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The Rho Chi Society encourages and recognizes excellence in intellectual achievement and advocates critical inquiry in all aspects of Pharmacy.

The Society further encourages high standards of conduct and character and fosters fellowship among its members.

The Society seeks universal recognition of its members as lifelong intellectual leaders in Pharmacy, and as a community of scholars, to instill the desire to pursue intellectual excellence and critical inquiry to advance the profession.

RHO Rx CHI post

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Shivani, Sona, Connie, Ashley, Oudit, and Hajin (from Left to Right), pictured with Dr. Joseph Etzel (Back)

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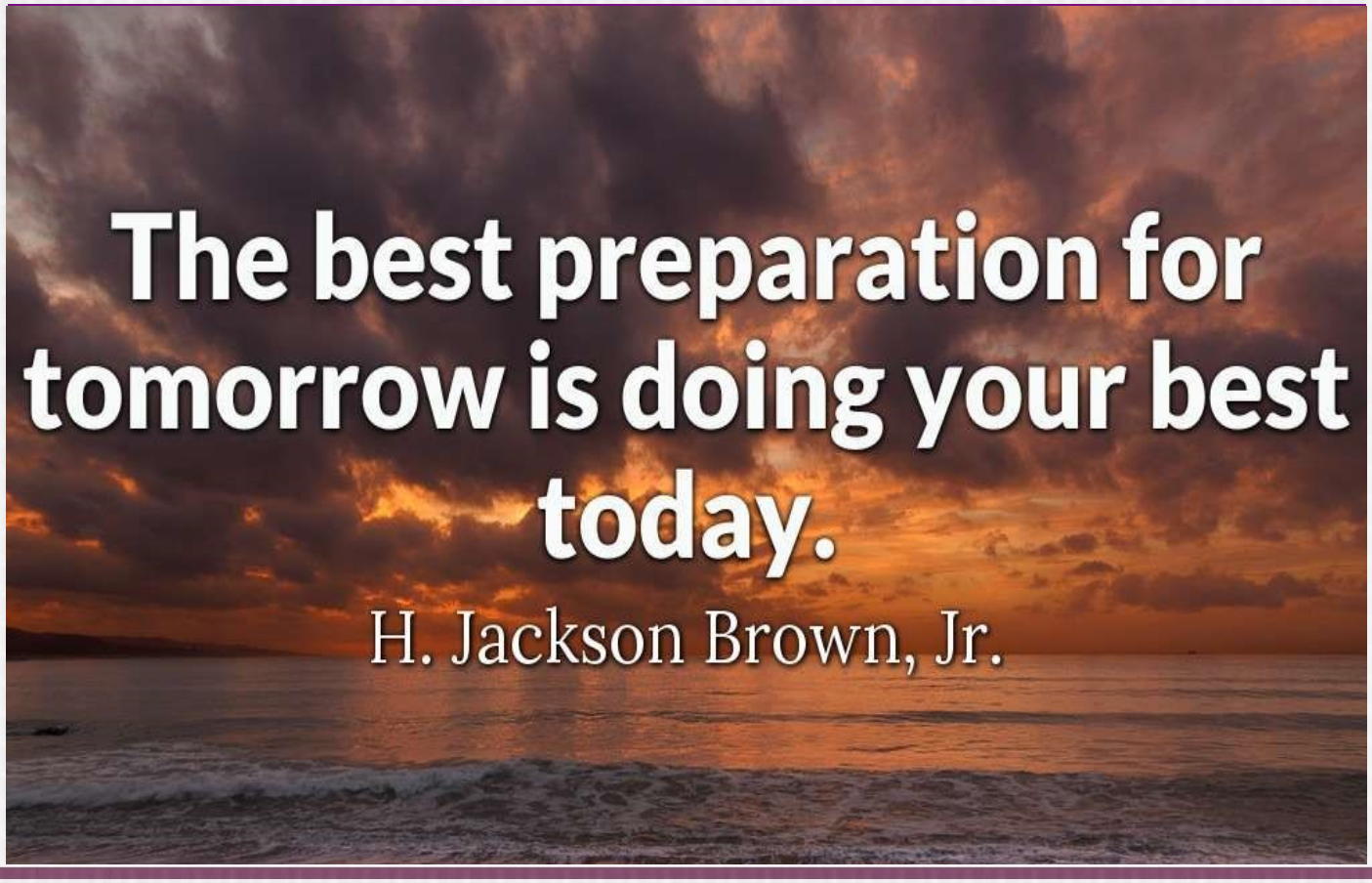
QUOTE OF THE MONTH



