

Canadian Society of
Hospital Pharmacists
Alberta Branch



Société canadienne des
pharmaciens d'hôpitaux



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President's Message

Dear members and supporters,

I told myself that I wouldn't use the C-word in this newsletter. It seems like everywhere you go, that's all you read and hear about. So I'll use another C-word instead. 2020 has been a year of Change... Change with a capital C. Or maybe all-caps and bolded. It has upended our personal lives, how we socialize, our work, our plans, and our activities. While it may feel like there is no upside to all of this, I believe it has made us stronger and better. It has allowed for people to reflect and re-prioritize. It has revealed to us what we take for granted and increased our appreciation for what we have.

This goes for CSHP as well. We have been working on redefining what and how we deliver our services to members and this change has highlighted what is truly unique to and valuable about CSHP. We have seen a huge increase in the use of our PSNs and this has emphasized the value of having a strong and active community that is willing to share experiences and knowledge, and support one another. We're seeing more collaboration and sharing between branches, such as branches offering their educational events for free to members across the nation. Our Alberta branch educational committee held our annual conference (CABS) virtually for the first time and we saw over three times the number of attendees than we typically do, with participants from literally all the provinces. It demonstrated that we can be successful in delivering education through a different medium, with even an increase in engagement. This change has shown how our community has a huge reservoir of knowledge and expertise. Every week CSHP National has been hosting webinars on a variety of topics and we have been able to draw on this large pool of expertise to help us all deal with the changes occurring at our places of work.

We want to continue amplifying the good things we have and create additional benefits for you. For this upcoming year, your CSHP Alberta Council and its committees will be working hard to deliver more to you despite the changes in how we function. We will be endeavouring to provide more educational events and distribute more informative content. We are looking into offering more value-added services and benefits to our membership. In order to do so, we will be reaching out to you in a couple months time to hear from you, the member. We want to know what you would like to see from us and what you value in being a part of CSHP. We will be reaching out and engaging with you in more varied ways – look for more communication on Facebook, Twitter, and Instagram. If you don't already, make sure to follow us, so that you can keep up to date with all the new changes! With a new strategic plan and new initiatives on the horizon, I'm incredibly excited to be working with this volunteer group of passionate and talented people. In the following pages, you will hear from them personally why they are a part of CSHP. A huge thank you to them and past volunteers for giving up their time and energy to move our profession forward and create the positive change we need! Thank you to YOU the member for staying engaged and supporting our organization!

With your help, we're going to use this unique moment in our history to change CSHP to better serve you, so that you can be empowered to bring change into your everyday professional life.

Sincerely,

Lesley Beique
President, Internal Portfolio
CSHP Alberta Branch
Lesley.beique@ahs.ca



CSHP-AB Council Profiles

We asked them why they are a part of CSHP, and here are their responses



Lesley Beique
President, Internal Portfolio

The community – I love the vivacity of the volunteers and support that is given from this community. When you talk to other members across the country, you see how we have common goals and want to move the profession forward. Some of the connections that I have built throughout the years have had lasting impressions on my career and myself personally, and that wouldn't be possible without CSHP.

Josh Torrance
President-Elect, External Portfolio

I am part of CSHP because it lets me be a better advocate for the profession. It is a community that allows me to work with like-minded people who want to highlight what pharmacists can offer to patients and society, while also helping to support and advance the profession.



Rene Breault
Past-President, Vision Portfolio



Being a CSHP member provides the opportunity to network with colleagues and to be a part of a larger national organization that advocates on behalf of hospital pharmacy. Volunteering with the organization allows me to engage with other members from across the country and to give back to the organization and the profession.

