

Use and Disclosure of Personal Health Information for Secondary Purposes



Council recently approved the following guidelines for use and disclosure of personal health information for secondary purposes that have been developed by Ms. Erin M. Wolff, Macpherson Leslie and Tyerman LLP. The following is excerpted from this document, which can be accessed in the [Reference Manual](#) on the SCP website.

These guidelines are intended to supplement the SCP guidelines entitled *Patient Confidentiality and the Release of Confidential Records*.

The Code of Ethics of the Saskatchewan College of Pharmacists states that “a pharmacist shall protect the patient's right of confidentiality”. During the course of practice pharmacists collect personal health information (“PHI”), including medication, medical and other personal information about their patients. A pharmacist is ethically obliged to respect the confidential nature of this information.

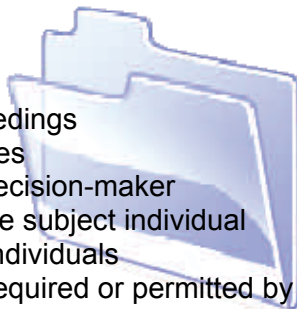
In addition, the trustee responsible for PHI (either the proprietor of a pharmacy, a regional health authority, any public body who employs a pharmacist or a pharmacist employed by a non-trustee) is bound by *The Health Information Protection Act* (“HIPA”) in collecting, using and disclosing that PHI.

The primary purpose for the collection, use and disclosure of PHI is to provide or support health care for the subject individual. All other purposes for the use and disclosure of PHI are considered to be secondary purposes.

The purpose of this document is to provide general guidance to pharmacists as to when personal health information may be used and disclosed for secondary purposes. Before using or disclosing PHI, a pharmacist should consider whether the purpose can be met by using or disclosing de-identified information instead.

Valid Secondary Purposes:

1. Information management services
2. Public safety
3. Prevention of fraud
4. Billing / payment for services
5. Evaluation and quality control
6. Professional bodies
7. Court proceedings
8. Legal services
9. Substitute decision-maker
10. Benefit to the subject individual
11. Deceased individuals
12. Otherwise required or permitted by law



For detailed information on each valid secondary purpose, please check the document in the [Reference Manual](#) on the SCP website.

100th ANNIVERSARY
1911-2011
SASKATCHEWAN COLLEGE OF PHARMACISTS

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- The first meeting of the new SCP Council met in Regina on September 21 and 22, 2011.
- Council reviewed the decision to cancel the District Meetings in 2011 due to budgetary restraints. Council discussed alternative strategies for linking with the membership: more frequent newsletters; surveys; focus groups; district meetings via Telehealth or webinars; and integration with continuing education sessions.
- Registrar Joubert provided an orientation session for the new incoming Council members.
- Council discussed strategies for rural areas in which health care professional services are limited.
- Council heard that the new legislation prohibiting the sale of tobacco from a pharmacy or a retail store if the pharmacy is located within the store or if customers can enter the store directly or by a corridor exclusively used to connect the pharmacy with the store came into force April 1, 2011. The Ministry of Health has not reported any non-compliant pharmacies.
- Council appointed two Councillors to join the Discipline Committee as authorized in The Act. Brad Cooper and Spiro Kolitsas have stepped forward to join the Discipline Committee.
- During the transition period of the 2007-2011 Strategic Plan moving on to the 2011-13 Plan, Council has requested a strategic planning session early in the new year. Many of the milestones that had been set in 2007 have been met while some await amendments to *The Pharmacy Act, 1996*. These, and new milestones, will be incorporated into the new Strategic Plan at the retreat.
- Council was updated regarding the current status of the Centennial Scholarship Fund Inc. The Fund is now incorporated and we have applied for charitable status with the Canada Revenue Agency. The directors plan to continue our fund raising campaign that has been delayed until our status as a charity is known.
- Council received information from the Saskatchewan Prescription Drug Plan regarding some disturbing information on utilization patterns for Prescriptive Authority. Data shows that around 40 claims were submitted for payment for extending prescriptions for narcotics and controlled substances. Members are reminded that pharmacists are not included in the list of health care professionals that are authorized to prescribe narcotics, controlled drugs and benzodiazepines and other targeted substances under *The Controlled Drugs and Substances Act*. The CDSA defines a "practitioner" as: "a person who is registered and entitled under the laws of a province to practise in that province the profession of medicine, dentistry or veterinary medicine, and includes any other person or class of persons prescribed as a practitioner." The word "prescribed" in this context means as prescribed by the regulations which have yet to be developed. Further, the data suggests that a considerable number of claims are improperly categorized in favour of the higher fees. Prescriptions for emergency supplies (defined as life threatening situations) were prescribed 2,188 times between March 4, 2011 and June 30, 2011. This data is to be reviewed and verified by the Drug Plan before action is considered.
- Council was informed that two surveys are under development regarding regulation of Pharmacy Technicians: one to be distributed to pharmacy managers and one to be distributed to pharmacy assistants currently working in the field. Please watch for information regarding the surveys coming soon to an "IN" box near you!

