



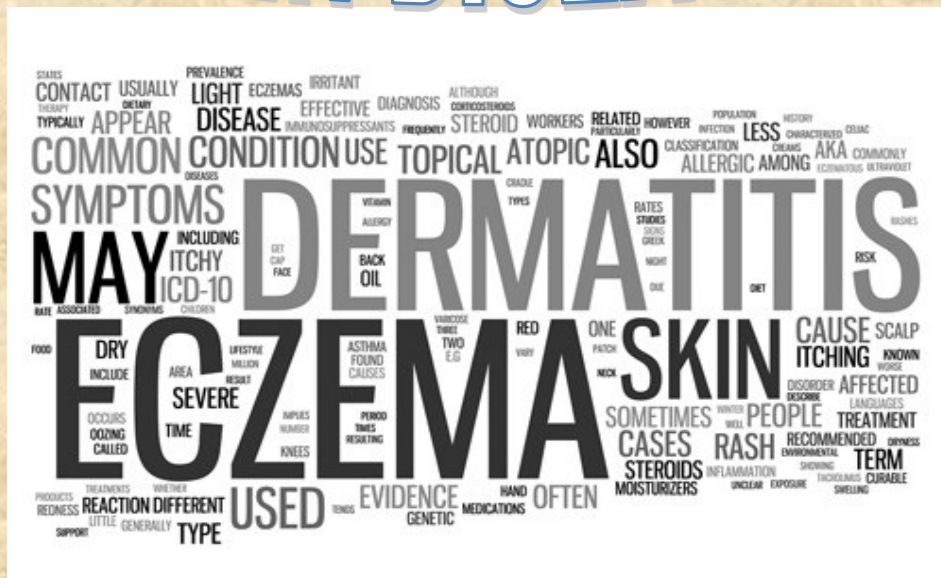
MAY—AUGUST 2017 EDITION

# P HARMACY BULLETIN



COMMON

# SKIN DISEASES



If you have any queries regarding drugs / health, feel free to contact us at:  
Pharmacy Resources & Information Center (PRIC), Pharmacy Department HRPZ II  
09-7452000 EXT : 2478 (Office hour)  
hrpziidis@gmail.com

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# C O N T E N T

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# Psoriasis

## Introduction

- ◆ Genetically determined, systemic immune-mediated chronic inflammatory disease
- ◆ Affects 1 to 3% of the general population worldwide
- ◆ Not curable

## Treatment

### Topical Therapy

- ⇒ Emollients (moisturizers / soap substitute)
- ⇒ Steroids creams / ointments
- ⇒ Vitamin D analogues (eg: calcipotriol, calcitriol and tacalcitol)
- ⇒ Others: Coal tar and dithranol cream

### Phototherapy

- ⇒ Ultraviolet B (UVB) phototherapy
- ⇒ Psoralen plus ultraviolet A (PUVA)
- ⇒ Combination light therapy
- ⇒ Combining phototherapy with other treatments such as UVB phototherapy in combination with coal tar / dithranol cream)

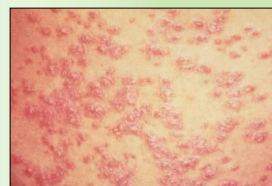
### Systemic therapy

- |                            |                |
|----------------------------|----------------|
| I) Oral (capsule / tablet) | II ) Injection |
| ⇒ Methotrexate             | ⇒ Etanercept   |
| ⇒ Cyclosporin              | ⇒ Adalimumab   |
| ⇒ Acitretin                | ⇒ Infliximab   |

## Signs & Symptoms

### 1. Plaque Psoriasis (Psoriasis Vulgaris)

- Raised, reddish covered with silvery plaque
- White scales on the knees, elbows, lower back, and scalp



### 2. Guttate psoriasis

- Small, red spots all over the skin

### 3. Pustular psoriasis

- Skin red, swollen, and dotted with pus-filled bumps, usually appear only on the palms and soles



- Soreness and pain where the bumps appear



### 4. Inverse psoriasis

- Smooth, red patches on skin that develop on intertriginous area, such as armpit, around the groin, genital and buttock

### 5. Erythrodermic psoriasis

- Skin looks like it is burned and turns bright red
- Heart beats too fast
- Intense pain and itchiness



# ECZEMA

By Izyani Binti Mohd Sukri

**E**czema, also known as dermatitis, is a chronic inflammatory itchy skin condition that majority develops in early childhood. It is typically an episodic disease of exacerbation (flares, which may occur as frequently as two or three per month) and remissions, except for severe cases where it may be continuous. The affected skin may become thickened.



