

## INPHARMATION UPDATE

Canadian Society of  
Hospital Pharmacists  
Alberta Branch



Société canadienne des  
pharmaciens d'hôpitaux

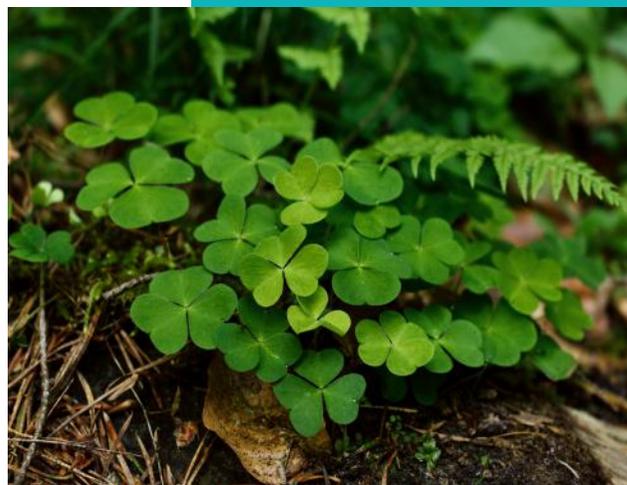


# March 2023

Issue 60

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# President's Message

I took advice from a three-day-a-week pole vaulter and it has changed my life. Don't we all aspire to have that perfect work-life balance? I mean, we're pharmacists. Detail oriented people. Risk managers. When it comes to patient care, this is one of the things that makes us great. But in our personal lives, it can be a detriment. Striving to optimize both work and life can be stressful, something that none of us need. That's where the three-day pole vaulter comes in. Let me share her story:

A friend of a friend went back to school to do a master's. She didn't just go back for the added degree, she went back because she was still eligible for the track and field team. There she was, 15 years older than everyone else, and when the coach said, "We practice 6 days a week", she said, "I'll be there three".

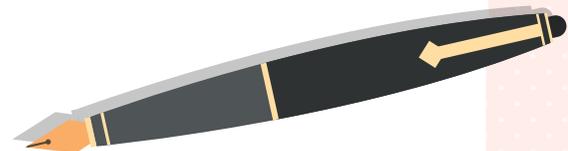
This resonated with me for several reasons. First of all, there are boundaries. Yes, she wanted to fulfill her dream, but realized she wasn't the same person as she was 15 years ago. She needed to do what was right for her. Secondly, the focus was not so much on the outcome, but on the process. It wasn't about winning at track meets, but about being involved and enjoying the training, the camaraderie. Thirdly, she showed compassion to herself by accepting where she was and started from there. She let go of what she should be doing, and focused on what she could do. Essentially, she gave herself a chance, instead of being rigid and risking injury or burning out.

I started incorporating these beliefs into my life. It's not easy, but occasionally saying no, focusing on being in the moment, and accepting what I can do, rather than what I should do, has helped.

Thanks to everyone who attended the Together conference in person and virtually.

*Cathy Biggs*

President, Vision Portfolio  
CSHP Alberta Branch  
[Catherine.Biggs@albertahealthservices.ca](mailto:Catherine.Biggs@albertahealthservices.ca)



# *Happy* **PHARMACY APPRECIATION MONTH**

March is Pharmacy Appreciation Month, and the PAM Committee has lots of exciting events planned to celebrate pharmacy team members! Stay tuned to the CSHP social media accounts for details and deadlines! Some things to look forward to include:

1. Pharm March Madness
2. TikTok challenge
3. PAM themed Word Cloud
4. Pharmacy mini-grants
5. Giveaways



We want to wish everyone a Happy PAM and thank you for all of your hard work over the last year! Make sure to follow us on Instagram, Twitter and TikTok, and like us on Facebook to keep up to date on all of the PAM activities!

