

PHARMA TAB

CLINICAL PHARMACY NEWSLETTER

C.L. BAID METHA COLLEGE OF PHARMACY

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Theme: PAIN & PALLIATIVE CARE

PROUDLY ANNOUNCES

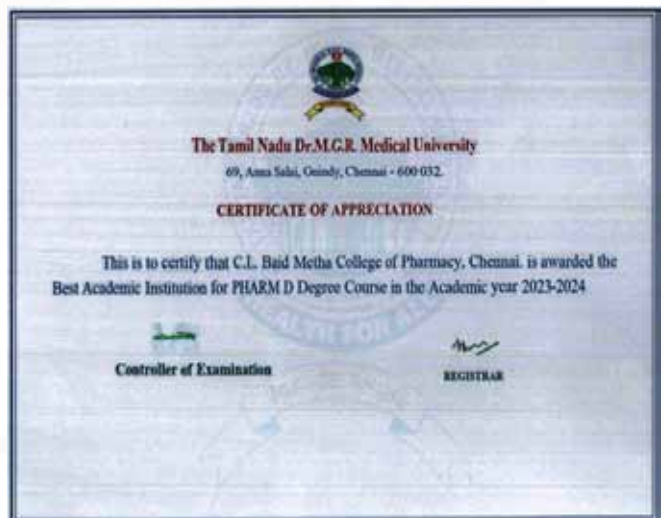
C.L. BAID METHA COLLEGE OF PHARMACY

Honoured as

**Best Academic Institution of the Year 2023-2024
for the Pharm D Program**

by The Tamil Nadu DR MGR Medical University
on "University Research Day"

held on 26th September 2024, in the Silver Jubilee Auditorium, at University.



Principal **Dr. CN Nalini** received the certificate of appreciation for Best Academic Institution for Pharm.D program in the academic year 2023-2024, from **Thiru. Ma. Subramanian Honourable Health Minister, Government of Tamil Nadu.**

IN THIS ISSUE

- » Editor's Desk
- » Drugs Approved by USFDA
- » Drugs Approved by CDSCO
- » Important Health Awareness Days
- » Palliative care and the role of the pharmacist
- » Pain relief as an Integral part of the Palliative care
- » From cure to comfort:
the changing role of palliative care in the ICU
- » Palliative care in Alzheimer's disease:
An essential approach to comprehensive care
- » Upcoming Conferences
- » Websites of Interest
- » Health awareness days celebrations
- » Students Achievements
- » Departmental Activities
- » Students Corner-Word Puzzle

DRUGS APPROVED BY CDSCO

Drugs Approved by Central Drugs Standard Control Organization during the period of July to September 2024

Drug Name	Approved date	Indication
Methenamine Hippurate bulk drug & Methenamine Hippurate Tablets USP 1gm	09/07/2024	Prophylaxis and treatment of urinary tract infections,
Elobixibat Hydrate Bulk Drug and Elobixibat Tablets 5mg	15/07/2024	For the treatment of chronic constipation
Tedizolid Phosphate Bulk & Tedizolid Phosphate Tablets 200mg	19/07/2024	For the treatment of acute bacterial skin and skin structure infections (ABSSSI)
Pimavanserin Tartrate Bulk & Pimavanserin Capsules 34mg	02/08/2024	For the treatment of hallucinations and delusions associated with Parkinson's disease psychosis
Elagolix tablets 150mg and Elagolix tablets 200mg	09/08/2024	For the management of moderate to severe pain associated with endometriosis.

Source: <https://cdsconline.gov.in/CDSCO/Drugs>

Upcoming Conferences

1. ISPOR 2025-May 13-16, Montreal, Quebec, CA.
For details <https://www.ispor.org/conferences-education/conferences/upcoming-conferences/ispor-2025>
2. International Conference on Pharmaceutical and Biomedical Sciences ICPABS on December 09-10, 2024 in Goa, India.
For details <https://conferenceindex.org/event/international-conference-on-pharmaceutical-and-biomedical-sciences-icpabs-2024-december-go-a-in>

Editor's Desk**Palliare: "Cloaking Patients in Comfort and Compassion"**

The metaphor of "cloaking" offers a vivid image of how palliative care serves to provide comfort and protection. "Palliative Care" is the unique needs of each patient facing a variety of diseases and chronic conditions. This highly individualized medical care is appropriate at any age and at any stage in a serious illness. It can be provided along with curative treatment, primarily focussing on relieving pain and sufferings and provides the best possible quality of life for patients and their families. This current issue consist of articles that speak about the various aspects of palliative care and have all our regular activities, Hope it will be interesting to read.

