

WMSHP Newsletter



July 2015	
President's message	2
Pharmacy Resident Research: Publishing Woes	3
The ABC's of Vitamin D	4 - 6
WMSHP Annual Picnic Flyer	7
ASHP Delegate Report	8 - 9
WMSHP meeting Howard University College of Pharmacy Report	10
NIH Joint Partnership Pharmacotherapy Frontiers Seminar	11
May Spring meeting pics	12
WMSHP Student Leadership Scholarship	13
Meetings	3
Save the Date	3

Hello to Summer for all our WMSHP members! Please enjoy this addition of the Summer Newsletter. There are some interesting articles and reports on how WMSHP has been representing you! In addition, WMSHP has created a Student Leadership Scholarship for a hard working WMSHP student member who has shown leadership within our society. And as always, we would like to thank you all for your support throughout the years and the upcoming ones.

*Monique, ASHP Delegate
2014 - 2016*



PRESIDENT'S MESSAGE

President's Message, July 1, 2015

Dear WMSHP members,

We are already half way through the 2015 year. Our kick-off meeting in January was off to a good start with Dr Paul Abramowitz, ASHP CEO as our guest speaker. He also swore in the new officers. This year Vaipuri Subramaniam was sworn in as President-elect. Minhee Kang became our new Treasurer, Leon Vandenberg is now a Board Member along with Meriam Senay, and John Quinn joins Monique Bonhomme as an ASHP delegate. I was sworn in as President.

Our 2 delegates attended and submitted a recommendation at the Regional ASHP Delegate Meeting.

In April our collaboration with NIH provided 4 well attended continuing education credits. Drs Robert DeCristoforo, Barry Goldspiel and their staff were very gracious in hosting the Conference.

On May 30 we had a very successful all day CE conference. We thank the following guest speakers for their superb and enriching presentations----

Samer Najjar, MD and Dr Zayd Eldadah, MD, PhD from Medstar Washington Hospital Center, Dr Patricia Fulco, PharmD from VCU, Patricia D'Antonio, RPh, MS, MBA from the D.C. Board of Pharmacy and Sara Camilli, PharmD and Selena Ready, PharmD from the FDA.

I would also like to extend my gratitude to the Programming and Membership Committees for making this event a great success.

Our next all day CE Conference is scheduled for September 19 followed by another Conference in October which will be in collaboration with the Pharmacy Learning Network (PLN). The Programming Committee is also working on a Saturday morning event for Pharmacy students from the Metropolitan area.

Also please visit the WMSHP website for information on Non-CE Disease state presentations scheduled throughout the year.

Lastly, please visit our website and register for our August 1, 2015 Annual Picnic which will be held at Cabin John Regional Park between Tuckerman Lane and Seven Locks Road in Rockville, MD.

I hope you have a wonderful 4th of July. See you at the next event.

Sincerely,

Wafaa

Wafaa Abou-Zeineddine, PharmD

Pharmacy Resident Research: Publishing Woes

Paul Norris, PharmD; PGY-1 Pharmacy Resident
Sibley Memorial Hospital- Johns Hopkins Medicine

Research is an important part of a pharmacy resident's life, and most residents aspire to see their work published. While it is true that being published means better job prospects in a tough job market, the opportunity to publish also has a higher significance. It is a chance to see hard work have impact.

In order to see this impact, many pharmacy-driven publications such as the *American Journal of Health-System Pharmacy* offer residents the opportunity to become published. Yet standards for publication are high and a limitation of resident research is that these standards can be tough to meet. This is not a reflection of the resident yet a reflection of the research process: it can be very, very slow. Research moves slowly for good reasons. Quality idea generation, literature analysis, methods design, and IRB approval all must happen before data collection can even begin!

With less time for data collection in a single year of residency, sample sizes often suffer (particularly for prospective research.) This affects the probability of being accepted for publication by a major journal. Yet resident research is thoughtfully designed, executed and analyzed and deserves to be distributed.