I first joined CSHP in 1987, and have been a member continuously since. The profession and my jobs and roles within it have gone through many changes throughout that time, but CSHP has been a constant. When I was a new grad and resident, reviewing the past and current issues of CJHP was like a time capsule of the issues that led to where we were at, and a forum for discussion of where we needed to go. As a result of connections made through CSHP, I understood that I was part of something long-standing and of great value. During this year's pandemic, pharmacy professionals across the country flocked to the CSHP webinars for support and information. So while the media and details changed over time, the forum that CSHP provides for pharmacy professionals in hospitals and related practices to discuss professional concerns remains as essential as ever. The advocacy efforts of CSHP are another key benefit that has kept me as a member. Advocacy, not just for pharmacy professionals, but for the goals and values we stand for, is perhaps easy to overlook or undervalue, but is so important. In the recent CSHP member surveys, this role for CSHP is one of the top priorities for members, and CSHP does a fabulous job with it. I encourage everyone to be a CSHP member, and to get involved with activities and opportunities that the Society provides.

Ian Creurer
Branch Delegate



CSHP-AB Council Profiles

We asked them why they are a part of CSHP, and here are their responses



Meghan Mior Awards Committee Chairperson

I am a member of CSHP because I believe in the organization's vision for hospital pharmacy practice. The education you can access in the form of webinars, conferences and online content help enrich your practice. I also love that you are instantly part of something bigger once you join this network of like-minded individuals.

Morgan Schultz

Banff Seminar
Planning Committee Chairperson

Involvement within CSHP gives me the invaluable opportunity to connect with pharmacy professionals across the province and across the country. This connection is important now more than ever.



June Chen

Communications Committee
Chairperson

Through CSHP's host program, educational events, and hospital pharmacy residency, CSHP introduced me to hospital pharmacy, and provided me with opportunities to network, collaborate, advance my practice, and inspire others. Being a part of CSHP also allows me to give back to the profession and connect with others.



Jenna Smith

Membership Committee
Chairperson

I wanted to be part of an organization that inspires and empowers its members to advance their professional practice. Also, the networking and friendships with all of the volunteers are pretty awesome to be a part of, too!



Jon Hung

PAM Committee Chairperson

CSHP has been a part of my pharmacy journey since the beginning of pharmacy school. I signed on as a student member for the duration of pharmacy school and I realized the benefit of having the CSHP mentorship program/host program as a student looking to enter the world of hospital pharmacy. I was able to direct my questions about what it was like practicing in different clinical areas, the positives, and the struggles, and having those discussions with my hosts was a big reason why I ended up applying for my residency. After completing my pharmacy residency, I decided to continue as a member to give back a little bit of my time to a cause that I believe was a huge asset during my journey. Without the benefit of having access to a hospital pharmacist willing to talk about their contributions



to acute care, I never would have imagined working on the front lines in acute care medicine. I continue to be a part of CSHP because I have seen how valuable pharmacists are to the medical team, and I want to continue to promote the different ways that pharmacists can impact patient care. CSHP offers the chance to grow as a professional through a network of some of the most intelligent pharmacists I have had the pleasure of talking to, and I hope that in some small way, as a member of CSHP, I can have an impact on someone's pharmacy journey the way that I have been impacted.

CSHP-AB Council Profiles

We asked them why they are a part of CSHP, and here are their responses



Kirsten George-Phillips

Education Committee Chairperson

I am a part of CSHP because it is an organization that provides great leadership and advocacy for hospital pharmacists. CSHP also provides many opportunities to network and share resources with pharmacists from across the country.

Teri Charrois

Research Committee Chairperson

I am a Clinical Associate Professor at the Faculty of Pharmacy and Pharmaceutical Sciences and a pharmacist at a Multidisciplinary Bone Health Clinic. I am a part of CSHP to feel part of a larger community working together to improve the profession through advocacy, education, and research.



Alex Bartman

Secretary

I am a part of CSHP because I really like meeting colleagues from across the country and the opportunity to work with an organization that supports and advocates for hospital pharmacists. I also enjoy the many opportunities CSHP offers its members, including the hospital pharmacy residency program, conferences/other educational events, and reduced insurance rates!

Priya Samuel

Treasurer

As a CSHP member, I have the opportunity to meet and collaborate with colleagues across the province and country. I also love that, through CSHP, I can help advocate for, and shape, the future of pharmacy.



Cody Thompson

Student Committee Chairperson

I am a CSHP member and volunteer because I value what CSHP has taught me about hospital pharmacy. As a student, CSHP has played a significant role in introducing me to potential career options as a hospital pharmacist. I want to help others in our profession learn more about hospital pharmacy.

