



January
2014

ALBERTA PHARMACY STUDENTS ASSOCIATION OFFICIAL NEWSLETTER



PDW 2014!

Editors' Note

by Allison Mejilla

My fellow baby pharmacists, welcome back to another year and another semester! I hope your short vacay from all of the books and stress has treated you well. Unfortunately (or perhaps fortunately), it's time to get back into school mode and I reckon you best be gettin' back to studyin'.

In the meantime, we recommend that you take a gander at what this January PQ has in store.

Many of your fellow classmates attended Professional Development Week in the beginning of January. PDW is held in different Canadian cities each year; this January pharmacy students from across the country met in Vancouver, BC for some excellent presentations, learning sessions, CAPSI business and, as you will see...great food.

We also have some information about diabetes monitoring programs for patients, upcoming Grad 2015 fundraisers including the annual talent show, and an only slightly satirical guide to passing a Pharmacy skills lab.

We also feature the on-going nail-biting drama of the Edmonton Oilers, horoscopes, and trains (yep that's right TRAINS).

YOUR PQ EDITORS

Any questions, comments or concerns? Or would you like to write for PQ?

Contact the PQ editors, Allison (allison.mejilla@ualberta.ca) or Karen (kehagen@ualberta.ca).

Or feel free to stop us in the halls!



Photo credit: <http://chiligrenade.me/tag/pacific-ocean/>



Photo credit: <http://foodietours.ca/worlds-best-food-truck-tour-partners/>



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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

Grad 2015 - Talent Show!

by Yuchu Yan

Besides counting pills, all nighters and memorizing all those amino acids are you interested in what else your fellow classmates are capable of? Then come out and support your classmates at the 2nd annual pharmacy talent show hosted by the grad committee of 2015! This is an excellent opportunity to see some of the amazing talents us pharmers have. The show will be on the evening of Friday March 7th accompanied by a bake sale with all proceeds going to help out the Class of 2015's Graduation Committee. More information will be announced closer to the date, and if you're interested in performing something please send an email to pharmacytalent15@gmail.com.

Who knows, it may be your chance to become phamous?

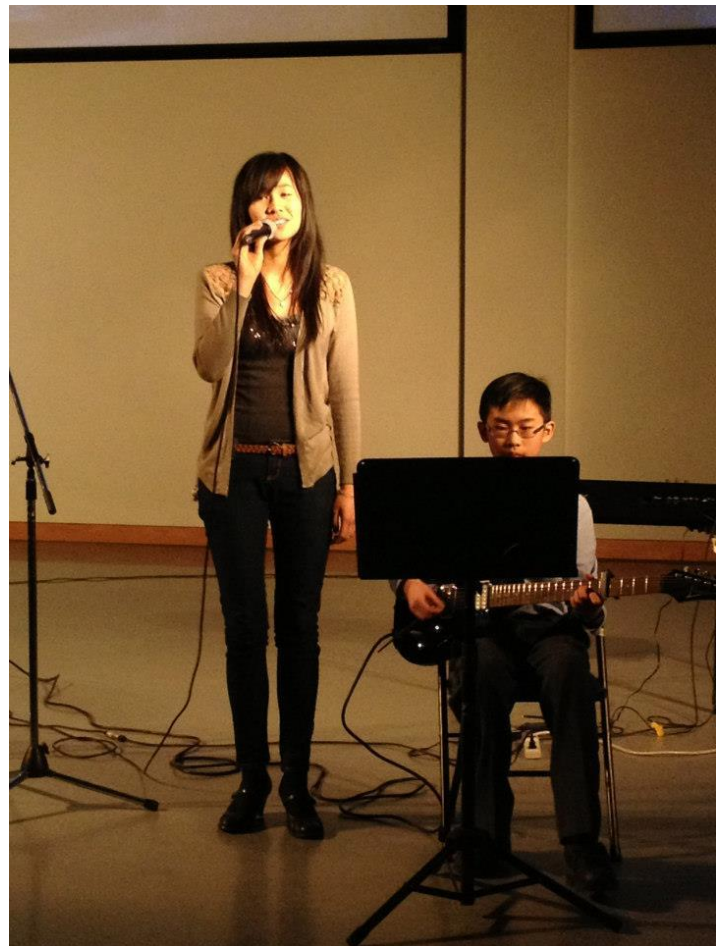


Photo credit to Sabina Choi from class of 2014

Pharmacy Awareness Week and Pharmacy Awareness Month

by Leah Stickel

March is Pharmacy Awareness Month! Join fellow classmates, pharmacy students and Pharmacists in celebrating pharmacy practice and promoting Pharmacy as a profession.

The details regarding activities for Pharmacist Awareness Month are still being finalized, but here is a tentative activity listing. The dates and times will be confirmed in mid-February.

PAM 2014 Events:

Saturday March 1: Blue and Gold

Monday March 3: APhA CEO Tom Menighan Presentation

Wednesday March 5 PM: TEVA Leadership seminar

Friday March 7: Talent Show ; Research Day

Monday March 11: Blood Pressure Clinic

Wednesday March 19: Career Night

Friday March 21: HSSA Healthwave (not PAM)

Monday March 24: Bone density or diabetes clinic (to be confirmed)

Thursday March 27 2-3 PM: PharmD Info Session

Friday March 28: TGIF

Monday March 31: CSHP Career Night

Stay tuned for further details in the next PQ!