This June an exciting solution to this dilemma will have its first publication. This is *AJHP: Residents Edition*. Formerly *The Journal of Health-System Pharmacy Residents*, this new publication option will be widely distributed and articles will be searchable through online databases including PubMed. Residents looking to be published have a new option and should be encouraged to share their work.

On a final note, congratulations to all graduating students and residents. New residents and practitioners: good luck, work hard!

Sources:

1. ASHP. Press Release: Inaugural AJHP Residents Edition Debuts with June 1 Issue. Accessed 6/8/2015. Available online: <http://www.ashp.org/menu/AboutUs/ForPress/PressReleases/PressRelease.aspx?id=856>
2. ASHP. AJHP Residents Edition. Accessed 6/8/2015. Available online: <http://www.ajhp.org/site/misc/residents-edition.xhtml>

Save the Date



National Pharmacy Preceptors
Conference

August 20 - 22, 2015
Washington, DC

WMSHP Fall Meeting
National 4-H Youth Conference

September 19, 2015
Chevy Chase, MD



20th Annual ASHP Conference for
Pharmacy Leaders

October 19 - 20, 2015
Chicago, IL

2015 Midyear Clinical Meeting and
Exhibition

December 6 - 10, 2015
New Orleans, LA



The ABCs of Vitamin D

Summer is right around the corner, and with sunny skies will come many questions regarding optimal vitamin D levels, and how to obtain them. By definition, vitamins are substances that are essential for cell functioning, growth, and development. To avoid vitamin deficiency-related complications, these essential vitamins must be obtained through diet or exogenous supplementation since the body cannot synthesize them naturally.¹

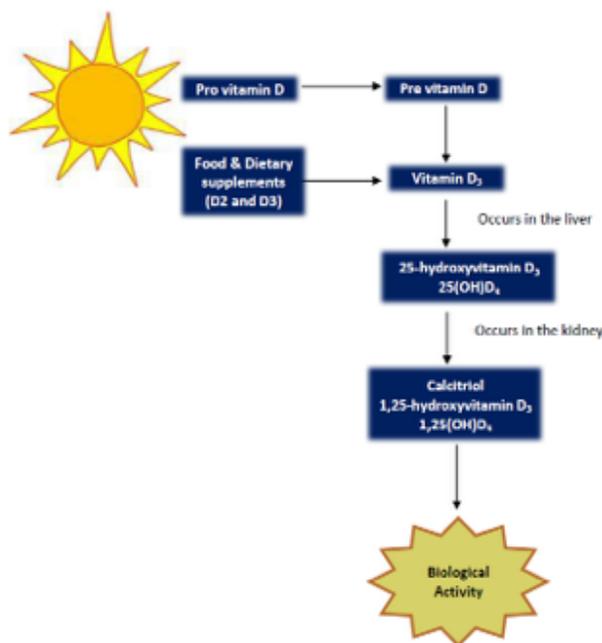
Interestingly, vitamin D is not really a vitamin at all. Unlike the other essential vitamins, the body can maintain adequate concentrations by natural production of vitamin D. However, this endogenous production is dependent on exposure to sunlight.

How does vitamin D work?

Once exposed to the ultraviolet radiation in sunlight, provitamin D₃ (or 7-dehydrocholesterol) in the skin is converted into pre vitamin D₃ which stabilizes into vitamin D₃. Vitamin D₃ is not biologically active and requires further metabolism into active products before it can produce its effects in the body. The liver hydroxylates vitamin D₃ into 25-hydroxyvitamin D [25(OH)D], which is the major circulating form of vitamin D in the body. The kidney is then responsible for converting 25(OH)D to 1, 25 hydroxyvitamin D, or calcitriol, the biologically active form of vitamin D. Supplemental forms of vitamin D such as ergocalciferol (D₂) and cholecalciferol (D₃) are also activated through the liver and kidney.