DRUGS APPROVED BY US FDA

Drugs Approved by US Food and Drug Administration (US FDA) during the period of July to September 2024

Drug Name	Approved Date	Indication	Status in India
Donanemab-azbt	02/07/2024	For the treatment of Alzheimer's Disease.	Not yet approved by CDSCO
Eculizumab-aagh	19/07/2024	For the treatment of paroxysmal nocturnal hemoglobinuria (PNH) and atypical hemolytic uremic syndrome (aHUS)	
Afamitresgeneautoleucel	01/08/2024	For the treatment Synovial Sarcoma	
Vorasidenib	06/08/2024	For the treatment of Malignant Glioma	
Nalmefene hydrochloride	07/08/2024	For the treatment of Opioid overdose	
Denileukindiftitox-cxdl	07/08/2024	For the treatment of Cutaneous T-cell Lymphoma	
Nemolizumab	12/08/2024	For the treatment of Prurigo Nodularis	
Seladelpar	14/08/2024	For the treatment of Primary Biliary Cholangitis	
Lazertinib	20/08/2024	For the treatment of Non Small Cell Lung Cancer	
Lebrikizumab-lbkz	13/08/2024	For the treatment of Atopic Dermatitis	

Source: <https://www.fda.gov/drugs/new-drugs-fda-cders-new-molecular-entities-and-new-therapeutic-biological-products/novel-drug-approvals-2024>

PALLIATIVE CARE AND THE ROLE OF THE PHARMACIST

Palliative care is a specialized medical approach that focuses on enhancing the quality of life for individuals dealing with serious, life-threatening illnesses. It emphasizes symptom management, pain control, and providing psychosocial, psychological, emotional, and spiritual support to patients and their families or caregivers. Unlike hospice care, which is typically reserved for patients nearing the end of life, palliative care can be integrated at any stage of a serious illness and can be provided alongside curative treatments. Palliative care is provided by an interdisciplinary team that includes physicians, nurses, social workers, pharmacists, and other healthcare professionals working collaboratively to address the complex needs of patients.

The Role of the Pharmacist in Palliative Care

Pharmacists play a unique and critical role in the palliative care team. Their expertise in medication therapy management, symptom control, and patient education is vital to delivering comprehensive palliative care. Working in various settings, such as inpatient hospitals, outpatient clinics, and home care environments, pharmacists manage medication regimens, mitigate side effects, and ensure that patients and caregivers understand how to administer medications properly.

Medication Therapy Management

In palliative care, managing complex medication regimens is a central responsibility of pharmacists. Many palliative care patients require a variety of medications to address pain, nausea, vomiting, constipation, and other symptoms. With their expertise, pharmacists ensure that these medications are carefully coordinated to avoid harmful interactions, providing a level of care that not only reassures patients and their families but also instills a profound sense of security in the healthcare team.

Pain and Symptom Management

Pain management is one of the cornerstones of palliative care, and pharmacists are experts in selecting, dosing, and managing pain medications, especially opioids. Pharmacists can help the medical team assess pain, assess opioid tolerance, adjust doses, and monitor for side effects such as drowsiness, respiratory depression, nausea, and constipation. Pharmacists also address symptoms like nausea, vomiting, dyspnea and anxiety, adjusting medications to ensure comfort and providing comprehensive care that not only brings comfort but also reassurance to patients and their families.

Patient and Caregiver Education

Empowering patients and their caregivers through education is a crucial part of the pharmacist's role in palliative care. Medications in palliative care often require specific administration techniques, and pharmacists ensure patients understand how to use their medications properly. This knowledge empowers patients to manage their care

effectively and feel more in control of their healthcare journey.

Interdisciplinary Collaboration

Pharmacists in palliative care are integral members of the interdisciplinary care team. They work alongside physicians, nurses, social workers, and other healthcare providers to create and implement care plans that address the patient's holistic needs. Pharmacists provide crucial insights into medication

management during team discussions and advocate for pharmacological therapies that align with the patient's goals and preferences, ensuring a truly patient-centered approach to care.

Conclusion

Palliative care is a patient-centered, interdisciplinary approach to improving the quality of life for patients with serious illnesses. Pharmacists are essential in this care, contributing their expertise in medication management, side effect mitigation, and patient education across various healthcare settings. From managing pain and symptoms in inpatient settings to educating patients and caregivers in-home care, pharmacists are essential palliative care team members. Their involvement improves patient outcomes and enhances the overall quality of care for those facing serious illnesses. As healthcare continues to evolve, the role of pharmacists in palliative care will only grow in importance, further emphasizing the need for their specialized skills and contributions.

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PAIN RELIEF AS AN INTEGRAL PART OF THE PALLIATIVE CARE

Pain is a common and often debilitating symptom for patients receiving palliative care, particularly those with advanced or life-limiting illnesses like cancer. It is a multifaceted experience that can be **physical**, **emotional**, and **spiritual**, significantly impacting a patient's quality of life. Effective pain management is a core goal in palliative care, aiming to reduce suffering and improve well-being⁽¹⁾.