Funding changes rally



Hot Chocolate promotional handout



2013 Teva Leadership Seminar with David Windross

How 2 farmuhsy skül: Lab Part 1

by Jon Tong

Pharmacy's hard, so I want to share some tips and advice that every single year can benefit from, and I guarantee that with a P value of over A+. How am I qualified? I am proud to have walked a path of enlightenment you can only get from being a seasoned veteran in the practice of leaving things to the last minute; honing my skills in the art of completing work/preparation under pain of sleep deprivation that only a masochistic fool would ever repeat more than once. I once learned in lecture, the part that I was awake, that operating with less than 8 hours of sleep leaves you with the same intellectual capacity of someone that is clinically impaired. HA! I play life on hard mode anyway. I present to you the "How to Pharmacy School" series, in which I will make some of the most daunting parts of this four year journey a piece of cake; caked emulsion, that is.

The first subject, and most deserving of being first is: **lab** and the "how to" thereof. It is an undeniable fact that lab has struck fear in the heart of each and every pharmacy student at least once. Join me as I help you navigate lab into a stress-free super fun-time party-desu so you can focus on the essence of the course: building your process (for those of you expecting a numbered list and don't read real articles, just put this down and go back to BuzzFeed or some other garbage like that).

I'm going to give you the only therapeutic pro-tip you'll ever need that the faculty underplays: prednisone. It actually works for everything. SoB exacerbations? Prednisone. Myasthenia gravis? Not enough prednisone. Getting a transplant? You must construct additional prednisone. Feeling nauseous? Pred-in-zone. ED? Viagra, you fool. So just spend the rest of your time in school learning the ins and outs of prednisone, and you're good to go because you now have the answer to all of life's problems. Mood swings, weight redistribution, Cushing's and delayed wound healing? No problem; all signs of prednisone being too good; recommend dexamethasone for extra awesome. In fact, you could use some prednisone right now; they're like vitamins. If Ambrosia was real, you can bet your moon face it was a gluco/mineral-corticoid.

The next thing you need to know is empathy, empathy, enthalpy (wut?). It is one of the most fool proof ways to

make your process a lot better than it actually is. Try to get your patient to talk about their personal problems instead of the medication because drugs are hard. First-years, try this one: "I understand that you're having issues taking your ibuprofen, but I feel deep-seeded despair when I look into your eyes." Shed a tear or two, "Did your husband leave you recently? I can relate to that." Recommend some homeopathy and tell them you'll always be there for them from eight AM to five PM (10 - 3 on weekends). You'll learn that depression, and other associative psychiatric imbalances, can be risk factors for everything! Stress leads to cancer, MS, stroke, GERD and Joseph Kony. Non-pharm = non-Kony.

Now that you've had a few labs to practice recommending prednisone for lice and referring a patient looking for a vitamin (prednisone) to a blood parasites support group, let's talk process. You know that marking sheet that has a checklist of everything the lab facilitators look for? That is the gospel. Don't make your own process, just make sure you get through that checklist. Ask the mother with a prescription for his son's asthma if he has any history of substance abuse; kids these days. Always remember that there's never a moment too awkward to declare your name and profession: "I... *sniff* I was just diagnosed with Parkinson's." "Mrs. Aladeen, this must be a very trying time for you, but I just want to let you know that my name is Dr. Hauz, and I'm a PharmD student. There, there."

Unfortunately, my spider senses tell me this is about as much as I can divulge before the Professionalism Committee raises a haughty nose at me, so that's it for this installment of the "How to Pharmacy School" series. Make sure you check back on the next issue of PQ for more tips and tricks. Feel free to e-mail me to suggest future topics or to trade Yu-Gi-Oh cards (cocaine).

Jon Tong

jktong@ualberta.ca

Editors' note: Just in case you can't tell, this is a satirical piece (and we don't actually suggest that you use prednisone ALL the time).

PDW Memories

Your fellow classmates reflect on their experiences

Although the weather was gloomy and rainy for the entire duration of the CAPSI Professional Development Week 2014, all my classmates, including myself, enjoyed much of the PDW experience in Vancouver. First and foremost, the food was amazing. We basically had sushi every day as it was so fresh and delicious. The hotel was at the perfect location, many of the food places and activities we wanted to do were within walking distance.

The profession is currently in a state of change, and a lot of the seminars challenged students reflect on how we can use this opportunity to shape our own profession. Each speaker had a specified area of practice to give us a different perspective and it helped exemplify how diverse the pharmacy profession can be. Opportunities are endless and although change can be challenging and hard to adapt, it may also open opportunities for us to expand our profession.

The PDW experience was also unforgettable as one does not get a better chance to get to know other aspiring future pharmacists and be given the time to bond with our classmates.

Annie Lo (2015)

Being that this was my first time attending PDW, I was really blown away with how motivating I found it for the profession. I left PDW with a reignited passion for pharmacy practice after seeing the success and ability of pharmacists in practice, research and academics.

Networking with students from other faculties also caused me to feel pride in the scope of practice for pharmacists in Alberta. I feel privileged to be able to practice in such an advanced setting, and therefore I plan to take advantage and practice to the full breadth of my ability. It was also inspiring to hear other students talk about the evolution of pharmacy practice in their province, and about what direction the profession was headed. Overall, PDW was a unique experience that allowed me to not only expand my knowledge of pharmacy practice, but also inspired me to continue pushing the boundaries of practice to allow for more comprehensive patient care.

Scott Wakeham (2016)

This year's PDW in Vancouver was the second professional development week I've been able to attend. As I am currently in my third year of pharmacy and have received the bulk of my didactic education, I found that I was able to appreciate the speakers to a greater extent than my previous PDW experience. Much of this could be attributed to the fact that I was able to understand and relate to the speakers.

