

INPHARMATION UPDATE

Canadian Society of
Hospital Pharmacists
Alberta Branch



Société canadienne des
pharmaciens d'hôpitaux



March 2022

Issue 54

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HOSPITAL
PHARMACY 

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President's Message

Hello everyone and welcome to the March edition of our Inpharmation newsletter! March brings us the second year of Pharmacy Appreciation Month (formerly Pharmacy Awareness Month). This change formally incorporated an aspect of celebration for all the pharmacy teams who have continued to provide outstanding care and service despite the challenges we have seen these past couple of years. With that in mind, I would like to acknowledge all the pharmacy team members who have consistently risen to the occasion to meet the needs of our patients, our colleagues, and the health care system. From delivering patient care in novel ways to ensuring critical medications are available for our patients, pharmacy teams have demonstrated why they are crucial to society. We also have much to celebrate within CSHP because of our hardworking members and volunteers.



Starting locally, our branch PAM Committee is ready to bring us another fantastic Pharmacy Appreciation Month. The PAM Committee will also be hosting giveaways, events, and other activities throughout the month and they have handed out a record number of PAM mini-grants, giving our members a chance to host their own local events. Keep an eye out in this newsletter and our social media to see what is happening across the province.

In addition to the PAM Committee, the rest of our committees have been hard at work to continue to provide opportunities and resources to our members. Our Education Committee hosted their “Blue Christmas” educational event last year and will be planning another educational event on cystic fibrosis this month. Our Research Committee has been hard at work finalizing our new Research Mentorship program that will pair members interested in research with mentors who can support them in the process. We have also completed another successful match of pharmacy students with pharmacist mentors. The Student Committee will be hosting their annual Career night, along with several PAM activities in March.

Finally, CSHP hosted the second Together Conference in January and February. This 9 day conference provided a combination of live virtual presentations along with recorded “on-demand” content. With almost 1,000 attendees, it was a chance for our members to collaborate and network while continuing their own professional development. I would like to give a huge congratulations to the organizers for hosting another successful event!

I know there have been many challenges over the past year, but this has reaffirmed why I am proud to be part of the pharmacy profession. I want to sincerely thank all of you for your efforts and contributions and hope that you all have the opportunity to celebrate our profession this month.

Joshua Torrance
President, External Portfolio
CSHP Alberta Branch

Pharmacist Spotlight:

LESLEY BEIQUÉ

BSc.Pharm., ACPR
PharmD

Past President Award



PROFILE

POSITION

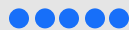
Pharmacy Manager

LOCATION

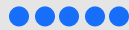
Rockyview Hospital
Calgary, Alberta

EXPERTISE

LEADERSHIP



MAKING A DIFFERENCE



COLLABORATION



Amanda (interviewer): We know you are the Manager of Pharmacy Services at Rockyview General Hospital, and the Past President (Internal) for CSHP Alberta Branch. You were the recipient of the Donna Pipa Meritorious Service Award this year. Congratulations! Tell us your story that led you to becoming the leader you are today in the Pharmacy world.

Lesley: I started my career in pharmacy doing a residency here in Calgary. I wasn't interested in any sort of formal leadership position - I was focused mainly on clinical. And that's what I did for many years - I mostly practiced in Internal Medicine but also dabbled in Emergency, ICU and Mental Health. As much as I loved the team and working on MTU, I hit a point where I felt that I wasn't completely satisfied with my work anymore - I was missing something but I couldn't quite put my finger on it.

A lot of soul searching led me to do a PharmD at the UofA. A couple key things I realized from that: a driving purpose for me was that I like to make a difference and that I was drawn to the challenge of leadership roles. I started to seek out more opportunities where I could explore growing my leadership skills and become a formal leader.

One thing led to another and I applied for a new position (Clinical knowledge lead) outside of Pharmacy that was involved with Connect Care. It gave me experience on a whole different level. I got to understand a lot of the provincial, big picture pieces and liaise with various departments, professions, and roles. It was a role that I was able to build and establish by myself, and while it wasn't direct patient care - I felt like I was making a difference in another way. Making a difference is also the reason why I chose to be a presidential officer at the CSHP Alberta Branch. It allowed me to help make a difference for the Branch so that we could support hospital pharmacists.



A **driving purpose** for me was that I like to make a difference and that I was drawn to the challenge of **leadership roles**.



