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A patient activating the distributor

References:

Pharmaclick project. [online]. 2008 [2008 Jul 5]. Available from: URL:<http://www.pharmaclick.eu/home.htm>

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The Pharmaclick Project

Introduction

Pharmaclick is a project designed to evaluate and assess new integrated technologies for drug dispensing. Pharmaclick, in line with the European Union requirements regarding sanitary and pharmaceutical assistance is a tool that improves the quality of life for the benefit of patients, community, pharmacists, associations of pharmacists and health care management centers.

Consortium

In order to share and develop knowledge in specific sectors such as normative application, expertise, procedures and installation operability, validation and evaluation of managers and users, a consortium has been formed between the following associations: Electro (I) – project coordinator, Sheffield City Council (UK)- trial in UK, Ministero della Salute (I), University of Malta (MT) and Riello CRD (I).

Operation

There are basically 8 phases that the system has to pass through in order for it to function. These include:

- 1) User's authentication-** when the user goes to the distributor, s/he must first insert his sanitary card to confirm his authenticity. The system then automatically permits the connection (audio/video) with the pharmacist
- 2) Remote connection to the distributor-** once the connection is established the pharmacist is in a position to check the process of medicine delivery. Moreover, the pharmacist has the facility to intervene at any moment.
- 3) Videoconference between distributor and remote pharmacist-** this allows direct communication between the

pharmacist and the user, enhancing the correct delivery of medications

4) Display and collection of medical prescription- the pharmacist is capable of visualizing the prescription and operating its collection. The prescription is mechanically collected and stored inside the distributor

5) Display of identity- the pharmacist is also capable of visualizing the identity card of the user. After verification, the card is returned back to the user

6) Cash or debit card payment system- the distributor is equipped with a payment system, where both cash (coins and banknotes) or debit cards are accepted.

7) Receipt printing- the system issues a receipt of the goods purchased or a reimbursement in case of medicine delivery failure

8) Medicine delivery- this stage can take place because the distributor is equipped with an inside warehouse. The pharmacist is capable of halting the process of delivery in cases where it is deemed as necessary

Services provided

- Instantaneous e-health support provided for users in areas where one-to-one consultation with a pharmacist is unattainable. Eg. in areas where the construction of a pharmacy is not feasible. This will result in a reduction in the costs and time consumed to obtain the service.
- Secure delivery of prescribed drugs. The most frequently requested drugs include the SOP (Senza Obbligo Di Prescrizione-without the need of a prescription) and OTC (Over the Counter).
- Efficient control over pharmaceutical expenditure.
- Provision of e-health services to users at low intensity level, first health support point, particularly for people with disabilities and the elderly. The increase in accessibility and ordering capabilities results in increased profits.

Moreover, the system provides the local healthcare authorities the opportunity to analyse and address patients' needs.

Installations & Activities

Currently the system is being piloted in Italy with 4 installations and two in the United Kingdom.

Pharmaclick is promoting activities to introduce the project at a European level. The aim of such activities is to garner new information and feedback regarding the system.

On the 30th June 2008 a presentation on the subject was held in the Vodafone Common Room at the University of Malta at 2.30pm. The event was followed by a reception.



Fig 1: The distributor

FIP Congress Basel (29th Aug- 4th Sept 2008)

The MPSA (Malta Pharmaceutical Students' Association) which is the association that represents the pharmacy students within the department and in international organisations has been a member of the European Pharmaceutical Student Association, EPSA, since 1997 and is also a full member of the International Pharmaceutical Students' Federation (IPSF) since 1967.

Every year, the FIP organises the World Congress of Pharmacy and Pharmaceutical Sciences where numerous pharmacists meet and through information and experience exchange they enhance their knowledge. Talks, plenary sessions, poster display and section programs, together with Committee meetings and the Leadership Conference make the event the leading international event in pharmacy each year.

Besides the Annual Congress, the FIP also organises an additional Pharmaceutical Congress every four years. Throughout the year, the FIP takes active participation in the organisation of various symposia and conferences, the ultimate aim of which is to be a source of educational opportunity.

The 68th FIP World Congress of Pharmacy and Pharmaceutical Sciences is going to take place in Basel between the 29th Aug and the 4th Sept 2008. The theme of the congress is "Reengineering Pharmacy Practice in a Changing World". The Federation is taking into consideration the changes

that are occurring and that will be occurring in the provision of healthcare, patient demographics, epidemics and technology. The aim of the congress is to find out and discuss the modifications that the profession must undergo to adapt to the coming challenges.