I had attended a talk by Roxanne Carr regarding antibiotic stewardship and found that it helped to refresh and reinforce some of the information I had learned this past year in infectious diseases. Her presentation helped me to appreciate that antibiotic stewardship is not only a local problem (i.e. within Edmonton), but is in fact a global issue. Though antibiotic resistance is a growing problem, Dr. Carr was able to emphasize that as future pharmacists, we have a responsibility to minimize the impact of resistance and that it is well within our reach.

Overall, I found my PDW experience enlightening and would recommend it to my fellow classmates in the future.

Allison Mejilla (2015)

My experiences at PDW this year have broadened my perspectives on various pharmacy practice areas, as well as providing enlightening experiences in mental health. Hearing the stories from a three-patient panel with various mental conditions allowed for an improved understanding of some of the potential rationales behind patient behaviors.

Another topic from PDW that was particularly interesting was Dr. Kluge's perspective on health ethics and how large pharmaceutical corporations are able to influence pharmacist practice. It provided a staunch reminder regarding our professional duty. Holistically, the session was a reminder that we ought to consider the motives of others and utilize critical thinking to ensure that we are able to act ethically in our practice.

Eliezer Chin (2015)

My view of pharmacy has certainly widened to see my peers from different parts of Canada and mentors from all walks of the profession. I look back positively on the bonds of brotherhood formed with other pharmacy students; I think it is such a pleasant feeling to be able to feel welcomed by complete strangers where all we really share is the same vision. I also felt the speakers I had the pleasure of hearing were very enthusiastic on their subject.

I also enjoyed Dr. Chanoine's insight on adolescent obesity (and also appreciated the rare chances to flex my proficiency with the French language) as I believe this subject is one of the most preventable but possibly the most catastrophic issue facing the world in the near future.

Jon Tong (2015)

I think that I can safely say that all delegates who attended Professional Development Week this year in Vancouver enjoyed the experience. I found my expectations to be exceeded as the conference continued both during the speeches and the social events.

The discussion that was carried out by Dr. Wasan regarding his involvement in the formulation of oral amphotericin B and how it's development will be able to change the face of Visceral Leishmaniasis worldwide was particularly intriguing. The benefit that this oral formulation can have for those unwilling or unable to use the currently available formulation locally in Canada and other developed countries makes the research even more successful and fascinating. It had been students who had presented to Dr. Wasan the potential that the formulation that he was researching had on a global scale and that they, therefore, set the project off in this direction. Knowing that students, my peers, are able to have this degree of impact on both individual and global health even before receiving a license helps to nurture a sense of potential and drive for success.

Vancouver itself was another highlight of my trip and I thoroughly enjoyed exploring the culture and taking in the west coast lifestyle. Taken as a whole, my PDW experience was definitely unforgettable.

Brittany Lotoski (2015)



Photo credit to Annie Lo



Photo credit to Annie Lo



Photo credit to Aliya Gilani

The Food Guru: PDW Edition

by Amanda Cowan

While PDW was fun in the sense of partying and being entertained by great speakers, the aspect of PDW that truly caught my eye was the food. Food... We ate so much food! The variety of restaurants and types of food in Vancouver was endless, whether you were looking for Chinese, Japanese, or Mexican.

The first day I arrived in Vancouver, a bunch of us ventured out to Aberdeen Mall in Richmond. Let me just tell you, I felt a little out of place as Aberdeen Mall was my first truly Asian shopping experience in the lower mainland. After the walk and a 20-minute Skytrain to the mall, we were all starving! Within the mall, there was a Japanese restaurant called Guu. Guu had an assortment of creative sushi rolls, raw fish, creative gunkan, and daily lunch specials, including ramen. The food was amazing and I highly recommend it. I ended up trying some shrimp sashimi for the first time, which may have been a bit too slimy for my liking.

On day two of the conference, one of our classmates was kind enough to get a reservation at an all-you-can-eat sushi and Korean barbeque restaurant called Shabusen. It was an interesting set up, as our tables looked like boats. Each of the boat tables had two grills where we cooked our own meat, which I thought was intriguing. The food was delightful and everyone ventured out of their comfort zones to try new things.

On the third night, we were walking aimlessly near our hotel looking for a restaurant that could fit a bunch of us for dinner. We spotted a small hidden pub called The Grandville Room. The environment was really funky and had an indie flare to it. Turned out that the food was AMAZING! I had a burger topped with smoked bacon, an onion ring, and white cheddar, which melted in my mouth. A couple of the girls ordered roasted jalapeño,

malt vinegar chicken wings, which had a very unique taste to them.

The next morning we went to a small Mexican restaurant, called The Mexican, about 10 minutes away from our hotel. It was a small dive of a restaurant and the food surely filled us up. I had ordered tender braised pork soft tacos, while others order huge plates of nachos. The atmosphere and food was awesome and I would definitely go back.

Overall, my food experience in Vancouver was unreal and I cannot wait to go back to try more amazing food!



