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2015

PQ PLUS 2

LETTER TO CAPSI

Our Past-President weighs in on the CAPSI elections

PDW 2015

- * Qu'avez-vous fait au Québec? Find out!
- * The Global Pharmacist with Nicola Gale

UNIVERSITY OF ALBERTA
FACULTY OF PHARMACY AND
PHARMACEUTICAL SCIENCES

Welcome to the
White Coat Ceremony



WIN A
STARBUCKS
CARD!

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WHITE COAT CEREMONY 2015

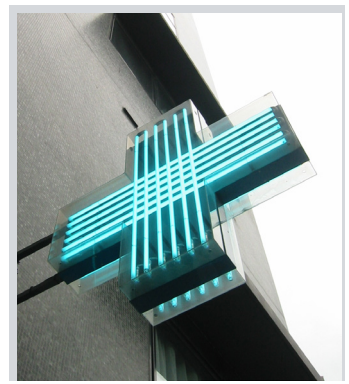
Congratulations to the Class of 2018!

CURIOUS ABOUT PADIS?

Read about the PADIS conference, and a Day in the Life!

IN THIS ISSUE: Stressbusters | PharmESPN | CAM Corner | Amanda's Kitchen | Horoscopes | and more!

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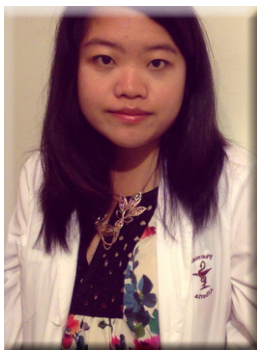
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FLICKR IMAGES: NICOLAS RAYMOND, NINA MATTHEWS, MICHAEL JARDEEN & SEAN HABIG
Disclaimer: Any opinions or viewpoints published are directly from the contributing authors and do not represent the philosophy or viewpoints of the Faculty of Pharmacy or the University of Alberta.

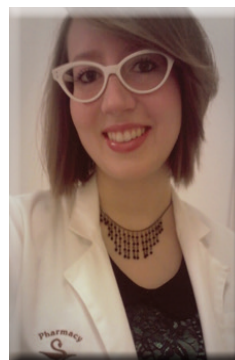


Welcome back, fellow pharmers! Hope you guys are having a good time getting back into the swing of things – I know my caffeine consumption has tripled since the onset of our 8AM classes!

It's hard to believe that January's almost over – but there's no better way to celebrate surviving our first month back than reading the PQ+2!

This issue is jam-packed with awesome features: reflective event recaps, lively opinion pieces, a PADIS-themed Day in the Life, Stressbusters, and the long-awaited return of PharmESPN, just to name a few! So sit back, relax, read and enjoy!

Grace Wong



1g Luck® IV q12h until Feb. 14th inclusive, then step down to Love® po daily

v/o Morgan Basiuk, BSc.
 Pharm Candidate

STUDENT EVENTS:

JANUARY/FEBRUARY 2015

01.27

Independent Night

Jan. 27 | Faculty Club, 5:30 PM
Explore different independent pharmacy practices in Alberta!

01.30

Curling Funspiel

Jan. 30 | Saville Centre, 5:00 PM
Come out for a night of crazy costumes and curling with a twist!

01.31

HSSA's Healthcare Team Challenge

Jan. 31 | ECHA 1-490, 9:00 AM
Put your interprofessional skills and clinical knowledge to the test!

02.09

Super Smash Bro's Tournament

Feb. 09 - 13 | APSA Lounge, TBA
Support the Class of 2016's grad!
See <http://tinyurl.com/n3s6xax>

02.27

Hospital Pharmacy Info Session

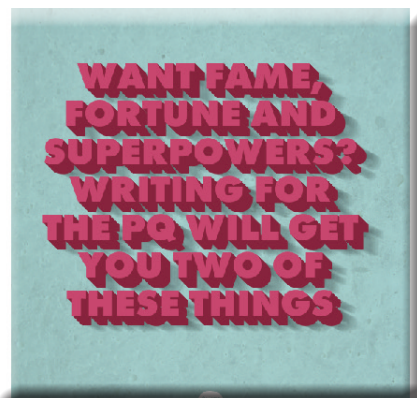
Feb. 27 | MSB 231, 12:00 - 1:00 PM

02.28

APSA's Blue & Gold

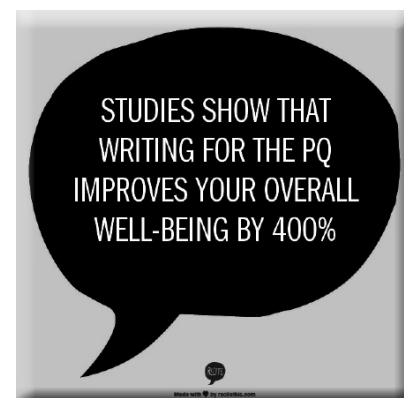
Feb. 28 | Northlands EXPO Centre, 4:00 - 11:00 PM
Enjoy dinner, awards and the punch competition at APSA's annual Ball!

For more up-to-date info, please see <http://myapsa.ca/calendar/> or the APSA Members' Corner Facebook page!



GET INVOLVED - WRITE FOR THE PQ!

Like to write? Join the PQ Column Club by submitting a piece about anything that's on your mind to the 3rd and 4th year PQ editors Grace Wong (ggw@ualberta.ca) or Morgan Basiuk (basiuk@ualberta.ca), and get ready to see your name in the spotlight!



WHITE COAT CEREMONY

CLASS OF 2018

BY YASIR IQBAL

The White Coat Ceremony for the U of A's Pharmacy Class of 2018 was held on January 22, 2015. First year pharmacy students were presented with their white coat, a symbol of their introduction into our profession. Students signed the pledge of professionalism and recited the Code Of Ethics in front of their family and friends. To all the class of 2018, your journey has just begun, and we wish you the best of luck, as you strive to become trusted, reliable, and competent health care professionals.

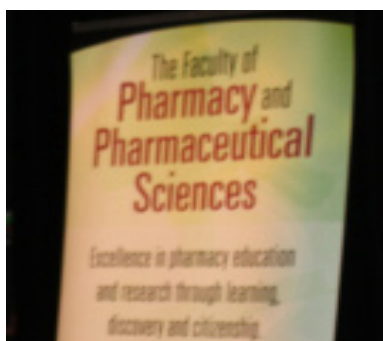




PHOTO CREDITS:
YASIR IQBAL

PDW 2015: QUEBEC CITY

PROFESSIONAL DEVELOPMENT WEEK

BY HUMIRAH SULTANI

As a pharmacy student in Alberta, I am immensely grateful for not only the organization that advocates for our profession, Rxa – Alberta Pharmacists’ Association, but I am also thankful for the work that went into expanding our scope of practice. All pharmacists from Alberta that embrace these new responsibilities in providing patient care are game changers in my opinion. It is evident in the presentations that we deliver in conferences, especially those presented at the 2014 CSHP Banff Seminar.

If you compare the scope of practice of pharmacists in Alberta to those in Quebec, you will notice that we have all of the aspects of our expanded scope checked off above. However, Quebec pharmacists and government officials are at an impasse at the moment as all of their additional responsibilities are pending, and have been pending since I entered pharmacy school in Fall 2012. The other eight pharmacy university faculties are in provinces that have already approved aspects of the expanded scope of practice, hence students from those faculties are already studying curricula that acknowledge their respective additional responsibilities.

The leader of Quebec’s version of our Alberta College of Pharmacists did a presentation on the additional capabilities of pharmacists across the country, including elements like prescribing and administering drugs by injection. He recognized that pharmacists across the country have such amazing skills to contribute to improve health care in Canada. But, without an impactful and effective advocacy body, like our RxA, how could pharmacists from a given province work together to forward their mandate? They can’t, and this is what is occurring in Quebec right now.



PHOTO CREDITS: PDW 2015 FACEBOOK PAGE

At a meeting with the presidents from the other nine pharmacy faculties across Canada, we worked together to try to understand the situation in Quebec right now and to work on a plan with the Laval and Montreal university presidents. Although I am not entirely clear on what the issue is exactly, I came to understand that Quebec government officials are making decisions about pharmacists wages and dispensing fees without consulting with them. In Alberta, changes imposed by the government must be made with the Alberta Pharmacists’ Association’s input and support. Through involvement, advocating and hard work, RxA has an understanding with the government to ensure that decisions are not made about our profession by individuals who do not understand our health care contributions. But in Quebec, their equivalent to our RxA is a group that represents only the pharmacy proprietors. For obvious reasons, this is a biased sample that does not represent all pharmacists in the province, like those in institutional settings, and their mandate is not one that is supported by the Quebec pharmacy students. So when government imposes changes in

Quebec, whose voice will be heard? Moreover, whose voices will not be heard?