FDA approves romosozumab (Evenity®) for the treatment of postmenopausal osteoporosis

By: Michael Lim, PharmD Candidate c/o 2020

Osteoporosis is a bone disease affecting nearly ten million people in the United States.[1] It can be caused by excess bone loss, insufficient bone production, or a combination of both factors. The disease is responsible for two million broken bones and 19 billion dollars in related healthcare costs annually.[2] Osteoporosis is often treated with the bisphosphonate class of medications. As first-line therapy for osteoporosis, the bisphosphonates stop the loss of bone by inhibiting bone resorption by osteoclasts.[3] On the other hand, alternative treatments such as parathyroid hormone build and break down bone.[4] In April 2019, a new treatment strategy was introduced to the market with the Food and Drug Administration's (FDA) approval of romosozumab (Evenity®).

Romosozumab is a humanized monoclonal antibody approved for the treatment of osteoporosis in postmenopausal women with a high risk of fracture.[4] The drug differs from other osteoporosis treatments in that it restores bone without breaking it down. Romosozumab functions by blocking the actions of the sclerostin protein, a regulatory factor in bone metabolism, and by increasing new bone formation.[5] The new treatment strategy found its origin in a rare genetic mutation in individuals with bones so dense that they never break. These individuals, which were an unusual group of Afrikaner patients from South Africa, developed bones that grew profusely, leading to overgrown skulls and jaws. Scientists studying the patients discovered that their large dense bones were the result of a mutation that stopped the production of sclerostin. As a result, their bodies would continuously produce bone. To mimic the effects of this mutation, researchers developed the romosozumab antibody which allows osteoporosis patients to build more bone.[4]

Romosozumab has a black box warning for increasing the risk of myocardial infarction, stroke, and cardiovascular death.[5] Consequently, the drug should not be initiated in patients who have had a myocardial infarction or stroke within the preceding year. Furthermore, the occurrence of a myocardial infarction or stroke during therapy merits discontinuation.[5] Romosozumab is contraindicated in patients with hypocalcemia and patients taking the drug are advised to supplement with calcium and vitamin D during therapy. In patients with severe renal impairment or those who are receiving dialysis, a greater risk of hypocalcemia exists and serum calcium monitoring is recommended.[5]

Common adverse effects of romosozumab include joint pain and headache.[5] The subcutaneous injections may also cause irritation at the injection site. Romosozumab must be refrigerated in its original carton and protected from light.[5] However, if removed from the refrigerator it may be kept at room temperature up to 25°C (77°F) in the original carton for use within 30 days.

When tested in clinical trials, patients taking romosozumab experienced increases in spinal bone density in the range of fifteen percent.[4] According to Dr. Clifford J. Rosen, MD, an osteoporosis expert at Maine Medical Center Research Institute and a member of the FDA panel that evaluated the drug's clinical trial data,

such increases are akin to the amount of bone made during early adolescence.[4] Two clinical trials involving more than 11,000 women with postmenopausal osteoporosis demonstrated the safety and efficacy of romosozumab.[1] In one trial, a year of treatment with romosozumab decreased the risk of a new vertebral fracture by 73 percent compared to placebo. During the second year of the trial, the benefit was maintained when romosozumab was followed by one year of denosumab treatment compared to placebo followed by denosumab.[1] In another clinical trial, one year of treatment with romosozumab followed by one year of treatment with alendronate decreased the risk of a new vertebral fracture by 50 percent as well as the risk of nonvertebral fractures compared to two years of alendronate treatment alone.[1]

A single dose of the drug consists of two subcutaneous injections given monthly.[5] The injections are available as single-use prefilled syringes and can be administered in the abdomen, thigh, or upper arm.[5] The two separate injections follow one another to deliver a total dose of 210 mg. However, the bone forming effect of romosozumab diminishes after twelve doses, therefore, no more than twelve doses should be administered.[5] When twelve doses have been administered, an alternative osteoporosis treatment should be used to continue therapy, allowing the patient to maintain their newly formed bone.

From a pharmacist's perspective, patients taking romosozumab can be counseled to ensure its safe and efficacious use. For example, pharmacists can advise patients to seek immediate medical attention if they experience symptoms such as urticaria or angioedema. Furthermore given the drug's warning for increased risk of cardiac events, pharmacists can counsel patients to self-monitor for signs and symptoms of heart attack or stroke. Pharmacists can also remind patients taking romosozumab of the importance of calcium and vitamin D supplementation to prevent hypocalcemia.

