

2016 FAPA IN BANGKOK

REPORT BY CHEN-SHENG CHEN

PHARMACEUTICAL ASSOCIATION OF TAICHUNG
CITY

FAPA CONGRESS 2016

- ▶ 26th Federation of Asian Pharmaceutical Associations Congress Integrating Asian Pharmacy Wisdom for Better Global Health." 9-13 November 2016 Bangkok International Trade and Exhibition Centre (BITEC), Bangkok, Thailand
- ▶ 第26屆亞洲藥物協會聯合會 “將亞洲藥物智慧結合起來，促進全球健康。

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- ▶ 本次大會總共有5次大型的講座，33次邀請講座，53次口頭報告摘要和252篇海報介紹摘要。
- ▶ 大會共舉辦了3次全體可參與的大型研討會和9個專業領域的專題討論會，包括藥學和製藥科學領域，醫院和臨床藥學，社區藥學，工業藥學和市場行銷，藥學教育，藥物行政，社會藥學和藥學倫理等。

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Oral presentation abstracts

I. Scientific

II. Hospital and Clinical Pharmacy

III. Community Pharmacy

IV. Industrial Pharmacy and Marketing

V. Pharmaceutical Education

VI. Administrative, Social Pharmacy and Ethics

VII. Pharmacoepidemiology and
Pharmacoeconomics

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Poster presentation abstracts.

I. Scientific

II. Hospital and Clinical Pharmacy

III. Community Pharmacy

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V. Pharmaceutical Education

VI. Administrative, Social Pharmacy and Ethics

VII. Pharmacoepidemiology and Pharmacoeconomics

VIII. Pharmaceutical Legislation, Regulatory Science and Pharmacopeia

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- ▶ Symposium III: Community Pharmacy
Theme: Community pharmacy roles in 2020
- ▶ Room: GH203
Chairs: Mr. Naoki Magaribuchi (Japan) / Assist. Prof. Dr. Phayom Sookaneknun (Thailand) / Dr. Wirat Tongrod (Thailand)
- ▶ FAPA Awardee Lecture C-AW Sirirat Tunpichart (Thailand)
The role of community pharmacist home health care in community

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Invited Speakers

C-IV-1 Dr Lesley Braun (Australia) The importance of complementary medicine for pharmacists and their customers

C-IV-2 Mr. Bluce Huang, (Taiwan) Information system offers community pharmacy to provide professional healthcare in Taiwan

C-IV-3 Assoc. Prof. Mitsuko Onda (Japan) Community pharmacy practice in Japan

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- ▶ (15.45) Oral Presentation
- ▶ C-O-1 Wilailuck Tuntayothin (Thailand)
The role of community pharmacists' home health care for PD patients in Bangkok
- ▶ C-O-2 Hyungsun Kim (Korea) SE-I-FE pharmacy; detail and easy to use community pharmacy health promotion program in Seoul, introduction and qualitative analysis of success cases
- ▶ C-O-3 Susi Ari Kristina (Indonesia)
Effectiveness of counseling for hypertensive patients on adherence and blood pressure control in primary care setting in Indonesia

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- ▶ C-O-4 Jeanne Genevive Ang Pillejera (Philippines) A baseline study on the use of mobile medication management applications among patients living with HIV (PLHIV) in metro Manila
- ▶ C-O-5 Akiyo Tokubuchi (Japan) The effectiveness to local residents' health with finger prick test at the community pharmacy
- ▶ C-O-6 Hiroko Itoh (Japan) Disaster management activities of the mobile pharmacy during the recent Kumamoto earthquakes

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- ▶ C-O-7 Zi-An Peng (Taiwan) Evaluation of the community long-term pharmaceutical care setup and effectiveness in Taiwan
- ▶ C-O-8 Wirat Tongrod (Thailand) The development of smartphone applications on sore throat assessment for community pharmacists
- ▶ C-O-9 Okti R Mafruhah (Indonesia) Counseling patients about diabetes mellitus prescribed medicine at Yogyakarta pharmacist communities

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The importance of complementary medicine for pharmacists and their customers ---- Dr Lesley Braun (Australia)

ABSTRACT:

Complementary medicines refer to nutritional supplements, herbal medicines and food concentrates which are available over-the-counter in pharmacies.

Surveys indicate they are very popular amongst the public who use them to maintain good health, treat disease, manage symptoms and prevent future disease.