Before heading out to Quebec, I had no idea what their practice was like in comparison to ours, nor their education nor representative bodies. Now, I understand that Albertan pharmacy students are quite privileged in that we are benefiting from the advocacy and activities of pharmacists that we will one day be succeeding. In order to show our gratitude to those who paved the way for us, and those who will follow in our footsteps, it is our responsibility to be students beyond just textbook knowledge and high marks. We owe it to our pharmacists to gain meaningful experience, to establish a culture of life-long learning and to challenge ourselves to be involved in initiatives that concern our profession. Unlike those pharmacists in practice right now that may not feel comfortable embracing our new responsibilities, we must persevere and meet these new challenges with our professionalism and expertise.

So, as you go through pharmacy school, be present and vocal about



your opinions on changes that are occurring in the student body, in our profession and in the way that the public views us pharmacists.

Once you graduate, take time to nurture students that are in the exact same position that you are right now. Be sure to remember the struggles and challenges that you faced and show empathy! The positive attitude and support of our preceptors and colleagues will make the greatest difference in the life of a student.

Finally, take the shortest moment to reflect briefly on where you are and how you got there. And then remember those individuals that supported you and enabled you to be so successful. Successes like getting into pharmacy, graduating with excellent experiential education, and training for continuing education provided by organizations that want to support your practice. As a professional, remember to employ your incredible talents and get involved with the Alberta Pharmacists' Association to make the changes that you want to see in future pharmacy practice.



Humirah Sultani,
APSA President

PDW 2015: QUEBEC CITY

BY BRYAN HODGSON

There was a cold wind blowing off the St. Lawrence River when the cab dropped us off at the hotel and I wondered if I had packed enough warm clothing (Note: I had not). The flight there had been decent and we were looking forward to getting settled in our rooms. My first impression of the hotel was that it was nice and that the reception staff were very friendly and helpful. I shared a room with one other person and once we had established some ground rules (no late night cuddling), we quickly became accustomed to each other. The rooms were quite nice, clean and comfortable. I have stayed in many, many hotels in my time before pharmacy and this one was among the best.

As I had arrived early, I was among a small group that ventured out to see what Quebec City held for me. Our travels took us past quaint bakeries, a small café with tasty selections and a delightful chocolaterie where I enjoyed a delicious dark chocolate expresso. The day was quickly cooling off, but we managed to catch a bus and were soon on our way to the enchanting Ice Palace. Winter wonderland captured within a hotel is how I would describe it. Everywhere I traveled in Quebec City, it was apparent that there was a higher appreciation for public works of art than back home, and it was no more apparent when we were walking through walls made of snow and ice. If you haven't seen pictures of the hotel yet, be sure to track me down. Awe inspiring, but cold enough that I don't think I could convince my wife to stay there.

This was my first time attending PDW and the conference was overall a fantastic experience. The convention



PHOTO CREDIT: BRYAN HODGSON

center was more than large enough for all of us. There were some interesting talks that I was able to attend – I particularly enjoyed the talk on the Value of Pharmacists. It really highlighted how Alberta is leading the way in innovation within our practices and how we are setting the example to follow. Don't take this as a statement of "We are better than them", but more as an understanding that pharmacists will succeed as better Health Care Professionals as long as we continue to learn as a Nation. We have accomplished an incredible amount in the past decade, but this is only the beginning.

The other talk that I really enjoyed was presented by a Veterinarian. Not many people know this, but for the longest time being a Veterinarian was the end goal for me – I even worked in a Vet clinic for over 9 years! Dr. Rondenay took time to explain some of the differences in dosing of cats and dogs and what some of the medication contraindications were. He also emphasized establishing a good relationship with the Veterinarians in your community. While I haven't worked much in a pharmacy, I do know that the occasional prescription for our furry friends does come across our counters now and again.

The health fair was a lot of fun and while I won't be re-locating to Quebec for employment anytime soon (We have jobs!), it is reassuring to know that there are many opportunities awaiting our fellow French students. Plus there was a ton of giveaways...my luggage was much heavier on the return flight. The first National Mr. Pharmacy was decent, but it was apparent that the U of A leads in more than just professionalism. Mr. Bowden Sych represented us well and while he did not take home the prize ribbon, he did capture the hearts of all in attendance.

I was able to travel a bit more out into Old Quebec and here again I was struck by the incredible differences between our two cities. I love Edmonton, this is where my family and home is, but Quebec City was something to behold. Every building has that extra touch of architecture to it. Buildings there are much older and more regal than most of the ones here. It was a beautiful city and I am very glad that the schedule of the conference afforded us enough time to enjoy it.

I enjoyed my time at PDW and in Quebec City. This experience has me looking forward to future PDWs, traveling more and to 2018 when the U of A will have the privilege of hosting the rest of the country.



ALL PHOTO CREDITS:
PDW 2015 FACEBOOK PAGE



A GLOBAL COMMUNITY

PHARMACIST

BY NICOLA GALE

**CAPSI Student Literacy
Competition 2014 -
WINNER**

As pharmacy students we have extensive exposure to topics that are relevant to community practice in North America: medication safety, patient interaction skills, pharmacotherapy, and disease prevention. However, I would argue that our education is lacking in an understanding of public and global health, and particularly access to medications. Although our profession, by nature, targets the local issues of the communities we work in, as stewards of medication knowledge we have a responsibility to be experts on all medication-related issues. Our understanding of disease and medication extends to problems that affect our local communities. Communities that, by a global perspective, are predominantly wealthy and well-supported by existing infrastructure and government support. By solely learning about medication-related problems that exist in North America and for the most common conditions, we are at risk of perpetuating the widening social and economic gap that currently exists for research and development into neglected diseases. Essentially, we are not well prepared to serve the most vulnerable of populations that have, traditionally, been underserved. Fortunately, we are uniquely situated to advocate on behalf of those populations to improve medication access and to expand our own worldviews to include the problems



IMAGE CREDIT: MICHAL BEDNAREK (BIGSTOCK)

that affect our global community. Public and global health will become increasingly relevant as our communities continue to grow beyond our neighbourhoods and cities and as globalization brings traditionally "foreign" problems to our door. How do we then, as pharmacists, address problems overseas?

Pharmacists have a role to play in servicing our local communities as well as addressing larger systemic and institutional problems. The American Public Health Association released a policy statement in 2006 recognizing the expanding role of the pharmacist in public health (1). They describe pharmacists' central placement in the community, easy access, and prevention services as being invaluable services that can be integrated with public health knowledge to maximize health goals. Convenience of service provides ample opportunity to provide public health services and to minimize the gap in

access to care. Just as pharmacists have expanded their scope of practice further in their own communities I believe we have the potential to expand that scope to one that encompasses the problems that are currently being faced by other countries and cultures. Currently, 10 million people die every year from treatable diseases in what is referred to as the access gap (2). This is a large global health issue, which results in a considerable health burden that is often overlooked. The reasons for a lack of access are diverse and include many aspects including lack of infrastructure, high drug costs, and patent laws that restrict medication distribution and use. Organizations such as PSF (Pharmacists Without Borders), as well as its sister organization MSF (Doctors Without Borders), send pharmacists overseas. They recognize the important



IMAGE CREDIT: INCOMIBLE (BIGSTOCK)

role that pharmacists can play in global health through the safe distribution of medication and patient education (3). These doctors and pharmacists are actively working to reduce the access gap by physically taking medications and healthcare services and skills with them over seas to provide care for populations that are being overlooked. While doctors are frequently sent overseas during times of crises, they may lack the skills to deliver basic medication services that pharmacists have been well trained to deliver. I would argue that the best way to serve these vulnerable populations is to be more open to the idea of physically moving our practices overseas and using our skillset to address global health problems.