What is Pain?

According to **IASP** (The International Association for the Study of Pain) pain defined as a: "An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage." physical functioning to mental health. Pain can be mild or severe, acute or chronic and there are several methods that help in the evaluation of the severity of the pain. Treatment and management of pain must be based on an understanding of the mechanisms and symptoms of pain.



Solai Ganesh
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Types of Pain	Origin	Characteristics	Example
Nociceptive Pain	Damage to tissues from cancer or treatments like surgery/radiation	Aching, throbbing, or sharp; localized	Pain in the chest wall or arm following breast cancer surgery or radiation therapy.
Neuropathic Pain	Damage or dysfunction in the nervous system due to tumor pressure or chemotherapy	Burning, tingling, or stabbing; numbness or weakness	Pain in the legs due to nerve compression from metastatic prostate cancer in the spine.
Bone Pain	Tumors affecting the bones or bone-related complications	Deep, aching, or throbbing; worsens with movement	Severe localized pain in the spine or ribs from multiple myeloma.
Visceral Pain	Pain originating from internal organs affected by tumors or inflammation	Deep, crampy, or gnawing; difficult to pinpoint	Deep abdominal pain that radiates to the back in pancreatic cancer.
Referred Pain	Pain felt in an area different from its actual source due to nerve convergence	Pain in a location away from the source; confusing for diagnosis	Pain in the right shoulder from liver cancer.
Breakthrough Pain	Sudden, intense flare-up of pain despite regular pain medication	Intense, sudden, severe; disrupts daily activities	Sudden severe chest pain in a lung cancer patient despite ongoing pain management.
Phantom Pain	Sensation of pain in a removed body part due to residual nerve signals	Pain or itching in an absent limb or organ	Pain or itching in a removed leg following amputation due to bone cancer.
Inflammatory Pain	Pain caused by inflammation from cancer or its treatment	Swelling, tenderness, or discomfort; associated with redness or warmth	Painful inflammation and redness in the skin area treated with radiation therapy.

Source: Brozović G et al , Acta Clin Croat 2022

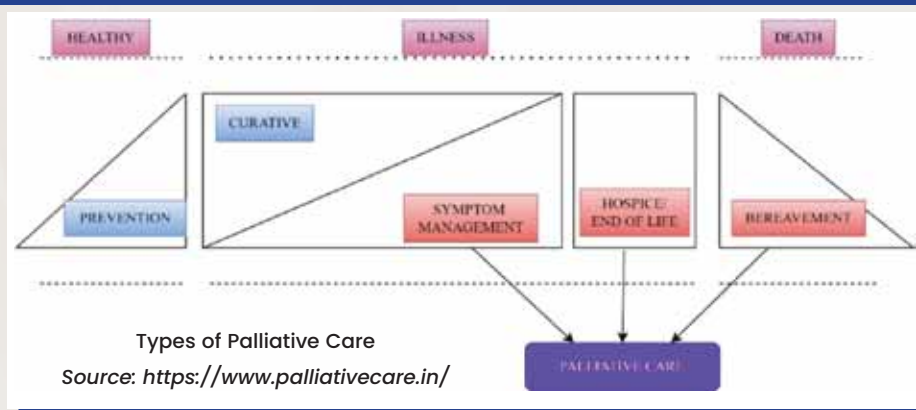
Pain & Palliative care

Pain management is one of the most essential components of **palliative care**, which focuses on improving the quality of life for patients facing serious, chronic, or life-threatening illnesses. The goal of palliative care is to relieve suffering by addressing the physical, emotional, psychological, and spiritual dimensions of a patient's pain and overall experience

A health care provider called "**Palliative Care Specialist**" provides very specialized pain management to the patient with their families or caregivers by addressing all aspects, of these often-difficult symptoms including physical ailments as well those relating to emotional expressions.^{(2) (3)}

Types of Palliative care

1. Symptom Management: Symptomatic management is a type of palliative care and can be given with medical treatment. This method is used when the person is healthy and not suffering from imminent disease. The focus is on improving the patient's quality of life in the recover process by correcting and reducing symptoms.



2. Hospice care: When individuals have an overall basic quality of life that can only decline not improve/recover, hospice care (also called end-of-life-care) may be given. This kind of care is typically offered in the final months to help patients with this condition, feel as comfortable and make best use of their last days.