During that same time I was starting the CKL role, I also took on another challenge. I started a pilot project in the Emergency Department, maximizing the scope of both pharmacists and physiotherapists to collaboratively treat low back pain together. The pilot project had gotten really great results, and we decided that it would be worth pursuing a grant. It was a harrowing year of writing grant applications, collaborating with everyone ... you name it, we probably talked to them! We made it so far as getting to the "Dragon's Den" of the grant process - but unfortunately were not successful. Although disappointing, I learned so much from this process. [I learned something else about myself. I love collaboration and I love connecting with others.](#)

This culminated to becoming the Pharmacy Manager at Rockyview General Hospital. It is an accumulation of the lessons I have learned along the way. I get to make a difference - in the sense that I help others make a difference in patients' lives. This position allows me to collaborate with pharmacists, techs and assistants in the department and the other departments in the hospital. Finally - it's the challenge I was looking for!

Amanda: Tell us about what you find rewarding by being involved with CSHP.

Lesley: I love the connections that it has created and the opportunities to collaborate with so many people. It is a great team to work with and I'm inspired by all of those around me. I also think that our branch is making a difference - it is helping to push our profession further and helping to support all those within this profession.

Amanda: When you work with colleagues who are leaders in pharmacy advocacy, what do they do that you appreciate that makes them effective pharmacy advocates?

Lesley: These are people who can [effectively communicate their vision and share it with others](#). They pull people up with them, not just push them along. [They can articulate and frame topics in a way that others understand](#). They have the courage to be vulnerable but the confidence to continue ahead even if they are being questioned or encounter conflict. They are active listeners and are open to new ideas and challenges - this allows them to pivot when needed and have the ability to change. One person whom I admire and is a great advocate for Pharmacy, Margaret Gray, has this ability to be very present in everything she does. It's a form of mindfulness that I struggle to achieve, but I think she does this really well. That quality is really important in being able to fully engage in difficult and important discussions. It's also how she gets things done and is at the table for many conversations.



Have the courage to be vulnerable but the confidence to continue ahead.



Amanda: What pharmacy-related projects are you looking forward to being a part of in the next 12 months?

Lesley: For the next 12 months the majority of my focus will be on my staff and supporting them. That is essentially what my role is all about - is working FOR them. I want to create a platform for them to share learnings/readings/resources. I hope to create a community of learning, teaching and mentoring amongst peers, not just with learners and students. I also want to provide the support that was given to me when I did my pilot project in the Emergency Department, and want to encourage others to do initiatives that further our profession's ability to improve patient care and make a difference. Another big focus will be on getting everyone ready for Connect Care and making sure they have the support they need to get through it as smoothly as possible.

Contact Us

Do you, or someone you know, want to be interviewed for Spotlight?

We are interviewing Pharmacists, Pharmacy Technicians, and Pharmacy Assistants who make a difference. If you would like to be interviewed or would like to nominate someone to be interviewed, please submit your request to:

babadagl@ualberta.ca and aleong@ualberta.ca

CSHP AB Mentorship Program

CSHP Alberta Branch is launching a Mentorship program and new website in Spring 2022!

The research mentorship program aims to support the development of research skills of pharmacy professionals at any career stage, encourage and promote pharmacist-led research activities, and facilitate intra-professional and interprofessional collaborative opportunities. Our website will feature a repository of research resources and feature the mentorship program including mentor profiles and information.

Who can become involved in the research mentorship program?

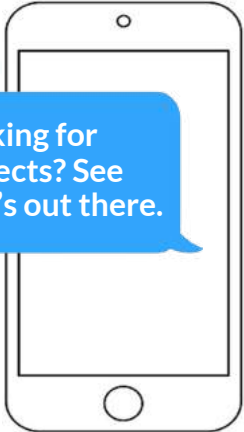
- All CSHP AB members are eligible to participate
- Mentors are experienced CSHP AB researchers with expertise in particular areas, and are willing to share their knowledge with Mentees.
- Mentees are CSHP AB members interested in gaining research knowledge and experience from Mentors
- Participants can be both Mentors in areas of expertise and Mentees in areas in which they want to learn more.

Why be a Mentor?

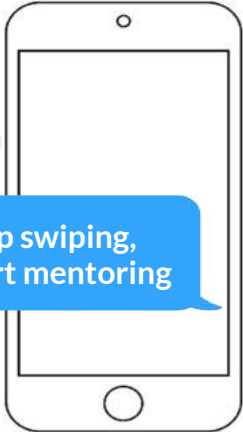
- Further develop your professional competencies
- Improve your leadership & communication skills
- Learn new skills from Mentees (E.g., reverse mentorship – technology)
- Experience intrinsic benefits through altruism & giving back to profession

Stay tuned for details for our Mentee Intake Forms and Virtual Networking Event!