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they are used as therapeutic agents, there is also the potential to induce drug interactions.

The risk of drug interactions is highest when patients are taking multiple medications or those drugs with a narrow therapeutic index self-select their products and don't receive professional guidance about a safe and appropriate choice.

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pharmacists are ideally placed to provide advice about the rational use of complementary medicine to ensure patients select appropriately, have realistic expectations and use them safely.

Choosing the correct dosage, time frames for use and high quality products will help maximize the benefits and customers may also need guidance with these selections.

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The vast majority of Australian pharmacy customers, want pharmacists to take a more active role in guiding their complementary medicine selection.

More specifically, 92% thought pharmacists should provide safety information and 87% thought they should recommend effective supplements.

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a national survey of Australian pharmacists identified that few feel confident discussing complementary medicines, have received training or have the knowledge to provide evidence based information. There is an urgent need for pharmacists to upskill in this area in order to provide an informed opinion to their customers.

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Information system offers community pharmacy to provide professional healthcare in Taiwan ---Mr. Bluce Huang, (Taiwan)

ABSTRACT:

In Taiwan, community pharmacy provides diverse services to people such as dispensing prescriptions, healthcare consultation, providing over-the-counter drugs, Nutritional Supplements and medical devices.

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Sometimes people come to a community pharmacy for measuring their blood pressure, blood sugar and body composition. The health care service is now developing new horizon and individualized.

it is important to know the data including medical history, medical record, consuming behavior.

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some of these data are incompletely collected or not integrated. Therefore, how to make use of these data via information system and let pharmacists have more complete information to exert their professional skill and to promote people health is worthy to be discussed.

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Community pharmacy practice in Japan-----Assoc.
Prof. Mitsuko Onda (Japan)

ABSTRACT:

Japan has the fastest-ageing society in the world, with a population that is rapidly decreasing. As such, sufficient medical care for the elderly, and control of the associated costs, is an issue in Japan, and one that is shared by many countries.

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There is an urgent need to build a sustainable, comprehensive system for resolving health- and welfare-related issues. For instance, better steps need to be taken to address medication-related problems that result from the use of multiple prescription medications (i.e. poly-pharmacies), in older individuals.

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Community pharmacies/pharmacists are expected to be a key component of community care. In Japan, there are approximately 58,000 pharmacies, with 55% of pharmacists working in community pharmacies.

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Japanese government has launched a new policy, titled “Family pharmacist/pharmacy.” This policy requires active contributions from family pharmacists/pharmacies to strengthen medication safety, by enhancing patient information sharing with multidisciplinary (i.e. collaborative, team-approached) care, 24-hour home care support, and health promotion through self-medication support.

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While their precise role is only beginning to be considered, the function of Japanese community pharmacies as a key component of community care will certainly increase in the coming years.

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CHRONIC DISEASE SCREENING SERVICE PACKAGE FOR RISK GROUP IN THAILAND BY COMMUNITY PHARMACY

Pentipa Kaewketthong¹, Sirirat Tunpichart^{2*}, Kitravee Sombaththanyapong³
Community Pharmacy Association (Thailand)

Background

In Thailand, the prevalence of type 2 diabetes among the population aged ≤ 35 years was 6.9% in Bangkok in 2008. Patient who has never diagnosis diabetes was 18% in Bangkok in 2009. The objective of this study was to develop the screening chronic disease package service for people who had risk of chronic diseases by community pharmacy in Thailand.

Methods

The cross-sectional descriptive study was provided screening service package by 369 community pharmacy in Thailand in 2016. Data were collected from the NHISO risk assessment questionnaires version 2015. The diabetes, hypertension screening were service for risk groups by community pharmacists. The pharmacy service package was provided the screening chronic diseases and educational individual program that were knowledge of diseases and food for diabetes and hypertension diseases. There were follow up for diabetes checking by fasting capillary blood glucose (CBG) in community pharmacy.

Result

No. of screening for diabetes	No risk ≤ 5 point	Risk 1 6-8 point	Risk 2 9-11 point	Risk 3 ≥ 12 point	Chronic disease found
8,093	1,798	1,722	3,841	2,732	93

No. of screening for hypertension	No risk $\leq 120/80$ mmHg	Risk 1 $> 140/100$ mmHg	Hypertension found
8,093	6,137	1,956	93

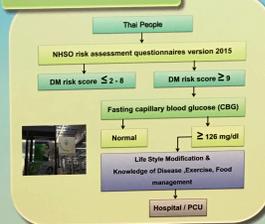
Data were gathered for 8,093 cases in community pharmacy. The screening found that 2,240 cases (26.85%) had very high risk of diabetes (score ≥ 12) and 1,956 cases (19.69%) had high risk in hypertension. The 38 cases from the very high risk diabetes and 93 cases of high risk hypertension were diagnosed to be diabetes and hypertension from health care units, respectively.