I do not believe that we need to leave the comfort of our own countries to advocate for more funding being funnelled into research and development into neglected diseases and to improve access for all. Because neglected diseases tend to affect the poorest populations, low profitability provides little incentive for pharmaceutical companies to develop treatments. Diseases such as HIV/AIDS, malaria, tuberculosis and even less heard of diseases like schistosomiasis, Dengue fever, and Chagas disease continue to be ignored by research and development (4). As pharmacists, we are typically viewed as middlemen between the public and pharmaceutical industries. This makes us well-placed to push for

more funding for orphan diseases and to advocate on behalf of vulnerable populations that have traditionally not had a voice in this arena. Even in Canada, there are conditions that have a lack of access to life saving drugs simply due to cost. This is unthinkable considering our national commitment to healthcare for all. It wasn't until recently that the Alberta government decided to provide funding for the Cystic Fibrosis drug Kalydeco, a life-saving medication that, until last year was costing patients upwards of \$5 000 per month (5). Large private philanthropic organizations like the Bill and Melinda Gates Foundation are raising the profile of neglected diseases and the daunting health problems of developing nations. Their Grand Challenges in Global Health Initiative has provided funding for high-risk research into areas that are traditionally vastly under funded (6). They require all participants to ensure that any medications or health products created with their grants will be available to poor countries and populations at affordable prices. They have made the decision that success isn't based on how many new drug products are released each year. Instead, it's based on measurable improvements to health for those that need it most. Organizations like these show that it's possible to leverage private and public support to encourage public ownership of patents so as to lower the currently unattainable glass ceiling of drug access. They also reflect the growing

public interest into global and public health. You don't need to look any further than the ALS Ice Bucket Challenge to understand that the general public is interested in healthcare and the struggles of overlooked and rare diseases. This is the perfect time for pharmacists to step into the conversations about global and public health issues and prove that we are advocates for all patients, not just the ones that are lucky enough to be able to afford to step into a pharmacy.

References

1. American Public Health Association. Policy 200614: the role of the pharmacist in public health. www.apha.org/advocacy/policy/policysearch/default.htm?id=1338
2. WHO. Equitable access to essential medicines: a framework for collective action. Geneva, World Health Organization: 2004.
3. St-Arnaud C, Bussieres JF, Schunck C et al. The role of the pharmacist in humanitarian aid in Bosnia-Herzegovina: the experience of Pharmaciens Sans Frontieres. *Ann Pharmacother.* 2000; 34:112-8.
4. Kremer, M. Pharmaceuticals and the developing world. *Journal of Economic Perspectives.* 2002; 16(4):67-90.
5. Grant K, Fatima S. (2014). Provinces to cover costs of cystic fibrosis drug. *The Globe and Mail.* Retrieved October 15, 2014, from <http://www.theglobeandmail.com/life/health-and-fitness/health/provinces-to-cover-costs-of-cystic-fibrosis-drug/article18936089/>
6. Chen I. Thinking big about global health. *Cell.* 2006;124(4):661-663.

AN OPEN LETTER TO CAPSI (THE CANADIAN ASSOCIATION OF PHARMACY STUDENTS & INTERNS)



BY BRAD SNODGRASS

Dear CAPSI delegates and members,

Professional Development Week (PDW) has come and gone this year, and again, I am very thankful for attending such a professionally organized conference that we all should be very proud of. I cannot imagine the work that goes into the organizing and planning necessary to pull off such a tremendous event, so from the bottom of my heart, thank you to everyone involved every year! I have attended the last three conferences, and I have made many new friends, attended great events, and enhanced my knowledge base. My experiences have been nearly perfect, but one blemish has stood out in my mind ever since I first attended the conference in Montreal. The defect has little to do with the actual conference, but rather the core of CAPSI governance, and how we elect our leaders.

Since the CAPSI elections are a mandatory component of PDW, my opinion of the conference is slightly tarnished every year. After all, it is more than tedious to crawl out of bed after a nearly sleepless night to attend this mandatory session. We sit there, some of us barely awake, and listen to our colleagues deliver mostly mundane speeches about how they are the best candidates for the position. Then, we all vote for the winners...

Ohhhh WAIT! We don't vote!!!

Our CAPSI representatives corral us into a makeshift square of seats and walk around to get our impression of the candidates. Later on, they meet with CAPSI council and decide who

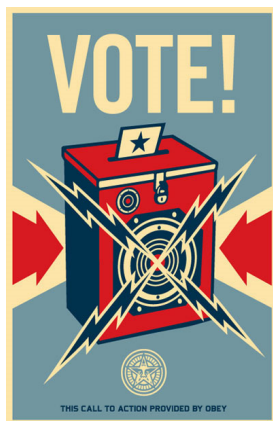


IMAGE CREDIT: CAPSI FACEBOOK PAGE, OBEY POSTERS, 20TH CENTURY FOX

wins. That's right – only the elite CAPSI representatives choose the next council positions!

There is utterly no way that a CAPSI rep carefully considers all the comments of each delegate from their respective university cohorts, and then communicates the collective opinion during the later meeting. This year in protest, I only commented on the colour of the candidate's hair, and I'm sure that important fact wasn't discussed during the secretive council meeting, where all the magic happens. I can't help but think of the election's meeting as being synonymous with the Stonecutter episode of the Simpsons, where a secret society decides all the most important decisions of the world. If you are too young for that reference, please Youtube it. You are truly missing out if you haven't experienced the satirical brilliance presented through the greatest cartoon ever made.

Without too much digression, I should say that I respect the CAPSI representatives. I have had the

chance to work with several over the past four years, and have developed not only strong collaborations with them, but also great friendships. I know that our local representatives are tremendous ambassadors for our profession, and I respect their decisions. However, we are all human, and it is impossible to remain totally objective when it comes to elections. Without a doubt, subjectivity will creep in and choices will be made that are more in line with a particular CAPSI representative's opinion, than what might be the opinion of their cohorts.

I would also like to suggest that this is not a fringe concern by a crazy past president with a personal vendetta. I have been having discussions about the CAPSI elections with our local council, which includes our CAPSI representatives, for over a year now. I know that our CAPSI reps are interested in change and have attempted to encourage further discussions among the upper echelon within CAPSI, but meaningful efforts toward a democratic vote have proved sluggish.

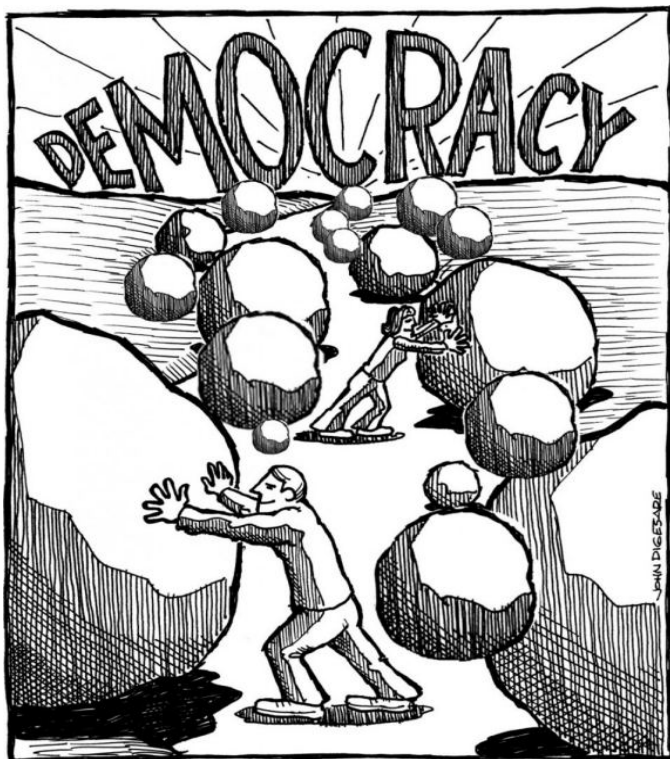


IMAGE CREDIT: JOHN DIGESARE,
CAPSI FACEBOOK PAGE,
PRIYANATHAN.IMAGINETEACHERS.COM

So, why aren't the CAPSI elections more democratic? I have heard a few reasons over the years, none of which have been very compelling.

The first comment I heard was that people just don't care about the elections. To be honest, I can appreciate why most people wouldn't care. They simply aren't involved in the process. There is virtually no campaign to get to know the candidates, and of course we don't decide the winners anyway! We hear one speech, and are supposed to formulate all our thoughts. Then, if you are lucky enough to have your CAPSI rep walk by your seat, you might be able to express your views.

Another statement I have heard is that if everyone voted, the university with the most delegates at the conference would decide the winners, essentially turning the election into a turf war. It would be just another "Pharmafacts" competition where we try to see which school can show the most school spirit, and gloriously defeat all the other schools that are beneath them.

Both of these aforementioned reasons to withhold a proper democratic election are beyond silly. We are adults entering a respected profession, and it is time that we are treated like it.