Advocacy update



COVID & PPE - CSHP has partnered with major pharmacy sector stakeholders to urge the Government of Canada and Public Health Agency of Canada to ensure that pharmacists are recognized as essential health care providers with respect to the supply and allocation of PPE. CSHP signed on to [an open letter to the Government of Canada](#), led by CPhA and co-signed by 16 other national and provincial organizations, advocating for this. CSHP is working with CPhA to develop evidence-based PPE best practice recommendations.

Drug Shortages – In late 2019, the U.S. FDA proposed an amendment to its regulations permitting importation of prescription drugs from Canada in an effort to reduce the

costs of medications to American patients. The potential repercussions of this proposal on the Canadian drug supply chain are significant. CSHP has taken part in multiple initiatives to communicate these concerns to Canadian and American federal governments, including CSHP's Chief Pharmacy Officer delivering a [testimony](#) before Connecticut legislators, preparing a [submission](#) to federal legislatures regarding the FDA's Proposal on Importation of Prescription Drugs, and signing a multi-stakeholder [letter](#) to the Prime Minister requesting swift and decisive actions to protect Canada's drug supply.

Faculty News

The Faculty of Pharmacy and Pharmaceutical Sciences (FoPPS) continues to deliver program coursework remotely this fall to all years of the program and will continue to do so for the winter term of 2021.

The University held its virtual alumni week September 21 to 27. The FoPPS showcased "Research Behind the Scenes", providing virtual tours of the research being conducted at the Faculty, including the work being done by Applied Pharmaceutical Innovation, Dr. Nese Yuksel, Dr. John Ussher, and Dr. Afsaneh Lavasanifar.

Dr. Sherif Mahmoud, Associate Clinical Professor and CSHP member, was named a Fellow of the Neurocritical Care Society and received the 2020 Neurocritical Care Society Presidential Citation. Congratulations!



CABS 2020 Recap



We were pleased to have such a great turnout for the CSHP Alberta Branch Symposium (CABS) on October 3rd and 4th. Our first branch virtual education event hosted over 230 attendees each day, including not only Alberta members, but also CSHP members from almost every province and territory. There was not an official count of the number of participants who attended in their pajamas, but we venture to guess that there were at least a handful. 😊

This year's conference theme "*Under the Influence*" was highlighted throughout the presentations, including the key note address where Dr. Jamie Kellar spoke on the "Influence

of Professional Identity on Practice Changes and Decision Making". In addition to many "influential" presentations, our virtual format also allowed for poster presentations from members of our local research community, as well as sponsorship stretch breaks.

Until we are able to again plan to meet in person, we look forward to offering CSHP Alberta education events virtually for the upcoming year. We will keep you posted on upcoming events and plan to announce one early in the new year.

CSHP Alberta Branch Award Winners

Past President Award

Sponsored by Frensius Kabi

Rene Breault

The 2019-2020 CSHP AB Branch Council would like to thank Rene for his strong leadership over the past year. It was a year of significant challenges due to both the pandemic and the financial pressures at both the branch and National level, and Rene's thoughtful and decisive leadership was invaluable in helping the branch plan a path forward. We congratulate him on now having the honor of being a Past President of our local CSHP branch, and look forward to his continued involvement in the coming years.



Donna Pipa

Meritorious Service Award

Lauren Bresee

This award is presented to a member of the CSHP AB Branch in recognition of exceptional contributions to CSHP at the branch level. During Lauren's time as CSHP AB President and Past President, she completely updated the operational manual, defined the research committee chair role, and brought the entire branch record system online. Years after her tenure, Lauren's impact is still apparent across all branch committees. Lauren truly embodies commitment to CSHP and what it means to be a strong advocate for our Branch.

Nominators:

Deonne Dersch- Mills and Jennifer Jupp



Mentorship Award

Teri Charrois

The purpose of this award is to recognize members who have made significant contributions to the profession of pharmacy through teaching or mentorship in hospital practice.

Teri is a clinical associate professor at the University of Alberta and oversees the practice curriculum as Director of Practice Innovation. She is an accomplished mentor and teacher with a strong desire to further the profession by inspiring future leaders. Her passion for mentorship is widely felt by her faculty colleagues, residents, and an ever growing body of pharmacy students.