- Council finalized their decision regarding mandatory PIP usage. Please see the separate article in this edition of SCOPE for further details.
 - The SCP office staff are pursuing training to address the recommendations directed towards SCP from the Information and Privacy Commissioner, Mr. Gary Dickson. In particular, we are pursuing continuing education sessions for members, especially pharmacy managers as privacy officers in each pharmacy. Plans are progressing with the CPDP Unit at the College of Pharmacy and Nutrition to hold (2) face to face full-day sessions and an online offering of Privacy Officer Training with the following educational objectives:
 1. Ensure privacy officers (participants) understand their obligations and responsibilities under PIPEDA and HIPA.

In ensuring this understanding, the training will include:

 - a. definition of terms related to privacy and confidentiality as well as the application in pharmacy practice.
 - b. tools to develop a policy and procedure manual (section 16 of HIPA) and an understanding of the requirements that must be in the manual.
 - c. what is a privacy breach and the consequences of such. What steps must be taken in the event of a breach. Provide tools to assess their community pharmacy for potential breaches.
 - d. tools to prepare their community pharmacy for HIPA and PIPEDA (possibly provide templates for the top 10 to do's)
 - e. ensure privacy officers (participants) understand the consent rules around collection, use, and disclosure of personal health information. Including primary purpose and secondary purposes (authorized and unauthorized).
 - f. ensure privacy officers (participants) understand the regulations regarding safe retention and disposal/ destruction of health records (personal health information) (Section 22 of HIPA).
 - g. ensure privacy officers (participants) understand individuals' right to access information about themselves and the rules for amendments to that information. (Sections 9 & 10 of HIPA)
 - h. role of the privacy officer in guiding decisions and resolving conflicts at the practice site.
 - i. role and responsibilities of the privacy officer/ pharmacy manager in designating and revoking staff privileges in accessing and using PIP.
- Members will be notified when the dates, times and locations of the training sessions have been finalized.
- The next meeting of Council will be held in Regina on December 7, 2011, followed the next day by the Annual Joint Meeting of the SCP Council and PAS Board.



PIP Usage to Become Mandatory



On September 21, 2011, Council passed a motion confirming their final decision requiring members to access the patient's medication profile in the Pharmaceutical Information Program ("PIP") in phases but with exceptions. The motion:

1) Exempts PIP usage for patients in settings where by contract the pharmacy is the exclusive service provider and that pharmacy has the complete medication history of the patient such as in nursing and personal care homes;

2) Effective January 1, 2012, requires that pharmacists access the patient medication profile in PIP for all new and existing patients with prescriptions for Controlled Substances (Narcotics, Controlled Drugs, Benzodiazepines and Other Targeted Substances);

3) Effective January 1, 2013, requires that pharmacists access the patient medication profile in PIP for all other patients with prescriptions except for 1) above; and

4) Provides that PIP usage be optional for identifying, resolving or preventing drug related problems in patient self-care or non-prescription drug situations except when prescribing for minor ailments.