First of all, people will care if they learn about the candidates earlier than the day of the vote. I know that some information is given out about the application process and some potential candidates prior to the conference, but much more could be done to promote this. The campaign should begin months before the conference, and a central forum generated on the CAPSI website. Local CAPSI reps could promote it through Lunch and Learns, etc. Learning about the candidates and what they have to offer before the election would be very efficacious at making people care, and we would be far more likely to vote for ideas instead of school spirit.

Secondly, the actual voting process could be easily established. While I am not the most technologically advanced CAPSI member, I know many of my peers could develop an application for

a smartphone, or find some other way to establish a seamless confidential vote. After all, we do it every year for our local student body elections!

If we establish a true democracy, as we should, we could also remove the mandatory session. Voting is a right that we can choose to exercise or not. If people truly don't care, they shouldn't be voting anyway! If the electorate is engaged, the voter turn out will be respectable. Our local student association gets the highest voter turn out for our whole university because we run successful campaigns, and keep the voters interested in the process. I think CAPSI could easily establish a process that is engaging for its members.

In closing, let us abolish the CAPSI monarchy, and establish a democracy for the Pharmily and by the Pharmily!

Sincerely,
Brad Snodgrass
APSA Past-president

Editor's note: Response to come from CAPSI National in our next issue!

PEIP CONFERENCE 2014

BY JOEY TON &
MORGAN SCHULTZ



IMAGE CREDIT: PEIP BROCHURE, JOEY TON

Morgan Schultz and Joey Ton are two students in the University of Alberta PharmD program that attended the two day Practical Evidence for Informed Practice (PEIP) Conference in October 2014. The focus of this talk was evidence-based practice related to family medicine. It was held by the Alberta College of Family Physicians and organized by a handful of physicians and pharmacists. This sold out conference is held annually and is attended by health care practitioners in ambulatory care. Morgan and Joey both went into this conference in hopes of expanding their knowledge in the world of evidence-based medicine and to learn more about the evidence behind current drug therapies.

Joey & Morgan: *There were so many great topics that we are not sure where to start!*

The first was a talk from an American physician regarding lipid targets.

Recently, the American guidelines have moved from a target based approach, in which you are checking LDL on a regular basis, to a set dose model, in which you place the patient on a statin based on risk factors, but do not focus on LDL or other lipid targets. It is something the Canadian guidelines have not yet adopted as we are not yet convinced this is the way to go.

The next was a lecture on the use of bone mineral density (BMD) scans and bisphosphonates.

The margin of error on a BMD machine is similar to the benefit that can be seen from bisphosphonate use! Due to this limited accuracy, we cannot be certain that any changes in BMD readings is due to the drug. What this means is that follow up BMD measurements after initiation of bisphosphonate therapy is not entirely necessary.

Complementary Alternative Medicine (CAM) was touched upon as well!

It was found that CAM use was as high as 70% in the patient population! More surprising was that pharmacists

use and recommend CAM products up to 80% of the time. In summary, it was found that acupuncture, homeopathy and chiropractics had no conclusive evidence of benefit. Herbal medicine had some evidence, but it was only limited to a few agents. Another interesting tidbit was that chiropractics is one of the most widely accepted alternative medicines but many patients may not be aware of the risks involved (eg. vertebral fractures during spinal manipulation). As pharmacists, we must remember not to recommend certain therapies unless benefits and risks can be presented to the patient.

“What’s new, What’s true, and What’s poo?”

The conference had a segment called “What’s new, What’s true, and What’s poo?” to start each day. The Tools for Practice team spent about 20 minutes quickly reviewing new and timely topics and the evidence (or lack thereof) behind them. This was a unique way to start off each day and helped you get a taste of the new evidence out there. Below is one of the things we learned!

Topic: Niacin has no benefit when added to statin therapy.

Verdict: True. Falling in line with previous conclusions on the subject, a new placebo controlled RCT (n=25,673) showed that there was no difference in clinical outcomes when adding niacin to statin therapy.

Source: HPS2-THRIVE. N Engl J Med 2014;371:203-12

To wrap it up, this conference was a great event! The topics were relevant, the audience was engaged and a lot of topics were covered over the weekend. Plus, it's in Edmonton so no driving on icy roads, or paying for a hotel room. If you were to ask us whether we would go again you would hear a big **YES**.

For those considering whether it is worth the cost of admission (~\$160 for students), we would also throw in a big **YES**. The conference is hosted by the team who creates the “Tools for Practice” articles hosted on the Alberta College of Family Physicians website. Thus, you know you are getting great evidence based information. Plus, it is a great way to network and meet people in your practice area of interest.

Some last words would be to remember that a lot of family physician practice is very relevant to community or PCN pharmacy practice. Don't be intimidated that it's a physician-run conference—there were lots of pharmacists there!

Looking for more evidence based information to expand your knowledge? Check out **Tools for Practice** (<https://www.acfp.ca/tools-for-practice/>) and the **BS medicine podcast** (<http://therapeuticseducation.org>)

PADIS CONFERENCE 2014

BY ROBERT WRIGHT

On Saturday November 15, 2014 I was lucky enough to go to Poison and Drug Information Service Conference (PADIS) at the University of Calgary. This conference is held approximately every 3 years, with a target audience of physicians (specifically medical toxicologists, emergency room physicians and rural medicine practitioners), pharmacists and nurses.

For those of you who don't know, PADIS is an Alberta Health Services unit located in Calgary. They are responsible for providing the public and health care professionals with advice regarding accidental ingestions and poisonings. The call centre will also be able to provide basic drug and herbal information questions to anyone who calls. PADIS is staffed by trained pharmacists and nurses known as Information Specialists who will answer calls. On-call medical toxicologists are available 24/7. PADIS services Alberta, Saskatchewan and the Northwest Territories.

Anyways, back to the conference. It started with an awkward breakfast where I insulted the first person I met. We asked each other where we were from, you know, the usual pleasantries. It turns out we were both from U of A! Cool, right? I know she wasn't in med because I had never seen her before and she didn't have a backpack. She wasn't in pharmacy, so she was obviously in nursing. After making 2 or 3 unintentionally patronizing comments, I realized she was an R3 in Emergency Medicine... oops. My foot was lodged so far in my mouth I had no choice to but run to the opening address as quickly as possible.

First was a keynote address from Dr. Lewis Nelson, an ER physician in NYC and Director of the Medical Toxicology Fellowship at the NYC Poison Control Centre. He has trained several of



the medical toxicologists working for PADIS. The topic of his keynote address was the epidemiology of prescription opioid abuse. A rampant problem in the US, he warned it will surely jump the border to Canada very soon.

Next were the break-out sessions. I was sure to change outfits so I wouldn't be recognized by that lady I had likely insulted. The first session I attended was about Extracorporeal Removal (ECTR), the dialysis of toxins. We discussed when to consult with nephrology and the types of molecules that are amenable to ECTR.

The second break-out session I attended was my personal favourite. We discussed emerging toxicologic concerns. Primarily dabigatran, Xa inhibitors and the dangers of electronic cigarettes/"e-juice" (did you know as little as 2mL of e-juice could be lethal to a toddler?). The main discussion though surrounded dabigatran and whether it should be dosed according to blood levels. Sounds like a pharmacist's job to me!

At lunch I made friends with the pharmacy staff from Red Deer. They were intelligent and amicable. I continued the rest of the afternoon following them around.

For the last set of breakout sessions I attended one on childhood poisonings. Here we discussed the usuals like

antifreeze and household cleaners. Special mention was made about the increasing number of poisonings from laundry pods.

Last for the afternoon was an incredible session on toxicologic bradycardia, management and monitoring techniques. It focused heavily on pharmacology, and I am happy to report that the pharmacists in the room definitely had a lot to contribute.

Finally we closed with a panel between Dr. Nelson and Dr. Sophie Gosselin (PADIS consultant and Director of Emergency Medicine at McGill University Health Centre). Here they tackled various scenarios and carefully explained their decision making throughout toxicologic emergencies.

I was blown away by how much I learned over this day-long conference. It was exciting to see how learning can continue outside of school and that answering questions in the back of Pharmacists' Letter isn't the only way to get your CEs. First years, the next PADIS conference will likely be in your 4th year, I highly recommend you register when the time comes!

For other events put on by the School of Medicine at UCalgary, visit: <http://cumming.ucalgary.ca/physicians/cme/>. Special thanks to AP\$A for their financial support!

PADIS



IMAGE CREDIT: IDOLATOR/UNIVERSAL RECORDS, FLICKR CC JOHN, ALBERTA HEALTH SERVICES

DAY IN THE LIFE

MATT MINK, BSP, ACPR, CSPI, CGP

POISON AND DRUG INFORMATION SERVICE (PADIS)

QUESTIONS BY GRACE WONG

Based in Calgary, PADIS provides confidential information about drugs, poisons, and herbal products to health professionals and the public 24/7.