Calcitriol, activated vitamin D, is actually a steroid hormone with many biological functions including maintenance of bone and mineral homeostasis, immunomodulation, and regulation of cell proliferation, differentiation, apoptosis.² Deficiencies in vitamin D can lead to bone and mineral diseases such as osteomalacia, and osteoporosis which can result in debilitating fractures. Vitamin D deficiency may also be associated with extraskeletal consequences such as muscle weakness, cardiovascular disease, and cancer.²

Despite the ability of the body to produce its own vitamin D, the prevalence of vitamin D insufficiency and deficiency remain high. The lack of dietary sources containing vitamin D and increased use of sunscreen are factors contributing to the high prevalence of inadequate vitamin D concentrations. Other risk factors include lack of sun exposure, abdominal obesity, aging, and dark skin pigmentation. A major





The ABCs of Vitamin D

secondary cause of vitamin D deficiency is liver or renal impairment since both organs are required for activation. Diagnosis of inadequate vitamin D status involves measuring serum concentrations of 25-hydroxyvitamin D₃, the circulating form of vitamin D.

Vitamin D Supplementation

Foods naturally containing vitamin D are seafood, especially oily fish like salmon, mushrooms, and egg yolks.^{2,3} Another source of vitamin D is food fortified with vitamin D such as milk, orange juice, and yogurt. The Institute of Medicine (IOM) has published guidelines on the recommended daily amounts for patients stratified by age, gender, and pregnancy status.⁵ For adult patients, the recommended daily amounts range from 600 to 800 international units (IU)/day of either vitamin D₂ or D₃ to maintain serum levels of ≥ 20 ng/ml.

Pharmacologic supplementation may be required to replete vitamin D stores in patients with severe deficiency. Two forms of vitamin D are available for pharmacologic supplementation, ergocalciferol (vitamin D₂) and cholecalciferol (vitamin D₃). Most vitamin D containing foods contain cholecalciferol and it is the form endogenously created by sun exposure. Cholecalciferol is commercially synthesized by exposing 7-dehydrocholesterol to UV light. This is meant to mimic the endogenous production of sun exposure on skin. Ergocalciferol is synthesized by radiating ergosterol from fungus. Some debate about the optimal supplement exists.⁶ There is some evidence that ergocalciferol may be less potent at increasing vitamin D stores, especially in severe vitamin D insufficiency. Armas and colleagues⁷ administered single oral doses of 50,000 IU of the respective vitamin D preparations to 20 healthy volunteers, and followed the time course of 25-hydroxyvitamin D levels over a period of 28 days. A pharmacokinetic analysis was also done. Both ergocalciferol and cholecalciferol produced similar initial increases in serum levels of 25-hydroxyvitamin D over the first 3 days which indicated equivalent absorption. However, levels continued to increase with cholecalciferol and peaked at day 14. In contrast, levels decreased rapidly with ergocalciferol and were no different from baseline at day 14. The investigators concluded that ergocalciferol potency is less than cholecalciferol and that it has a markedly shorter duration of action. This study is consistent with other single, high-dose studies. Although the price is generally similar, cholecalciferol is more stable and has a longer shelf life. Factors that may contribute to these different results may be differences in study dose, frequency, and duration of treatments. However, neither the IOM or Endocrine Society Guidelines currently recommend cholecalciferol over ergocalciferol.^{4,5}

It is important to realize that patients with severe kidney impairment require supplementation with active vitamin D (such as calcitriol) to prevent complications from deficiency. Treatment regimens for inadequate vitamin D stores vary and may depend on multiple factors including severity of the age, concurrent medications and comorbidities, deficiency, patient compliance, and cost. As a general rule, 100 IU of vitamin D will increase 25-hydroxyvitamin D₃ concentrations by ~ 1 ng/ml after 2 to 3 months.³ The Endocrine Society Guidelines recommend a repletion regimen of 50,000 IU of ergocalciferol or cholecalciferol weekly for eight weeks to target a 25(OH)D level of ≥ 30 ng/ml followed by maintenance doses.⁴ Monitoring concentrations is key in ensuring that the patient reaches the target concentrations.

How high should we target?