In order for PIP usage to become mandatory, Council must pass a bylaw, which is planned to occur at their next meeting on December 7, 2011. This type of bylaw requires approval of the Minister of Health and does not become effective until his approval is published in the Saskatchewan Gazette. Because ministerial approval involves a consultation period with stakeholders, the bylaw will likely only come into force some time after January 1, 2012. Members will have until that time to comply. In the meantime, we encourage members to prepare for implementation and begin to voluntarily comply with Council's intent by accessing all patients' profiles in PIP for prescriptions involving Controlled Substances.

Non Insured Health Benefit (NIHB) Prescription Monitoring Program (PMP) Expansion

The Non-Insured Health Benefits (NIHB) Program is Health Canada's national health benefit program that provides coverage for medically necessary drugs, dental care, vision care, medical supplies and equipment, short-term crisis intervention, mental health counselling and medical transportation for eligible registered First Nations and recognized Inuit. In January 2007, the NIHB Program implemented the PMP in Alberta, with the goal of enhancing the safe use of benzodiazepines and opioids for First Nations and Inuit clients. The PMP was expanded to Nova Scotia and New Brunswick in 2009 and 2010, respectively. This program was expanded nationally in September 2011. The NIHB Program aims to enhance the safe use of prescription medications and ensure that benefit criteria are met before claims are paid.

What will happen at the pharmacy?

When the client attempts to fill a prescription, the pharmacy will receive a rejection message and be asked to call the NIHB Drug Exception Centre (DEC) 1-800-580-0950. After speaking to a DEC representative, the pharmacy will receive, by fax, a letter explaining the NIHB-PMP, two copies of the Fact Sheet, and the following three documents that should be given to the client:

- 1. Letter to Client:** This letter will inform the client that in order for NIHB to continue paying for benzodiazepine and/or opioid drugs, they will have to choose only **one** physician to prescribe these medications.
- 2. Physician-Acceptance Form:** The form **must** be completed by the physician of the client's choice who agrees to be their sole prescriber of benzodiazepine and opioid drugs.
- 3. Client-Physician Contract:** This is a tool to assist the physician and client in describing their agreement.

For more information please contact Nicole Mitivier at 1-877-559-9986 or click [here](#) to visit Health Canada's Website Please note that this site will be periodically updated.

Notes from the Field

Autumn 2011

We often receive questions regarding prescriptions in long term care facilities. A prescription for a patient in a long term care facility must meet all the requirements of a prescription for any patient of a community pharmacy. Because these facilities are often connected to a hospital, the rules can sometimes be confusing for staff of the facility.

According to the requirements of the drug Prescription Review Program, narcotics and controlled prescriptions do not require the documentation of a Health Service Number, date of birth and alpha-numerical quantities. However, all other requirements such as the date and clear quantities are required. Orders for narcotics which are to be filled in community pharmacies have to meet the requirements of *The Controlled Drugs and Substances Act (CDSA)* and *The Narcotic Control Regulations (NCR)* no matter where the patient resides.

Over the years pharmacies have made agreements with long term care facilities to “allow” for orders to be filled in advance of receiving a signed prescription from the physician. This is technically illegal but has been done historically because it was in the best interest of the patient’s care.

The order which is filled and filed must meet all the requirements of the CDSA and NCR in that it must have the date, patient’s name, address, name of the drug, strength of the drug, quantity (or duration of treatment) of the drug and the physician’s signature. Historically agreements between the pharmacies and the facilities have outlined practices such as: the pharmacy faxes the physician to get the proper order or the physician writes a proper prescription when they are next at the long term care facility. This means that the CDSA and NCR requirements have been met.

ECP Training

Online training is now available for the Emergency Contraception training Click [here](#) for more information

Pharmacists are reminded that the training is required prior to assisting patients with the choice to use these products in Saskatchewan. Pharmacists are also reminded that it is mandatory to fill out the required documentation for such a prescription to support your decision to dispense the product to a patient.

Pharmacy Privacy Policies

As part of our regular pharmacy visits we inquire as to whether or not the pharmacy has a privacy policy. We ask if the policy includes information regarding PIP and if it is signed and review annually by all staff.