Nominators:

Ann Thompson, Sheri Koshman and John Markowsky



CSHP Alberta Branch Award Winners

Practitioner Award Cecilia Lau

This award is presented to a pharmacist in recognition of significant contributions to hospital pharmacy practice through exceptional patient care. Throughout an extraordinary 20-year career, it is safe to say Cecilia has done it all.

From development of protocols, implementation of antimicrobial stewardship initiatives, precepting students and residents, quality improvement and research activities, Cecilia is the epitome of a dedicated CSHP supporter who provides exceptional patient care in her day-to-day practices. Cecilia is a truly deserving candidate who consistently functions and operates beyond the award criteria.

Nominators: Alice Chan, Margaret Gray and Ramona Sidhu



Pharmacy Practice Residency Research Award Sponsored by Pfizer Hannah Kaliel

This is awarded to a hospital pharmacy resident whose major project is judged to be the most deserving in terms of representing a significant innovation, practical application, and/or development in an institutional pharmacy practice setting.

Project:

Prescribing patterns in cancer-associated thrombosis: a single centre experience in Edmonton, Alberta, Canada



Future Professional Award Abanoub Graiss

Fresenius Kabi Travel Grant Jackson Stewart Gloria Maydaniuk

Residency Preceptors of the Year Margaret Ackman Rhonda Roedler

Resident of the Year Sabrina Lorico Cassandra Cooper

Recognition Award 2020 Recognition Theme: *Innovative Ways of Using Technology to Improve Efficiency in Patient Care*

Ginny Cummings
Josh Torrance
Natalie McMurtry
Rene Breault
Teri Charrois
Sheri Koshman
Jill Hall

Edmonton Remand Pharmacy Team

Late Breaking Clinical Trials

Highlighting what's new in cardiology & diabetes

Click on the titles for direct links to access the papers!



By: CSHP AB Branch Research Committee

Over the next year, our committee will be sharing evidence-based reviews, practice tools, and highlighting pharmacy research practice with each newsletter. To keep you busy until then, we thought we would share some of the latest guideline updates published this fall and highlight three landmark trials in heart failure and peripheral vascular disease.



2020 Diabetes Canada Update

Integrating sweet evidence in T2DM with work from CSHP AB member, Dr. Scot Simpson!



2020 CCS Atrial Fibrillation

This is not a fib! The last comprehensive guide was in 2010!



CCS Dyslipidemia Guidelines

How low can you go? Stay tuned for the much anticipated release!



EMPEROR-REDUCED

Going beyond T2DM? - Read the latest evidence supporting empagliflozin in heart failure



VICTORIA

Help or hype? Leveraging novel mechanisms with vericiguat for heart failure



VOYAGER-PAD

A new *dual* path for patients with peripheral vascular disease.

short & snappy

-A CLINICAL OVERVIEW

Burning Through the Evidence for Cyclosporine in Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis

Jasmine Gill

Pharmacy Resident, Edmonton Zone

Clinical question: In adults with Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN), does cyclosporine (CSA) compared to other adjuvant and supportive therapies reduce mortality?

Background: SJS and TEN are life-threatening mucocutaneous reactions typically caused by medications. SJS affects <10% body surface area (BSA), whereas TEN involves >30% BSA. Severity of illness can be calculated using SCORTEN - a validated predictor of mortality based on 7 risk factors. [1,2,3] Supportive care is currently the mainstay intervention, and involves discontinuing offending medication(s), airway support, transfer to an ICU/burn unit, wound care, and fluid/electrolyte monitoring. Some evidence suggests adjunctive therapies, such as CSA, corticosteroids, IVIG, anti-TNF-alpha antibodies, and plasmapheresis, may hasten recovery and reduce mortality. [1,2]

Review of Relevant Literature:

- Two guidelines: U.K. guidelines - evidence for CSA is inconclusive. Indian Association suggests CSA may be used alone or in combination with corticosteroids, based on limited, inconsistent evidence. [4,5]
- Four meta-analyses: [6,7,8,9]
 - Ng QX et al 2018 (n=256, 9 case series, 1 phase II trial) mean SCORTEN 1.65-4.3, compared CSA + supportive care to adjuvant therapies (such as cyclophosphamide +/- corticosteroids, IVIG +/- CSA, corticosteroids +/- CSA, or supportive care alone). [6]
 - Standardized mortality ratio (SMR = observed/predicted using SCORTEN) favored CSA + supportive care (0.32, p=0.002). Publication bias and heterogeneity among studies.
 - 3 earlier meta-analyses showed trend towards reduced mortality + morbidity with CSA vs other therapies, including IVIG, corticosteroids, and supportive care. Significant variability in baseline characteristics between patients. [7,8,9]
- Two prospective studies: [10,11]
 - Phase II trial included in 2018 meta-analysis studied CSA + supportive care (n=29) vs IVIG (n=34 from historical cohort). Mean SCORTEN 1.27. Mean age 34.
 - CSA cohort: ~3 predicted deaths per SCORTEN, none occurred. IVIG: 8 predicted deaths, 11 occurred. CSA - epidermal detachment stabilized in 62%, 38% had disease progression vs 35% stabilized in IVIG group and 65% had progression. All results non-statistically significant (NSS). [10]
- Four retrospective cohort studies: [12,13,14,15]
 - 2018 single center study (n=174) showed no reduction in mortality, progression of skin detachment or re-epithelialization with CSA + supportive care vs supportive care alone. [12]
 - Two small studies showed NSS mortality benefit. One study compared CSA (SMR 0.42, 95% CI 0.09-1.22) vs supportive care only (SMR 1.02, 95% CI 0.37-2.21), and the other compared CSA (SMR 0.43) vs IVIG (SMR 1.43). Latter study included patients treated with both therapies; significantly more patients on CSA had SJS vs TEN (58.8% vs 29.7%). [13,14]
 - 2019 single center study comparing CSA (n=13) vs corticosteroids (n=35) found complete re-epithelialization occurred sooner in CSA group (mean 9.6 vs 14.1 days). Duration of hospitalization ~ 7 days shorter (NSS) in patients on CSA. [15]

Bottom Line: Among the adjunctive therapies for SJS/TEN, CSA has the most evidence for improved outcomes. Limited data from cohort studies and case reports show delayed disease progression, shorter time to re-epithelialization and NSS reduction in mortality. Side-effects, such as neutropenia, nephropathy, and pneumonia, must be weighed against potential benefits.

short & snappy

-A CLINICAL OVERVIEW

DOACS in Cancer-Associated Thrombosis

Tina Ma
Pharmacy Resident, Central Zone

In patients with cancer-associated VTE, how does edoxaban, rivaroxaban, and apixaban compare to dalteparin in terms of efficacy (recurrent VTE) and safety (major bleeding)?

Cancer patients are at higher risk of thrombosis and may experience higher rates of venous thromboembolism (VTE) recurrence and bleeding complications during treatment. LMWH has been the standard of care with disadvantages including discomfort, anxiety over needle administration, and cost. Three randomized trials compared the direct oral anticoagulants (DOACs) edoxaban, rivaroxaban, and apixaban with LMWH in cancer-associated VTE treatment.

DOAC VTE Treatment RCT Summary Table

Study	HOKUSAI VTE Cancer		SELECT-D		ADAM VTE	
Trial Design	Randomized, open-label, Non-inferiority trial		Randomized, open-label, Pilot trial		Randomized, open-label, Superiority trial	
Comparison	LMWH + Edoxaban	Dalteparin	Rivaroxaban	Dalteparin	Apixaban	Dalteparin
Follow-up	12 months		6 months		6 months	
Results	Recurrent VTE (%)	7.9 11.3 HR 0.71 95% CI 0.48-1.06 P = 0.09	4 11 HR 0.43 95% CI 0.19-0.99 P = NR	0.7 6.3 HR 0.099 95% CI 0.013-0.78 P = 0.0281		
	Major Bleeding (%)	6.9 4 HR 1.77 95% CI 1.03-3.04 P = 0.04	6 4 HR 1.83 95% CI 0.68-4.96 P = NR	0 1.4 Cannot estimate HR P = 0.138		