The optimal vitamin D concentration is still unknown and controversial. The IOM states that the upper limit for vitamin D where risk of adverse events occurs for most adult patients is 4000 IU/day. Toxicity associated with vitamin D includes weakness, headache, somnolence, nausea, vomiting, dry mouth, a metallic taste, constipation, or muscle or bone pain.²⁻⁵ There is limited evidence for additional benefits in targeting higher than normal 25-hydroxyvitamin D₃ concentrations (> 30 ng/ml) and adverse effects have been observed at



The ABCs of Vitamin D

concentrations >50 ng/ml.⁵ This makes obtaining accurate levels key to monitoring and adjusting vitamin D therapy. Debate also exists over safety differences between cholecalciferol and ergocalciferol.

In conclusion, pharmacists should encourage screening patients at risk for vitamin D. If necessary, pharmacists can recommend safe, individualized treatment regimens. Another important intervention should include reevaluating levels and adjusting doses to target normal vitamin D stores. Lastly, encourage patients to enjoy the health benefits of the sun safely by using protective sunscreens. Happy summer!

References:

1. Holick MF. Vitamin D Deficiency. *New Engl J Med* 2007;357:266-81.
2. Moyad MA. Vitamin D: A Rapid Review. *Dermatol Nurs*. 2009 Jan-Feb;21(1):25-30.
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4. Ross AC, Manson JE, Abrams SA, *et al*. 2011 Report on Dietary Reference Intakes for Calcium and Vitamin D from the Institute of Medicine: What Clinicians Need to Know *J Clin Endocrinol Metab* 2011;96: 53-58.
5. Hulisz D. Which is better vitamin D2 or D3?. *Medscape* 2011. Accessed Sept 26, 2011.
6. Armas LA, Hollis BW, Heaney RP. Vitamin D2 is much less effective than vitamin D3 in humans. *J Clin Endocrinol Metab*. 2004;89:5387-5391.



Washington Metropolitan Society of Health System Pharmacists (WMSHP)

SUMMER PICNIC BARBECUE

MEMBERS AND THEIR FAMILIES ARE INVITED

Place: Cabin John Regional Park, Shelter "J", 7400 Tuckerman Lane, Rockville, MD 20852

Date: SATURDAY, AUGUST 1ST, 2015

Time: 11AM to 4PM (you are welcome to stay later, the park is open to the public until sunset)

Fee: \$5 EACH: Members/Adults/Young Adults (Pre-Payment is required by on-line/pay-pal to www.wmshp.org by July 24, 2015) Tickets Can Also Be Purchased by Cash Directly from Your Membership Committee Representative.

Children Under 12 Years of Age: FREE

Park Amenities include: water fountain, playground, volleyball court, horseshoe pit, pontoon boat rides, fishing, canoeing/boating, hiker/bike trails

WMSHP will provide burgers, hotdogs, toppings and drinks

MEMBERS PLEASE BRING A SIDE DISH, SALAD OR A DESSERT TO SHARE!

Members: Please Contact WMSHP in Website or Any Board Member To: Volunteer for Set Up, Grilling, and Clean-Up AND Inform Which Dish You Will Bring

Please contact Dipti at kalradipti@yahoo.com with the dish that you plan on bringing.

ASHP 2015 Summer Meetings & Exhibition - June 6 - 10: Denver, Colorado

House of Delegate Report
by Monique Bonhomme and John Quinn

WMSHP delegates had a very busy but productive House of Delegates session.

On June 6th through 10th ASHP hosted its annual summer meeting. During this meeting the House of Delegates convenes and votes on all ASHP policies. These policies form the basis for all ASHP lobbying and advocacy throughout the coming year. These policies run the gamut from very specific recommendations on achieving greater standardization in drug dosing, to helping Pharmacists get full CMS provider status, to the role of the Pharmacist in capital punishment. Each ASHP state affiliate chapter sends delegates to the House. The number of delegates depends on the number of members in that state. WMSHP is allocated two delegates

Voting on policy is not a yes or no proposal. Most policy is debated with delegates seeing and commenting on the exact wording during the house session. For this to work delegates must first study the policies, then debate them at the Regional Delegate Conferences months before the summer meeting and finally they attend caucus session days before the formal proceedings for more informal but often lengthy debate. If you ever attend a summer meeting you should stop into a caucus session and try to stop into one of the two formal House sessions.