We encourage you to review the documents regarding privacy in the SCP Pharmacy Reference Manual:

- Confidentiality - Patient Confidentiality and the Release of Confidential Records
- Confidentiality – Release of Confidential Records of Minors to Parents, Guardians
- Confidentiality – Preparing Your Community Pharmacy for HIPA and PIPEDA
- Disclosure of PHI to Law Enforcement Guidelines
- PIP Guidelines for Pharmacists – Pharmacy Information Program
- Policy for Pharmacists Accessing PIP
- Privacy Policy March 2010
- Privacy – Secondary Purpose Guidelines

All of these documents can be found in the SCP Pharmacy [Reference Manual](#).

Lori A. Postnikoff, BSP, Field Officer

Canadian Pharmacists Association Patient Care Achievement Award for Health Promotion



Congratulations to Paul Melnyk, BSP, on receiving the Canadian Pharmacists Association Patient Care Achievement Award for Health Promotion. Paul received the award at the 2011 CPhA Awards Ceremony in Montreal. This award recognizes outstanding individual achievement in pharmacy practice aimed at improving patient outcomes. It recognizes a pharmacist who has demonstrated excellence in the ongoing education of patients on wellness, the encouragement of a healthier lifestyle and disease prevention and management.

Congratulations!

Paul Melnyk receives his award at the 2011 CPhA Award Ceremony in Montreal

2011 SCP Membership Stats

As of July 1, 2011 there were a total of 1513 members on the register, compared to 1509 members in July of 2010. This year's total consists of: 1317 Practising Members, 52 Non Practising Members, 59 Associate Members and 85 Retired Members.

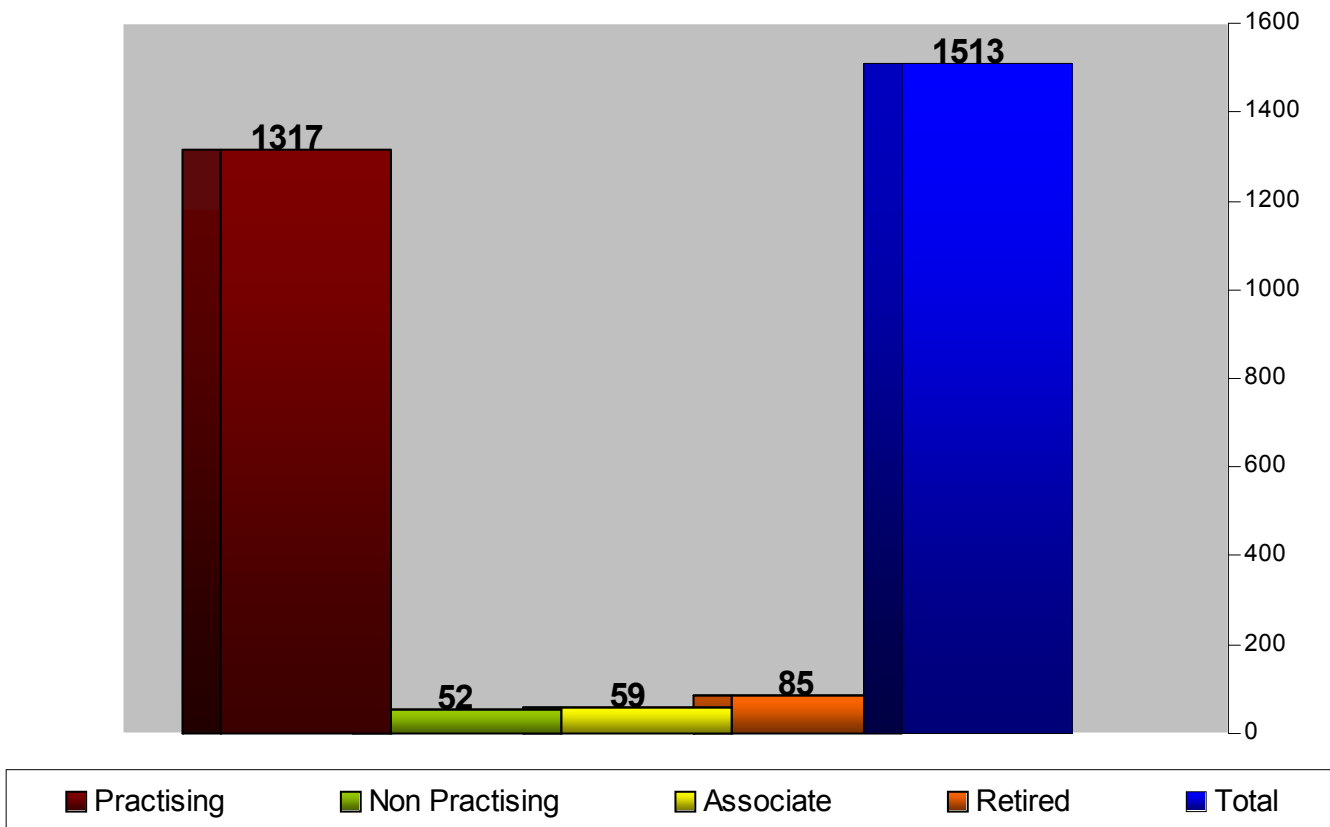
We wish to welcome our newest members and encourage them to become more active in their profession within their communities and provincially by working with the College and other regulatory and advocacy bodies.