Edoxaban, rivaroxaban, and apixaban are appropriate treatment options for cancer-associated VTE allowing oral administration, non-inferior or lower recurrent VTE rates, no monitoring, and reduced cost. However, precautions to consider prior to initiation include:

- Bleed risk
- Drug-drug interactions: P-gp or CYP3A4 inhibitors or inducers
- Extremes of body weight - BMI over 40 Kg/m² or weight over 120kg
- Reduced CrCl less than 30mL/min
- Safety among different tumour types - GI and GU malignancies shown to experience more bleeding while on edoxaban and rivaroxaban

DOAC VTE Treatment Dosing Summary Table

Setting	DOAC	Dose	Schedule	Duration
Initial	Apixaban	10mg	Twice daily	7 days
	Rivaroxaban	15mg	Twice daily	21 days
Long Term	Apixaban	5mg	Twice daily	6 months or more
	Rivaroxaban	20mg	Daily	
	Edoxaban	60mg	Daily	
		*Dose reduction for weight ≤60kg, drug interactions, and CrCL	30mg	Daily

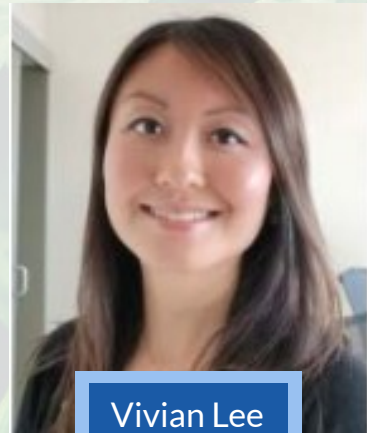
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CANNABINOID HYPEREMESIS SYNDROME (CHS) INFOGRAPHIC

SUBMITTED BY CSHP ONTARIO BRANCH: VIVIAN LEE, CSHP ONTARIO BRANCH DELEGATE (JR.) AND ER PHARMACIST AT PETERBOROUGH REGIONAL HEALTH CENTRE (PRHC)

Following Canada's legalization of cannabis in late 2018, the [Ontario Branch Journal Club CSHP](#) dedicated its February 2019 session on discussing the management of Cannabinoid Hyperemesis Syndrome (CHS). CHS is typically characterized by chronic, heavy use of cannabis, recurrent episodes of severe nausea and intractable vomiting, and abdominal pain. Patients experiencing CHS may present in the emergency room for intravenous antiemetics and rehydration. The journal club reviewed the evidence available to date on various pharmacological agents for managing CHS, including select antiemetics and capsaicin cream.



Vivian Lee

During the journal club session, there were discussions about a general lack of public awareness of CHS and resources for patients. An idea arose to create a CHS patient handout that would help educate patients on this condition and facilitate counseling by healthcare providers. By early August 2019, a working group was recruited from members of CSHP Ontario Branch and ISMP Canada to develop this handout. This working group also collaborated with members of Northwest Telepharmacy Solutions, Canadian Pharmacists Association (CPhA), Canadian Patient Safety Institute (CPSI), Canadian Centre on Substance Use and Addiction (CCSA), and Patients for Patient Safety Canada (PFPSA). We are thankful for all the collaboration and partnerships that have made this project possible. Fast forward to a year later on August 17, 2020, the CHS infographic was officially launched and can now be found in both [English](#) and [French](#) versions on the ISMP Canada website.

CSHP members are invited to use and share this tool with their clinician colleagues in hospitals and other collaborative healthcare settings where patients may benefit from counseling on CHS prevention, treatment, and risk reduction. Institutions wishing to customize the handout with the addition of their logo can contact our project lead [Alice Watt](#) for more information. You are also invited to provide feedback on your experience with using the handout through this [survey](#). At PRHC, we have been using capsaicin cream to manage CHS for almost 2 years and look forward to disseminating this handout for use in the emergency department.

