



FEBRUARY 2025

## **THE PRESIDENT'S REPORT**



### **Welcome to our February 2025 newsletter.**

Our committee consisting of Vlade Jankulovski (Wollongong University Pharmacy), Sean Kelly (Life member) (Kiama Pharmacy), Annmarie Katsoudis (Shellharbour Hospital), Frances Lae (Jim Giles Pharmacy Albion Park Rail), Katerina Novarina (Often locuming at Keiraville Pharmacy), David North oam (often seen about Wollongong), and I look forward to a magnificent year for pharmacy in the Illawarra.



### **An opportunity to gain CPD and enjoy a weekend break.**

This years PSA Annual Therapeutic Update (ATU25) will be held from 28 February to 2 March 2025 at the Fairmont Blue Mountains.

Clinical highlights will include Sleep health, Atrial Fibrillation Update, Medicines in Older Adults, Managing Menopause, Rest Assured Workshop: Strategies for Better Sleep, and much more.

Escape to The Fairmont, Blue Mountains nestled in a World Heritage area, The Fairmont is an idyllic getaway just 90 minutes from Sydney. Extend your stay to explore bushwalking trails, relax by the pool, or unwind in the charming Leura Village.

Do not miss the Ubika Day Spa for ultimate post-conference relaxation.

Further good news for pharmacists is the announcement that PSA will lead negotiation and be a signatory to a new pharmacy programs agreement, focusing on programs outside the 8th Community Pharmacy Agreement.

The first-of-its-kind agreement will cover programs including medication management programs (including Home Medicines Reviews and Residential Medication Management Reviews), Aboriginal and Torres Strait Islander specific programs, and rural support programs that encompass pharmacists in a range of practice areas.



**The Pharmacy  
Guild of Australia**  
NSW Branch

Peppe Raso the NSW Guild Councillor for the South Sydney- Illawarra region, District 7, invites all pharmacies in our region to consider becoming a Guild member if their pharmacy is not already a member.

The NSW Branch delivers a range of services and benefits to assist members in operating professional businesses that most importantly, service the healthcare needs of patients.





## Newsletter

FEBRUARY 2025

### **New hiring incentives for pharmacy**

Community pharmacy owners may now be able to access up to \$5000 in incentives and wage subsidies with the news that the Certificates III and IV in Pharmacy have been added to the Australian Apprenticeships Priority List. From 1 January 2025, your team can now enhance their skills and qualifications with nationally recognised training.

### **New Government initiatives to ease financial and mental health pressures for small business owners.**

The Federal Government is investing nearly \$11 million to ease financial and mental health pressures for small business owners. Explore free, confidential mental health coaching through New Access for Small Business Owners and financial support through the Small Business Debt Helpline to help eligible pharmacy owners navigate the challenges of running a pharmacy.

### **FROM THE TREASURER.**



### **Financial incentives to electrify your fleet**

It costs 70% less to run an electric vehicle (EV) and 40% less to maintain. Now the NSW Government is helping you reduce the upfront costs too.

If your business has a fleet of at least 3 vehicles, you may be eligible to claim \$5,000 to put towards the purchase of an EV passenger vehicle, and up to

\$20,000 per EV truck.

You can also claim \$4,000 to \$8,000 for the supply and installation of smart chargers at your premises.

### **NSW leads the charge on mandatory battery safety.**

The NSW Government will take further action in 2025 to tackle the growing risk of battery-related fires, by requiring battery suppliers to participate in mandatory safe disposal and product stewardship of their products.

### **FROM THE SECRETARY.**



February each year presents the commercial retail opportunity of Valentine gift sales.



Imagine having the opportunity to celebrate on 2 February





FEBRUARY 2025

The Groundhog Day Festival is an annual celebration held on February 2nd in Punxsutawney, Pennsylvania, cantered around the tradition of predicting the weather based on the behaviour of a groundhog named Punxsutawney Phil. According to folklore, if Phil sees his shadow when he emerges from his burrow, there will be six more weeks of winter; if he does not, spring will arrive early. The festival features lively events like parades, music, food, and ice sculptures, drawing thousands of visitors. The highlight is the early morning ceremony at Gobbler's Knob, where Phil makes his prediction.