In the past year the College saw a total of 77 membership terminations. Of the 77 membership terminations, 12 were terminated by request and 65 for non payment of dues. There were a total of 32 membership conversions. Of the 32 conversions one Practising membership was converted to an Associate; three Practising members retired; two Associate Members became Practising members; 10 Practising Members moved to Non-Practising and 16 members retired.

Out of the 86 graduates from the 2011 BSP class at the University of Saskatchewan 56 became registered as Conditional Practising members, most of whom have had their memberships converted to Practising after obtaining a Certificate of Qualification from the Pharmacy Examining Board of Canada.

Between July 1, 2010 and July 1, 2011 there were 19 candidates from outside of Saskatchewan who registered under the Mobility Agreement requirements. There was one foreign-trained candidate who registered as a Practising member during that time.

2011 Membership



From the Desk of the Dean



Dr. David Hill
College of Pharmacy and Nutrition,
University of Saskatchewan

The College has had a busy fall to date. We welcomed 90 new students and over 250 returning students to the Bachelor of Science in Pharmacy program. We have also had many changes within the College over the last few months:

- Dean Hill is the current Chair of the Council of Health Sciences Deans, which sets strategic direction and policy with respect to inter-professional curricula, research and service.
- Dr. Roy Dobson has been appointed Head of the Division of Pharmacy for a three-year term.
- Bev Allen retired on August 31, 2011. Bev will continue serving the College as the honorary chair of the Golden Suppository Golf Classic.
- Shauna Gerwing, BSP 1999, has joined the College as the SPEG Coordinator for the year ahead.
- Terry Damm, BSP 2010, has joined the College as the Pharmacy Professional Skills Coordinator Years 3 and 4, during Jane Cassidy's maternity leave.
- Rhett Carbno and Jade Rosin have been re-appointed as term faculty; and Barry Lyons and Barry Ward have been re-appointed as session lecturers.
- Ashala Jacobson, Development Officer, left the College in September to pursue other opportunities.

In addition to the changes within the College, many faculty and staff have received awards and honours within the past year:

- Dr. Kerry Mansell was elected the College's representative to the Council of the Association of Faculties of Pharmacy of Canada.
- Dr. Anas El-Aneed is Chair of the Saskatchewan Mass Spectrometry User Group.
- Dr. Susan Whiting was presented with the University's *Award for Distinction in Outreach and Engagement* at

the Spring 2011 Convocation, in recognition of her exceptional work in enriching the academic environment and enhancing community and research partnerships.

- Jane Cassidy and Doreen Walker, Professional Practice Coordinators for Pharmacy and Nutrition, respectively, are members of a U of S interprofessional health sciences education team that has received one of Canada's most prestigious teaching honours – the *Alan Blizzard Award*, as well as the *2010 Provost's Prize for Innovation in Teaching and Learning*.
- Melanie Rozwadowski is recipient of the College's *Provost's Teaching Award for 2011*.
- Jackie Huck, Administrative Assistant and Dr. Yvonne Shevchuk, Associate Dean for Academic Affairs were honoured by the University this past spring for their 30 and 25 years of service, respectively.