MARCH IS

**Pharmacy  
Appreciation  
Month**

**THANK YOU  
HOSPITAL  
PHARMACY** 



## Pharmacist Spotlight

**Samuel Parmiter**

Pharmacist

Chronic Pain Centre, Calgary  
Alberta Health Services

**Ayush:** Please tell us a little bit more about your current role and your journey to get to this point.

**Sam:** Presently, I primarily work as a pharmacist at a Chronic Pain Centre at Richmond Road Diagnostic and Treatment Centre in Calgary. I work as a member of a fantastic interdisciplinary team including physiotherapists, occupational therapists, kinesiologists, psychologists, nurses, social workers, physicians, and dietitians to deliver a year-long program in an effort to improve quality of life and function for those living with pain. I started in this role in 2018 after I completed the PharmD for Practicing Pharmacists program at the University of Alberta, having previously completed a BSc in Pharmacy and Pharmacy Residency with Dalhousie University. As a component of this PharmD program, I was fortunate enough to have participated in a rotation at the Chronic Pain Centre where I met who was to become a very important pharmacist mentor to me, Joyce Cote. Despite having a strong interest in critical care during my pharmacy residency and PharmD, and wishing ultimately to work in this clinical area, after my rotation with Joyce at the Chronic Pain Centre, I felt the trajectory of my career change dramatically. I gained a deep appreciation for the impact I could make with 1:1 patient interaction and longitudinal follow-up. The ability for daily collaboration with my team members was inspiring, and the opportunity to experiment with caring outside the traditional pharmacist role offering pain neuroscience education, teaching in a CBT for insomnia group, and directing opioid management was exciting – I was hooked! Working in pain management continues to be a passion for me. My practice day-to-day presently consists of helping patients navigating polypharmacy, supporting patients using and tapering opioids, and discussing the role of drug therapy in pain to help patients make decisions about the value of medication throughout their pain journey.

With the onset of the COVID-19 pandemic, I had the opportunity to return to working in critical care, filling in when hospital cases surged. I continue to fill in periodically at FMC ICU to nurture my interest in critical care. This return to critical care dovetailed nicely with the emergence of an opportunity to manage COVID-19 on the other end of the spectrum in a COVID clinic. I decided to apply as I was curious about the disease itself and felt that I might bring a unique perspective to the table. I thought I could utilize my experiences managing COVID in its most acute stage in ICU and supporting patients through their chronic pain experience, emphasizing the role of a biopsychosocial approach and leveraging the use of drug therapy, as only one tool, to improve function and quality of life.

**Ayush:** As you are a pharmacist in a brand new practice area, what have been some successes in establishing this new practice area?

**Sam:** Transitioning into a new practice area definitely had its challenges. The combination of being a new role and a new disease state was a little bit overwhelming at first, but also exciting. It was, and continues to be, a satisfying challenge collaborating with patients and other healthcare providers in an effort to provide care in the absence of evidence to guide us. Initially, I really doubted the value I was bringing into the team. I was really lucky when I'd walked into my pain practice as Joyce, my mentor, had already paved the way and it was clear which activities and interventions brought value to the team and to patients. My first step was to create a pharmacist referral process, including a referral form with examples of ways I might be able to help. For example, addressing polypharmacy potentially contributing to Long COVID presentation, discussing the role of vaccination, providing patient follow-up for those using experimental therapies, etc. This referral process was important to help me manage my limited time at the clinic every week by triaging requests for help, but was simultaneously an advertisement to other members of the clinic to encourage them to consider how I might be able to help. My second step was to insert myself into any discussions related to drug therapy. I did this by summarizing new research on a weekly basis and sharing with our team, and by proposing conceptual frameworks and criteria for the application of certain drugs to specific symptoms. Having other team members ask for my opinion on these matters certainly helped to generate collaboration. It definitely took about 5-6 months, between feelings of uncertainty and staffing challenges, before I really felt like I was hitting my stride. Now, however, I am loving my practice in this setting and am very happy for the opportunity.



# Pharmacist Spotlight

**Samuel Parmiter**  
 Pharmacist  
 Chronic Pain Centre, Calgary  
 Alberta Health Services



**Ayush:** What should a pharmacist know about Long COVID?

**Sam:** My feeling is that there is currently a lot of uncertainty and fear about how to address long COVID in the medical community right now. I think the most therapeutic thing you can do for patients is to acknowledge their experience and welcome the possibility that their experience could be related to Long COVID. The next step is pointing them in the right direction to learn more about their condition. Pharmacists can access the Long COVID clinic via Alberta Referral Directory. Additionally, I am happy to provide support to any of my colleagues looking to get more information about Long COVID, so consider reaching out to me directly.

