

RICHMOND PHARMACISTS ASSOCIATION

NEWSLETTER

MAY 2009

*Richmond Pharmacists Association
A local association of the Virginia Pharmacists Association*

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RICHMOND PHARMACIST ASSOCIATION

7578 W. BROAD ST.

RICHMOND, VA. 23294

Leadership

Region F Director: **Mark A. Vaughan**

Officers

President : **Phil Morris**

Vice President: **Rusty Maney**

Immediate Past President: **Heather Greene**

Secretary: **Christine Dorsey**

Treasurer: **Tana Necsary Kaefer**

Board Members:

Michelle Herbert

Dorothy (Ditty) Mooney

Leo Ross

Renee Krogsund

Ronald Davis

Tom Fagan

Kristin Kouski

RPHA President's Message

Time has really flown by this year and I am very proud to have served as President of RPHA this year. It has been a good year for RPHA. We have had 7 programs with a variety of topics and two more planned in the upcoming months. The meetings have been well attended and I hope that everyone realized the value. I have to give credit to the entire Board for the success of this year and without them, it would not have been possible. We have worked closely with VPHA to keep everyone up to date on the issues and are still pushing to increase our membership in our local Association. Everyone holds the responsibility of where the future in pharmacy will go. Times have changed in the last 25 years of my involvement and I am sure we will see even more as the next 25 years unfold. So please take the opportunity to talk to your peers and colleagues about the local association. We need strong representation to continue and our voices to be heard. We will be accepting nominations for active members for all offices and Board members to

be voted on in June and installed in July. Please send your nominations to myself, VPHA or any Board member for consideration.

Rusty Maney current President Elect will assume the role of President in 2010 at July installation meeting, he plans to work together with the pharmacist leaders in our community to protect our profession and demonstrate its value to the healthcare industry.

Rusty recognizes that Phil and past presidents have successfully guided this organization into the strong organization it is today and he acknowledges the high standard they have set makes it quite a challenge for him to improve anything in the upcoming year. Rusty is committed to the principles of the organization and profession and looks forward to a year where the Board will continue the momentum that Phil and his Board have created.

Special congratulations to Treasurer Tana Kaefer and her husband Scott who became proud parents in February with birth of a baby boy - Easton Harris Kaefer.

Thanks to all members for your interest and participation in RPHA,
RPHA President 2009 Phil Morris.

PhRMA'S NEW CODE OF ETHICS MAY HINDER ORGANIZATION FUNDING

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The old saying, "there is no free lunch" is going to hit close to home in January 2009 for many organizations, including RPhA, due to a new code of ethics being implemented by The Pharmaceutical Research and Manufacturers of America (PhRMA). This new code, actually an updated version of one already in place, is titled, "Code on Interactions with Healthcare Professionals." The purpose is to focus the drug industries' efforts on improving patient care. With this new focus, the drug companies have been mandated to cut out various programs like the production and distribution of non-educational and practice-related items such as pens, note pads, and mugs with company logos.

The major concerns with the new code however, are the tighter restrictions on funding organization dinner meetings. This is a particular concern for organizations, like RPhA, because drug companies have historically funded the monthly dinner meetings. Starting in January, however, the funding for these dinners is going to become harder to come by. This is due to the new code, which has placed strict regulations on funding organizational dinners by drug companies.

The new code does not however, cut out funding of dinner meetings entirely. It states that, "a (drug) company may engage a healthcare professional to provide medical or scientific information to a group of healthcare professionals on behalf of the (drug) company." It also states that these programs may include, "modest meals... as long as they occur in a venue and manner conducive to informational communication." In addition, a company sales person could attend the program "for the purposes of assisting the speaker with logistics and helping to assure that the content of the presentation complies with FDA requirements."

With the new requirements from the updated code on funding dinner meetings, organizations like RPhA need to investigate where to go from here. One option is to simply hold less than monthly meetings or hold these meetings at lesser than fine dining establishment to conserve funding. A second option would be to charge a fee to the members to cover some or all of the dinner and/or continuing education expenses. We are also requesting unrestricted educational grants from pharmaceutical companies to help with funding when possible and appropriate.