The congress consists of fifty sessions and workshops, the majority of which are fully accredited. The participants will experience professional growth, networking and the possibility to exchange knowledge and information with leaders in pharmacy practice and science. The agenda is divided in the following areas: community pharmacy, hospital pharmacy, administrative pharmacy and policy development, industrial pharmacy, academic pharmacy and pharmacy education, pharmacy information, military and emergency pharmacy, clinical biology and laboratories and medicines control services, pharmaceutical science and clinical applications.

The opening ceremony is going to take place on Sunday 31st August 2008 at the Festival Hall. After the opening ceremony, the participants are invited to the Congress Exhibition and FIP Show Case. During the congress there will be a poster session which includes abstracts about any research being undertaken. The poster area will be open to all registered participants and their registered accompanying persons. On Monday the 1st September 2008

from 12:00 till 14:00 there will be the pharmacists' assembly. This will offer a major opportunity for the FIP members to take an active role in policy development within the FIP. The assembly will also be addressed by Kamal Midha, the president of the FIP.

In addition, an industrial exhibition will be held in the Basel Convention Center. The exhibition will portray the most recent trends and advances within the industry. The exhibition is organised by the Swiss Host Committee and will be open for all registered participants and their registered accompanying persons. Moreover, a Career Centre will be held. This centre is intended to serve as a link between pharmacy students, PhD students, postdoctoral fellows and leading pharmaceutical industries or other potential employers. The interested candidates will have the opportunity to discuss any issues with the respective company representatives.

References:

Ellul C. Malta pharmaceutical students' association- MPSA. [Online]. 2006 [2008 Jul 20]; 1. Available from: URL:http://www.portal.ksu.org.mt/index.php?op=tion=com_content&task=view&id=53&Itemid=79
Jordan D, Midha K. FIP Basel 2008-Welcome [Online]. 2008 [cited 2008 Jul 19]; Available from: URL:http://www.fip.org/CONGRESS/basel08/index.php?page=basel2008_home



British Pharmaceutical Conference (7-9th Sept 2008)

This year's British Pharmaceutical Conference (BPC) has the theme "Adding years to life and life to years". The event is going to take place between the 7-9th September 2008 in Manchester Central.

The areas covered in the conference will include: pharmacogenetics, neuropharmacology, pharmacognosy & pharmaceutical chemistry, pharmaceutical analysis, drug delivery, pharmaceuticals and material sciences. Sessions regarding the latest science and practice advances in cancer, cystic fibrosis, dementia, will also be held. The BPC-PJ Careers Forum will run for all the three days of the conference at Manchester Central in the Exchange Exhibition Hall.

References:

British Pharmaceutical Conference and Exhibition 2008 [Online]. 2008 [2008 Jul 29]; Available from: URL: <http://www.healthlinks-events-bpc2008.co.uk/index.htm>

The objective of the forum is to give pharmacy students, pre-registration trainees and fully competent pharmacists the opportunity to see all the career prospects in the community and hospital pharmacy sectors.

During the British Pharmaceutical Conference there is also going to be the presentation of awards as recognition to the various aspects of the profession. The British Pharmaceutical Conference Science Medal is intended for world-wide scientists who are working in a pharmaceutical or related discipline in industry or university. They must have in their possession a verified documentation that their study is being carried out autonomously and that their published work has an outstanding potential.

Another medal presented by the British Pharmaceutical Society is the Practice Research Conference Award. This award is meant for Individuals who have made an

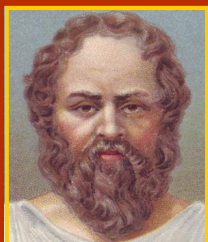
important contribution to the practice research and are likely to turn into leaders in the field.

Glaxosmithkline International Achievement Awards 2008 is another award presented for researchers in academia, industry, public service or any other scientific institution. They must have showed considerable improvement through published work over the past three years in the application of scientific knowledge within the pharmaceutical sciences.

The final award is the Harrison Memorial Medal, this is granted to a pharmacist who has a distinctive occupation in advancing science and practice of pharmacy. The winner of the BPC 2008 Harrison Memorial Medal is Dr Patrick P.A. Humphrey, FRPharmS, OBE. Dr Humphrey will be awarded the silver medal at the BPC and he is also expected to deliver the Harrison Memorial Lecture.

The research spot- Epilepsy

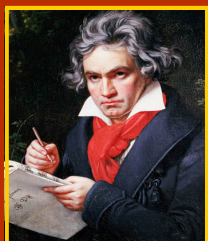
Famous people who have had epilepsy



Socrates
(469 BC - 399 BC)



Joan of Arc
(1412 - 1431)



Ludwig van Beethoven
(1770 - 1827)



Agatha Christie
(1890 - 1976)

References:

Bonello C. Pharmacoeconomics in the management of epilepsy [dissertation]. Msida (Malta): University of Malta.; 2000.