## Recovery & Rehabilitation After COVID-19: Resources for Health Professionals - Click [HERE](#) for more information

**Ayush:** What is a project that you have completed, or are in the process of completing, that you are most proud of and why?

**Sam:** A project that we are currently working on is refreshing our Continuing Medical Education (CME) Course "Wise Prescribing and Deprescribing: Opioid Skills for the Frontline Clinician" which was developed by my colleagues at the Chronic Pain Centre and whose creation I had participated in back when I was a student. This course focuses on sharing pharmacological principles of opioids, clinical challenges with using opioids, strategies for discussing opioids with patients, and approaches to starting, supporting, tapering, and discontinuing opioids. It was originally designed in response to a monumental shift in guidance related to opioid prescribing for pain published in 2016 and 2017. It's now due for a refresh to reflect the evolution of clinical practice which has taken place since that time. Providing education to healthcare providers and patients on the role of opioids in the management of pain is something I am very passionate about, so I am glad to be jumping back into this project. For those who are interested in learning more, you can check out the CME website below.

### Wise Prescribing and Deprescribing

Opioid Skills for the Frontline Clinician *Self-Paced Online Modules and Small Group Workshops*



Click the prescription pad to the left for more information on the course and how to register today!

*Do you, or someone you know, want to be interviewed for the Pharmacy Spotlight initiative?*

*As part of our initiative to highlight the hard work and dedication of individuals, as well as the many innovative practices within pharmacy, we are publishing interviews with **pharmacists, technicians, and assistants** working in Alberta. If you would like to nominate an interviewee, please submit your request to Caitlyn & Ayush ([caitlyn.rozmahel@ahs.ca](mailto:caitlyn.rozmahel@ahs.ca), [achadha@ualberta.ca](mailto:achadha@ualberta.ca)).*

**CONTACT US!**

# CELEBRATING OUR MEMBERS

**Congratulations to our CSHP members who have been with us for 10 and 25 years!**

## 10 YEAR MEMBERS

Katelyn Archer  
 Heidi Banasch  
 Nathan Beahm  
 Jacqueline Boivin  
 Charlotte Boulanger  
 Edith Lee  
 Alexandra McGrath  
 Nathaniel Morin  
 Erin Mravnik  
 Ben Nilsson  
 Mohamed Omar  
 Morgan Schultz  
 Faizath Yallou

## 25 YEAR MEMBERS

Barry Galenza  
 Nancy Louis  
 Don McIntosh  
 Debbie Sluchinski  
 Roberta Stasyk



**THANK YOU!**



# Faculty Update

A pharmacist walk-in clinic at Shoppers Drug Mart Westpark in Fort Saskatchewan was opened December 2022. This will be great place for students to learn!

Diabetes Canada has awarded large grants (\$100,000 x 3 years) to Dean Eurich and John Ussher for their work in ending diabetes.

Dr. Brenda Hemmelgarn is the new Dean and Vice Provost of the College of Health Sciences for the next 5 years. The College of Health Sciences includes the Faculty of Pharmacy, Medicine, Dentistry, Nursing and Rehabilitation Medicine.

The search for a new Dean of the Faculty of Pharmacy is underway with a goal to have one in place in July 2023.



Zac Kronbauer (U of A Class of 2022) won the George A. Burbidge Memorial Award for the highest overall combined grade on the Pharmacist Qualifying Examination, Parts I and II for 2022. Zac is currently a resident in the Calgary Zone.

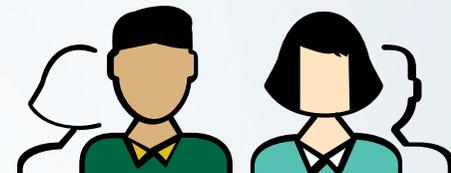
# 9 TIPS TO ACE YOUR NEXT JOURNAL CLUB



*Brought to you by the CSHP Alberta Branch Research Committee*

Whether you are a student, resident, or pharmacist, there may be a time where you will be called to lead a journal club presentation. A successful journal club in your practice will efficiently convey the essence of new or emerging medical evidence, while systematically reviewing its credibility and telling a compelling story. Here are 9 tips for your next journal club presentation!