Matt Mink is a clinical pharmacist and educator at PADIS.

First, I'd like for our readers to get to know you! Please tell us about your career path in pharmacy, and what brought you to work at PADIS.

After graduating from pharmacy school in Saskatchewan, I did a hospital residency in Regina. I enjoyed my drug information (DI) rotation and knew I wanted to work in DI. My first exposure to the world of toxicology was during my critical care rotation when we had a patient admitted to the ICU after drinking toilet bowl cleaner. That was an eye-opener for me! After connecting with PADIS at the CSHP Banff conference, I interviewed and joined the team shortly thereafter. The idea of combining a DI career with poison management was very appealing.

I've also worked in long term care and have my certification in geriatric pharmacy. One of my other loves is teaching and I've taught pharmacology to pharmacy technicians and foreign trained pharmacists.

In a nutshell, how would you describe your job at PADIS? What does a typical "day in the life" look like for you?

My official job title is Educator. PADIS is a "house of learning" and I'm tasked with promoting in house and external education opportunities. I'm responsible for setting up training

for new staff and working with senior staff to meet their life-long learning goals. I also run a number of pharmacy student and PharmD rotations. As part of the PADIS leadership team, I work with our manager and directors to meet the goals of the department.

One of the best parts of my job is that there isn't a "typical" day. We never know what we're going to face when we pick up the phone. It might be a toddler who drank some shampoo, or a serious drug overdose. The variety of the work makes our department special. We get some DI questions from pharmacists and I find I use my knowledge from just about every course I took in university. Who ever thought medicinal chemistry would pay off!?

I've heard that there are three areas of service that PADIS provides - poison control, drug consultations and advice for the general public. What role do pharmacists play in the provision of these services?

Poison Information (24 hours/day): PADIS handles calls from the public and health care professionals about exposure to toxins, chemicals and drugs. We're able to manage many cases at home thereby saving the health care system money. Those of us with pharmacy backgrounds bring a strong knowledge of pharmacokinetics and pharmacology to help manage these cases. Many of our calls are about complex multi-drug overdoses



PHOTO CREDIT: MATT MINK

of pharmaceuticals and a pharmacy background certainly helps.

Drug Consultation for Health Care Professionals (Weekdays): While the service is available to any health care professional or student, the community pharmacist is our main customer on this line. We provide advice on questions that pharmacists have related to adverse drug reactions, use of meds during pregnancy and lactation, compounding and drug dosing. We can assist in making complex therapeutic decisions (ie. What should I do with this patient's meds?) and source out alternative products when pharmacists are faced with drug shortages. The job is very rewarding and when you find a definitive answer for another pharmacist in need; it's like completing a treasure hunt.

Medication and Herbal Preparation Advice Line (24 hours): I often summarize the work we do on this line by describing it as, "everything you

love about working in community pharmacy, without having to deal with insurance companies and billing". It's an awesome way to practice your profession. This line provides our staff an opportunity to counsel patients on drug side effects, dosing, the use of medication in pregnancy and lactation amongst other drug related enquiries. The public has a lot of questions about natural or herbal products and they may feel intimidated about speaking to their doctor or pharmacist about these. There's also a lot of biased information on the Internet and our job often involves sorting through that to provide accurate, non-judgemental information to meet patients' health care goals. Students enjoy working this line in advance of their PEBC because its basically one OSCE scenario after another every time you pick up the phone.

I've also read that multidisciplinary work is emphasized at PADIS. Can you tell us more about this?

PADIS is a multidisciplinary family consisting of nurses, pharmacists and physicians. We've been that way for nearly 30 years, well in advance of the concept coming into vogue. I've learned some tremendous things about patient care and assessment from my nursing and medical colleagues. All three groups are involved in teaching both within the department and outside it.

One of our most popular programs is our Question of the Week. Every Friday at 1400, a staff member will give a talk on toxicology or drug therapy. The sessions are webcast and we have a grassroots following across Canada. Anyone can join by sending me an email requesting to be added to our email distribution list.

What is the most rewarding aspect of your job? The most challenging?

As an educator, the most rewarding aspect is seeing our new staff develop. I find the journey of taking someone who knows next to nothing about toxicology towards being a competent

professional who is able to direct other health care professionals on complex issues, very rewarding. Our staff is expected to write a certification exam and we're the only poison center in North America to never have anyone fail this. Seeing them succeed brings me a lot of joy.

The most challenging thing about working at PADIS is giving advice over the phone without being able to lay eyes on the patient. Getting the caller to paint a picture of what is happening on their end of the line is a complex task. We have to really practice active listening skills to pick up on vague nuances in voice and description of symptoms. It's difficult but we're exceptionally good at what we do.

Have there been any memorable cases you've seen in your work that you can tell us about?

This is probably the most common question anyone asks us. For confidentiality purposes I can't get into too many details but some calls definitely do stand out. Our department worked closely with public health, the police and the media when there was a rash of PMMA exposures in Alberta. Getting the message out about "tainted ecstasy" probably saved a few lives at the end of the day. Handling envenomation calls is always exciting. No one told me in pharmacy school that I could have a career counselling people on the management of rattlesnake bites. It's pretty cool.

How can interested students get involved with PADIS? And what other advice do you have for pharmacy students?

We have a number of rotations we run with UofA Pharmacy. Pharm 455 is a course where students design their own rotation and evaluation, generally for 3 weeks. I also precept in the PharmD program and a 6 week rotation at PADIS is a specialty rotation.

Outside of that, there are opportunities for one-day visits to PADIS which are organized as part of community



IMAGE CREDIT: ALBERTA HEALTH SERVICES

pharmacy rotations. I'm also involved in the CSHP mentorship program and will usually provide a tour for any students I am paired up with.

Students should know that our service is available to them during their rotations. We get a lot of drug information questions from students. Therapeutic decisions can be difficult, especially when you're just starting out in the profession. PADIS can help make those decisions easier.

The biggest advice I have for students is: "Find your Niche". When I went to school, it seemed like there were only 2 paths you could take: **Community or Hospital Pharmacy**. That was it. In reality, there are dozens of themes within each of those which could make you really happy with your career choice. Specialization, whether it's as a diabetic or asthma educator or as in my case, poison specialist can help you find that niche. Don't feel like you need to commit to one employer. There are tons of jobs out there. Find the environment that lets you have the life you want to live.

Lastly, don't ever be afraid to say "I don't know the answer, I'll call PADIS and get back to you". There's nothing more admirable in health care than the professional who isn't afraid to admit their personal shortcomings. There's nothing more dangerous than the pharmacist who guesses.

Just for fun: what are your hobbies outside of pharmacy?

I'm a travel junkie. My office at PADIS is adorned by a giant map of the world. I put pins in the map marking all the countries I've visited. My employer has been very accommodating of my travel addiction. I also collect wine and enjoy eating anything with bacon.

CAM CORNER:

WHAT'S WHAT IN WEIGHT LOSS?

Sponsored by the Branch Out Neurological Foundation

<http://branchoutfoundation.com/>

BY AMANDA LEONG &
MORGAN BASIUK



Reader's Digest

Table 1. Selecting A Weight Loss Treatment for Patients*

Treatment	BMI Category (kg/m ²)				
	25 – 26.9	27 – 29.9	30 – 34.9	35 – 39.9	≥40
Dietary Change, Physical Activity, Behavioural Management	+	+	+	+	+
Pharmacotherapy		If co-morbidities are present	+	+	+
Surgery				If co-morbidities are present	+

*Adapted from Matarese and Pories 2014¹

Legend: + means this is an appropriate therapy for a patient in that category.