Galea Debono L. Management of Maltese women of childbearing age [dissertation]. Msida (Malta): University of Malta.; 1996.

Mifsud M. Absence epilepsy in Malta [dissertation]. Msida (Malta): University of Malta.; 1992.

Nezvalova K. Antiepileptic drugs used in paediatric patients [dissertation]. Msida (Malta): University of Malta.; 2002.

Scerri S. A study on the use of anticonvulsants in Malta [dissertation]. Msida (Malta): University of Malta.; 1987.

Epilepsy is a widespread disorder, characterised by seizures. Seizures manifest themselves in various forms and are caused from intermittent neuronal discharges. The type of seizure taking place is dependent on the part of the brain being affected. It is estimated that in Malta, there are around 3000 persons affected by the condition. The Caritas Malta Epilepsy Association (CMEA) was founded to help persons suffering from this ailment to have improved health-care facilities and thus improved quality of life QOL. The association has been accepted as a full member of the International Bureau for Epilepsy (IBE) since May 2001.

People knew about epilepsy for over 3000 years ago. The ancient Babylonians thought that seizures were caused by devils who used to attack the victim. Different spirits were thought to induce different types of seizures. In 400 BC, the religious cure was to sleep in the temple overnight and hope that god Asclepius would appear in a dream and heal the patient or enlighten the patient on how to get cured. In Europe in the Middle Ages, it was considered that if the person who suffered from epilepsy wore a special blessed ring, it could help in the management of seizures. This belief was still around in colonial America between 1492 and 1763 since Patsy, George Washington's daughter was given an iron ring by her doctor.

The subject has captivated the interest of various students reading for a B.Pharm. Infact, throughout the years 5 projects were carried out. A study on the use of anticonvulsants in Malta was the project assigned to Stephanie Scerri in 1987. From the project, the following results were obtained:

-Out of a total of 579 epileptics 55.61% were found to be males while 44.39% were females.

-An average of 1.88 anticonvulsants were being administered per patient.

-Phenytoin was found to be the most popular anticonvulsive agent

-Apart from antiepileptic drugs, hypnotics, sedatives and anxiolytics were the most popular group of therapeutic agents used in the treatment of epilepsy.

Another study conducted by Marisa Mifsud in 1992 was entitled "Absence epilepsy in Malta". In this study Mifsud's aim was to give an indication on the incidence of Absence Epilepsy (AE) in Malta and to evaluate the clinical manifestations, the drug treatment and the response of the patients to treatment. A further study was conducted, this involved interviewing patients with AE. The main objective of the study was to assess the patient compliance with the drug regimen, to spot out the side-effect experienced by the patient, and to assess their relationship with the pharmacist.

"Management of Maltese women of childbearing age" is another study carried out by Linda Galea Debono in 1996 to explore the various aspects related to the management of epileptic women of childbearing age in Malta. The dissertation had two main aims. The first aim was to investigate the different aspects and problems linked with the management of epilepsy in the above mentioned category of patients. The retrospective study was done to analyze various characteristics including general information about the patient, the antiepileptic treatment (before, during and after pregnancy), progress throughout the pregnancy, the use of anticonvulsant level monitoring, the mode of delivery, birth weight, and well-being of the babies, the percentage of women who breastfed their babies as compared to the normal population. The second aim of the study was to verify how much information and knowledge do epileptic women of childbearing age in Malta have concerning their condition and to create an information leaflet in English and Maltese,

regarding pregnancy, breast-feeding and child care.

In the year 2000 the department enrolled Corinne Bonello with the project "Pharmacoeconomics in the management of epilepsy". The aim of the study was to get an idea on the financial and quality of life burdens that the condition inflicts on the affected persons. The dissertation also provided:

-Indications concerning areas in which cost evasion could have a significant impact

-A basis for assessing optimal distribution of resources to improve the therapy for patients suffering from epilepsy.

The most recent study carried out on epilepsy is entitled "Antiepileptic drugs used in paediatric patients", the study was carried out in 2002 by Katerina Nezvalova. 103 paediatric patient files were assessed and information regarding age, gender, type of epilepsy, age of onset, and the type of antiepileptic drug therapy was collected. A quality of life questionnaire was distributed to the patients. The answers were then analysed using a specialised evaluation tool. The findings of the study illustrate three important facts:

-Most children have a good quality of living.

-A good number of children have high scores of distress levels, implicating that even though they have a good quality of living, they are not at ease about their condition and its repercussions.

-Most patients are on monotherapy and the three widely used medications include sodium valproate, carbamazepine and to a lesser extent lamotrigine.

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¹ - Schering Plough Summary of product characteristics.

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