**1. Know your audience.** Who will be attending your presentation? Pharmacists, nurse practitioners, or physicians? The information that a pharmacist finds relevant is very different than that of a physician. It is important to ensure you are conveying information that is useful to your audience's practice.



**2. Do not limit your presentation to high quality studies.** Get comfortable with evaluating less-than-ideal literature. There is a lot one can learn from a poorly conducted study. Not only can you enhance your skills on evaluating grey literature, but you will be better prepared in your future practice when you may not have data from gold standard randomized controlled trials to guide your clinical decision making.

**3. Give context.** Be prepared to provide adequate background to orient your audience to your topic. This means doing your homework on the disease-state, current institution-specific standard of care, and previous or related research on the topic of interest. This will make your presentation more effective and allows your audience to consider how the therapy may fit into current guidelines or understand why this study was conducted.



**4. Tell a story.** Start your presentation with a brief case presentation, or briefly explain how the article is relevant to a patient or clinical question you are considering. This engages your audience more as you are telling a story.



# 9 TIPS TO ACE YOUR NEXT JOURNAL CLUB



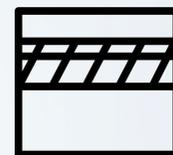
*Brought to you by the CSHP Alberta Branch Research Committee*

## 5. Do not repeat the authors' conclusion as your own.

While it is important to state the authors' conclusion, it is also imperative that you provide your own conclusions based on your critical analysis of the internal and external validity of the study.



**6. Give your audience a sense of closure.** Conclude with how you would utilize the results of the article in your own practice. If you started your presentation with a clinical question or case, try to apply the study's findings to your patient and problem.



**7. Less is more.** A golden rule is to limit your presentation to one slide per minute. We have all been through lectures where there is that one presenter who has 200 slides in a 50 minute class. Do not be that person. Most journal club presentations are 10-15 minutes in length, which translates to 10-15 slides!

## 8. Print out copies of your handout for everyone.

A copy of your journal article should ideally be emailed to your audience at least one week in advance. However, physical copies of the article during the presentation itself helps facilitate more robust discussion as everyone can look at the paper together. You might also consider a one-pager summary handout for your audience.



**9. Make it interactive.** Make it a discussion rather than a presentation. After all, it is a journal club. Have several questions prepared for your audience. Anything that gets the audience talking and your discussion free-flowing is a great way to make sure your journal club is interactive.

# CSHP Future Professional Pharmacy Student Award



## CHELSEA LUFT

I am incredibly grateful to be selected as the recipient of this year's CSHP Future Professional Pharmacy Student Award! Throughout my involvement with CSHP over the past 3 years, I have been fortunate enough to work with and learn from many exceptional pharmacists who continually demonstrate what it means to be a professional. Additionally, I am thankful for my peers, co-workers, professors, and mentors who have supported me along my professional journey thus far.

Professionalism within pharmacy is many things; it is discipline, empathy, honesty, excellence, advocacy, and so much more. Most important to me, professionalism is innovation and passion within the pharmacy profession. Over the course of my degree, I have spent an immense amount of time and energy leading innovative projects that promote harm reduction and reduce stigma surrounding substance use. Additionally, during my hospital practicum, I was given the opportunity to create and lead medication teaching sessions for psychiatric patients. These sessions were an exceptional opportunity to strengthen relationships and trust with my patients, and I observed first-hand the impact this program had on patient outcomes.

I am deeply thankful for the opportunities I have had through CSHP to learn from some exceptional hospital pharmacists, and I am incredibly grateful for their support in my development as a pharmacy student. I can say with confidence that my involvement with CSHP has been an imperative part of my pharmacy journey, and I look forward to staying connected and involved with CSHP throughout my career!

# Adjunctive Esketamine (Spravato®) for Treatment Resistant Depression

Written By: Carolyn Kasprzak, PharmD  
Pharmacy Resident (2020-2021)

# short & snappy

-A CLINICAL OVERVIEW

**Patient Case:** 53yo male with relapsed major depressive disorder (MDD) episode

**PMHx:** TRD x 13 years, HTN (controlled)

**Medications:** Bupropion, zopiclone, valsartan (previous non-response to paroxetine)

**Clinical Question:** In a patient with TRD, is adjunctive esketamine in combination with a new antidepressant safe and effective for induction treatment and relapse prevention?