Shabusen - Barbequed meat



Guu - Salmon, shrimp, shrimp sashimi

Photo credit to Amanda Cowan

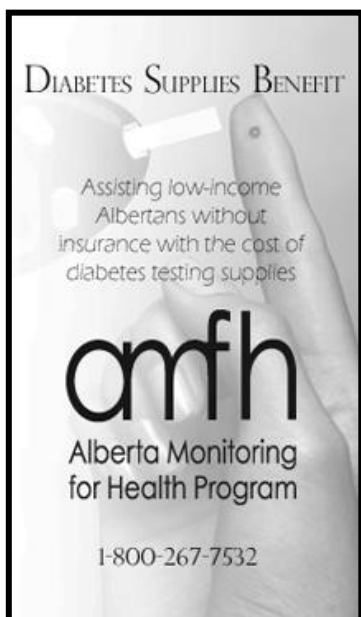


Shabusen - Boat tables

Coverage for diabetes management supplies for eligible Albertans

By **Donna Graham** from the Canadian Diabetes Association Alberta Monitoring for Health (AMFH) Program

If left untreated or not properly managed, diabetes can lead to serious complications such as heart attack, kidney failure, stroke, and blindness. Regular blood glucose testing is an important part of diabetes management to prevent or delay the onset of these complications.



The **Alberta Monitoring for Health Program** (AMFH) is funded by Alberta Health Services and administered by the Canadian Diabetes Association. The program helps to provide funding for basic diabetes supplies such as blood glucose test strips, lancets, insulin pen needles, and syringes **for low-income Albertans without insurance coverage for diabetes supplies**. The benefit year starts April 1st and depending on how an individual manages their diabetes, coverage is as follows:

Insulin Treated: Albertans under age 65 can access a benefit of \$600 per year for basic diabetes supplies.

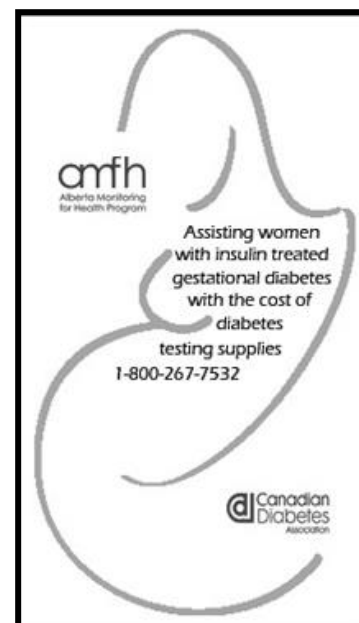
Oral Medications: Albertans can access a benefit of **\$250** each year for blood glucose test strips and lancets.

Diet and Exercise: Albertans can access a benefit of **\$100** each year for blood glucose test strips and lancets.

As of July 1, 2012 insulin-treated seniors from AMFH were transferred to receive coverage for basic diabetes supplies as part of the *Alberta Blue Cross Coverage for Seniors' supplementary health/drug plan*.

New coverage is also available to Alberta women with insulin-treated gestational diabetes who have no insurance coverage for diabetes supplies. Gestational Diabetes Mellitus (GDM) is a condition that occurs during pregnancy when the body cannot produce enough insulin to handle the effects of a growing baby and changing hormone levels. Women may qualify for up to \$600 per pregnancy for blood glucose test strips, lancets, insulin pen needles and syringes.

Once approved for assistance from the AMFH Program, all recipients will receive a benefit card in the mail. This card should be presented to a pharmacist when purchasing diabetes supplies.



Information and applications are available by calling the Alberta Monitoring for Health Program Office at **1-800-267-7532** or on-line at diabetes.ca (enter "Alberta Monitoring for Health" in the search box).

Editor's note: As future pharmacists and health care professionals, we need to be aware of programs available that may be beneficial for our patients. AMFH is just one of those programs out there that can help us to "provide optimal drug therapy outcomes for Canadians through patient-centred care." Bonus points if you can name where that statement is from ;)

PharmESPN

by Allison Mejilla & Jaspreet Jhaggi

NHL

The Stadium Series, another cash grab for the NHL, has been able to draw record crowds, even in those non-traditional hockey markets. Somehow, the Ducks and Kings managed to play outdoors in 17°C weather. It's not often that you get to see people wearing tank tops and shorts at a hockey game, while playing Frisbee in between hockey periods. The Ducks were able to shut out the Kings with Kiss in the stands.

But on the other side of the country (where it actually looked like winter), the NJ Devils gave up a 2-goal lead resulting in a 7-3 loss to the NY Rangers. People have been saying that this game was a trial for fans getting ready for the Super Bowl in Metlife Stadium. (How many Snuggies do you need to stay reasonably warm?)

Meanwhile, the Oilers have traded Devan Dubnyk to Nashville for Matt Hendricks, an agitator who happens to be a great penalty killer. In his first game with Nashville, Dubnyk gave up 5 goals. That leads me to wonder whether he was really a major loss to the Oilers? I'll let you decide...

Elsewhere in the league, players are slowly gearing up for the 2014 Winter Olympics in Sochi. Those who were lucky (and talented) enough to be selected to represent their respective countries at the games need to get ready for international ice. How well will they adjust to the bigger ice surface? I guess we'll just have to wait and see. Here's to hoping that Canada can defend their gold medal. GO CANADA!!!

Tennis

Rafael Nadal is finally back to being number 1 in the ATP standings after a stellar 2013. Unfortunately, Rafa was plagued with back pain during the Australian Open final and consequently lost to Stanislas Wawrinka. That is not to take away from Wawrinka's play, which was good enough to take down a number 1 player.

Eugenie Bouchard was Canada's first woman in 30 years to reach the semifinals in a Grand Slam. Though she was unable to become the first Canadian singles player to reach a Grand Slam final, she was able to put Canadian women's tennis on the map and she gained an army of

fans (the "Genie Army") who would have never paid attention to tennis otherwise.