RPhA wants to inform the members of these important changes in the PhRMA code and welcomes your comments and suggestions as we continue to provide quality CE programs in the months to come.

Michael Shelton, PharmD Candidate 2009

More information on the PhRMA website, url:

http://www.phrma.org/code_on_interactions_with_healthcare_professionals/

OSTEOPOROSIS: "BREAKING" THE TREND WITH HELP FROM CALCIUM AND VITAMIN D

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By: Krista Larson & Lina Saliba, PharmD Candidates 2010, & Melissa Williams, PharmD
McGuire Veterans Affairs Medical Center, Richmond, VA

Osteoporosis is estimated to affect 55 percent of Americans over the age of 50 according to the National Osteoporosis Foundation (NOF). Of those, approximately 80 percent are women. Osteoporosis is a condition in which bones weaken causing an increased risk for fractures. Most fractures occur in the hip, spine, and wrist, and they may lead to pain, limitations in activity, hospitalization, and sometimes even death.

Menopause and increased age predispose to osteoporosis, although there are other characteristics that may place one at risk. A history of broken bones after age 50, female gender, race (Caucasians are at higher risk), small body frame, and family history of osteoporosis are among fracture risk factors that are not in one's control. On the other hand, factors that can be modified include calcium and vitamin D intake, current cigarette smoking, weight bearing exercise, lifestyle activity, and body weight.

Starting prescription drug therapy depends on the severity of fracture risk. However, much can be done prior to reaching that point. Peak bone mass is obtained between the ages of 20 and 30, so ensuring proper bone growth early is essential to preventing osteoporosis later in life. Engaging in regular weight-bearing exercise, for example running, dancing and simply walking, can help. Also it is important to avoid smoking and excess alcohol. Low body weight is a risk factor for osteoporosis. In

addition, maintaining adequate calcium and vitamin D intake will help bone strength, as calcium is the basic building block of bone, and vitamin D plays a role in its absorption. Calcium is essential to overall good bone health. It is recommended that children under the age of 9 get between 500 to 800 mg of elemental calcium per day, children between the ages of 9 and 18 get 1,300 mg, adults between the ages of 19 and 50 get 1,000 mg, and adults greater than 50 get between 1,200 and 1,500 mg (refer to Table 1). There are many dietary sources of calcium. Dairy selections such as milk, yogurt, cheese, ice cream, and pudding serve as the most concentrated dietary products (refer to Table 2). One cup of milk contains approximately 300 mg elemental calcium whereas one cup of steamed broccoli, for example, contains 94 mg. Many foods are fortified especially juices which have the same amount of calcium as some of these other sources.

Calcium supplements can be taken if diet does not provide the full recommended daily amount of elemental calcium. The three most common forms of calcium are: calcium carbonate, calcium citrate, and calcium gluconate containing 40%, 21%, and 9% elemental calcium, respectively. Caltrate® and Os-Cal® are two brands of calcium carbonate. This form of calcium is best absorbed when taken with food. Constipation may occur, so taking fiber and drinking plenty of water can help prevent this side effect. Citracal®, a calcium citrate product, is less constipating and does not require food for good absorption. However, it does not contain as much elemental calcium per tablet as calcium carbonate. Finally, calcium gluconate contains an even lower content of elemental calcium per tablet, so a larger number of tablets needs to be taken in order to meet the calcium requirement.

It is also important to remember that one's body can absorb only about 500-600 mg elemental calcium at one time. This means calcium supplementation needs to be spread throughout the day. For example, one calcium carbonate 1250mg (500mg elemental) tablet should be taken three times per day, not all at once. The label on over-the-counter calcium products contains the information on how much elemental calcium is available per tablet.

Vitamin D is equally necessary to optimize bone strength. Sun exposure is one way of getting necessary vitamin D levels. Ultraviolet light is vital in the process of converting vitamin D, found in the skin, to its active form which helps with calcium absorption. It is recommended that a person get 10 to 15 minutes of sun exposure on hands, arms, and face two or three times a week. However, there is concern about sun exposure and the development of skin cancer. Thus, many experts believe that vitamin D should come from supplements.