- Ultimately, patients achieve and maintain long-term weight loss with diets that are incorporated into their daily routine¹
- Diets that include physical activity and behavioural modification to encourage lifestyle change show greatest weight loss²
- Patients need constant encouragement and positive reinforcement to achieve longterm weight loss³
- Macronutrient composition can affect satiety independently of caloric content^{1,4}
- Encourage inclusion of nutrient-dense foods like whole grains, fruits and vegetables (frozen or fresh), low-fat dairy, alternative meat sources (lentils, beans, nuts, tofu), liquid fats (olive, safflower, corn oils)⁴
- Physical activity throughout the week should be a combination of cardiovascular and resistance-training^{3,4}
- Atkins, Zone, Ornish and Weight Watchers all produce modest weight loss, with no statistical difference between the diets¹

Research Spotlight

Mediterranean Diet

- What is it? Plant-based diet of fruits, vegetables, legumes, cereals, whole grain, using olive oil as the primary fat and lower consumption of dairy, fish and poultry³
- Lab Values: ↓A1C, LDL, BMI, total cholesterol and ↑ HDL³
- Advantages: nutritionally balanced, encourages ≥30min physical activity and has 3-day exercise plan, incorporates indirect behavioural modification like smaller portion sizes¹

Atkin's Diet

- What is it? A diet that restricts carbohydrate intake¹
- Lab Values: ↓weight, total cholesterol, TG and ↑HDL³
- Advantages: fast weight loss initially, emphasizes healthy fats, suggests exercise and encourages behavioural modification¹
- Disadvantages: halitosis from ketone production, low fibre, discontinuation rate of 48%¹

Weight Watchers

- What is it? Lifestyle weight loss intervention that uses a point system to track calorie and nutritional intake^{1,5}
- Lab Values: ↓ weight, LDL:HDL
- Annual Cost: USD\$515 (meta- and cost-effective analyses indicate that this is the most effective dietary strategy)⁵
- Advantages: nutritional balance, suggests exercise and incorporates guidelines, encourages behavioural modification¹
- Disadvantages: can abuse the point system, discontinuation rate of 35%¹
- Quality of life improvement per kg (QALY) over 4y, based on 1 y of the program: 0.011 (95% CI: 0.008-0.013)⁵

Orlistat

- What is it? Take one 120mg tab po TID⁵. Works as a lipase inhibitor thereby preventing systemic fat absorption.⁶
- Lab Values: ↓ weight, LDL
- Annual Cost: USD\$1881⁵
- QALY: 0.012 (95%CI: 0.01 – 0.014)⁵
- Advantages: Less weight re-gain after 2y, good as adjunct therapy to lifestyle and behavioural modification⁶
- Disadvantages: steatorrhea, hepatic damage, renal failure, acute pancreatitis⁶

Qsymia (currently only approved in the US)

- What is it? Take one tab QD (phentermine 7.5mg, topiramate XR 45mg)⁵. Phentermine reduces appetite by working on the satiety centres in the hypothalamus. Topiramate mechanism is unknown⁶
- Annual cost: USD\$1693 (meta- and cost-effective analyses indicate this is the most effective pharmaceutical strategy)⁵
- Lab Values: ↓ weight, waist circumference, BP⁶
- Advantages: sustained weight loss, good as adjunct therapy to lifestyle and behavioural modification⁶
- Disadvantages: constipation, dry mouth, headaches, paresthesia, anxiety, irritability, increased risk cardiovascular events⁶
- QALY: 0.029 (95%CI: 0.021-0.037)⁵

Type 2 Diabetes

Macronutrients

- Low Glycemic Index foods: ↓ A1C, CRP, diabetes medications and ↑ HDL³
- High fibre foods: ↓ A1C, LDL, total cholesterol, diabetes medications³
- High protein: ↓ A1C, BP, TG³

Carbohydrates

- Should be at least 45% of daily calories to prevent high intake of fat³
- Low glycemic index foods and high fibre foods improve glycemic and lipid control in type 2 diabetics³
- Exchange high glycemic index foods (tropical fruits, puffed oats and rice) for low glycemic index foods (beans, peas, pasta, lentils, quinoa, apples, pears, berries, oranges)³
- Soluble dietary fibre (oats, psyllium, barley) slows gastric emptying³

Lipids

- No effect on weight loss, but omega-3 fats reduce cardiovascular events³

Protein

- No effect on weight loss⁴

For Your Patients:

- Take into account motivation and limitations (economical or lifestyle)
 - What is their intended weight loss? (guidelines recommend 1kg/week)
 - What are their health goals?
 - What budget are they working with?
 - What type of job and lifestyle do they lead?
- Try dietary, lifestyle and behavioural modifications first^{1,3}
- All diets have the same weight loss outcomes, so encourage them to choose something they think they can stick with for the long-term
- Physical activity is just as important as the food they eat
- The Canadian Obesity Network website is a great resource both for patients and practitioners! <http://www.obesitynetwork.ca/>



IMAGE CREDITS:
LIVELEAN.CO.ZA,
CARLINSOLUTIONS.COM,
CDN.HEALTHWORKS.MY



IMAGE CREDITS: FWEOLIVE.COM, PIXABAY, OBESITYNETWORK.CA

References:

1. Matarese LE, Pories WJ. Adult Weight Loss Diets: Metabolic Effects and Outcomes. *Nutr Clin Pr.* 2014;29(6):759-767.
2. Johns DJ, Hartmann-Boyce J, Jebb SA, Aveyard P. Diet or exercise interventions vs combined behavioral weight management programs: a systematic review and meta-analysis of direct comparisons. *J Acad Nutr Diet.* 2014;114(10):1557-1568.
3. Dworatzek P, Arcudi K, Gougeon R, Husein N, Sievenpiper J, Williams S. Chapter 11: Nutrition Guidelines. Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada: pharmacologic management of type 2 diabetes. *Can J Diabetes.* 2013;37(suppl 1):S45-S55. <http://guidelines.diabetes.ca/Browse/Chapter11>. Accessed January 4, 2015.
4. Evert AB, Riddell MC. Lifestyle Intervention: Nutrition Therapy and Physical Activity. *Med Clin N Am.* 2015;99(1):69-85.
5. Finkelstein EA, Kruger E. Meta- and cost-effectiveness analysis of commercial weight loss strategies. *Obesity.* 2014;22(9):1942-1951.
6. Kim GW, Lin JE, Blomain ES, Waldman SA. Antiobesity pharmacotherapy: new drugs and emerging targets. *Clin Pharmacol Ther.* 2014;95(1):53-66.

STRESSED? IT'S OKAY!

STRESSBUSTERS FOR THE CLINICALLY OVERWORKED PHARMACY STUDENT

BY ALYSSA ACO

Life is a witch. School, work, social life and other random things (family, sleep etc) often grow into an overwhelming jumble that closely resembles platelets in a "forked" up fibrin mesh. As we struggle to stay in a decent place somewhere around the curve, we often forget about our emotional and mental well-being. It is easy to lose ourselves in a constant stream of work and forget to sleep, eat or see our friends. During this busy time of year, it is time to talk about how we can deal with (chaotic pharmacy) life in a relatively healthy manner.

Student life has been split into three aspects: School, Social and Sanity. These tips and tricks will hopefully help you better manage these core aspects of Pharmacy student life!

SCHOOL

1. Stay energized!

Sitting in class but feeling sedated? Need caffeine in an IV? Sleep is a luxury for us, so the recommended 7-8 hours per night seems too ambitious. But studies have shown (no sources needed, just trust me on this) that sleeping and waking up at the same time should increase your energy during the day!

2. Can't focus? Clear up clutter!

To get yourself in get-stuff-done work mode, start with clearing up your space - it'll help clear your head as well. Do everything that takes under a minute. Fold up that lab coat. Stack up those books. It may not seem much, but the amount of things you do will add up and make you feel productive.

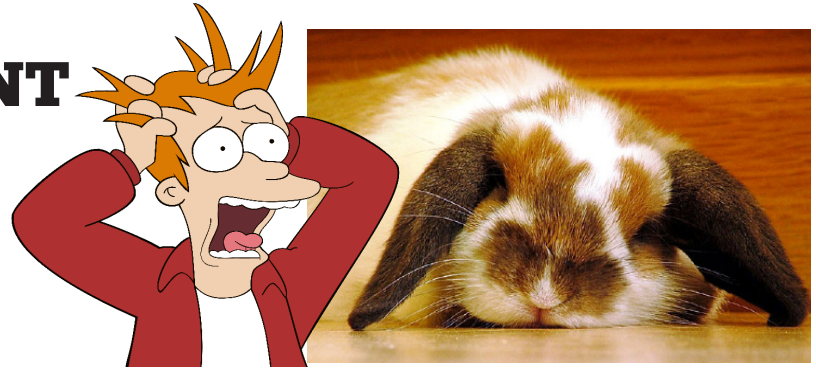


IMAGE CREDIT: 20TH CENTURY FOX, JANNES POCHELE (FLICKR)

The energy and focus you get from cleaning will carry over to schoolwork and voila! PK Assignment: CHECK.

3. The Spectacular Now

Always think the best time to do something is NOW. Procrastinating is a favorite hobby amongst university students, but it may get you in the Vicious Cycle of Procrastination. Procrastination → Guilt → Discouragement → More Time Wasted → More Guilt.