Conclusion

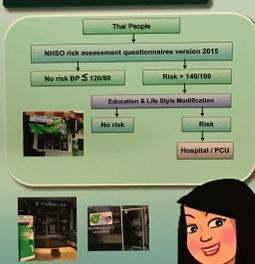
The community pharmacy can hence be a viable partner in helping to detect individuals with undiagnosed Type 2 diabetes and hypertension. The new service program should include the screening program by community pharmacy in the universal coverage package from Nation Health Security Office (NHISO).

References: 1. Anadolmu W, et al. (2009). The 4th National Health Examination Survey Office (NHESO), Northbun. Creation system. 2009. National Health Security Office (NHISO). (2016). Diabetes Clinical Practice Guideline 2011. [Online] [cited July 20, 2016]. Available from URL: <http://www.nhso.go.th/2016/07/20/2016-07-20-3-A3laklaviton>. 3. Aklaviton W, et al. A risk score for predicting incident diabetes in Thai population. Diabetes Care 2006; 29:1672-1677

Diabetes screening service package



Hypertension screening service package



CYTOTOXIC ASSAY AND ACUTE TOXICITY OF ETHYL ACETATE FRACTION OF ANTHILL (*Myrmecodia erinaceae* Becc)



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ABSTRACT

Plants anthill (*Myrmecodia erinaceae* Becc.) is native plant from Papua that empirically has used included as anticancer. However, undiscovered scientific data about the plant is that this research carried out observations of activity against vero cells and toxicity properties to mice (*Mus musculus*) of selected fractions. Maceration is done with 80% ethanol and then fractionated with hexane, ethyl acetate, and butanol. Characterization of the extract obtained and calculated total phenols and flavonoids of extracts and fractions, and the ethyl acetate fraction has a value of total phenols and flavonoids greatest. Using MTT method, tested the inhibitory activity against vero cells at a concentration of test fractions: 750, 500, 250, 125, 62.5, and 32.25 ppm. Doxorubicin as a positive control and 0.1% DMSO as a negative control. This test gives the IC₅₀ value of 803.41 ppm. Acute toxicity test on 50 male and female mice, with concentrations of 625, 1,250, 2,500 and 5,000 mg / kg with a negative control com oil provide value LD₅₀ $> 5,000$ mg / kg weight and based on the table Toxicity Classes; Hodge and Sterner Scale The fraction ethyl acetate including category 4 with slightly toxicity.

Keyword : *Myrmecodia erinaceae* Becc.; Ethyl acetate fraction; IC₅₀; vero cells, MTT

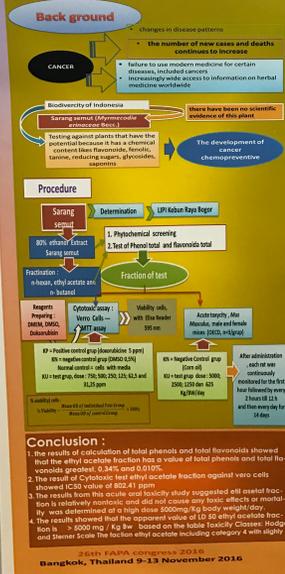


Table 1. The results of total phenols and total flavonoids from the extract of 80% ethanol and hexane, ethyl acetate and butanol fractions

Compound	80% ethanol extract	Hexane Fraction	ethyl acetate fraction	n-Butanol Fraction
Alcohols	+	+	+	+
Flavonoids	+	+	+	+
Terpeneoids	+	+	+	+
Steroids	+	+	+	+
Tannin	+	+	+	+
Saponin	+	+	+	+
Phenols	+	+	+	+

Table 2. The results of total phenolic and total flavonoid extract 80% ethanol and hexane, ethyl acetate and butanol fractions

Compound	80% ethanol extract	Hexane Fraction	ethyl acetate fraction	n-Butanol Fraction
Total Phenols (%)	0.14	0.08	0.34	0.04
Total Flavonoids (%)	0.09	0.04	0.36	0.04