3. Bereavement: Persons receive bereavement support after losing a loved one. During this phase, the focus is only on real-life needs in physical-psycho-emotional and spiritual care so families of those who passed are given support while dealing with regret from losing a loved one.

i) Physical Care: Typical physical symptoms that can be addressed include pain, tiredness loss of appetite, nausea, vomiting, shortness of breath, and insomnia. The aim of the physical care is to manage a physical symptom (e.g. pain) by use of medications such as opioids, NSIAD.

ii) Psychological Care: To address issues related to emotional and mental health that may arise from illness or its treatment. Managed by providing counselling and psychotherapy: support for decrease or relieving from anxiety, stress and depression.

Assessment of Pain ⁽⁶⁾



Pain Management ⁽³⁾



Source: Elena Crisman et al., Internal and Emergency Medicine , April 2024, 19(9)

iii) Social Care: Social care in palliative care understands the impact of serious illness on relationships, roles, and daily activities, and it addresses to the social needs of patients and their families. It involves providing assistance to family and caregivers through educational support, emotional help, and short-term relief care.

iv) Spiritual Care: Palliative care spiritual care aims to address patients' psychological and spiritual needs as they deal with life-threatening illnesses. This includes providing support to explore beliefs, values and questions about meaning and purpose. ⁽⁴⁾⁽⁵⁾

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FROM CURE TO COMFORT: THE CHANGING ROLE OF PALLIATIVE CARE IN THE ICU

Palliative care is increasingly recognized as a vital aspect of compassionate healthcare, particularly in the context of Intensive Care Units (ICUs). Traditionally associated with end-of-life care, palliative care has evolved to encompass comprehensive supportive measures aimed at enhancing the quality of life for critically ill patients and their families. This article explores the changing role of palliative care in the ICU, emphasizing its importance, integration, and the challenges faced by healthcare professionals in this specialized setting.

Palliative Care: A Broad Perspective

Palliative care is defined as patient- and family-centered care that aims to optimize quality of life by preventing and treating suffering caused by serious illness^[1]. It focuses on alleviating physical, psychological, and spiritual distress while maintaining dignity and respect for patients during their journey through illness. Unlike hospice care, which is based on prognosis and typically reserved for terminally ill patients, palliative care is provided concurrently with curative treatments and can be initiated as early as ICU admission^{[1][2]}.

Integration of Palliative Care in the ICU

The integration of palliative care into the ICU represents a significant shift in the approach to managing critically ill patients. Evidence shows that effective palliative care can alleviate distressing symptoms, enhance communication, and support families during acute

health crises.⁽²⁾ The incorporation of palliative care principles in this high-stress environment is crucial, as patients often experience painful symptoms, anxiety, and existential distress. Additionally, families frequently undergo emotional burdens related to their loved ones' critical conditions, leading to the need for supportive care mechanisms^[4].



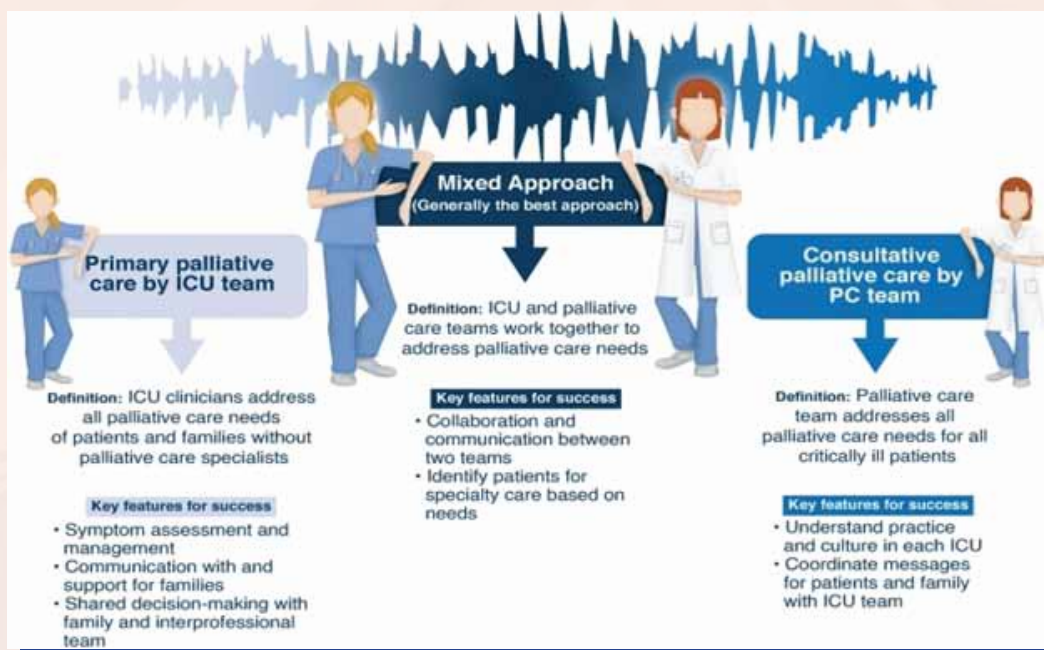
Padmapriya A
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Models for Palliative Care in the ICU

There are two primary models for incorporating palliative care in ICUs: the integrative model and the consultative model. The integrative model emphasizes embedding palliative principles into daily practices by ICU teams for all patients facing critical illness. This ensures that palliative care becomes an inherent part of the patients' treatment plans^[2].