SOCIAL

1. Hugs. And Cuddles.

It is easy to get stuck in a hobbit hole (not as nice as Bilbo's though) when you have 3 midterms in one week, but remember to let yourself have fun! Plan a quick coffee or lunch date at least once a week with your friends so you can remember why life is worth living in the first place. Having a set day in the week for this is a good idea!

2. Super-person split up!

Super-person's got a student group meeting on Friday? Dance practice on Saturday? Seems like there isn't enough hours in the day. Since time-turners don't exist and we run on one standard clock, create a pie chart of all your activities to visualize how much time each commitment requires. Split up your time accordingly and you will be managing everything with ease.

3. F.U.N.

Some argue that school sucks out

your life and spirit. However, it only does if you let your spirit go. We are all individuals with interests and hobbies. Do something you genuinely find fun every week to keep your spirit alive. Watch a movie. Go skating. Drink wine.

SANITY

1. School talk: BANNED

Have at least one conversation (that lasts at least 15 minutes) QD that is not about school. Surrounded by school-talk – how to do the PK assignment, when that Ethics paper is due – will eventually turn our minds to mush, if we don't let ourselves have a 15-minute breather!

2. LOL

Laughter is the best drug we can overdose on. Keep your days light and easy by laughing out loud at least TID prn. When everything seems to be going wrong, just learn how to laugh it off and roll with it. If you take life too seriously, you will never get out of it alive.

3. Shake it off

Working hard and yet the results are not good enough? It leaves you frustrated and defeated. But it is important to keep things in perspective: how much will this test result really mean in 5 years when you become a pharmacist? In the distant future, that horrid exam will be nothing but a tiny blue dot in your memory. It is okay to be upset over failure, but just know that It Will Be Okay.

Disclaimer: Author not responsible for life wreckage in case aforementioned tips do not work out.

PHARMESPAN

BY JASPREET JHAJJ



IMAGE CREDIT: OTTO GREULE JR (GETTY IMAGES), GEEKSOFDOM.COM
LOGO: ZHAOLIFANG (VECTEEZY)
ICON: PICOL (FLATICON)



For most of this article I am not going to mention "deflate gate" (*Editor's note: look it up, if you don't already know*) and just focus the big game that everyone seems to have forgotten about. Being a fan of the Patriots, I am not making any predictions either. In my opinion, the two best teams throughout the entire year made it to the Super Bowl.

Both teams had high expectations prior to the start of the season. The Seahawks brought back the majority of the players they had on the roster last year so it seemed inevitable that they would be back in the big game. The Patriots signed two free agents, Darrelle Revis and Brandon Browner, who were supposed to improve a defense that struggled against the pass over the past few years that has stopped the Patriots just short of another Super Bowl win. The season did not start out well for either team and the road to the Super Bowl was harder than it was supposed to be.

1. The Seattle Seahawks:

The season started out like it was supposed to for the Hawks; they dominated in week 1 against the Packers, who were also preseason favourites to reach the Super Bowl. In Seahawks-like fashion they held Rodgers to 200 yards passing and everything was normal. Over the next 8 weeks we saw an inconsistent Seahawks team who lost to the

Chargers, Cowboys and the Rams then let the Panthers (3-3-1) and Raiders (0-7) who were a combined 3-10-1 stay competitive the entire game. Everything changed week 12 when the Seahawks turned their season around and again started to look like the most dominate defense in football.

What changed? Bobby Wager, arguably the best middle linebacker in football and in my opinion the best player on the Seahawks defense, came back after injuring his toe and Kam Chancellor, the most intimidating strong safety in the entire NFL was healthy for the first time. In the last 6 weeks the Hawks allowed a combined 39 points (an average of 6.5 pts allowed per game) and only allowed more than 10 points once in that span. The Hawks became a favourite to win once again to win it all and become the first team to win back to back championships since the team they are playing in the Super Bowl, the New England Patriots.

2. The New England Patriots:

Week 1 started out great for the Patriots as they were up 20-10 against the Dolphins at half time. Once they came back out for the second half, everything changed. They were dominated in the second half by the Dolphins, outscored 23-0. Even after week 1, the Patriots did not look like a Super Bowl contender. They played a sloppy game against a rebuilding

Vikings team, barely beat the Raiders who started out the season 0-10, and then got embarrassed by the Chiefs on Monday Night Football 41-14. The Patriots, who were 2-2 at that point, were a team with an aging quarterback on the decline, a coach who maybe had lost his team and a defense that again just cannot make big plays.

The loss against the Chiefs changed everything for this team, and in my opinion it was used as motivation by the Patriots for the rest of the season. The Patriots came out in week 5 and dominated the Bengals who at that time were 3-0. They won 7 in a row from week 5 to week 12 defeating the Bengals, Broncos, Lions and the Colts. All of a sudden, they were the best team in the AFC and looked like a team ready for the Super Bowl. Maybe "deflate-gate" is exactly what this team needed, a controversy to rally around and bring extra motivation to the Super Bowl.

My prediction: Like I said before, I will not predict the winner. I am biased being a Patriots fan and having lots of respect for a great Seahawks team. All I can say is I hope the controversy does not take away from what should be a great game.

YOU'VE GOTTA TRY THIS:

JULIO'S BARRIO

Located on 10450-82 Ave, Julio's Barrio has been serving Mexican fare in Edmonton since 1993. Known for its festive atmosphere and Bulldog cocktails (think liquor and an overturned beer over margarita slush), Julio's has been a staple on Whyte Ave for years. Use your APSA card over to get 20% off tacos, fajitas, or any other regular priced food!

Grace Wong

Alyssa Aco

Tried: Original Bulldog

Menu description: 1 Bottle of Coronita + 2 oz. of Tequila + Lime Slush

Thoughts? First bulldog ever - gross. But for inexperienced livers, give it another swirl and another 10 minutes and it should be less torturous



Jon Hung

Tried: Flautas

Menu description: "Flour tortillas filled with ancho chicken & julienned onion. Lightly fried, garnished with lettuce, tomatoes, sour cream & marinated purple onion. Served with Julio's salsa & fresh guacamole."

Thoughts? It's no foie gras but its still good. The light crispiness of the flour tortillas works well with tenderized chicken. It's a smorgasbord of flavor.

Morgan Basiuk

Tried: Quesadilla, Bulldog

Menu description: "A grilled flour tortilla filled with melted Monterey Jack & Cheddar cheese, sauteed onion, red & green peppers and smoky chipotle sauce, with chicken. Topped with lettuce, salsa chimole and sour cream."

Thoughts? A Bulldog a day keeps the pharmacist away!

Raj Bharadia

Tried: Quesadilla, Bulldog

Thoughts? I ate it so fast that I assumed it was good!



Yasir Iqbal

Tried: Barrio Burrito + chicken

Menu description: "A flour tortilla stuffed with hearty Barrio Chili, then baked with Julio's salsa and a blend of Monterey Jack & Cheddar Cheese."

Thoughts? More jam packed than my brain after last semester

Madeleine Durrant

Tried: Chihuahua (Keiths White, Absolut Vanilla, Cointreau, OJ, margarita slush), shrimp tacos, Mexican Caesar salad

Menu description: Tacos: "Seasoned, diced tiger prawns with tangy avocado dressing and fresh mango salsa."

Caesar salad: "Crisp romaine lettuce tossed in our own zesty vegetarian Caesar dressing."

Thoughts? Chihuahua: Incredibly sweet at first, but as the beer level increased, the flavours balanced nicely

Tacos: Really good! Fresh; a bit messy but worth it

Salad: Lacking some dressing (tastes more like freshly washed lettuce), but love the tortilla cornucopia!



PHOTO CREDITS: GRACE WONG
SIGN IMAGE: JULIO'S FACEBOOK PAGE
LOGO: JULIOSBARRIO.COM



Grace Wong

Tried: Pasta San Miguel

Menu description: "Penne noodles in a chipotle pepper cream sauce with an array of vegetables including sun-dried tomatoes, mushrooms, onions, and red & green pepper.

Thoughts? While getting pasta from a Mexican place might not have been the best life choice, it had a nice kick. More veggies would've bumped this up a grade, but a solid effort.

Aliaksandr Savin

Tried: Barrio Burrito

Menu description: See previous page!

Thoughts? It began and ended within 23 minutes. Although burrito is the supposed to be the "highlight" of the meal, rice, beans and corn were the real MVPs.



Faizath Sonya Yallou

Tried: Quesadilla

Menu description: See previous page!