Formula One

The FIA has instituted a new rule in which points in the final race of each season are worth double all of the other races. While they believe that it will increase the drama of the final race, it may punish those who are consistent for the entire season. As expected, the sport's youngest quadruple world champion has been the most vocal critic. Given his dominance, he has the most to lose with these new rules.

Each team has slowly been rolling out their 2014 cars. Testing will reveal whether McLaren has finally gotten their mojo back and whether Red Bull can maintain their supremacy over the other teams. This season should be interesting and hopefully, other teams will be more competitive and prevent Red Bull from running away with yet another Constructors' trophy.

NFL

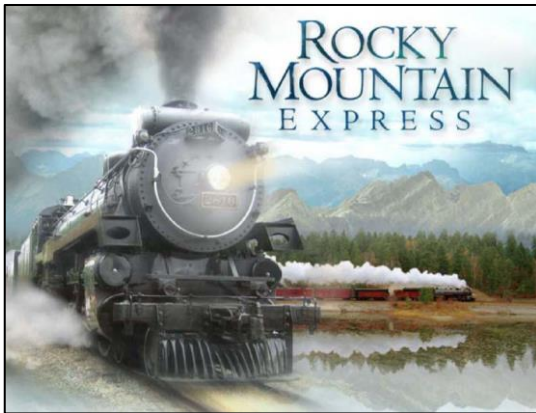
The two teams that most people predicted to be in the Super Bowl in the beginning of the year have made it to the big game. These teams have contrasting style of play: The Denver Broncos who have the most explosive offense in NFL history and the Seattle Seahawks who have arguably the best secondary in NFL history. The Broncos offense relies heavily on its aerial attack while the Seahawks rely on shutting down opposing teams receivers. This game should be very close until the end with the last few plays ultimately deciding the outcome.

In the NFL is it defenses or offenses that win championships? I personally believe that defenses are pivotal in winning championships, as long as a team is able to manage the ball on the offensive side. Having said that, there has not been an offense as good as the 2013-2014, Denver Broncos. This may be the one time where the offense wins over the defense. With all that said, I predict Seattle to win the Super Bowl this Sunday but either way expect one of the best Super Bowls in recent memory.

→ Would you like to submit your own article for PharmESPN? Or do you just want to talk sports with someone? Send me an e-mail at allison.mejilla@ualberta.ca

Art Scene

by Karen Hagen



As a mother of a 4-year old boy who loves trains and the daughter of a real trainspotter from Liverpool, I have come to appreciate trains more than I ever thought I would. Growing up I was surrounded by copious volumes of photographs of British trains, posters of trains, train paraphernalia, and even model trains. As a grown up myself with a budding train enthusiast in my house, I know "The Little Engine that Could" and "The Little Red Caboose" and "Tootle" by heart and we have not one, but two toy German light rail cars as well as some model street cars (and that's just getting started on our toy train list).

So it was a no-brainer that last week we braved the madness of trying to visit the Telus World of Science at the same time as the Harry Potter exhibit to see the film called "The Rocky Mountain Express" in the IMAX theatre. It was absolutely worth it! I recommend you take the time to see this film, whether in IMAX or purchasing a DVD when it becomes available.

The film traces the journey of a restored steam engine known as The Empress (or simply #2816) from Vancouver to Lethbridge. In addition to mounting IMAX cameras inside the train and on the roof, stunning aerial shots of the Rocky and Coastal mountains make up part of the breathtaking cinematography of this film.



As part of the journey, the filmmaker Stephen Low explores the history of how the Canadian Pacific rail line was made. It was in fact a critical part of the unification of Canada, and completion of the rail line through British Columbia to the rest of the existing rail network was a condition of British Columbia's agreement to join this new country. The obstacles involved in planning and building a rail route across three mountain ranges were unimaginable. It is estimated that tens of thousands of individuals chose (or were conscripted) to work on the rail line, working in conditions that can only be described as "deplorable" and "dangerous". The inherent dangers of working with dynamite, avalanches, and rockslides took a terrible toll, claiming a life for every mile of track through BC.

I really appreciated the filmmaker's use of old photographs and daguerreotypes such as the one below in presenting the history of this endeavor and making it truly come alive.



Your turn:

Have you read a book, watched a movie, or listened to some music that inspires? Send your review to kehagen@ualberta.ca and you might see it in PQ!

ROCKY MOUNTAIN EXPRESS – STEPHEN LOW

Hurry ... it's playing at the Telus World of Science IMAX theatre **until February 14th 2014.**

My Pharmacy Journey

by Jill Hall, BScPharm, ACPR, PharmD. Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta



Busy Pharmacists need vacations. Especially in France!

I thought I would work forever as a CCU pharmacist in London, Ontario. I moved to London after graduating from the U of A to do my residency and found a group of people that would change my life forever – professionally and personally. That hospital remains my pharmacy practice utopia. It operated like a family, both within the pharmacy department and between units and professions. “Hallway consults” led to immediate action from another service and everyone truly worked as a team to better patient care. The pharmacists (all 12 of us!) got together every day for lunch, whether or not it was a weekly journal club or ‘Strut Your Stuff’ day, to talk about the business of saving lives. The professional culture built by my mentor, Charlie Bayliff, was amazing and unmatched anywhere else I’ve practiced since.

But some good things do come to an end. That hospital building closed and our team was divided. I decided 5 years was long enough and it was time to come home (get married!) and see what the practice of pharmacy had to offer in Alberta. I was pleasantly surprised. I landed at the Royal Alexandra Hospital, where I worked with another amazing group of people and had the fortune to share some of what I learned in London as a Clinical Practice Leader with Alberta Health Services. My practice remained in CCU and was a great place to mentor pharmacy students and residents, as well as the countless medical students and residents that rotated through and found value in what I had to offer as a pharmacist on that unit.