CANNABINOID HYPEREMESIS SYNDROME (CHS) INFOGRAPHIC

[CONTINUED]


It has been a pleasure working on this project and learning from experts in the areas of substance use, patient advocacy and health literacy. We hope this project brings value to both ambulatory and acute care practices where CHS is being managed, and particularly to patients suffering from CHS by helping them gain a better understanding of the condition. Since the publication of this handout, Alice Moon, our patient advocate member in the working group, was featured in a recent [Washington Post article](#) describing her CHS journey. The article helps us as clinicians understand this debilitating condition from a patient's lens, while balancing the complex psychosocial and cultural factors associated with cannabis use.

If you have any questions or comments about this patient handout, we would love to hear from you. Please contact [Alice Watt](#), ISMP Canada Medication Safety Specialist, or [Vivian Lee](#), CSHP Ontario Branch Delegate (Jr).




Frequent vomiting from use of cannabis (pot/marijuana)

CHS - Cannabinoid Hyperemesis Syndrome



If you are vomiting more than 5 times per day, for a day or longer, immediately contact your health care provider or go to the nearest emergency department.



If you continue to experience CHS symptoms and are not improving as expected, talk with your health care provider.

What is CHS?

People with cannabinoid hyperemesis syndrome (CHS) experience persistent nausea and stomach pain that can lead to frequent and repetitive vomiting and weight loss. Frequent use of cannabis (at least once a week for more than a year) can increase the risk.

Treatment

- People with CHS may take a hot shower or bath to help temporarily relieve their symptoms. Caution should be taken as these can cause dehydration or scald/burn the skin.
- Capsaicin cream (brand name Zostrix) may be prescribed to help reduce the symptoms of CHS. The cream is to be applied to your stomach, back, or arms.
- Other medications may be prescribed to relieve nausea and vomiting.
- If you go to the emergency department, let your health care provider know if you are using cannabis to manage a medical condition. Your health care provider may do some blood tests. You may be given fluids intravenously to keep you hydrated and help you feel better.

Prevention


Choosing not to use cannabis is the only way to completely avoid CHS. If CHS does occur, the symptoms will usually resolve within 2 weeks after you stop using cannabis. **However, if you've had CHS once, even a small amount of cannabis can cause the symptoms to come back.** If this happens, talk to your health care provider about treatment options or programs for stopping cannabis use.

Reduce your risk of CHS by following "[Cannabis & Your Health: 10 WAYS to Reduce Risks When Using](#)". <https://bit.ly/lrcugphac>


For more information visit: www.ccsa.ca/cannabis

To access a PDF of this handout visit: safemedicationuse.ca/tools_resources/tips.html


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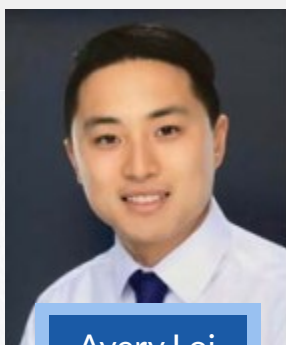
Canadian Centre on Substance Use and Addiction
www.ccsa.ca

Centre canadien sur les dépendances et l'usage des substances
www.ccsa.ca

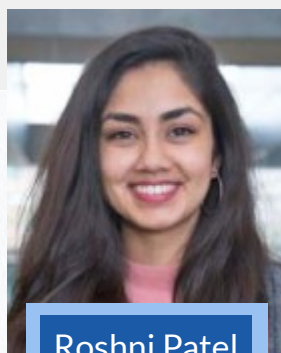
SafeMedicationUse.ca

RECENT PHARMACY GRADUATES CREATE COVID-19 DRUG EVIDENCE INITIATIVE

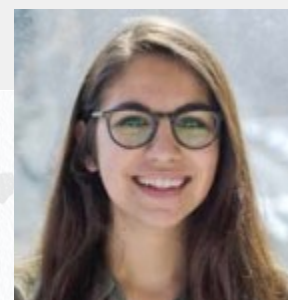
SUBMITTED BY CSHP ONTARIO BRANCH: AVERY LOI, PHARMD; ROSHNI PATEL, PHARMD; SAMEERA TOENJES, PHARMD



Avery Loi



Roshni Patel



Sameera Toenjes

Our Story

As students finishing our final year of pharmacy school, we were on Advanced Pharmacy Practice Experience (APPE) rotations when the COVID-19 pandemic started. As we saw our preceptors and other healthcare colleagues step up to the front line, we felt a responsibility as part of the healthcare community to help despite the cancellation of our rotations. While potential therapies for COVID-19 dominated headlines, we found no concise resource that summarized the evidence. We knew we could use our critical appraisal skills and training as medication-therapy experts to manage the overwhelming amount of information (and misinformation) flooding the media and health professional channels.