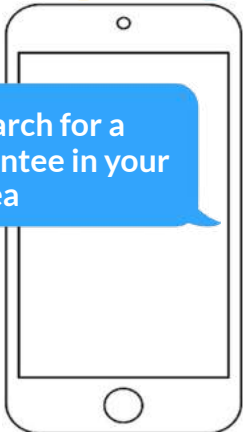
Find YOUR mentorship match and fill out a **Mentor Intake Form** [here](#)




Looking for projects? See who's out there.



Stop swiping, start mentoring



Search for a mentee in your area



Your mentee is waiting!



Faculty Update

- Faculty of Pharmacy and Pharmaceutical Sciences at the University of Alberta now has the **Safeway Award in Pharmacy** for First Nation, Inuit and Métis, LGBTQ2s+ and gender and visible minority pharmacy students in any year of study.
- Due to Omicron, classes were continued virtually but have resumed in person on February 28th.
- Specific labs, such as injection training, are still done in person. This means the third year students are injection trained and can help administer vaccines.

Advocacy Update

Did you know that part of the support CSHP provides to pharmacists is through advocacy? What does this mean to you as an individual healthcare provider? Here's just one example of advocacy in action:

In November 2021, CSHP Chief Pharmacy Officer Christina Adams joined over 70 representatives from institutions around the world to discuss the future of digital health. The meetings were convened by the Alliance for Safe Online Pharmacies (ASOP) and were aimed at improving online pharmacy safety. One of the issues discussed was counterfeit medications sold through social media platforms and/or illegal online pharmacies. Through this work, CSHP is committed to combat misinformation and improve patient safety in our increasing digital world of health care.

short & snappy

-A CLINICAL OVERVIEW

Two Birds with One Stone? Effectiveness of Pregabalin in Alcohol Use Disorder when Initiated for Anxiety

Jordan Kelly, BSc, PharmD
Luiza Radu, BSc, BSc Pharm, ACPR

Case:

- HPI: 40 y.o. female presenting with ETOH withdrawal
- Med Hx: Alcohol use disorder (AUD), anxiety and PTSD
- Meds: Bupropion XL, Prazosin qhs
- Pregabalin 75 mg PO daily (with a goal dose of 150 mg PO BID in 3 weeks) initiated by inpatient psychiatry for treatment of anxiety.
- Patient is motivated to start pharmacotherapy for treatment of AUD

Clinical Question:

Is there any evidence to support the use of pregabalin in the treatment of AUD or is an additional pharmacotherapy agent required?

Published Evidence for use of Pregabalin in AUD:

1. **16 week open-label pilot study**⁴ (N 20)
 - Pregabalin (no comparator): Titrated to 150-450mg/day in 1 week
 - Results: 50% remained ETOH free; reductions in CIWA-Ar (p<0.001) and cravings (VAS; OCDS) (p<0.001) were observed
2. **2 week open-label study**⁵ (N 40)
 - Pregabalin (no comparator): 200-400mg/day
 - Results: 62.5% remained ETOH free; reduction (p<0.001) in CIWA-Ar and cravings (VAS; OCDS); improved anxiety (p<0.001) and QoL (p<0.001)
3. **16 week Double-Blind RCT**⁶ (N 59)
 - Pregabalin (150-450 mg/day) vs Naltrexone (50mg/day)
 - Results:
 1. ETOH free: Similar 48.4% vs 39.4%
 2. Cravings (VAS; OCDS): reduced by both pregabalin and naltrexone to same extent
 3. Improved QoL (p<0.05) with pregabalin

Adverse Effects ⁷	Other Considerations ^{3,7}
<ul style="list-style-type: none"> • Drowsiness, confusion, dizziness • Peripheral Edema • Abuse potential • Visual Disturbances • Suicidal Ideation 	<p>Interaction with ETOH: drowsiness and respiratory depression</p> <p>Pregabalin for treatment of AUD is an off-label use</p>

Review of Evidence for AUD Treatment^{1,2}

- **First line:** acamprosate or naltrexone
- **Alternatives/off-label:** gabapentin, baclofen and topiramate
- Despite pharmacologic similarities of gabapentinoids only gabapentin has been listed as an agent of choice in AUD guidelines, however pregabalin is considered to be the agent of choice over gabapentin for anxiety disorders.³

Bottom Line:

Pregabalin appears to be effective at increasing ETOH-free time, reducing cravings, and improving QoL. If pregabalin is used for both anxiety and AUD, close monitoring is required.