And then I got restless again. I was enjoying the little bit of teaching I was doing at the Faculty and saw research opportunities in the unanswered questions I had. So, I decided to go back to school and get my PharmD to make sure the doors that I came to on my pharmacy journey would open. I met so many amazing people and experienced and learned so many incredible things during that 3 year period – not the least of which is how the guys at RxFiles fit all that information onto 1-page!!

I graduated from the University of Toronto just when the U of A was beginning its PharmD program...perfect timing! I joined the Faculty in the summer of 2012 and have enjoyed creating curriculum for and teaching the inaugural PharmD class. Coming to the Faculty also meant finding a new clinical practice, as I was no longer able to work as an inpatient pharmacist, and although this will always be my first love, I have built an amazing practice in Rheumatology at the Kaye Edmonton Clinic.



Kaye clinic

I work closely with a few select rheumatologists, seeing patients with inflammatory arthritides like rheumatoid and psoriatic arthritis. I fully assess effectiveness and safety of medications for these patients, including physical exam, and prescribe changes in therapy when necessary. I also assess these high-risk patients for cardiovascular disease and am in the planning stages for a for risk management program.

My research also stems from my clinical practice – be it ‘pharmacy practice’ or ‘rheumatology’ related. I’ve found it incredibly helpful to have Pharm 498 students work on my projects, most recently focusing on NHP use in our clinic patients, with the aim of creating patient-friendly NHP monographs that will be posted on our website. Our survey collected more data than we were anticipating, which will keep me busy for years! I certainly didn’t understand that my professors were doing research when I was in undergrad and think it’s so great that there is now a real mechanism to get students involved in some of the scholarly work we do...the list is endless!

But this is supposed to be a “day in the life” right? Well, no day is quite the same! Except for perhaps the exorbitant amount of time replying to and sending email each day...

Bottom line: lucky me! I really, truly like my job at the Faculty, because it keeps me hopping between teaching, research, and patient care – meeting my inner-restlessness need for variety.



“Fur-child” Adelaide

RxFiles Trial Summary www.RxFiles.ca - Dec 2013

SHARP: Study of Heart & Renal Protection^{1,2}
The Effects of Lowering LDL Cholesterol with Simvastatin plus Ezetimibe in Patients with Chronic Kidney Disease

TRIAL BACKGROUND

- Prevalence of CKD is steadily climbing in Canada. CVD is the leading cause of death in CKD^{3,4} but no single gene mutation.
- In late-stage CKD^{5,6,7} CVD is incompletely explained by traditional risk factors^{8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100} and may be due to novel risk factors^{91,92,93,94,95,96,97,98,99,100} leading to arterial calcification, LVH, and sympathetic overactivity and death due to arrhythmia or HF. This is in contrast to CKD Stages 1-3 where MI & related atherosclerotic events remain prominent.
- Stating ↓ risk of CV events^{101,102,103,104,105,106,107,108,109,110,111,112,113,114,115,116,117,118,119,120,121,122,123,124,125,126,127,128,129,130,131,132,133,134,135,136,137,138,139,140,141,142,143,144,145,146,147,148,149,150,151,152,153,154,155,156,157,158,159,160,161,162,163,164,165,166,167,168,169,170,171,172,173,174,175,176,177,178,179,180,181,182,183,184,185,186,187,188,189,190,191,192,193,194,195,196,197,198,199,200,201,202,203,204,205,206,207,208,209,210,211,212,213,214,215,216,217,218,219,220,221,222,223,224,225,226,227,228,229,230,231,232,233,234,235,236,237,238,239,240,241,242,243,244,245,246,247,248,249,250,251,252,253,254,255,256,257,258,259,260,261,262,263,264,265,266,267,268,269,270,271,272,273,274,275,276,277,278,279,280,281,282,283,284,285,286,287,288,289,290,291,292,293,294,295,296,297,298,299,300,301,302,303,304,305,306,307,308,309,310,311,312,313,314,315,316,317,318,319,320,321,322,323,324,325,326,327,328,329,330,331,332,333,334,335,336,337,338,339,340,341,342,343,344,345,346,347,348,349,350,351,352,353,354,355,356,357,358,359,360,361,362,363,364,365,366,367,368,369,370,371,372,373,374,375,376,377,378,379,380,381,382,383,384,385,386,387,388,389,390,391,392,393,394,395,396,397,398,399,400,401,402,403,404,405,406,407,408,409,410,411,412,413,414,415,416,417,418,419,420,421,422,423,424,425,426,427,428,429,430,431,432,433,434,435,436,437,438,439,440,441,442,443,444,445,446,447,448,449,450,451,452,453,454,455,456,457,458,459,460,461,462,463,464,465,466,467,468,469,470,471,472,473,474,475,476,477,478,479,480,481,482,483,484,485,486,487,488,489,490,491,492,493,494,495,496,497,498,499,500,501,502,503,504,505,506,507,508,509,510,511,512,513,514,515,516,517,518,519,520,521,522,523,524,525,526,527,528,529,530,531,532,533,534,535,536,537,538,539,540,541,542,543,544,545,546,547,548,549,550,551,552,553,554,555,556,557,558,559,560,561,562,563,564,565,566,567,568,569,570,571,572,573,574,575,576,577,578,579,580,581,582,583,584,585,586,587,588,589,590,591,592,593,594,595,596,597,598,599,600,601,602,603,604,605,606,607,608,609,610,611,612,613,614,615,616,617,618,619,620,621,622,623,624,625,626,627,628,629,630,631,632,633,634,635,636,637,638,639,640,641,642,643,644,645,646,647,648,649,650,651,652,653,654,655,656,657,658,659,660,661,662,663,664,665,666,667,668,669,670,671,672,673,674,675,676,677,678,679,680,681,682,683,684,685,686,687,688,689,690,691,692,693,694,695,696,697,698,699,700,701,702,703,704,705,706,707,708,709,710,711,712,713,714,715,716,717,718,719,720,721,722,723,724,725,726,727,728,729,730,731,732,733,734,735,736,737,738,739,740,741,742,743,744,745,746,747,748,749,750,751,752,753,754,755,756,757,758,759,760,761,762,763,764,765,766,767,768,769,770,771,772,773,774,775,776,777,778,779,780,781,782,783,784,785,786,787,788,789,790,791,792,793,794,795,796,797,798,799,800,801,802,803,804,805,806,807,808,809,810,811,812,813,814,815,816,817,818,819,820,821,822,823,824,825,826,827,828,829,830,831,832,833,834,835,836,837,838,839,840,841,842,843,844,845,846,847,848,849,850,851,852,853,854,855,856,857,858,859,860,861,862,863,864,865,866,867,868,869,870,871,872,873,874,875,876,877,878,879,880,881,882,883,884,885,886,887,888,889,890,891,892,893,894,895,896,897,898,899,900,901,902,903,904,905,906,907,908,909,910,911,912,913,914,915,916,917,918,919,920,921,922,923,924,925,926,927,928,929,930,931,932,933,934,935,936,937,938,939,940,941,942,943,944,945,946,947,948,949,950,951,952,953,954,955,956,957,958,959,960,961,962,963,964,965,966,967,968,969,970,971,972,973,974,975,976,977,978,979,980,981,982,983,984,985,986,987,988,989,990,991,992,993,994,995,996,997,998,999,1000} 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Class of 2015 Grad Committee