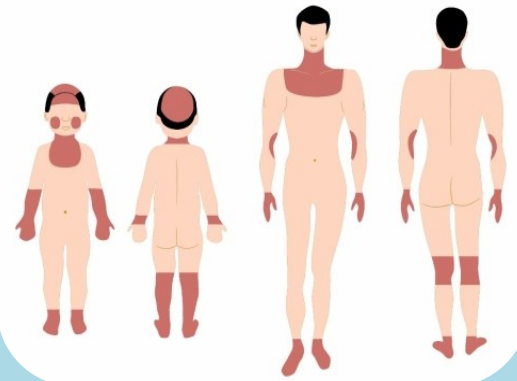
## SIGNS & SYMPTOMS

- ◆ Dry, sensitive skin
- ◆ Intense itching
- ◆ Red, inflamed skin
- ◆ Recurring rash
- ◆ Scaly areas
- ◆ Rough, leathery patches

## TRIGGERING FACTORS

- ◆ Heat, perspiration, dry environment
- ◆ Emotional stress or anxiety
- ◆ Rapid temperature changes
- ◆ Exposure to certain chemicals (detergents, perfumes, wool, dust)

Common Sites of Eczema in Children and Adults



**Management of eczema** → Skin hydration, avoid triggering factors, control of itchiness and skin irritation treatment.

Mild:	Moderate:	Severe:	EMOLLIENTS	
<ul style="list-style-type: none"> <li>■ Areas of dry skin</li> <li>■ Infrequent itching (with or without small areas of redness)</li> </ul>	<ul style="list-style-type: none"> <li>■ Areas of dry skin</li> <li>■ Frequent itching</li> <li>■ Redness (with or without excoriation and localised skin thickening)</li> </ul>	<ul style="list-style-type: none"> <li>■ Widespread areas of dry skin</li> <li>■ Incessant itching</li> <li>■ Redness (with or without excoriation, extensive skin thickening, bleeding, oozing, cracking and alteration of skin pigment)</li> </ul>	Cream: Cetaphil cream, aqueous cream Ointment: Petroleum jelly, vaseline	
↓	↓	↓	<b>MILD TOPICAL CORTICOSTEROIDS</b>	
Emollients	Emollients	Emollients	* Hydrocortisone 1% cream	
Mild topical corticosteroids	Moderate potency topical corticosteroids*	Potent topical corticosteroids**	<b>MODERATE POTENCY TOPICAL CORTICOSTEROIDS</b>	
Topical calcineurin inhibitors			* Clobetasone butyrate cream / ointment * Triamcinolone acetonide cream / ointment * Betamethasone valerate 0.1% cream / ointment	
			<b>POTENT TOPICAL CORTICOSTEROIDS</b>	
Topical calcineurin inhibitors			* Clobetasol propionate cream / ointment * Betamethasone dipropionate cream / ointment	
			<b>POTENT TOPICAL CORTICOSTEROIDS</b>	
Topical calcineurin inhibitors			* Tacrolimus ointment * Pimecrolimus cream	
			<b>TOPICAL CALCINEURIN INHIBITORS</b>	
Topical calcineurin inhibitors			<b>ORAL ANTIHISTAMINES</b>	
			* Loratadine * Cetirizine	
<b>CONTROL OF ITCHINESS</b> →				



# VITILIGO

BY AISYAH BINTI NOR AMRAN

A skin problem that produces patches of white depigmentation that develop & enlarge in certain sections of the skin.

