

THE SCRIPT

University of
Houston

College of Pharmacy

Student News

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*sine remediis
medicina debilis est*

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Welcome back!

The Script is an unofficial, student-managed publication that provides the University of Houston College of Pharmacy student body with news, articles, and opinions relating to our school and profession. The Script welcomes all student generated content. If you would like to make a submission, please contact any member of the Pharmacy Council.

The Script is available online and is also posted on the board in SR 130.

Updates from your NPCA chapter

By *HIRESH TAILOR & EDWIN NG*

With the 2014-2015 academic year in full swing, it is great to see all the organizations here at the University of Houston College of Pharmacy working hard to continue helping the community as well as promoting our profession through their various programs. Furthermore, the addition of the P1 class to our UH COP family has brought with it bright and dedicated students who have shown their interest in UH COP by becoming involved with multiple organizations.

With that being said, NPCA would like to congratulate all P1's who received a leadership position within an organization. We look forward to seeing what ideas you have planned for your respective organizations.



This year, NPCA started off with a **Murder Mystery Dinner** which was held during the new student orientation. The event was a great success thanks to the hard work of our Social Chairs, Stephanie Pham and Vicky Nguyen. Also, this event would not have been possible without the actors (Richard Ajumobi, Natalie Chu, Dao Ly, Eric Kao, David Yu, Christine Verduzco, Mahwish Yasin and Edwin Ng) who took time out of their busy schedules to practice and memorize their scripts. Our next event was an informational which was held in collaboration with VAPSS. Through this event, we were able to showcase NPCA to our fellow peers and give them details on what we do here at the University of Houston. On September 13th we held our first pharmacy tour at Southside Pharmacy. Through this event, students were shown the services provided through Southside such as compounding, infusion therapy, specialty medication, retail, and delivery services. Throughout the year we will continue to provide these kinds of tours for our members so that they can learn more about these unique career paths independent pharmacy has to offer. On September 30th, we held our first general meeting where we discussed upcoming events and also had a guest speaker, Mr. Chris Simmons. Our members enjoyed learning about Mr. Simmons unique career path and were also delighted to see his pet parrot, Andy.

In a few weeks, some of our members will be headed to the 116th NPCA Annual Convention & Trade Exposition in Austin where we plan to network, learn more about different independent pharmacy practices and attend various workshops. Through this convention, we plan to promote a better professional and learning environment at UHCOP by educating our members on the lessons learned throughout this event. Throughout the year, we have many events planned for NPCA and are working hard to make our chapter one of the best in the nation!

Legislative Update

On the evening of September 30th NCPA/SNPhA/APhA collaborated to host the 2nd Annual Town Hall meeting at the University of Houston College of Pharmacy. The guest speakers for the night were Michael Wright, Justin Hudman, and Carole Harden-Oliver. Although the focus of this event was provider status, other important legislative issues were brought up such as Maximum Allowable Cost (“MAC”) reform expansion, audit reforms, any willing provider, among several others. Currently in Texas and 34 other states pharmacist are recognized as health-care providers. However, when looking at the regulations set at the federal level pharmacist are not set into this category. This issue has created a problem for pharmacist across the nation by creating regulatory barriers for the services pharmacist can bill for.

On March 11th, 2014 HR 4190 (provider status bill) was introduced to the House of Representatives. This bill would amend Title XVIII of the Social Security Act to enable patient’s access to, and coverage for, Medicare Part B services by state-licensed pharmacist in medically underserved communities. If passed, this bill would serve as a major milestone in our efforts to obtain national recognition as health care providers. As of September 11th, 2014, H.R. 4190 has 103 congressional co-sponsors supporting the bill. The support of these congressional members shows that members of Congress understand the importance of pharmacist’s role within the community.

As pharmacy students it is our responsibility to understand what is going on in the legislative arena. With that being said, NCPA is planning to attend Day at the Dome next spring when the Texas Legislature is in session. There we will educate ourselves on current legislative issues and visit with the various representatives about the importance our profession plays within the healthcare system. The future of our profession depends on the decisions we make today and we must ensure that pharmacy students across nation are educated on legislative issues so that we are able to make the right decision and protect our career.