by Annie Lo

Hello everyone, for the next couple of months, the class of 2015 grad committee has quite a few events lined up:

1) **Build-Your-Own Candygram Sales** will take place on February 7, 2014 from 11-4 pm at ECHA 2nd floor south pedway beside Engrained cafeteria. Come by and build your own candygram and have it delivered to that special someone or friend on Feb 10 by us! Bring your extra change and support grad committee!

2) Grad committee will be selling **pharmacy apparel** from Jan 27 until February 14. You may pre-order and drop off your payment/order form during office hours at the APSA office. Need an order form? Check your class emails, it includes a full color catalogue.

3) We will also be having our 2nd annual **Pharmacy Talent Show** on March 7. We are currently looking for all you talented folks interested in performing! It is a non-competitive event and anyone in pharmacy can join. If you have a talent and are looking for a little time in the spotlight

email pharmacytalent15@gmail.com. Give us your name, class year, and a little description of your talent. Who knows you may become the next famous pharmer?

4) **Bottle Drive** - We are still collecting bottles to help raise money for our grad. It is very simple, all you have to do is drop off all your bottles at the designated location. Please email Jade Kelly at jjkelly@ualberta.ca or Lauren Meleshko at lmeleshk@ualberta.ca for details on location/questions. If any of you have a truck and is willing to help us out for one day, please contact us. We greatly appreciate it!

5) This is for the Class of 2016: believe it or not, you guys will soon be half way done pharmacy. With that said, the grad committee would like 2-3 students from the class of 2016 to join our grad committee. Why? Because in the next year, your class will be running your own grad committee and you guys will need to start early and get a hang of what needs to be done in order to fundraise for a well-deserved graduation banquet in 2016. If you are interested in joining grad committee, please email Annie Lo at aolo@ualberta.ca

PQ Column Club

Do you like to write? Want to be more involved? Join the PQ Column Club!

Have you wanted to write an article for the PQ and how to go about it? Don't worry; we're still recruiting people to join the **PQ Column Club**. As a member of the PQ Column Club, you have the opportunity to write about your choice of topics or you can choose from our topic bank.

There are many benefits that accompany being part of the Column Club. For one, you get to have your name published in PQ! In addition, we can offer to write you a reference letter or be one of your referees (as long as you show us that you are a committed member). Plus, at the end of year, we'll have a draw where one lucky writer can win a gift certificate!

FOR MORE INFORMATION

Contact the PQ editors, Allison (allison.mejilla@ualberta.ca) or Karen (kehagen@ualberta.ca). Or feel free to stop us in the halls!



Pharmacy Horoscopes

by Allison Mejilla, Pharmacy's Resident Miss Cleo (with a little help from "He Who Must Not Be Named" aka "Tale Hexa")

Aquarius (Jan 20 - Feb 18)

Considering the holidays are over, it's time for your bank account to recover from excessive spending. Unfortunately, that poor account will have little time to rest because as of January 31, that bank account is going to take a big hit. Don't worry, as one of my favourite professors used to say, "don't worry, you'll be rich when you're done. Or on the streets..."

Tonight: Make yourself a pretentious dinner.

Pisces (Feb 19 - Mar 20)

With the Milky Way putting on a show, you'll find that you can't do anything wrong. Well aren't you a lucky duck?

Tonight: Take it easy.