In contrast, the consultative model seeks to involve palliative care specialists in the management of patients identified as being at higher risk for poor outcomes; this specialist involvement can enhance care quality and provide expert guidance on symptom management and end-of-life decision-making^[2].

Spectrum of approaches to providing high-quality palliative care in the ICU



Source: Wiencek C. Palliative Care in the Intensive Care Unit: The Standard of Care. AACN Adv Crit Care. 2024.

Both models have been shown to improve patient outcomes, reduce ICU and hospital lengths of stay, and foster more timely family meetings, which are essential for shared decision-making. Fortunately, research indicates that implementing these models leads to an increase in the formalization of advance directives and better practices surrounding end-of-life care^[2].

Challenges in Implementing Palliative Care

Despite the recognized benefits of integrating palliative care into the ICU, several challenges persist. One significant barrier is the misconception that palliative care equates to abandoning curative treatments, which can result in reluctance among ICU staff to adopt these practices. Such misunderstandings stem from insufficient training in communication and palliative care skills within medical curricula and ongoing education..

Logistical hurdles are also common, including a lack of standardized protocols for palliative care assessments and interventions in the ICU. Effective implementation necessitates the collaboration of interdisciplinary teams, requiring clear communication pathways and consistency in care strategies^[4].

Evidence Supporting Palliative Care Integration

Studies indicate that early involvement of palliative care specialists leads to enhanced patient comfort, decreased symptoms of anxiety and depression in family members, and improved overall satisfaction with care^[4]. Proactive involvement in patient care allows for a more comprehensive approach that views patients holistically, balancing the need for life-sustaining treatments with opportunities for comfort and dignity^{[3][2]}.

Palliative care has been associated with increased rates of "do not resuscitate" (DNR) orders and hospice referrals, reinforcing its role in facilitating conversations about treatment goals and preferences. Such advancements highlight the need for ongoing education for ICU staff to cultivate a deeper understanding of palliative care's principles and practices as an essential complement to critical care^[4].

Future Directions for Palliative Care in the ICU

Looking ahead, the integration of palliative care within ICU settings will require several strategic improvements. Enhanced training programs focused on

communication skills, symptom management, and the psychological aspects of critical care can empower clinicians to provide more effective palliative services^[1]. Formatting institutional protocols that emphasize palliative assessments early in the ICU admission process will also be vital to advance the care paradigm.

Increasing collaboration between palliative care specialists and ICU teams can promote a culture of shared responsibility for comprehensive patient care. This mixed-model approach may optimize the distribution of resources and the management of critically ill patients. Additional research into best practices for palliative care implementation in ICUs will also contribute to the ongoing evolution of this essential aspect of healthcare^[5].

Conclusion

The changing role of palliative care in the ICU reflects a significant transformation in the approach to critically ill patients. By emphasizing early integration, comprehensive symptom management, and supportive communication, palliative care can enhance the quality of care delivered in these high-stakes environments. As healthcare continues to evolve, embracing the full scope of palliative care will be necessary to improve the experiences of patients and families facing the challenges of critical illness. A collaborative, well-structured, and compassionate approach will contribute to better health outcomes, ensuring that dignity and quality of life remain central to the caring process in ICUs.

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There is an End to Cure...
But, There is no End to Care!

PALLIATIVE CARE IN ALZHEIMER'S DISEASE: AN ESSENTIAL APPROACH TO COMPREHENSIVE CARE

Palliative care is crucial for enhancing the quality of life for individuals with Alzheimer's disease and their families. Given the progressive and debilitating nature of Alzheimer's, this approach provides invaluable support through every stage of the illness. Here's a look at why palliative care is essential and how it contributes to holistic management.

Understanding Alzheimer's Disease

Disease Characteristics:

- **Progressive Nature:** Alzheimer's disease gradually impairs cognitive functions such as memory and reasoning, leading to significant challenges in both mental and physical abilities as it advances.
- **End-of-Life Considerations:** As the disease progresses, patients often face substantial physical and emotional distress, making palliative care crucial for managing symptoms and providing overall support.

Why Palliative care is crucial in Alzheimer's Disease:

In the context of Alzheimer's disease, palliative care addresses the complex and multifaceted needs of patients, including physical symptoms like pain, psychological symptoms such as anxiety and depression, and social and spiritual needs. The goal is to provide holistic care that enhances the patient's quality of life throughout the progression of the disease.