“But doctor, I am Pagliacci”

By *ROBERT MILLER*

For children growing up in American, it is almost impossible to not have at least one memorable Robin Williams movie. I will confess my personal favorite is perhaps one of his lesser known films, *Awakenings*, which is based on the novel by the neurologist Oliver Sacks. In the story Robin Williams plays a physician who learns of the drastic therapeutic benefits of L-dopa in patients that contracted a sleeping sickness during WWI that devolved into a severe Parkinsonism. The movie was considered a theatrical accomplishment and also a filmed that opened up a dialogue on medical ethics in regards to the rights of neurological and psychiatric patients. Unfortunately, on August 11, the famous actor, stand-up comedian, producer, and screenwriter committed suicide. Though intensely private, it was known he had struggled with alcoholism and depression for many years. After his death, his wife revealed he also had a recent diagnosis of Parkinson’s disease.

Depression is a serious medical issue globally and is one of the leading causes of disability, morbidity, and mortality. Yet, despite the massive burden depression places on our health care resources, depression, and to some degree mental illness in general, is the black sheep of patient advocacy. Depression does not have 5K fundraisers. Depression has no colored ribbons to go on the back of cars. Perhaps most cruel, the beneficial support that people experience while battling other diseases such as cancer often absconds when the illness regresses, never to reappear when post-illness depression creeps in and support is most needed. The one catalyst that brings depression into the limelight is the tragedy of celebrity suicide.

So why is there a mythology associated with depression and mental illness at all? As is often the case in mental healthcare, bad ideas never die; they simply become recycled or given a new coat of paint. The clinical & medical psychiatric view of depression as a serotonin deficiency has been a source of constant debate both in and out of the profession. While it is undeniable that antidepressants that modulate serotonin have a modest role in the treatment of depression, the idea that this is due to a deficiency has not withstood the past decades of accumulated basic and clinical research. By now, stating that depression is equivalent to a serotonin deficiency is as quaint as saying that diabetes is simply a sugar surplus.

Unfortunately, this failure to find a simple, one-size-fits-all solution to depression has left a void open in which many other equally bad ideas have attempted, and failed, to fill. Many people, even a small minority of educated medical professionals, have at times tried to rationalize that depression is not a disease. However, analysis of their solutions often leaves the conversation in the same position it began. For example, many propose that depression is simply a normal state of lowered mood and that people simply need to “pull themselves out” by increasing their mood. Said more bluntly, they believe that depression is a “happy deficiency” and thus the treatment is to increase “the happy” – essentially a defect in thought, or childhood experience. In a historical irony, this is the school of thought that the real-life

Patch Adams subscribes to. Although he does not deny that people can be depressed, he feels depression is reducible to loneliness.

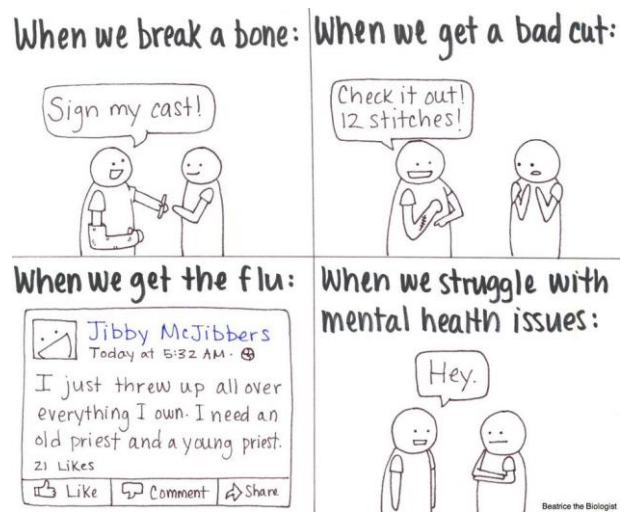
The problem, in general, with 'deficiency' views, no matter the particular flavor, is they neglect the benefit of having variable moods. Although we live in a society where being happy is considered the default case and the mood we should always aim for, there are nonetheless certain benefits to a lowered mood. A depressed mood can often provide a more realistic outlook on a particular circumstance and provides an opportunity for skeptical, careful introspection. For instance, people in a non-depressed, euphoric state can tend to be overconfident and blind to their faults. *It's important to understand depression is not*

an exaggerated, lowered mood; it is an inability to shift from a negative mood when doing so is necessary. For example, the mood researcher Jonathan Rottenberg performed a relatively straightforward experiment – he showed two groups of patients, a control group and a depression group, a series of highly depressing films, followed by a series of happy films. To the surprise of the published depression literature that was available at the time, the depressed group was not 'more' depressed – instead it was the control group that was more easily taken to a saddened affect. However, the difference was that the control group's response was temporary and their mood could rebound when the subject of the films changed. In contrast, the depressed remains at a baseline lowered mood, regardless of the content of the film viewed.¹