Aries (Mar 21 - Apr 19)

Based on the position of Mars, you will get a standardized patient in lab who is 3 years old with a fever and has complaints of an ear ache for less than 24h. Being the astute pharmacy student that you are, you remember that watchful waiting is the way to go and the lab facilitator praises you for your awesomeness.

Tonight: Negotiate a delayed fill.

Taurus (Apr 20 - May 20)

Given Jupiter's rotation, you will debate about whether you want to debate in a debate or not. Look at the pros and cons of each side, so that you can make an informed decision about whether or not you want to formulate a rebuttal.

Tonight: Debate about debates.

Gemini (May 21 - June 20)

Since Mercury and Mars are in the same binocular field, you will find that people's INRs are more labile than usual. Take a breath and remember to probe for interactions, dietary changes, and adherence.

Tonight: Lay off the pistachios and dark green vegetables.

Cancer (June 21 - July 22)

You may be overwhelmed in lab when you find that your open-ended questions aren't working. Calm down and try not to yell at the standardized patient. Instead, try using some close-ended questions and ask the patient about their cat. People love talking about their pets.

Tonight: When in doubt, use more empathy!

Leo (July 23 - Aug 22)

With Earth and Venus being paired, you find that you aren't able to stay awake while studying. You ponder your need for primary care and decide to self-diagnose instead. Bad idea. Trust me, you don't have rabies (or do you?)

Tonight: Throw out the DSM-V.

Virgo (Aug 23 - Sep 22)

Because Kan says so, tomorrow will be an awesome day and you'll finally get to learn all about that topic that you have been itching to learn about.

Tonight: Evaluate a journal article for study design.

Libra (Sep 23 - Oct 22)

Due to a supernova exploding in the Andromeda galaxy (and the fact that it's flu season), you realize the importance of educating everyone on vaccinations. Remember the importance of herd immunity, but don't forget about patient autonomy.

Tonight: Check the Jenny McCarthy body count. (It's a real website, I swear!)

Scorpio (Oct 23 - Nov 21)

With Saturn and Neptune crossing paths, you will have to dose a neonate. Don't panic. Just remember to take into account volume of distribution, metabolism, and clearance.

Tonight: Meditate on the truths of life, such as you are born a grape and die a raisin.

Sagittarius (Nov 22 - Dec 21)

A shooting star makes you recall that hydrochlorothiazide is not effective with a CrCL < 30 mL/min. You remember to switch the prescription for that patient with renal failure to furosemide. Yay for adapting!

Tonight: Don't take that water pill qhs, better qam to prevent nocturia.

Capricorn (Dec 22 - Jan 19)

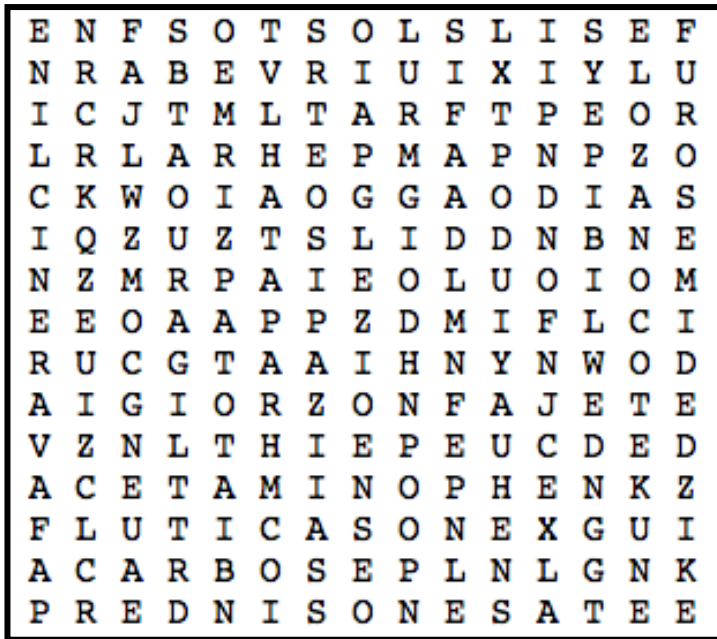
Due to increased solar flares, your favourite older adult patient begins to exhibit signs of cognitive dysfunction. After some questioning, you realize that the patient has started taking chlorpheniramine. With the temporal relationship aligning, you advise them that a second-generation antihistamine would be more appropriate. Go 4QET!

Tonight: Peruse Therapeutic Choices.

Contest Time: Word Search Style

by Allison Mejilla

It's that time for one of your many favourite PQ features... CONTEST TIME!!! To answer this edition's Contest Time question, you will need to complete the word search and with some of the remaining letters (i.e. the letters that haven't been used in the word search), you will be able to find the answer to the Contest Time question.



- ACARBOSE
- ACETAMINOPHEN
- CANDESARTAN
- CAPTOPRIL
- CLOZAPINE
- FLUTICASONE
- FUROSEMIDE
- KETOCONAZOLE
- LITHIUM
- PREDNISONE
- SELEGILINE
- SITAGLIPTIN
- TRAMADOL
- TRAZODONE
- VARENICLINE

This DAA was approved by Health Canada in November 2013 for the treatment of HCV.

Once you have your answer, e-mail it to Allison (allison.mejilla@ualberta.ca) with the subject line "PQ – Contest" by February 20, 2014 and you have the chance to win a \$25 Earls gift card. Happy word searching!



You can give this antidepressant to a patient experiencing sexual dysfunction as an adverse effect of citalopram.

BUPROPION

Congratulations to
Bryan Velthuizen
for winning the December PQ
Contest!