The recommended dose of vitamin D is 400-800 international units (IU) per day for those under the age of 50 and 800-1000 IU per day for those 50 and older (refer to Table 1). Examples of foods that contain vitamin D are egg yolks, fish, liver, and vitamin D-fortified products, like milk. Vitamin D supplements are usually required because most foods contain insignificant amounts.

Vitamin D can be found in multivitamins, as combined calcium/vitamin D products (eg. Caltrate + D®), or alone. Many multivitamin preparations contain 400 IU, so most people will need more than what is included in a multivitamin. Products usually contain either vitamin D2, ergocalciferol; or vitamin D3, cholecalciferol. They are for the most part similar; however, some sources suggest that the D3 form may be more potent. Some people need greater amounts of these supplements than what is found in over-the-counter (OTC) medications and should talk with their physician or pharmacist if they are at risk.

Advantages of calcium and vitamin D supplementation certainly outweigh any disadvantages. Not only are there very few adverse effects, but research has shown that

vitamin D may play a role in muscle strength. Several recent studies suggest that a lack of vitamin D or vitamin D deficiency may increase the risk of important diseases. OTC supplementation is a good option if calcium and vitamin D requirements are not met by dietary intake.

Osteoporosis is a condition of weakened bones leading to increased fracture risk. In addition to weight bearing exercise and avoidance of smoking, calcium and vitamin D are key components of optimal bone health. While there are many options available, the correct choices of product, dosage and administration are important to achieve the most benefit. It is necessary to be knowledgeable about what each product consists of in order to make sure it is the best choice. Remember, your pharmacist is a great source of information if you have questions about your bone health or have trouble selecting the best supplements. For more information on osteoporosis, visit www.nof.org

Table 1: Recommended Daily Allowance

Age (yrs)	Elemental Calcium	Vitamin D
Under 9	500-800 mg	400-800 IU
9 to 18	1300 mg	400-800 IU
19 to 50	1000 mg	400-800 IU
Over 50	1200-1500 mg	800-1000 IU

**Source: National Academy of Sciences, 1997

Table 2: Dietary Sources of Calcium

Source	Elemental Calcium
Milk, regular or low-fat, 1 cup	300 mg
Yogurt, 1 cup	300-415 mg
Ice cream, ½ cup	88 mg
American cheese, 2 oz.	348 mg
Pudding, ½ cup	151 mg
Broccoli, steamed, 1 cup	94 mg
Cereal, 1 oz.	48 mg
Calcium Carbonate Supplement, 1 tablet (1250 mg tablet)	500 mg
Calcium Citrate Supplement, 1 tablet (950 mg elemental)	200 mg
Calcium Gluconate Supplement, 1 tablet (500 mg tablet)	45 mg

**Adapted from AAP: <http://www.medem.com/MedLB>

2009 Richard Jacobs Scholarship

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Congratulations to this year's Richard Jacobs Scholarship recipient, Reid Gadziala! He was selected in recognition of his academic performance, outstanding leadership and involvement in community activities. Reid is a 2nd year student in the PharmD/MBA Dual Degree Program at the VCU School of Pharmacy who plans to graduate in May 2011.

After being informed of his scholarship award, Reid's response was as follows:

Mr. Phil Morris,

I am writing to thank you very much for your generous support of my schooling by the Richard Jacobs Fund. The award came at a much needed time for me, as I will be using the money to take summer classes in order to complete the PharmD/MBA degree on time with my class. I am very pleased to be at an institution where the alumni care so much for the current students and are willing to support them, whether it be monetarily or even simply companionship and moral support. I hope that I can continue to perform up to the high standards I have set for myself and be an asset to the profession of pharmacy upon graduation. Again I just want to say thank you for your support, especially in these rocky economic times, and that your generosity has helped alleviate one of the many challenges we as students are faced with.

Sincerely,

Reid Gadziala
PharmD/MBA Candidate
Class of 2011

Please contact leadership with any new suggestions or comments you may have.

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