The Year Ahead
William Kirchain, PharmD

February 2010 begins the Year of the Tiger on the Chinese calendar. April 2010 in the United States is the once every 10 year Census demanded by our Constitution. It is predicted that the net result of the 2010 Census will cause the loss of one Louisiana Congressional Seat. In May, the World Expo opens in Shanghai. And in June, the rest of the world will turn its attention to South Africa for the World Cup, while in Louisiana our legislature burns the mid-night oil to finish business by the mandated 21st of June.

The economy is expected to expand but only by a small percentage and with several fits and starts. The largest sector to expand may likely be e-commerce that may grow by as much as 5%. Global life expectancy is expected to rise to 72.5 years, which will mean that almost 8% of the World’s population will be over 65. A huge development for us in pharmacy will be the “patent cliff”. Several of the top 100 will go off patent in 2010. Big PhARMA is expected to see a drop of $133 billion in sales. This will temporarily dry up monies for CE meetings and the like, while producing big savings for the majority of our patients. The H1N1 pandemic will continue through 2010 eventually now predicted to affect one third of the World’s population with most of the cases in developed countries.

In Louisiana it will without fail be the year of privatization. On March 29th the Louisiana State Legislature will convene. By Constitutional Rule in 2010 no new tax or tax increase can be proposed. Under the guise of streamlining, government conservatives have created a slate of government services and programs that they generally object to on philosophical grounds to be closed, discontinued or otherwise gutted. The short term effect will be budget savings. The long term effect as has been seen in the last twenty years over and over again will be a slow decline in safety, health or service as the private sector shows us once again that it cannot do what government can do.

The most significant of all these for pharmacy will be the slow dismantling of the State Healthcare System. Beginning with the chronically under-funded and overextended Earl K. Long Medical Center the legislature will this year lay the groundwork for our bid to rival Mississippi for the worst health care infrastructure in the United States.

Other recommendations include (1) transitioning Medicaid to a managed care system; (2) a renewed effort in drug price negotiations for Medicaid; (3) Privatization of pharmacy services for Juvenile Justice and Corrections facilities; (4) Privatization of community-based health care services, including community hospital services throughout the State; and (5) full cost recovery initiatives from all government agencies that can generate revenue.

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1 Louisiana State Legislature Information for the 2010 Legislative Session
4 Anonymous. Pandemic (H1N1) 2009 - update 78, Weekly update. 11 December 2009 @ http://ww.who.int/en/
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Mark your calendars!
LSHP 2010
Annual Meeting
May 27-29
Hilton Riverside
New Orleans

See you there!

Make your hotel reservations now!
Rooms are $199. You may reserve your room
by calling 1-800-HILTONS.
You must mention the group code “LSP”
and book your room by April 23, 2010
in order to receive the special rate.

Topics Tentative Scheduled include:
• Hospital Acquired Infections
• Hazardous Waste
• MRSA
• Smoking Cessation
• IV Medication Safety
• Outsourcing Sterile Compounding

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Please send article submissions to the newsletter editor, Dana Jamero, via email at djamero@xula.edu.
Tinidazole: An alternative for the battle against Bacterial Vaginosis
Lorraine Massey, Pharm.D. Candidate and Lovie Lewis, Pharm.D.

Bacterial vaginosis (BV) is a common vaginal infection in women of childbearing age. Bacterial vaginosis is caused by a disturbance in the normal vaginal flora resulting in an overgrowth of bacteria. Patients often present with vaginal discharge, fishy odor, pain and irritation. Oral metronidazole is the primary treatment for BV with clindamycin as an alternative. However, the FDA has approved another promising option for the treatment of BV.

Tinidazole (Tindamax®) is a 5-nitromidazole anti-protozoal and anti-bacterial agent comparable to metronidazole (Flagyl®). Similar to metronidazole in structure, tinidazole works by diffusing into anaerobic organisms causing cytotoxicity and preventing DNA synthesis. Tinidazole has activity against Trichomonas vaginalis, Giardia Duoedenalis, Bacteriodes spp., Gardnerella vaginalis, and Prevotella spp. Tinidazole was initially FDA approved in 2004 for the treatment of giardiasis, trichomoniasis, amebiasis, and amebic liver abscess. By May 2007, tinidazole obtained a FDA indication for the treatment of BV.1