Thoughts? Beans and rice were well-cooked, but a bit too salty – thought it was a nice balance to the corn salad, which was on the sweeter side. Quesadilla itself was underwhelming - generous with the meat, but was lacking in sour cream and the sauce was a bit lost amongst the veggie and the chicken.

Desert time!

Jon, Madeleine, Yasir, Aliaks, Grace, Faizath

Tried: Comida de Mono

Menu description: Hot banana-filled pastries rolled in cinnamon and sugar. Served with a chocolate dip

Thoughts? Jon – Chocolatey!

Mado – So good I kept eating until I exploded!

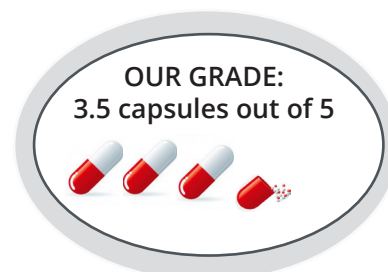
(Editor's note: RIP Mado!)

Yasir – This **** is bananas, b-a-n-a-n-a-s

Aliaks – Fantastique!

Grace – Definitely worth the inevitable diabetes

Faizath – Heaven, paradise and perfection all wrapped up in one!



AMANDA'S KITCHEN



COCONUT SHRIMP WITH

RASPBERRY MAYONNAISE

BY AMANDA LEONG

Ingredients

- 340g shrimp, uncooked, peeled (with tails on)
- 1 bag (396g) of sweetened coconut flakes
- 1c all-purpose flour
- 1 tbsp paprika
- 1 tsp garlic powder
- 1 egg, beaten
- 170g raspberries
- 1 tbsp sugar
- 2-3 tbsp mayonnaise



PHOTO CREDIT: AMANDA LEONG
IMAGE CREDIT: FREEPIK

What to do:

Coconut Shrimp

1. Preheat oven to 425°F
2. In 3 separate bowls, you will need:
 - a. Bowl 1: Flour, paprika, and garlic powder all mixed together
 - b. Bowl 2: Your beaten egg
 - c. Bowl 3: Sweetened coconut flakes (just add half the bag and add more as needed)
4. Dip your shrimp in bowl 1, then bowl 2, then bowl 3
5. Put your shrimp on greased parchment paper or tin foil lining a baking tray
6. Cook for about 15 minutes in the oven (turning half-way, if you so desire) until they are pink and opaque (try to see this through all the coconut!)

Raspberry mayonnaise

(best to do this first so it's cold for dipping!)

1. Get one of your pans nice and hot, then throw on your raspberries
2. Stir until your raspberries start cooking, then add 1 tbsp of sugar (or more, as to your liking) and let it caramelize (it will turn a deep red after about a minute)
3. Cool your raspberries in a bowl (sticking it in the freezer speeds this up), then add mayonnaise PRN to desired taste (you can even squeeze in some lime or lemon once it's cooled)

PHARMACY HOROSCOPES

BY MORGAN BASIUK AND RAJ BHARADIA



LIBRA (SEPT 23 - OCT 22)

Don't be discouraged if your new year's resolution hasn't panned out yet – you still have another 11 months to get on it...or disappoint yourself further. Is it just me or is the gym empty now? The good news is that February brings great strength to the Libra, so you have a fighting chance!



SCORPIO (OCT 23 - NOV 21)

It may seem that some people in your life have more bias than a RCT about astrology. Just keep in mind that the confidence interval crosses 1 most of the time when you hear things and stay judge-free this week-it shall serve you well.



SAGITTARIUS (NOV 22 - DEC 21)

Your spirit force this month proves that you can win over your crush with this joke: "What do you call a pharmacist working at a veterinary drug company... a FARM-ASSIST." Use it with caution, as you might be irresistible. #greatpower #greatresponsibility



CAPRICORN (DEC 22 - JAN 19)

You may be inclined to become anxious as your moon circles the deltoid. Don't worry yet... you only have to inject a cushion or orange... humans aren't until next week!



AQUARIUS (JAN 20 - FEB 18)

After all the projects and midterms, you have been feeling like your will bottle is empty. Don't fret, your pharmacy friends believe that your last bit really did fall down the drain and a refill is coming right up!



PISCES (FEB 19 - MAR 19)

The rings of Jupiter are lighting up the dance floor and sending energy your way. Get out there, have some fun and spend some time with those you care about! And remember: you can rewrite the test, but you can't re-live the party.



ARIES (MAR 20 - APR 19)

The galaxy has surprises in store for you this next month. Every February 14th, you have always had that one friend – such a beta-block. This Valentine's Day will be different... your heart will be racing freely!



TAURUS (APR 20 - MAY 20)

As Mars heats up this month – your counselling skills will be on fire! You will counsel T1's and iron with perfection and never miss a beat! #pharmacists



GEMINI (MAY 21 - JUN 20)

Today might be one of the most fortunate days of your life, Gemini. Everything will fall into place for you. Today is the day you answer your preceptor's question correctly and look like you actually learned something in the last four years.



CANCER (JUN 21 - JUL 22)

Nothing is sexier than a pharmacist full of oxytocin on Valentine's Day. Chivalry has been in assisted living recently, but if you apply some patient-centred care, you could bring it back to life before the big day.



LEO (JUL 23 - AUG 22)

No, that pharmaceuticals midterm was not a bad dream...and it's not getting any better next year. Brush up on your ClipArt skills and tough it out, you can do it! #braceyourself #USP



VIRGO (AUG 23 - SEP 22)

According to your recent marks, you need some serious lessons in cultural competency. Learn more by socializing, doing yoga, and practicing Reiki on your friends. It really works!

CREATE-A-DRUG CONTEST

Win a \$10 gift card to Starbucks!



PHOTO CREDIT: ESPARTA PALMA, FLICKR

Coffee, tea, and carbs - Starbucks has the fuel you need to get you through those dreaded early morning classes. Get your venti Cinnamon Dolce Latté on us! Win **one of five \$10** gift cards to Starbucks by **inventing a drug!** Email the name of your drug, what it would be used for, and its potential side effects*, along with your name and your year of graduation, to **pqcontest@gmail.com** by **February 20** and we will pick FIVE winners at random! Plus, your ideas might be published in our next issue - can you say famous? So, what are you waiting for - start writing! (*Pregnancy risk factor optional.)

Congrats to the winners of last month's poetry contest! Check out their works below:

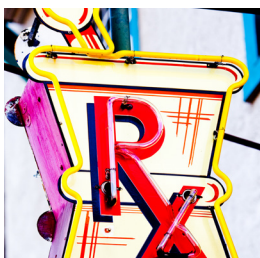
Untitled

By **Scott Wakeham**

Pharmacy poem
Cannot write, I have no time
I'm not in first year

Sandy Zhang

I like to count pills
In reality I don't
Hence expanded scope



Sponsored message

5 Haikus about Pharmacy

By: **Karlson Kennedy**

Pharmaceutics got
All up in my grill today
What else can I say?

Empathy's so whack
Just got me all frustrated
What is up with that?

This the life I chose
Just sticking things up my nose
That's the nasal route.

Dispensing the past
I find myself here at last
Crazy 'bout clinical.

Now jurisprudence
That is a long word to say
Please just go away.

Phenomenal Pharmacist

(revised version of Phenomenal Woman by Maya Angelou)

By **Azra Mustajbasic**

Other health professionals wonder where my secret lies.
I'm not as well known to provide clinical care in a large size
But when I start to tell them, They think I'm telling lies,
I say,
It's in the process in my mind
The span of my scope.
The attention of my detail,
The passion in my heart.
I'm a Pharmacist
Phenomenally.
Phenomenal Pharmacist.
That's me.



The Pharmacy – a double haiku

By **Raj Bharadia**

The phone is ringing
5 customers wait for me
Babies are crying

I tell her again
It is 2 days too early
No morphine for you



PHOTO CREDITS: MOONKIN (BIGSTOCK), THOMAS HAWK (FLICKR), FREEPIK

Pharmacare Specialty Pharmacy Rx

Did you know: Pharmacare is an Edmonton owned and operated Specialty Pharmacy Group. The pharmacy boasts: over 20 clinical pharmacists, a state of the art fulfillment centre a Specialty Compounding Division, 3 retail locations—1 in Calgary and 2 in Edmonton, 24/7 on call service, in house bonded delivery, disaster protocols, policy and procedure training, online training courses, AADL home medical partnership, Immunization services, Health and Wellness assessments, Blister and Pouch automated packaging and Medication Detection Machine Technology.

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