References:

(1) Crabb DW, Im GY, Szabo G, Mellinger JL, Lucey MR. Diagnosis and Treatment of Alcohol-Associated Liver Diseases: 2019 Practice Guidance From the American Association for the Study of Liver Diseases. *Hepatology*. 2020;71(1):306-33. (2) Leggio L, Lee MR. Treatment of Alcohol Use Disorder in Patients with Alcoholic Liver Disease. *Am J Med*. 2017 Feb;130(2):124-34. (3) Gimeno C, Dorado ML, Roncero C, Szerman N, Vega P, Balanzá-Martínez V, et al. Treatment of Comorbid Alcohol Dependence and Anxiety Disorder: Review of the Scientific Evidence and Recommendations for Treatment. *Front Psychiatry*. 2017 Sep 22;8:173. (4) Martinotti G, Di Nicola M, Tedeschi D, Mazza M, Janiri L, Brià P. Efficacy and safety of pregabalin in alcohol dependence. *Adv Therapy*. 2008 Jun;25(6):608-18. (5) Di Nicola M, Martinotti G, Tedeschi D, Frustaci A, Mazza M, Sarchiapone M, et al. Pregabalin in outpatient detoxification of subjects with mild-to-moderate alcohol withdrawal syndrome. *Hum Psychopharmacol Clin Exp*. 2010 Apr;25(3):268-75. (6) Martinotti G, Di Nicola M, Tedeschi D, Andreoli S, Reina D, Pomponi M, et al. Pregabalin versus naltrexone in alcohol dependence: a randomised, double-blind, comparison trial. *J Psychopharmacol*. 2010 Sep;24(9):1367-74. (7) Lyrica (Pregabalin) Product Monograph. Kirkland (QC):Upjohn Canada ULC. 2020 May 11.

short & snappy

-A CLINICAL OVERVIEW

Apixaban in Cancer-Associated Thrombosis (CAT)

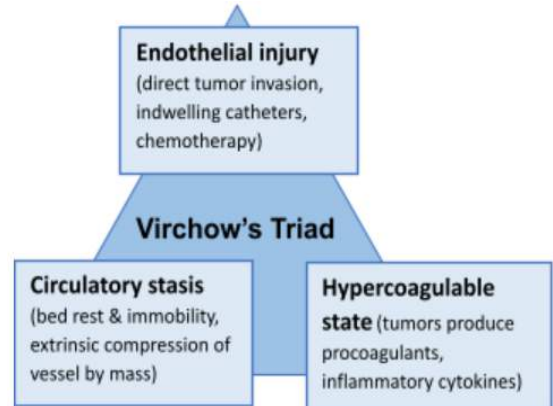
Lynnea Schultz, PharmD
Pharmacy Resident, Edmonton Zone

Case:

- 66F with history of ovarian cancer admitted with small bowel obstruction.
- PMH: PE July 2019 - on rivaroxaban 20 mg po daily.

Relevant DRP: Requires assessment of anticoagulation for PE secondary to CAT.

Clinical Question: In CAT, is apixaban as effective as LMWH for VTE prevention?



	Design	Results	Appraisal		
CARAVAGGIO ⁴	Non-inferiority RCT (n=1170) of apixaban vs dalteparin Include: patients with new VTE + cancer	Recurrent VTE	Strengths: adequate blinding, baseline characteristics balanced, low lost to follow-up, included variety of cancers, no anticancer therapies excluded. Limitations: open label, mITT analysis, 6 months duration, funded by industry.		
		Apixaban		Dalteparin	P value
		32 (5.6%)		46 (7.9%)	<0.001
		Major bleed			
ADAM VTE ⁵	Randomized open-label trial (n=300) of apixaban vs dalteparin Include: adults with active cancer + confirmed VTE	Recurrent VTE	Strengths: baseline characteristics balanced, low lost to follow-up, ITT analysis Limitations: small study, 6 months duration, primary endpoint was safety, lower than predicted event rates, funded by industry.		
		Apixaban		Dalteparin	P value
		1 (0.7%)		9 (6.3%)	0.0281
		Major bleed			
		Apixaban	Dalteparin	P value	
		0	2 (1.4%)	n/a	

Bottom Line:

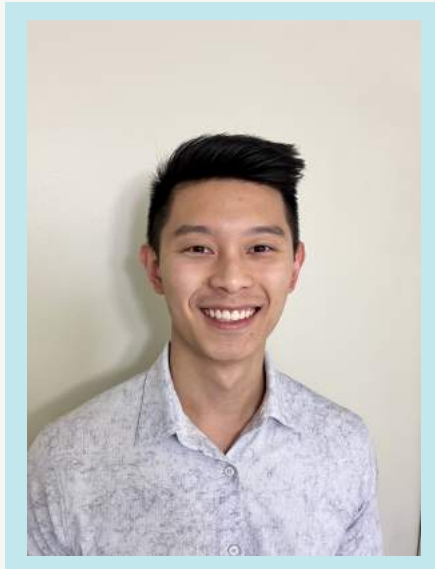
Available evidence suggests that apixaban is no worse than LMWH for CAT recurrence without a significantly different bleeding risk. Compared with rivaroxaban, evidence for apixaban is more robust for use in CAT so may be a preferred oral agent.

References:

1. Lee AY, et al. Low molecular weight heparin versus a coumarin for the prevention of recurrent venous thromboembolism in patients with cancer (CLOT). N Engl J Med. 2003 Jul 10;349(2):146-53.
2. Raskob GE, et al. Edoxaban for the treatment of cancer-associated venous thromboembolism (Hokusai-VTE Cancer). N Engl J Med. 2018 Feb 15;378(7):615-24.
3. Young AM, Marshall A, Thirlwall J, Chapman O, Lokare A, Hill C, et al. Comparison of an oral factor Xa inhibitor with low molecular weight heparin in patients with cancer with venous thromboembolism: Results of a randomized trial (SELECT-D). J Clin Onc. 2018 May 10;36(20):2017-26.
4. Agnelli G, Becattini C, Meyer G, Munoz A, Huisman MV, Connors JM, et al. Apixaban for the treatment of venous thromboembolism associated with cancer (Caravaggio). N Engl J Med. 2020 Apr 23;382(17):1599-607.
5. McBane RD, Wysokinski WE, Le-Rademacher JG, Zemla T, Ashrani A, Tafur A, et al. Apixaban and dalteparin in active malignancy-associated venous thromboembolism: The ADAM VTE trial. J Thromb Haemos. 2020;18:411-21.

C E L E B R A T I N G :

Future Professional Pharmacy Student Award



Daniel Martino

It is an honour to be this year's recipient of CSHP's Future Professional Pharmacy Student Award. I would like to thank my mentors, family, and peers for helping me get to where I am today. It is incredibly motivating to be acknowledged as a future professional by my future colleagues.

This award has always been about challenging myself with clinical or leadership roles that push the boundaries of what pharmacists can do. Throughout my degree I have practiced in diverse areas, with a particular emphasis on mental health, substance use disorders, and trauma-informed care. I have taken part in various clinical projects, including one working to bridge the gap in Hepatitis C care, and currently contribute to a pharmacist-led initiative to provide accessible Hepatitis C treatment to the inner-city community.

I look forward to future CSHP events and conferences to see what unique avenues are out there! CSHP does a fantastic job of providing pharmacy students opportunities to network and gain inspiration from the leaders in our community. I cannot emphasize enough how amazing it is to be part of CSHP!

MARCH IS
**Pharmacy
Appreciation
Month**



Your **Pharmacy Appreciation Month Committee** has been working hard so keep your eyes peeled for the following:



Your chance to **win** Lubdub shirts, CSHP swag, and other prizes: complete the **How well do you know pharmacy quiz?**



Watch for Meagan Shields on **Global** at 07:20 on March 2nd



Pharmacy Appreciation Month **Video**



Pharmacy Booths at your hospital



Giveaways of badge pull strings and stickers!

Thank you to every pharmacy team member and **Happy Pharmacy Appreciation Month!**

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#PAM2022
#ThankYouPharmacy

Courtesy of your 2022 Pharmacy Appreciation Month Committee

Canadian Society of
Hospital Pharmacists
Alberta Branch



Société canadienne des
pharmaciens d'hôpitaux

**Save the
Date!**

March

15

6:30-8:00 pm MST

For the next
CSHP AB
educational event

[Register here](#)

Canadian Society of Hospital Pharmacists / Société canadienne des pharmaciens d'hôpitaux

**Cystic Fibrosis:
Have They Found The
Pot Of Gold?**
A Practical Update For Hospital Pharmacists

Presented By
Tara Leong
BSc Pharm, PharmD
Taryn Bomersback
BSc Pharm, ACPR

Along with
**CSHP Research Spotlight
&
PAM Appreciation Trivia**

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