Tinidazole has been proven to be safe and efficacious in the treatment of BV. It has an added benefit of a longer half-life as compared to metronidazole (13 hours versus 8). This allows for a shorter duration of therapy. Only one study has been published studying tinidazole in the treatment of bacterial vaginosis. A randomized, double-blind, double-dummy, placebo-controlled clinical trial was conducted in 235 pregnant women in order to evaluate the effectiveness of tinidazole against bacterial vaginosis. During the study, participants received either tinidazole 2 grams orally once daily for 2 days, 1 gram orally once daily for 5 days or placebo. Both treatment regimens of tinidazole demonstrated superior efficacy over placebo as measured by therapeutic cure, clinical cure, and a microbiologic cure.1, 2

Tinidazole can also be used in pediatric patients over the age of 3 for the treatment of giardiasis and amebiasis. However, this drug is contraindicated in patients with hypersensitivity to this agent or other nitroimidazole derivatives, pregnant women in the first trimester and nursing women (unless nursing is interrupted for length of treatment and three additional days following treatment.)

Adverse reactions are similar to those of metronidazole and range in severity.1,3 The following adverse reactions were reported with the greatest incidence:

- GI: nausea, vomiting, abdominal cramping, and constipation
- CNS: weakness, dizziness, and headache
- Other: metallic/bitter taste, urticartia

Other adverse reactions greater than 2% incidence associated with tinidazole therapy in the treatment of bacterial vaginosis include: candida vaginitis, decreased appetite, flatulence, urinary tract infection, painful urination, urine abnormality, pelvic pain, vulvo-vaginal discomfort, vaginal odor, menorrhagia, and upper respiratory tract infections. Providers are warned to use precaution in the following:

- [U.S. Boxed Warning] Carcinogenicity has been seen in mice and rats treat chronically with metronidazole.
- Use caution in CNS diseases; reactions include seizures and peripheral neuropathy
- Use caution with history of blood dyscrasias or hepatic impairment

As with metronidazole, patients should avoid alcohol during treatment with tinidazole and at least 72 hours following completion of the last dose.1, 3

Tinidazole seems to be highly comparable to other members in its class. Studies show that efficacy seen with this agent is sufficient for the treatment of certain protozoal and bacterial infections. Proper use of this medication will add another option for treatment against these organisms.

References:

Call for Posters
Calling all Pharmacy Directors, Residency Directors, Students, & Technicians!
The Call for Posters for the LSHP 2010 Annual Meeting has been issued! The Interactive Poster Session will be featured Friday, May 28 at the LSHP Annual Meeting at the Hilton Riverside.
New this year— a Residency Category & Technician Category have been added in addition to Primary Research, Administrative, Clinical & Student Categories. All abstracts must be submitted by Friday, April 30 to office@lshp.org. For more information, contact LSHP at (225) 922-4520 or check out the website at www.lshp.org.
ASHP’s Council on Education and Workforce Development is “concerned with ASHP professional policies related to the quality and quantity of pharmacy practitioners in hospital and health system”. Postgraduate education and training, student education, specialization, assessment and maintenance of competence, credentialing, balance between workforce supply and demand and development of technicians are all included in the vision of this council. One of the goals of LSHP’s council was to highlight the current pharmacy residents in our state. The pharmacy residency programs available in Louisiana have expanded over the last couple of years offering twenty-two PGY1 positions through eight programs. Listed below is information regarding Louisiana’s current residents. Each residents’ email addresses, degrees, areas of interest and plans upon completion of residency are listed.

**Ochsner Health System** (5 positions)

**Starsky S. Clark, PharmD**
- StarskyClark142@yahoo.com
- Doctor of Pharmacy, Xavier University of Louisiana
- Cardiology
- Hospital Clinical Pharmacist at a local facility

**Kristina Ann Falgoust, PharmD**
- kfalgoust@ochsner.org, kafalgoust@gmail.com
- Doctor of Pharmacy, Xavier University of Louisiana
- Cardiology, Internal Medicine
- Begin working as a Clinical Pharmacist

**Sheena Farragut, PharmD**
- sheenafarragut@gmail.com
- Doctor of Pharmacy, Xavier University of Louisiana
- Internal Medicine and Cardiology
- To become a clinical pharmacist and practice in the New Orleans area.