**Treatment resistant depression (TRD):**

Non-response (<25% improvement) to at least 2 different antidepressants in patients with MDD. Includes 10-30% of MDD patients

## Esketamine Nasal Spray Monograph (9):

**MOA:** S-enantiomer of racemic ketamine, NMDA receptor antagonist and AMPA receptor agonist

**Contraindications:** Aneurysmal vascular disease, arteriovenous malformations, history of ICH, hypersensitivity

**Dosing:** Must be administered under direct medical supervision.

**Induction:** Week 1-4: twice weekly (q3-4days). Day 1: 56 mg\*. Subsequent doses: 56 mg or 84 mg\*.

**Maintenance:** Week 5-8: 1x/week. From week 9: 1x/week or q2weeks: 56 or 84 mg\*. \*28 mg dose may be used if age>65 or of Japanese ancestry.

**Monitoring:** 2 hours of mandatory HCP/clinic monitoring post dose.

**Availability:** Currently only available in Canada through Janssen Journey Program (a)

# REVIEW OF EVIDENCE

## STUDIES

### Induction RCTs:

#### 4 week follow-up

TRANSFORM-1 (3) and TRANSFORM-2 (4) (age 18-64)

TRANSFORM-3 (5) (age >65)

### Relapse prevention:

4 week induction, 12 week optimization, 48 week maintenance

SUSTAIN-1 (6) (age >18)

### Long-term Safety:

SUSTAIN-2 (7) Open label, 52 week duration (age>65)

SUSTAIN-3 (10) Open label, up to 63 months ongoing study (age>18)

## EFFICACY

**Induction:** A meta-analysis by Papakostas et al (N=708) (8) demonstrated that adjunctive esketamine + SSRI or SNRI (b) was significantly more effective than placebo + SSRI or SNRI\* for MADRS score change (SMD=0.37, p<0.001), response (RR=1.41, NNT=6, p<0.001), and remission (RR=1.45, NNT=8, p<0.001).

**Relapse prevention:** For those who achieved stable remission or response, patients had significantly reduced and delayed relapse events (HR 0.3-0.49) over 48 weeks (6).

## SAFETY

**After administration (with resolution 1-4h post dose):** Nausea/vomiting, dizziness, sedation, dissociation, headache, increased blood pressure (12-18 mmHg increase in SBP, 7-11 mmHg increase in DBP (9)), hypoesthesia.

**Long-term:** Taste disturbance, post-nasal drip, UTI, dysuria, micturition, urgency, possible abuse potential, cognitive function appeared stable at week 44 (6). **Serious:** Suicide ideation/attempt, anxiety, disorientation, delirium, delusion.

## CONSIDERATIONS

**Trial exclusions:** MDD with psychotic features, history of suicide ideation in past 6 month, history of SUD/AUD, MMSE <25, neurodegenerative or significant CV disorder, <18 years, pregnancy

### Knowledge limitations:

- Lack of evidence comparing esketamine to current adjunctive treatments for TRD (i.e. combined oral antidepressants, adjunctive therapy, ECT, etc.)
- Appropriate duration and discontinuation of esketamine
- Abuse potential due to dissociative and hallucinogenic effects. Current study in progress (11).
- Cost-benefit ratio for drug cost (28 mg, \$273 CAD (12)) and clinic administration/monitoring.

**Case resolution:** Despite limitations stated above, esketamine nasal spray appears as a promising new treatment for TRD and could be a therapeutic adjunct to SSRI or SNRI for this patient.

**Plan:** Bupropion should be tapered off and patient stabilized on a SSRI or SNRI (such as duloxetine, escitalopram, sertraline, or venlafaxine XR) prior to first dose of esketamine. **Safety:** Monitoring for adverse effects as stated above. Ensure blood pressure continues to be well controlled (<140/90 mmHg(9)) prior to esketamine administration.

click [here](#) for a list of abbreviations and reference