The University of Saskatchewan and the Government of Saskatchewan celebrated the Government's commitment to the U of S through a plaque unveiling ceremony on September 2, 2011. The plaque, which is a piece of red granite from the Medical Research building that was demolished in 2010 to make way for the new E-wing of the Health Sciences facility, has been placed outside the nearly-completed D-wing entrance. The wet laboratory researchers and staff will be moving to the D-wing of the Health Sciences facility in May 2012.

The Health Sciences project also received a \$10 million gift from Leslie and Irene Dubé. The Dubés were honoured on September 29, 2011 at a gift announcement at the U of S campus. The Dubés, together with President Peter MacKinnon and Vice-President University Advancement Heather Magotiaux, unveiled renderings of the new library and 500-seat lecture theatre in the Health Sciences building that will be named in their honour.

If you have questions or comments on the above, please get in touch with me at david.hill@usask.ca.

We welcome your feedback.

The Saskatchewan Pharmacy Museum Society

The Saskatchewan Pharmacy Museum Society (SPMS) is a not-for-profit organization which is managed by volunteers. Funding is based on a yearly membership fee, which has been augmented by a silent auction at the PAS annual conference. The SPMS has been collecting and preserving pharmacy artifacts and archival material for more than 25 years. If you are interested in a membership, would like to donate any items or make a tax-deductible donation, please contact Brenda Prystupa at brenda.prystupa@skpharmacists.ca or call 306-359-7277.

www.mypharmacistknows.com

This website was established to answer all the questions that you and your patients may have about Prescriptive Authority. SCP is asking all Saskatchewan pharmacists to visit the site for any questions they may have about Prescriptive Authority and as a resource for your patients' frequently asked questions. Both pharmacists and patients will benefit from the information found at www.mypharmacistknows.com.

The End of NAPRA E-link & MedEffect Canada Subscriptions

The webmail service known as E-link, currently available to Canadian pharmacists through the National Association of Pharmacy Regulatory Authorities (NAPRA), **will end as of December 31, 2011.**

Please note that, effective immediately, no new mail accounts will be created. All current subscribers are encouraged to retrieve any important information stored on the E-link system and make alternate arrangements for the safeguarding thereof. After December 31, 2011, subscribers will not be able to access their E-link account nor receive the Health Canada MedEffect™ e-Notices.

Therefore, NAPRA encourages you to register for the MedEffect™ e-Notices directly from Health Canada at your earliest convenience. To do so, please click [here](#) and follow these instructions:

1. Scroll down to “MedEffect e-Notice”
2. Select “Subscribe to MedEffect e-Notice”
3. Follow the instructions provided

Once your subscription is complete, you will receive an e-mail confirmation from MedEffect e-Notice. **You are required to reply to this e-mail confirmation in order to activate your subscription.**

Saskatchewan Seasonal Influenza Program 2011-2012

Information provided by the Population Health Branch,
Saskatchewan Ministry of Health

Saskatchewan Ministry of Health will be providing influenza vaccines for all Saskatchewan residents during the 2011-2012 campaign. Beginning on Tuesday, October 11, 2011, subject to availability from the supplier, the influenza vaccine has been made available through Public Health clinics throughout Saskatchewan.

Influenza vaccine will continue to be made available through regional public health offices to those physician offices that routinely offer influenza vaccine to their patients.

The publicly funded vaccine will be an intramuscular delivered product. There are other vaccine options available (such as intradermal, intranasal) that will not be delivered through Public Health.

As in previous years Saskatchewan Ministry of Health will not be reimbursing individuals or businesses for influenza vaccine purchased privately.

Regarding antivirals, any decision to put antivirals back on the formulary will be based on a variety of factors including influenza epidemiology, health risk, match of vaccine to circulating strain and clinical guidance available at the time. Pharmacists will be notified of any decision regarding antiviral coverage. For further information please contact your local Public Health Department.

