material even when you have followed the usual fasting instructions," ANZCA president Dr Tanya Selak explained.

"We know of some rare cases where the consequences of stomach contents entering the lungs during surgery (pulmonary aspiration) can be extremely serious and life-threatening for patients.

"Your anaesthetist needs to know if you are taking these medications so they can assess the safest approach for your procedure," she said.

Updated fasting guidelines for patients preparing for surgery now allow clear liquids until patients are called to theatre, but people taking GLP-1 or peptides may require different instructions because of delayed stomach emptying.

The important message for patients is to not stop the medication on their own, but to ensure the surgical and anaesthesia team knows they are taking it so individual advice about fasting and anaesthesia can be provided, Dr Selak said.

Plan now, reflect often, avoid the September panic

OPINION

PHARMACIST and tech enthusiast Krysti-Lee Patterson (pictured), explains how a little CPD planning in Oct saves a lot of panic come Sep.

Got an opinion or experience to share? Let us know in up to 400 words via email to info@pharmacydaily.com.au.

It is now Oct, which means there is a whole year before CPD needs to be on your mind - and we are coming into safety-net season, so who has time for CPD anyway?

If you leave all your CPD to the last weekend of September, you are not alone - it is a notoriously busy month for CPD, and leaving it to the last minute is basically a rite of passage.

Since CPD is a requirement of registration, you would think that all pharmacists know what is actually required, how to log it and how to allocate credits.

The truth is that not all of us do. Essentially, the Pharmacy Board of Australia asks pharmacists to

complete 40 CPD credits between 01 Oct and 30 Sep, with at least 20 from Group 2 and/or Group 3 activities.

To work out which group applies, ask yourself what you did with the learning.

If you absorbed information, such as reading an article or watching a webinar, it is Group 1.

If you were assessed through a quiz, exam or practical assessment like CPR, it is Group 2.

If you put it into practice, like developing training for your team, introducing a new clinical service, or reviewing a process and making a change, it is Group 3.

Credits are just as simple - one per hour for Group 1, two per hour for Group 2 and three per hour for Group 3.

Accredited activities state their credits up front, taking the guess work out of credit allocation.

The Board also expects a documented CPD plan, reflections on your learning, and records kept for the previous three CPD periods in case of audit.



Your plan should start with two or three specific learning goals.

"Do some diabetes CPD" is a box to tick.

"Confidently counsel patients starting a GLP-1 receptor agonist" is a goal that guides the activities you choose and makes reflecting easier.

Reflection is the step most often left to the last minute.

The Board does not prescribe a format, but a few honest sentences on what you learned, how it applies to your practice and what you will do differently are enough.

Written while the activity is fresh, it takes just a few minutes.

So how do you avoid the "September stamped"?

Write your plan now, while the pressure is off.

Then think in months, not years - 40 credits are just over three activities a month.

Record and reflect straight after each activity.

Everyday learning, like researching a tricky interaction, may count too, if you record and reflect on it.

Then check in at the halfway mark - if you are on track by Apr, Sep looks after itself.

A CPD plan is not just paperwork in case you get audited - it is a roadmap on how you are becoming a better pharmacist.

So start it this month, and next Sep could be your calmest yet.

Krysti-Lee Patterson is the founder of education platform LrnRx.

NSW festival drug checking set to start

WITH the NSW Government set to roll out a drug checking service at music festivals from Oct, experts are highlighting the educational benefits of the program in addition to harm minimisation and drug safety.

Dr Phillip Wadds, Associate Professor in the School of Law, Society & Criminology at UNSW, said that people handing over illicit substances for testing will meet with both a forensic chemist and a peer worker from NUAA, formerly known as the NSW and Users and AIDS Association.

"[They] will talk through the

results, better practice around consumption, and specific guidance around the substance(s) presented," Dr Wadds explained, such as the effects of combining drugs such as ketamine with alcohol.

He added it can provide insights into the unregulated drug market.

"If a dangerous adulterant, for instance, nitazenes, is detected in different substances, alerts will be circulated to public health officials, who are then equipped to respond more effectively to what might be presenting in an emergency department."



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Dispensary Corner

WHILE there has been plenty of research over the years showing that eating dinner well before bedtime is better for weight control, blood sugar levels and improved sleep, new research has shown it may also help stave off cognitive decline.

Researchers from Rutgers University in New Jersey conducted a small study of 47 overweight or obese women aged 50 to 79.

Participants reduced their energy intake by 500 calories a day for six months, with one group eating over a 12-hour period and another eating from 10am to 6pm.

After six months, both groups had lost around 7kg, but cognitive tests showed that those who confined their eating to the narrow window performed better than the others on spatial planning and problem solving tests.

There were also indications that they made fewer errors on memory and learning tests.

Nutritional scientist Professor Sue Shapses said the effects were "modest" but suggested time-restricted eating may improve people's ability to remember information for everyday tasks and reduce mistakes linked to memory, attention and problem solving.



PRODUCT SPOTLIGHT

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