Table 3. Cytotoxic test results ethyl acetate fraction anthill (*Myrmecodia erinaceae* Becc.) against vero cells

Concentration ppm	Survival		Dead		% viability
	no	%	no	%	
750	0.130	0.210	0.370	0.630	47.54
500	0.412	0.618	0.379	0.620	35.01
250	0.441	0.654	0.340	0.561	29.44
125	0.440	0.649	0.463	0.764	30.21
62.5	0.530	0.820	0.467	0.761	37.69
32.25	0.600	0.847	0.547	0.912	35.86
0.1	0.219	0.217	0.207	0.202	64.17
0.01	0.205	0.202	0.207	0.202	65.00
0.001	0.208	0.202	0.207	0.202	65.00

Table 4. The results of Observation of changes in body weight and mortality in test animals

Group	Day	Weight (g)	Mortality (%)
Control group	1	20.5	0
	2	21.0	0
	3	21.5	0
	4	22.0	0
Ethyl acetate fraction	1	20.5	0
	2	21.0	0
	3	21.5	0
	4	22.0	0
Hexane Fraction	1	20.5	0
	2	21.0	0
	3	21.5	0
	4	22.0	0
n-Butanol Fraction	1	20.5	0
	2	21.0	0
	3	21.5	0
	4	22.0	0

References: 1. Anadolmu W, et al. (2009). The 4th National Health Examination Survey Office (NHESO), Northbun. Creation system. 2009. National Health Security Office (NHISO). (2016). Diabetes Clinical Practice Guideline 2011. [Online] [cited July 20, 2016]. Available from URL: <http://www.nhso.go.th/2016/07/20/2016-07-20-3-A3laklaviton>. 2. Aklaviton W, et al. A risk score for predicting incident diabetes in Thai population. Diabetes Care 2006; 29:1672-1677

Bangkok, Thailand 9-13 November 2016

THE STUDY OF RELATION BETWEEN OUT PATIENT'S SATISFACTION AND WAITING TIME FOR GETTING MEDICINE

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²Taichung County Pharmacist Association

Background:

Patient satisfaction is the extent to which the patients feel that their needs and expectations are being met by the service provided. According to the prior studies, the score of waiting time for getting medicine was often worse and had great influence on patient's satisfaction. A pharmacy redesign project that more closely aligned staff work patterns within the physical setting was shown to improve workflow and reduce waiting time for patients, as well as increase patient's satisfaction levels.

Methods:

We used Likert scale in the survey. The questionnaire include four sections: interior design, dispensing operation, pharmacy service, and information provided. 150 patients were inquired pre-/post- QCC improvement. In QCC activity, we divided dispensing workflow into five sections and illustrated cause-and-effect diagram respectively to seek 19 main reasons and verify 12 root causes. Then, we formulated the strategies along the root causes.

Strategies:

(1) The Pharmacy prints the description after the patient finishing the appointment instead of making a payment.

(2) Changing the format of the dispensing machine. We enlarge the patient's name (blue circle) and positioning marker (red circle), which is printed for distinguished different patients.

(3) Setting up the alarm system for delivering pharmacists.

Result:

After improvement, pharmacy operation was rerouted from the patient's clinical flow path. The waiting time for getting medicine declined from 14.17 min to 9.21 min ($p < 0.005$) (fig. 1). The score of the waiting time for getting drugs was raised from 3.88 \pm 0.71 to 4.25 \pm 0.72 ($p < 0.005$) (fig. 2). The patient's satisfaction levels was raised from 3.98 \pm 0.42 to 4.33 \pm 0.55 ($p < 0.005$) (fig. 3).