Pharmacy Coalition on Primary Care Free Telehealth Session

**Thursday, December 8, 2011
7:00 - 9:00 p.m.**

**All Telehealth sites in Saskatchewan
Registration Deadline: December 2, 2011
Free Admission**

Save the date and join the Pharmacy Coalition on Primary Care (PCPC) for a presentation designed to provide pharmacists with information on issues and trends in the use of medications. During the evening we will consider medications that are perhaps over or under utilized and dosed. The information presented will assist you in reviewing your patients' pharmacotherapy. You will have an opportunity to share and learn from your colleagues in how we can work to improve patients' medication therapies. The program is designed for pharmacists working in community pharmacies, primary health care teams and hospital pharmacy.

For more information and registration please contact Dawn Brown, Public Relations & Communications Coordinator, Saskatchewan College of Pharmacists, at 306-584-2292 or dawn.brown@saskpharm.ca.

Please note: Registration is required by all participants to ensure that the local Telehealth Office in your region can support this session.



On-line Training for Emergency Contraceptive Training

Online Training
3.0 CEU's
\$100.00 + GST

Continuing Professional Development for Pharmacists (CPDP) is now offering Emergency Contraceptive (ECP) online training. Pharmacists who take this training will be able to differentiate prevention from termination of pregnancy, discuss essential educational components with patients, explain to patients the role of ECP in preventing pregnancy, and compare available ECP products with respect to efficacy and safety. This course is optional though pharmacists are reminded that the training is required prior to assisting patients with the choice to use these products in Saskatchewan. For more information please click [here](#) or contact the CPDP office at 306-966-6350.

Prescriptive Authority for Pharmacists - Minor Ailments Online Course

Online Training
5.5 CEU'S
\$157.00 + GST

The online course for Minor Ailments training is now available through CPDP. You are required to have a Network Services ID (NSID) in order to access this course. If you do not have one, please click [here](#) to fill out the NSID Application Form. Once completed please fax to 306-966-6377.

If you are a 2010 or 2011 Pharmacy graduate and have an NSID, you are required to complete the NSID Application Form in order to re-activate your NSID to include Blackboard Learn. For registration and more information please click [here](#) or contact the CPDP office at 306-966-6350.

Prescribing for Cold Sores

Pharmacists are authorized to prescribe specified antiviral drugs for cold sores in the following situations:

1. For an acute episode of cold sores if the vesicles have not yet appeared.
2. For patients to keep on hand to start at the first sign of a cold sore episode if the patient is assessed as having a legitimate need for the medication. Criteria includes more than three severe episodes per year and a history of complete resolution of cold sores following a previous course of antiviral drugs.
3. For patients to start before exposure to a known cold sore trigger such as direct sunlight.

For more information, consult the Guidelines on the Saskatchewan Drug Information Service (SDIS) website at www.druginfo.usask.ca or call the SDIS information line at 306-966-6340 (Saskatoon) or 1-800-667-3425.

Behavioural Management in Dementia: Where Do Antipsychotics Fit In?

Presented by: RxFiles
Wednesday, November 23, 2011
Wascana Rehabilitation Centre
Auditorium – Ground Floor
7:30 – 8:30 p.m.
1 CEU

Objectives:

- to be better familiar with drug & non-drug options for the behavioural and psychological symptoms of dementia (BPSD).
- to know which neuropsychiatric symptoms are not responsive to drug therapy.
- to understand the risks of antipsychotic use in this patient group and the process of selection, dosing, reassessing tapering and stopping when possible.
- to be familiar with the comparative features of risperidone, quetiapine, olanzapine and haloperidol.
- to be familiar with the role of antipsychotics in the treatment of insomnia.

To RSVP and for more information please contact Brenda Schuster at 306-585-2437 or bschuster@sasktel.net

HAVE YOU MOVED? **Keeping Your Information Current**

Please remember to inform the Saskatchewan College of Pharmacists office if you have changed your email address, mailing address or place of employment. It is the member's responsibility to keep their personal information current and up to date with the College. It is also the member's responsibility to inform the College of their current place of employment. This information helps the College in determining the electoral divisions for College election and allows the College to keep the member informed of urgent matters. These changes can be made by contacting the College at 306-584-2292 or info@saskpharm.ca