## PREVALENCE

- Affects around 2% of the population
- Affects both genders and all races equally

## CAUSES

- Occurs when cells producing melanin (melanocytes) die

## SYMPTOMS

- Premature greying of hair, beard, eye lashes or eyebrows
- Loss of colour in lining of mouth, nose or inner layer of eyeball
- Skin discoloration around armpits, navel, genitals and rectum

## TREATMENT

### MEDICATIONS

- ⇒ Topical corticosteroid
- ⇒ Tacrolimus ointment

### THERAPIES

- ⇒ Psoralen & light therapy (UVA or UVB)
- ⇒ Depigmenting agents

### SURGERY

- ⇒ Skin grafting
- ⇒ Blister grafting
- ⇒ Tattooing (micropigmentation)

## COUNSELLING POINTS



- ◆ Vitiligo is not life-threatening or contagious.
- ◆ The pale areas of skin are more vulnerable to sunburn, so take extra care when in the sun and use a sunscreen with a high sun protection factor (SPF).
- ◆ Vitiligo does not cause discomfort to your skin such as dryness, but the patches may occasionally be itchy.
- ◆ Treatment for vitiligo may restore colour to the affected skin, but it does not prevent continued loss of skin colour or recurrence.

# Guidelines for ADR Reporting and Allergy Card

By Siti Hannan Shabirah Binti Abd Hakim

An Adverse Drug Reaction (ADR) is any unexpected, unintended, undesired, or excessive response to a drug that:

- ◆ requires discontinuing the drug (therapeutic or diagnostic)
- ◆ requires changing the drug therapy
- ◆ requires modifying the dose (except for minor dosage adjustments)
- ◆ necessitates supportive treatment
- ◆ significantly complicates diagnosis
- ◆ negatively affects prognosis or
- ◆ results in temporary or permanent harm, disability or death

It is the pharmacist's responsibility to monitor and report any suspected ADR.

## Drug Allergy Card

## For Healthcare Professionals

### How to report adverse drug reactions?

NPRA encourages the reporting of all suspected adverse drug reactions to medicines, including vaccines, over-the-counter medicines, traditional products and health supplements.



To report an adverse drug reaction:

1. Visit [npra.moh.gov.my](http://npra.moh.gov.my)
2. Click on [ADR Reporting](#)
3. Go to report as a healthcare professional online or via hardcopy.
4. Submit the form once completed.

Completed forms may be submitted via email, post or fax to:



The Pharmacovigilance Section,  
National Pharmaceutical Regulatory Agency (NPRA),  
Ministry of Health, Malaysia.  
Lot 36, Jalan Universiti,  
46200 Petaling Jaya,  
Selangor.



+603 7883 5550



+603 7956 7151



fv@npra.gov.my

## Process of Reporting

The ADR should be verified and an ADR report should be completed by the doctor or pharmacist.

The PRIC pharmacist should compile and submit the report to Malaysian Adverse Drug Reactions Advisory Committee (MADRAC). Reports may be submitted online or by posting the ADR form to MADRAC. Confidentiality of the reaction and patient information must be maintained at all times.

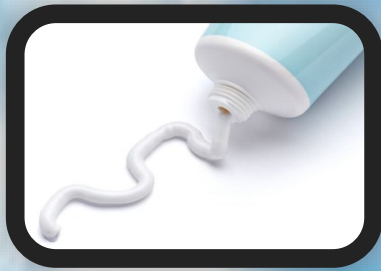
A description of the ADR and the suspected drug should be recorded in the patient's bed head ticket. The patient should be informed of the reaction and adequate advice should be given to avoid legal implications.

An allergy card should be issued to the patient for documentation and as a form of alert for future drug use.

The number of ADRs should be recorded in the Clinical Pharmacy Report Form (CP3). The data should be analysed to study trends in the occurrence of ADRs to identify drugs which are commonly implicated, changes in the frequency of occurrence and at risk groups. This information should be presented to the Drugs & Therapeutics Committee if deemed necessary.

# PHARMACEUTICAL FORMS OF TOPICAL PREPARATIONS

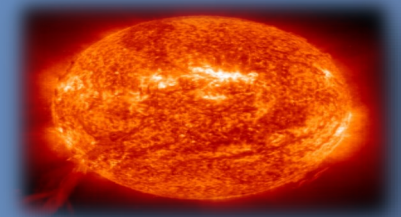
By Norfarahin Binti M Nor



**Dosage forms** (also called **unit doses**) are pharmaceutical drug products in the form in which they are marketed for use, with a specific mixture of active ingredients and inactive components (excipients), in a particular configuration (such as a capsule shell, for example), and apportioned into a particular dose .