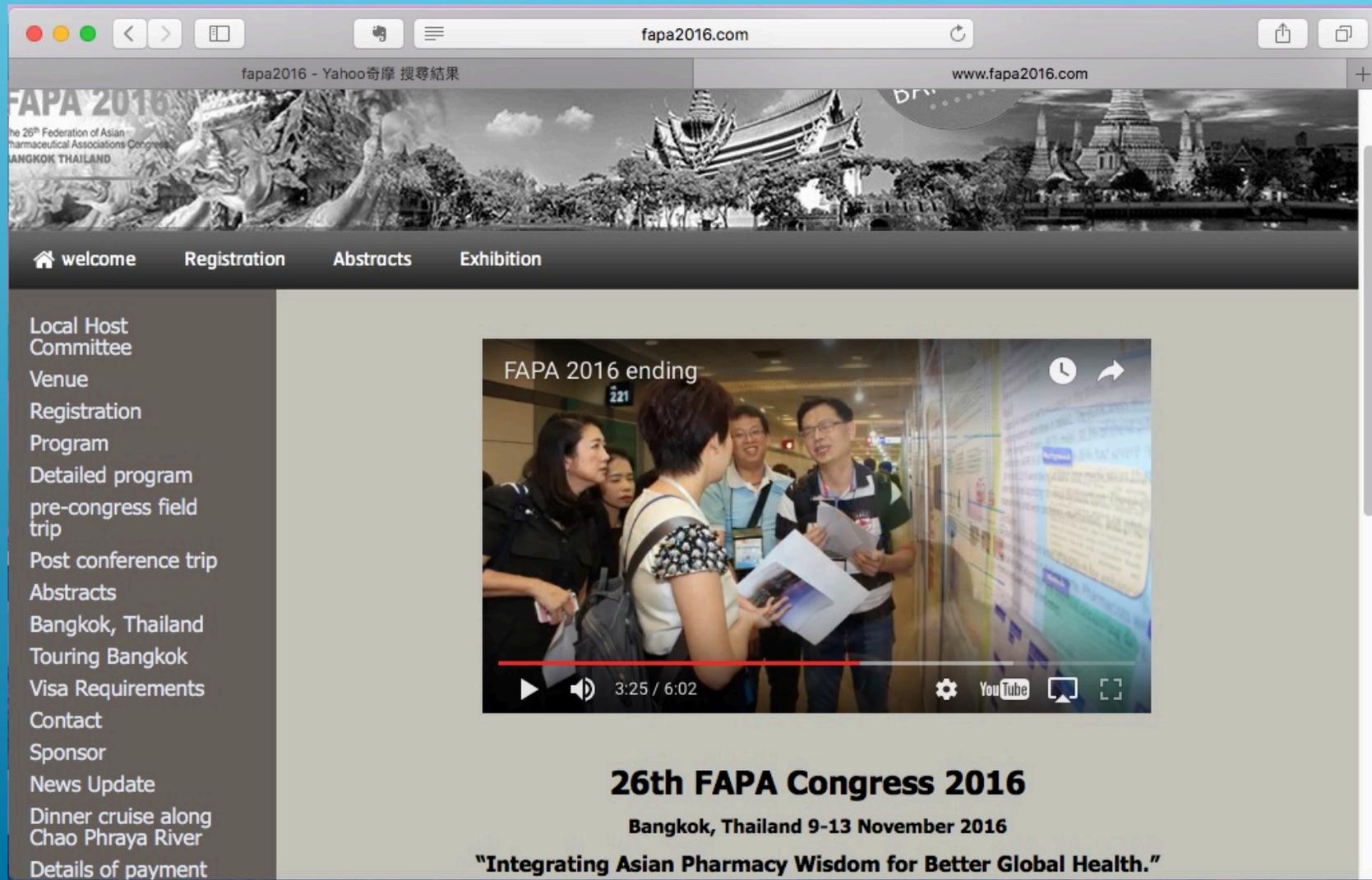
Discussion:

In the QCC activity, we reorganizing pharmacy workflow to decline patient's waiting time for getting medicine, as well as increase patient's satisfaction levels.

However, the waiting time for the chronic disease repeated prescription was't decreased. We had set up the on-line prescription booking system and will popularize it further.



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The screenshot shows a web browser window with the URL fapa2016.com. The page features a header with a banner image of a traditional Thai temple and a navigation menu with links: [welcome](#), [Registration](#), [Abstracts](#), and [Exhibition](#). A left sidebar contains a list of menu items: [Local Host Committee](#), [Venue](#), [Registration](#), [Program](#), [Detailed program](#), [pre-congress field trip](#), [Post conference trip](#), [Abstracts](#), [Bangkok, Thailand](#), [Touring Bangkok](#), [Visa Requirements](#), [Contact](#), [Sponsor](#), [News Update](#), [Dinner cruise along Chao Phraya River](#), and [Details of payment](#). The main content area displays a video player with the title "FAPA 2016 ending" and a video showing people at a conference. Below the video, the text reads: **26th FAPA Congress 2016**, **Bangkok, Thailand 9-13 November 2016**, and **"Integrating Asian Pharmacy Wisdom for Better Global Health."**