Symptom Management: Alzheimer's disease presents a wide range of symptoms that can be distressing for both patients and caregivers. Common symptoms include cognitive decline, confusion, agitation, anxiety, depression, and sleep disturbances. Palliative care teams are skilled in managing these symptoms, using both pharmacological and non-pharmacological approaches to provide relief and improve the patient's quality of life.⁽¹⁾

Emotional and Psychological Support: The emotional and psychological toll of Alzheimer's disease on patients and their families can be profound. Patients may struggle with the loss of independence, fear of the future, and frustration over their cognitive decline. Caregivers often experience significant stress, burnout, and grief as they watch their loved ones deteriorate. Palliative care provides essential emotional support, counselling, and coping strategies for both patients and caregivers, helping them navigate the challenges of the disease.⁽²⁾

Communication and Decision-Making: As Alzheimer's disease advances, patients may lose the ability to make informed decisions about their care. Palliative care teams play a crucial role in facilitating communication between patients, families, and healthcare providers.

They help ensure that the patient's wishes are respected and that advance care planning is in place. This includes do-not-resuscitate (DNR) orders, power of attorney, and preferences for end-of-life care.⁽³⁾

Improving Quality of Life:

The primary goal of palliative care in Alzheimer's disease is to improve the patient's quality of life. This involves not only managing physical symptoms but also addressing emotional, social, and spiritual needs. Palliative care teams work to create a supportive environment where patients feel valued, respected, and comfortable. This holistic approach ensures that care is patient-centered and tailored to the unique needs of each individual.⁽⁴⁾

Supporting Caregivers: Palliative care provides support to caregivers by offering respite care, education, and resources. This support is crucial in preventing caregiver burnout and ensuring that caregivers can continue to provide the best possible care for their loved ones.⁽⁵⁾

Challenges and Considerations

Despite its benefits, palliative care is often underutilized in the care of Alzheimer's patients. Several challenges hinder its widespread implementation:

Lack of Awareness: Many patients, families, and even healthcare providers are not fully aware of the benefits of palliative care in Alzheimer's disease. This lack of awareness can result in delayed or inadequate symptom management, leading to unnecessary suffering and a reduced quality of life.⁽⁶⁾

Timing of Care: There is often confusion about when to initiate palliative care. Since Alzheimer's disease is a chronic, progressive illness, some believe that palliative care should only be introduced in the late stages. However, research has shown that early integration of palliative care can significantly enhance the quality of life for patients and their families throughout the course of the disease.⁽⁷⁾

Healthcare System Barriers: The healthcare system may have limitations in providing palliative care, including insufficient training for healthcare professionals, inadequate reimbursement policies, and a lack of integration between palliative care and other medical services. These barriers can prevent patients from receiving the comprehensive care they need.⁽⁸⁾



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Role of Pharmacists in Alzheimer's disease Care:

- **Medication Management:** Optimize dosages, manage interactions, and address side effects.
- **Patient Education:** Explain medication use and side effects; provide guidance on care.
- **Family Support:** Offer emotional support and help with medication-related issues.
- **Healthcare Collaboration:** Join interdisciplinary teams; coordinate with other providers.
- **Clinical Monitoring:** Track medication effectiveness and adjust as needed.
- **Advocacy:** Ensure patient needs are met and contribute to care guidelines.
- **Research:** Engage in studies and adopt new treatment advancements.⁽⁸⁾

Conclusion

Palliative care is a vital component of comprehensive care for individuals with Alzheimer's disease. By focusing on symptom management, emotional support, and improving the quality of life, palliative care helps to alleviate the suffering associated with this devastating illness. Early integration of palliative care can lead to better outcomes for patients and their families, ensuring that care is patient-centered and aligned with their values and preferences. As awareness and understanding of palliative care grow, it is hoped that more Alzheimer's patients will benefit from this compassionate approach to care.

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**WEBSITE OF
INTRESTS**<https://www.nccn.org/>

The National Comprehensive Cancer Network® (NCCN®) is a non-profit alliance of 33 leading cancer centres devoted to patient care, research, and education.

NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system and it provides clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers around the world for high-quality cancer care,

<https://globalrph.com/>

GlobalRPH is a resource primarily for healthcare professionals, providing various tools and information related to pharmacology, clinical guidelines, and patient care.

It often includes calculators, drug information, and clinical decision support resources that can aid in medication management and other clinical practices.