# Medscape®

Friday, January 31, 2025,

## **Bench the BMI? New Guidance Redefines Obesity** Neil Skolnik , MD

Obesity is one of the most common conditions we see in primary care. It affects over 40% of adults in the United States. There are very few, if any, diseases where there is so much misunderstanding, bias, and confusion about the correct way to approach it. Many people still think of obesity as a failure of will. It is not. Once a person has gained weight, hormonal shifts and metabolic alterations lead the body to resist weight loss. We have known this for years, yet many clinicians still struggle to fully wrap their heads around this fact.

The American Association of Clinical Endocrinology, the American Diabetes Association, and the American Heart Association make two main recommendations. The first of these is that obesity should be categorized as “clinical obesity” or “preclinical obesity.”

Clinical obesity as a condition where the risk to health associated with excess adiposity has already

materialized and can be objectively documented. So, if the patient has metabolic syndrome, diabetes, arthritis, or functional limitations due to their obesity, they have clinical obesity.

Preclinical obesity is excess adiposity without alteration of body function. A patient who has preclinical obesity may or may not develop complications of obesity in the future. The pragmatic rationale for this distinction was to create a sense of urgency in the treatment of clinical obesity, and to influence both clinicians and policymakers such as insurers to understand the importance of treating obesity aggressively.

The second main recommendation is that body mass index (BMI) should be used as a screening tool, after which confirmation of excess or abdominal adiposity should be undertaken to confirm whether the patient has obesity and/or where in the body the adipose tissue has accumulated. The traditional BMI-based definition of obesity is not exactly accurate. It does not differentiate between lean body mass (which is muscle, bone, and organs) and fat body mass. It is the balance of lean and fat body mass that influences risk. Furthermore, BMI does not give insight into body fat distribution, which is important because increased visceral and abdominal fat increase the metabolic and cardiac risk.

For the remainder of this article go to Medscape 31 January 2025.

If you found this article interesting, may I suggest another article “Vicious cycle”: Are there benefits to “yo-yo dieting” by Batya Swift Yasgur within Medscape 27 January 2025.

Weight regain is common, especially among those who have lost weight through lifestyle modifications. In these patients, approximately 30%-35% of lost weight is regained within the



## Newsletter

FEBRUARY 2025

year, and half return to their baseline weight by the fifth year.

Our body compensates when we lose weight, our cravings increase. Our basal metabolic rate decreases, and we burn less energy. These push back against the weight loss we attain with lifestyle modifications.”

This “energy gap” creates a hyperphagic response and rapid, efficient weight gain. According to one review paper, this results in “a vicious cycle of obesity, followed by weight loss, followed by weight regain, and so on.”

The article discusses the unclear health implications of weigh cycling, is it better to lose and regain than stay obese, does sustained weight loss begin in the brain, harnessing nutrigenomics, and maintaining weight loss by building muscle.

### From the Pharmacy Council of NSW.



Protecting the public  
Regulating pharmacists and pharmacies

### **Exemption - Methylphenidate modified release tablets | 17 January 2025.**

The NSW Ministry of Health has advised there is an ongoing shortage of multiple strengths of methylphenidate modified release tablets (Concerta® and Methylphenidate-Teva®), which is expected to impact availability until the following dates:

**Concerta®** – June 2025

**Methylphenidate-Teva®** – January 2026

To support patients during this shortage, NSW Health has issued a temporary exemption to the requirement under Section 89 (1) of the Poisons and Therapeutic Goods Regulation 2008 to retain prescriptions and repeats for methylphenidate

modified release tablets when dispensed. The exemption enables pharmacists to release previously dispensed prescriptions and repeats for these medicines to patients to assist them to source ongoing medication supply when their usual pharmacy is unable to obtain the medicines due to the shortage.

The exemption will be in place until 30 June 2025, however this will be reviewed closer to the time and extended if required.

### Well into 2025



If a pharmacist sees the beaker as half full, they are an optimist.

If a pharmacist sees the beaker as half empty, they are a pessimist.

If a pharmacist sees the beaker half water and half air, they are a realist.

If they see the beaker as too large, they are either a miser or a marketing guru.

Thank you for taking the time to read our newsletter and until our next newsletter stay safe and healthy.

*Sharon Doolan.*

IPA president on behalf of the IPA committee