**Louisiana State University Health Sciences Center– Earl K. Long Medical Center** (2 positions)

**Jessica Johnson, PharmD**
- jjohn3@lsuhsc.edu
- Doctor of Pharmacy, University of Louisiana at Monroe
- Infectious Diseases, academia as a clinical preceptor
- Clinical work in Louisiana, possibly with one of the universities

**Kieu D. Nguyen, PharmD**
- kieudnguyen@gmail.com
- Doctor of Pharmacy, University of Louisiana at Monroe
- Academia, Infectious Diseases and research
- Academia

Residents continued on page 5
Louisiana State University Health Sciences Center – Monroe  (2 positions)

Courtney A. Robertson, PharmD
– crobe3@lsuhsc.edu
– Doctor of Pharmacy, University of Louisiana at Monroe
– Ambulatory care with focus on diabetes, hypertension and lipid management
– Academia or private ambulatory care setting

Xavier University of La College of Pharmacy – LSUHSC (2 positions)

Heather Elizabeth Olivier, PharmD
– heolivie@xula.edu
– Doctor of Pharmacy, Xavier University of Louisiana
– Internal Medicine and Infectious Diseases, HIV/AIDS
– Clinical faculty at a college of Pharmacy with a focus in Internal Medicine

Lauchland A. Roberts, PharmD
– larobert@xula.edu
– Doctor of Pharmacy, Xavier University of Louisiana
– Critical Care, Emergency Medicine, Psychiatry
– Obtain a clinical pharmacy position in the city of New Orleans, either in academia or the private sector

Xavier University of Louisiana College of Pharmacy - Community Pharmacy (1 position)

Kisha O'Neil Gant, PharmD
– kgant@xula.edu
– Bachelor of Science in Mathematics and Biology – University of New Orleans; Doctor of Pharmacy, Xavier University of Louisiana
– Exploring ways to decrease health disparities; Increasing access to patient services
– Pursue a career in Academia

Xavier University of La College of Pharmacy – Ambulatory Care (2 positions)

Sarah Amering, PharmD
– sarah@amering.org
– Doctor of Pharmacy, Purdue University School of Pharmacy
– Diabetes, HTN, Hyperlipidemia, HIV, Psychiatry
– Work in an ambulatory care clinic in any of the above areas. Also teach at a college of pharmacy.

Sharmia Thomas, PharmD
– snthomas@xula.edu
– Bachelor of Science in Biology, Xavier University of Louisiana; Doctor of Pharmacy, Xavier University of Louisiana
– Academic pharmacy

Louisiana State University Health Sciences Center – Shreveport (6 positions)

Nicholas Beyda, PharmD
– nbeyda@lsuhsc.edu
– Bachelor of Science in Biomedical Sciences, Auburn University; Doctor of Pharmacy, Auburn University Harrison School of Pharmacy
– Infectious Diseases, Antimicrobial stewardship
– Complete a PGY2/Fellowship in infectious diseases or obtain a clinical pharmacist position at a teaching hospital

Residents continued on page 6
Continued from Residents, page 5

David Cluck, PharmD
- dcluck@lsuhsc.edu
- Bachelor of Science in Biology, Columbus State University; Doctor of Pharmacy, Auburn University Harrison School of Pharmacy
- Infectious Diseases
- Fellowship/PGY2 in Infectious Diseases

Kenesha Pace, PharmD
- kpace@lsuhsc.edu
- Bachelor of Science Biology; Doctor of Pharmacy, Xavier University of Louisiana
- Internal Medicine and Critical Care
- Clinical Pharmacist active duty United States Army

Elizabeth Perry, PharmD
- eperr5@lsuhsc.edu
- Doctor of Pharmacy, University of South Carolina College of Pharmacy
- Internal Medicine, Academia
- Interviewing for clinical faculty positions

Thaddaeus Wallace, PharmD
- twall2@lsuhsc.edu
- Doctor of Pharmacy, Xavier University of Louisiana
- Internal Medicine, Ambulatory Care
- Employment in a clinical/staffing position

Janay A. Woodard, PharmD
- jwooda@lsuhsc.edu
- Doctor of Pharmacy, Xavier University of Louisiana
- Anticoagulation, Women’s Health, Mental Health, Diabetes, Pain Management
- Clinical/Staff Pharmacist position

Have you renewed your LSHP dues?

Dues Renewals have been sent. If you haven’t received yours, please call the LSHP office @ (225) 922-4520, or download an application from www.lshp.org.

We ♥ having you as a member!