During the regional delegate conference in Baltimore delegate Bonhomme was asked to lead the discussion on the ASHP policy towards marijuana which was written a number of years ago. The speaker of the House then asked her to introduce and review this subject at the formal House session in Denver. After review and discussion with the full House, it was decided that this policy would be referred back to the board of directors for further research. This will probably mean further debate next year before a new policy is agreed upon. After the session Gerald Myers who served as a board member for ASHP stopped by to thank delegate Bonhomme for her handling of the issue.

Delegate Quinn submitted two formal written recommendations on behalf of WMSHP. The first concerned increased reimbursement from ASHP to the state affiliates to help defer the cost of sending delegates to House sessions. The second was to ask ASHP to be more aggressive in surveying members about the current job market and sharing this information with the general membership. This should include salary information broken out by region and specialty and the experience that new graduates were having in different regional markets. This should be the basis for a more general discussion about the supply and demand of Pharmacists now and in the years to come.

WMSHP was also asked to be one of about 15 co-sponsors on a recommendation that ASHP form a task force on the affordability of medications. From the recommendation "New brand-name drugs are often expensive. Recently, certain older drugs (including generics) have also become prohibitively expensive. The task force should develop strategies to address parity in pricing, potential legislation, reimbursement, affordable price-sharing and other issues that impact patient access and adherence due to cost"

WMSHP has always worked closely with ASHP staff members. In fact a number of current ASHP staff were WMSHP members at one time in their professional careers. This meeting turned out to be a great opportunity to renew bonds with ASHP staff. Plans are in the works for an ASHP residence to visit some local sites with WMSHP help.

ASHP 2015 Summer Meetings & Exhibition Pics - June 6 - 10: Denver, Colorado



Pictured above: ASHP Delegates: Monique Bonhomme, Pharm.D., M.S., BCPS and John Quinn, R.Ph.,M.S.

ASHP Staff: Christene Jalowsky, M.S., R.Ph., FASHP - ASHP President-Elect 2014, James Trovato, Pharm.D., BCOP - Chair, House of Delegates, David Chen, R.Ph., M.B.A. - Senior Director, Section of Pharmacy Practice Managers and ASHP staff liaison for the Section's Executive Committee and member groups, Hannah Vanderpool, PharmD., M.A. - V.P., Office of Member Relations, Gerald E. Meyer, Pharm.D., FASHP - President of ASHP

**WMSHP Meeting with Howard University College of Pharmacy, Washington, DC:**

As part of WMSHP's initiatives to outreach with area Pharmacy Schools, President Elect Vaiyapuri Subramaniam, PharmD and former President Kampanart Panasethaned, MS, both met with Howard University College of Pharmacy (COP) Dean Dr. Anthony Wutoh and Associate Dean Dr. Daphne Bernard, on April 22, 2015. The WMSHP officers presented the attributes for closer collaborations to illustrate areas of mutual interests to benefit pharmacy students in their professional study and during their careers following graduation in their professional growth and development. The officers communicated to Howard University COP that membership in WMSHP as the premier ASHP-affiliated society in the Washington DC metropolitan area provides opportunities for students and pharmacists in academia alike, to professionally network with our members, accomplish leadership opportunities and mentoring within the profession and, access to professionally accredited and disease-state programs within a socially viable atmosphere. The Howard University COP appreciated the visit and understood that the WMSHP exemplifies a rich and diverse culture of pharmacy disciplines and individuals, practicing and serving in government and in the private sector. They were also informed that occupational categories represented in the society include pharmacy professionals with subject matter expertise that include pharmaceutical scientists, regulatory affairs, clinical pharmacists/specialists, pharmacy directors, academia, pharmacy benefits management and other healthcare specialties. The Howard University COP Dean followed up with Dr. Subramaniam and provided contact information of their Student Chapter President and faculty advisor to ensure an on-going dialogue with WMSHP. They were also invited to partake in WMSHP's programs and attend the WMSHP's all-day CE seminar on May 30, 2015. WMSHP will ensure continuing dialogue, communication and collaboration with Pharmacy Schools to involve students and being considered in the society's student scholarship programs, mentoring, and professional leadership skills development.