DEPARTMENTAL ACTIVITIES

CL Baid Metha College of Pharmacy in association with Government Stanley Hospital jointly inaugurated the grand opening ceremony of the "Drug Information Centre" at Government Stanley Hospital, Chennai on 9th of September 2024. The Centre was inaugurated by the honourable **Thiru Ma Subramanian**

Minister for Health and Family Welfare of Tamil Nadu for the benefit of general public



Honourable **Thiru Ma Subramanian** Minister for Health and Family Welfare of Tamil Nadu, inaugurated Drug Information centre at Government Stanley Hospital, Chennai on 9th of September 2024.

Mrs. Priya Rajan Chennai Mayor,
Mr. Kalanidhi Veeraswamy Member of Lok Sabha and
Mr. SA Ramesh Secretary and Correspondent were graced the occasion with their presence.



Principal **Dr C N Nalini**, Vice Principal **Dr N Ramalakshmi**, Faculty and Pharm D Interns at DIC Government Stanley Hospital Chennai



Pharm D Interns Provided drug information to the patients at Drug Information Centre, Stanley Hospital, Chennai

World Hepatitis Day

Dr. Raj Kumar J,

Consultant Podiatrics, Infectious Disease Gleneagles, Global Health City, Chennai, delivered a lecture on "**Viral Hepatitis and its Management**" and foliated by our Principal **Dr CN Nalini** on World Hepatitis Day on 31/07/2024.



Faculty, Pharm D students with **Dr. Raj Kumar J**, Consultant Pediatrics, Infectious Disease Gleneagles Global Health City, Chennai, on World Hepatitis Day on 31/07/2024.

World Pharmacists Day Celebration

In celebration of World Pharmacists day, C L Baid Metha College of Pharmacy organized a series of events, as per the directives of Pharmacy Council of India, efforts to raise awareness about pivotal role of pharmacists play in global healthcare. All activities of the day focused on this year theme,

Pharmacists: Meeting Global Health Needs, The esteemed chief guest of this event

Mr. K M Srinivasan, Deputy Drug Controller, South Zone, CDSCO,

shared his valuable insights on pharmacist role in meeting global health needs..

On this special day our Chairman **Mr. Srinivasan R** was honoured with an award

"Visionary Leader in Pharmaceutical Care" for his indelible mark on pharmacy profession and inspired many with his visionary leadership. And this year **Mr. V.Sivasankaran** received the **"Community Pharmacist of the Year award (CPY-2024)"** for his exceptional commitment to patient care & community service.



The students and members of faculty took the Pharmacist's Oath on World Pharmacists Day on 25th September 2024



Dignitaries on the dais with the awareness Pamphlets on "Stop Drug Abuse & Addiction"



Principal Dr C N Nalini, Staff and Students distributed drug abuse awareness pamphlets to the public on World Pharmacists Day



Chief Guest Mr. K M Srinivasan Deputy Drug Controller, South Zone, CDSCO, felicitated by our Chairman Mr. Srinivasan R

Mr. V. Sivasankaran received "Community Pharmacist of the Year award (CPY-2024)"



Our Chairman Mr. Srinivasan R was honoured with an award "Visionary Leader in Pharmaceutical Care" on 25th September on World Pharmacists Day



World Pharmacists Day 25th September 2024



Pharm D Student checking Blood Glucose at Health Screening Camp organized in the Clinical Pharmacy Department

Pharm D Interns provided counselling to the patients at Drug Information Centre, Stanley Government Hospital on 25th September 2024



Fulbright Scholar Visit for "Capacity Building in Pharmacy Practice Education"

04 August 2024 to 07 September 2024

CL Baid Metha College of Pharmacy successfully collaborated with the prestigious Fulbright Scholar Program focused on fostering academic and research partnerships between India and U.S.

A Fulbright Specialist scholar Dr. Ebtesam Ahmed, Clinical Professor, in the department of Clinical Health Profession, St. John's University, New York, USA engaged with CL Baid Metha College of Pharmacy for a period of one month from 04 August 2024 to 07 September 2024.

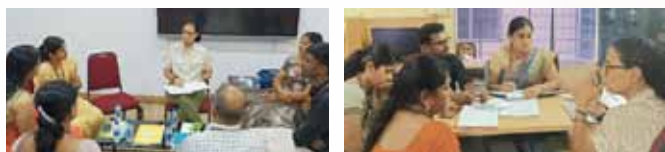
She participated in various workshops, conferences, collaborative sessions and interaction with all Pharm D students and faculties and shared her knowledge and vast experiences in her research findings and provided insights on various topics including clinical pharmacy and patient-centered care (Palliative Care), Pharmacovigilance, Public Health and Pharmacy Practice

These sessions allowed faculty, researchers, and students to network with leading experts, explore Fulbright grant opportunities, and gain a deeper understanding of how global partnerships can enhance pharmacy education and research in India.