The misconceptions regarding mental illness could be described based on three themes. Fear: People who have mental illness should be excluded from communities simply because they are a danger. Authoritarianism: People with mental illness do not have the same responsibility as others, and so their life decisions should be controlled by others. Benevolence: People with severe mental illness are childlike and must be cared for. For example, in popular media mental illness is often likened to drug addiction (authoritarianism), prostitution, and criminality (fear).²

The general perception of mental health by the public is something that all health professions should be cognizant about, and we should work to help patients and the public understand there is nothing "unique" about psychiatric disorders. The brain is a physiological organ and it can fail. Instead, medicine often focuses on emphasizing the differences between psychiatric issues and those involving other organ systems.

As I finish typing this article, I'm sitting in the UH Clinic waiting room watching a commercial for educational material (that is, advertisement) on a treatment for pseudobulbar affect (PBA) – a disorder in which patients experience crying or uncontrollable episodes of laughter for no reason, usually as a result of a stroke to a specific area of the brain. The commercial goes to great lengths to explain to patients that



this is a *neurological* disorder; a comment that on the surface seems innocent, but comes with the frustrating context that if this were a psychiatric condition it should be looked down on or ignored. We have a long way to go.

1: Rottenberg, J, Kasch, KL., Gross, JJ, & Gotlib, IH (2002). Sadness and amusement reactivity differentially predict concurrent and prospective functioning in major depressive disorder. *Emotion*, 2,135-146.

2: Corrigan PW, Watson AC. Understanding the impact of stigma on people with mental illness. *World Psychiatry*. 2002 Feb;1(1):16-20. PubMed PMID: 16946807; PubMed Central PMCID: PMC1489832.

Mayhem in Massachusetts – Pharmacist arrested over fatal meningitis outbreak By CHIEMEKA IKE

The meningitis outbreak in Massachusetts in 2012 that stemmed from New England Compounding Center killed a total of 64 people. The pharmacy has since given up its license and filed for bankruptcy after hundreds of lawsuits were filed against it. A preliminary victim's settlement of more than \$100m was announced last year. About 750 patients in 20 states contracted meningitis after receiving a steroid injection mixed by the pharmacy, which custom mixes drugs in bulk. Patients in Michigan, Tennessee and Indiana had the most infections. The drug in question was methylprednisolone acetate (MPA) which was used by pain specialists in treating patients.



Glenn Adam Chin, a former pharmacist at the New England Compounding Center, was stopped and subsequently arrested in September 2014, as he tried to board a plane. Mr. Chin supposedly did not properly sterilize or test equipment and then covered up what he was doing. Prosecutors allege he used improper methods to sterilize and test the drugs, then instructed technicians to label the drugs as properly sterilized. He also allegedly fraudulently completed cleaning logs.

Student pharmacists and pharmacists, swear an oath to "... maintain the highest principles of moral, ethical and legal conduct." In this case of Mr. Chin, falsely allowed one lot of MPA to be labeled as injectable, meaning that it was sterile and fit for human use. Clearly he violated this oath. The cost of his actions were great. Pain specialists received the drug and injected it into patients, believing it to be safe. Subsequently, 217 patients contracted fungal meningitis, and a total of 64 deaths resulted.

As student pharmacists and future pharmacists, we will be held at a very high moral, ethical and legal standard. Many agree that an incident like this would have been more unlikely if the U.S. Food and Drug Administration (FDA) had oversight. Till date, NECC and similar compounding centers such as Professional Compounding Centers of America (PCCA) are exempt from FDA oversight. The FDA approval process is intended for mass-produced drugs made by manufacturers. Because compounded medications are personalized for individual patients, it is not possible for each formulation to go through the FDA's drug approval process, which takes years to complete and is prohibitively expensive, often costing hundreds of millions of dollars. So does this mean new policies for compounding centers and future FDA

oversight? Only time will tell, but it is clear that we cannot afford many more incidents like that from NECC in the future – fact is, if we do not regulate ourselves, someone will – and the chance this person or group has the best interest of the pharmacy profession in mind is beyond optimism.