Reported by: Vaiyapuri Subramaniam, PharmD, MS, FCP, FASHP, FASCP

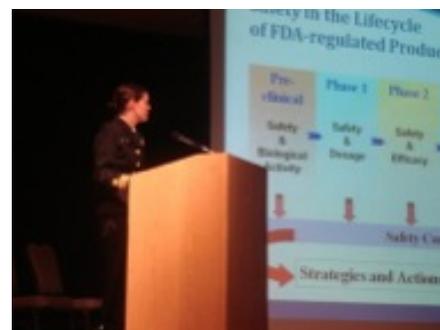
2015 WMSHP - NIH JOINT PARTNERSHIP - PHARMACOTHERAPY FRONTIERS SEMINAR



On April 25, 2015, the Pharmacotherapy Frontiers Seminar was held at the NIH Clinical Center, Bethesda. This program was a joint partnership of the NIH Clinical Center Pharmacy Department and the Washington Metropolitan Society of Health-System Pharmacists (WMSHP). The program provided a high level of ACPE-approved educational sessions by eminent speakers and was well supported WMSHP members. The WMSHP Membership Committee made a commendable presence at the membership recruitment table with sign-board and promotional materials and received in excess of 20 new members who joined the society that day. The WMSHP appreciates the contributions of Membership Committee members: Minhee Kang, Leon Vandenberg, John Quinn, Frank Nice, Michelle Eby and Susan Carr, who staffed the membership recruitment efforts and provided promotional materials. With Treasurer Minhee's assistance, WMSHP utilized the computer with on-line access made available at the NIH that enabled new members to join and pay the dues efficiently. Overall, the membership drive was a success together with the well-organized educational program. WMSHP thanks the NIH Clinical Center Pharmacy Department and support from Robert DeChristoforo, Pharmacy Service Chief and, Ann Biehl, Clinical Pharmacy Specialist, who coordinated this partnership with WMSHP officers: Vaiyapuri Subramaniam, President-Elect; Wafaa Abou Zeineddine, President; and, Leon Vandenberg, Board Member/Past President.

Reported by: Vaiyapuri Subramaniam, PharmD, MS, FCP, FASHP, FASCP; President-Elect, WMSHP

2015 WMSHP SPRING MEETING: MAY 30th- PAPAARAZZI PICS



Summary Highlights of the WMSHP May 30, 2015 CE Seminar:

The WMSHP hosted the May 30, 2015, all day educational seminar in Chevy Chase, MD in coordination with the DC Chapter ACCP. It offered 6 hours of ACPE-approved educational credits for pharmacists and technicians. The seminar was an overall success and well attended. WMSHP acknowledges



and thanks all officers, the executive board, and members for their assistance and support that contributed to a successful event including assisting with membership recruitment. The invited speakers presented a diversity of topics to add to the program's highlights. The exhibits were well organized and WMSHP thanks all individuals representing various pharmaceutical companies for their support and in presenting useful product information covering various disease states. Please refer to the photo highlights from the program. Additional photos will be posted in the WMSHP photo gallery.

Summary Text Prepared by: Vaiyapuri Subramaniam, PharmD, President Elect, WMSHP

WMSHP Pharmacy Student Leadership Scholarship Initiative:

WMSHP is proud to announce that it will be offering for the first time ever a Student Leadership Scholarship yearly to an outstanding pharmacy student member who has shown exceptional services and sustained excellence in furthering and promoting WMSHP purposes and goals.

More details to follow in the following months.

Goodbye Spring.
Hello Summer!

WMSHP Committees

Interested in becoming actively involved in WMSHP?

Join and participate in one or more of our Committees

- | | |
|-------------|-------------------------------------|
| Finance | Legislative |
| Membership | Programming (monthly meetings) |
| Nominations | Publications (newsletters, website) |

Send email with interest to Committee Chairs posted on www.wmsHP.org

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