Dr. Ebtesam Ahmed
Clinical Professor,
St John's University, USA

Fulbright Scholar Dr.Ebtesam Ahmed Interactive Sessions with Pharm D Students



*Interactive Session of Dr. Ebtesam Ahmed,
Fulbright Scholar with Clinical Pharmacy Department staff members*



*Faculty, Pharm D Interns, attended CME Program on topic
"Innovative Approaches to Personalized Pain and Palliative Care
- New Protocols and Practices" by Dr. Ebtesam Ahmed at Stanley
Government Hospital Chennai on 07August 2024*



*Fulbright Scholar Dr. Ebtesam Ahmed visit to Stanley Hospital
Oncology Department and Interactive session with oncology
department and Principal, Vice Principal and Clinical Pharmacy
Department staff of CL Baid Metha College of Pharmacy*



Two Days Faculty Development Programme

CL Baid Metha College of Pharmacy organized Two Days Faculty Development Programme on theme "Fostering Resilience in Domains of Pharma Research" on 12th & 13th August 2024 with the aim of enhancing teaching excellence, promote innovative research, and support academic leadership through comprehensive training, mentorship, and resources.



We were honoured by the presence of our respected Chairman Mr. Srinivasan R, Secretary and Correspondent Mr. SA Ramesh, Executive Trustee (TNCDE Trust) Mr. K.K. Selvan, Principal, Dr. C.N. Nalini, Vice Principal Dr. N. Ramalakshmi, & Fulbright Scholar Dr. Ebtasam Ahmed at Faculty Development Program on 12th -13th August 2024



Fulbright scholar Dr. Ebtasam Ahmed and Delegates at Faculty Development Program on 12-13 August 2024



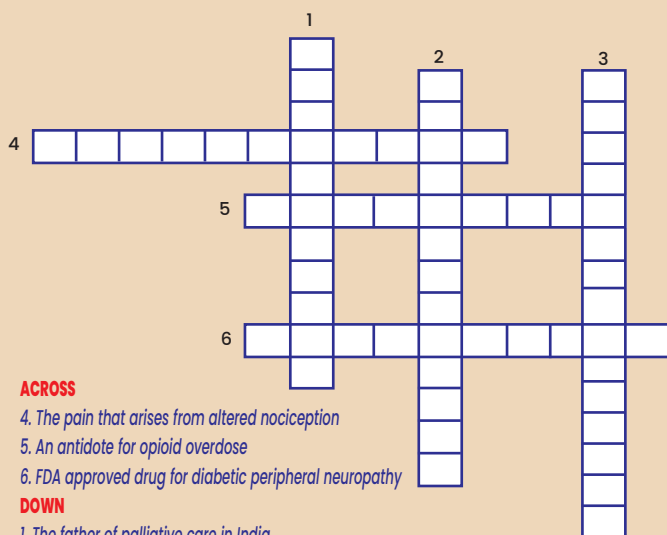
STUDENTS' ACHIEVEMENTS

Name of the Student	Topic	Conference	Organized by	Prize
M. Sneha Mavis Pharm D Intern	The Antimicrobial Potential of Nigella Sativa and its Effects on Drug Resistant Microbial Strains	Two days International Conference – on Global Aspects of Pharmaceutical care– The Present & Future trends Future 2024 (ICGAPC 2024)	CL Baid Metha College of Pharmacy on 29th and 30th August 2024	First
Aadhira.J IV Pharm, D	Advancing Pharmacometabolomics Emerging Trends in Next Generation Sequencing and Artificial Intelligence			Second

CROSSWORD PUZZLES

STUDENTS CORNER

- Prepared by, **Dr. Dhivya K, Assistant Professor**



ACROSS

- 4. The pain that arises from altered nociception
- 5. An antidote for opioid overdose
- 6. FDA approved drug for diabetic peripheral neuropathy

DOWN

- 1. The father of palliative care in India
- 2. The country which provides best palliative care in the world
- 3. A non-opioid drug for ICU sedation

Send your answers to pharmatabclbaid@gmail.com

First five winners name will be displayed in the next issue

Answer for the Word Puzzle previous issue (June 2024, volume 5, issue 02) **Across** 3. Haptoglobin 5. Fame 6. Mycin
Down 1. Mavorixafor 2. Munchmeyer 4. Aiddison



Important Health Awareness Days

October - December 2024

World Mental Health Day	10 October
World Arthritis Day	12 October
World Osteoporosis Day	20 October
World Iodine Deficiency Day	21 October
World Polio Day	24 October
World Stroke Day	29 March
World Pneumonia Day	12 November
World Diabetes Day	14 November
World AMR Awareness week	18-24 November
World COPD Day	20 November
World AIDS Day	01 December
International Day of Disabled Persons	03 December

Clinical Pharmacy Department

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