What We Do

Our project, the COVID-19 Drug Evidence Initiative (CDEI), helps healthcare professionals navigate the continuously growing COVID-19 literature and keeps them informed on emerging COVID-19 drug evidence. We accomplish this through 1) identifying relevant studies from the literature, 2) creating graphics featuring high-quality summaries and critical appraisals, and 3) sharing this information through a network of media platforms and collaborations with healthcare organizations. We identify all published studies and preprints of randomized controlled trials (RCTs) for COVID-19 drug therapy, and aim to be a timely, accessible, and relevant resource for healthcare workers to help fight COVID-19.

What We've Achieved

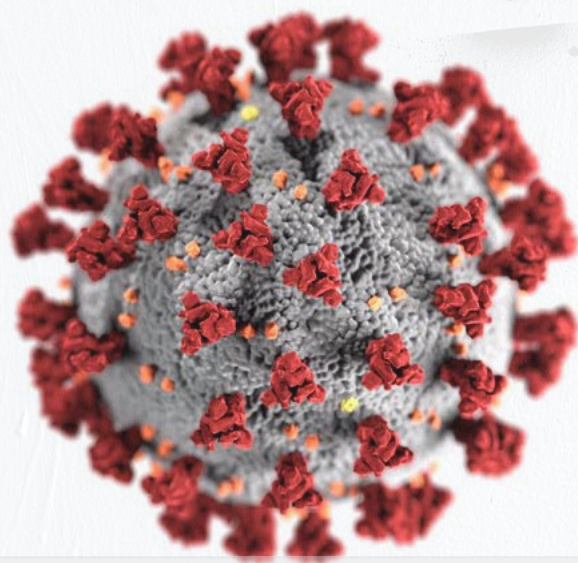
Our team has used our creative skills by displaying our trial summaries in concise and easy-to-read infographics, which are disseminated through a variety of channels. Our website (cdei.ca), social media platforms ([@COVID19_DEI](https://twitter.com/COVID19_DEI)), and weekly email newsletters provide our viewers with detailed summaries of the relevant COVID-19 clinical trials. Currently, our database has over 20 trial infographics and continues to grow. So far, we have had over 3,000 unique visitors and 10,000 page views on the website, along with an engaged social media following. CDEI is a novel platform which fills the need for an evidence-based resource for COVID-19 treatment in this era where information is continuously shared through the internet and social media.

RECENT PHARMACY GRADUATES CREATE COVID-19 DRUG EVIDENCE INITIATIVE

[CONTINUED]

Lessons Learned & Future Directions

With the constantly evolving situation, CDEI has had to adapt in order to stay relevant and impactful to our viewers. In trying to better reach our audience, we have refined our graphics and social media outreach to be more concise, relevant, and accessible. We have spent numerous meetings defining the template and along the way, added a critical appraisal tool based on the Center for Evidence Based Medicine's resource. Focusing on these aspects of the project and implementing these changes has been met with gratitude from our viewers via formal and informal feedback. Additionally, after consulting researchers, we narrowed our inclusion criteria and methods for our literature search to focus on higher quality evidence (i.e., RCTs). In doing this, we hope to make CDEI a database for COVID-19 drug therapy that is not only useful as a new source for the latest drug trials, but also as a tool to help assess the landscape of all high-quality drug trials. We are currently expanding the team to help with trial analysis and are looking into including vaccine trials. Despite the decreasing number of COVID-19 cases across Canada, COVID-19 still remains a long-term threat as there is a rising number of cases globally and no current vaccine. With no consensus on treatment and a rising outflow of publications, CDEI will help reduce information overload and inform evidence-based practice.



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