**Topical preparations** exist in many **forms**, such as ointments, gels, creams, lotions, solutions, suspensions, foams, and shampoos. The most commonly used **topical preparations** are semisolid **dosage forms** that include ointments, creams, lotions, and gels.

## SUNBLOCK



Sunscreen, also known as sunblock and suntan lotion, is a lotion, spray, gel or other topical product that absorbs or reflects some of the sun's ultraviolet radiation and thus helps protect against sunburn, especially for fair-skinned individuals.



### What are the top five reasons you believe everyone should wear sunscreen?

- 1) The ozone layer is depleting and your body needs shielding from harmful rays.
- 2) Skin cancer rates are on the rise and sunscreen has been proven to decrease the development of skin cancer.
- 3) It helps to prevent facial brown spots and skin discolorations.
- 4) It also helps to reduce the appearance of facial red veins and blotchiness.

### What about the need for obtaining vitamin D via the sun?

- Most people can fulfill their vitamin D requirements of 600 IU or 15mcg per day with normal daily outdoor activities amounting to 5 to 30 minutes, twice per week.
- Equally, a healthy vitamin D rich diet of fish, milk, dairy, liver, eggs and vitamin D supplements provide daily requirements.
- Prolonged sun exposure gives no extra production of necessary vitamin D, and it exposes the skin to the harmful effects of ultraviolet radiation which includes development of skin cancers and photo damage.



# ACTIVITIES WITHIN PHARMACY DEPARTMENT (MAY–AUGUST 2017)

By Nur Fatimah Binti Zainal



## PHARMACY BOWLING TOURNAMENT 2017

DATE : 10 MAY 2017 (WEDNESDAY)

VENUE : KOTA SERI MUTIARA BOWLING ALLEY

ORGANIZED BY: TABUNG PRIHATIN, PHARMACY DEPARTMENT, HRPZ II



EID CELEBRATION AT PHARMACY DEPARTMENT LEVEL (24/7/17)



# KNOW YOUR MEDICINE CAMPAIGN

HELD AT AEON MALL KOTA BHARU

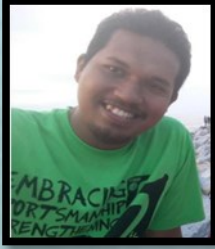
ON 27 JULY 2017

COLLABORATION WITH KELANTAN STATE HEALTH DEPARTMENT (DENTAL)



# Welcoming Our New Family Members

By Siti Sulizawani Binti Mohd Hanafi



## **ABDUL HAYYIE BIN WAN ISHAK**

DESIGNATION: PHARMACIST UF41

REPORT FOR DUTY: 28/5/2017

WORKING EXPERIENCE(S):

2016-2017: HOSPITAL TENGGU AMPUAN AFZAN (PRP)



## **SITI SARAH BINTI AHMAD**

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REPORT FOR DUTY: 22/5/2017

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2008-2011: HOSPITAL JELEBU

2011-2017: PHARMACEUTICAL SERVICES DIVISION (NEGERI SEMBILAN)

## **CONTRACT PRP JULY 2017 INTAKE**



FROM LEFT (BEHIND) : RATHIBARANESH, AMANINA, NURUL HUDA, FATHIN HUSNA, NURUL NAJIHAH

FROM LEFT (IN-FRONT) : MAISARAH, AZRENE ELENA, HASHIMAH, ALEEZA, ROSZAKIMAH

## **NEWBORNS 2017**

**ILMI NAJWA BINTI MOHAMAD**

**BABY'S NAME: ERSYAD ISKANDAR BIN MOHD EZAD**

**DATE OF BIRTH: 17 JUNE 2017**

**SITI ADDAWIYAH BINTI**

**MOHD DZULKIFLEE**

**BABY'S NAME: DZULKIFLEE BIN MOHD AFIQ**

**DATE OF BIRTH: 3 AUGUST 2017**

**SITI NAJIHAH BINTI ABDUL  
BASIR**

**BABY'S NAME: ABDULLAH UTHMAN BIN ABDUL HAYYIE**

**DATE OF BIRTH : 12 APRIL 2017**

**NUR MAISARAH BINTI ABU BAKAR**

**BABY'S NAME: AHMAD NAUFAL AMSYAR BIN AHMAD SYAKIRIN**

**DATE OF BIRTH: 15 MAY 2017**