Romosozumab may be a useful second-line option in osteoporotic therapy. While it cannot be used indefinitely, its novel mechanism of action offers a new and unique approach to the disease state. Moving forward, it will be interesting to see how romosozumab changes the management of osteoporosis and whether it plays a more significant role in therapy in the future.

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Treatment of iron deficiency anemia

By: Maryam Sekhery, PharmD Candidate c/o 2020

According to the World Health Organization, anemia is defined as having a level of Hemoglobin (Hb) below 13.0 g/dL in male adults, below 12.0 g/dL in female adults who are not pregnant, and below 11.0 g/dL in pregnant women.[1] Hemoglobin is an iron-containing oxygen-transport metalloprotein in red blood cells which carries oxygen throughout the body.[2] Hemoglobin levels differ with age and race, so one must carefully interpret borderline values. Approximately one-fourth of the world's population has anemia and the predominant cause is iron deficiency. Patients with anemia often present with chronic fatigue, impaired cognitive function, and diminished well-being. When the cause of patients' Iron Deficiency Anemia (IDA) is unknown, they are referred to a gastroenterologist because, in most cases, IDA has a gastrointestinal origin.[1]

Patients who have IDA should be treated promptly. There is supporting evidence that in doing so, quality of life and physical condition, including symptoms of fatigue and cognitive deficits, are improved. Patients may also present with iron deficiency without anemia, which is associated with restless leg syndrome (RLS) and chronic fatigue. These symptoms improve when iron deficiency is corrected. Given the different clinical presentations of iron deficiency, each patient should be assessed individually when deciding on a treatment regimen.[1]

IDA can be treated orally and/or intravenously. Oral iron absorption is limited – the maximum absorption of 100 mg of oral iron is only 20-25 percent of the administered dose, which is achieved in patients who are in the later stages of iron deficiency.[1] As a result of its limited intestinal absorption, oral iron repletion occurs more slowly than intravenous iron repletion which limits its use in patients who require immediate repletion of iron stores. Oral iron also has dose-dependent gastrointestinal side effects including nausea, vomiting, abdominal pain and constipation. These side effects may cause nonadherence and result in a patient's iron deficiency remaining uncorrected. Oral iron uptake may also be impaired in the presence of certain chronic diseases such as celiac disease, anemia of chronic disease (ACD), and autoimmune gastritis. In addition, there may be an increased risk of mucosal injury if the patient has been diagnosed with inflammatory bowel disease (IBD). The benefits of oral iron include its increased market availability, inexpensive cost, and convenience with respect to administration. The advantages and disadvantages of oral iron indicate that it can only be used in a limited subset of IDA patients who have minimal co-morbidities.

Intravenous iron therapy is another viable option for the treatment of IDA. It results in fast repletion of iron stores and is effective even when intestinal absorption is impaired. Most formulations are safe, but iron dextran should be avoided if possible – it has a black box warning for anaphylaxis.[3] Intravenous iron lacks the convenience of oral formulations as it requires administration by a healthcare professional, resulting in a higher likeliness of patient discomfort as well as increased direct medical costs. Adverse effects of intravenous iron include its potential for iron overload and transient increases in oxidative stress. Given its ability to rapidly replete iron stores

and minimization of gastrointestinal adverse effects, intravenous iron therapy should be considered in patients with iron deficiency anemia when oral therapy is ineffective or contraindicated. It is also a more feasible option for patients who have a history of nonadherence with oral medications.

Patients with IDA should be monitored throughout their course of iron therapy. When on oral iron, Hb levels are expected to increase by 2g/dL within 4-8 weeks, although some patients may show signs of improvement within a few days of starting therapy. If a patient does not appropriately respond to therapy within 4-8 weeks, the treatment regimen should be modified and transitioned to intravenous iron therapy. The cause of their lack of response to oral iron therapy should also be evaluated. Normalization of Hb levels can take up to three months and replacing iron stores (ferritin > 100 µg/L) may take even longer depending on the severity of IDA and the underlying etiology.[1]

One of the last line options for treatment of IDA is a blood transfusion. If a patient's IDA is treated and managed properly, quality of life is improved, symptoms of iron deficiency are alleviated, and the need for a blood transfusion is reduced. Blood transfusions should only be considered in patients with chronic iron deficiency anemia. These patients usually present with active bleeding, hemodynamic instability, and/or critical anemia (Hb level <7g/dL). If all other treatments fail to correct the anemia, a blood transfusion may be necessary.[1] Unfortunately, blood transfusions are a temporary solution and every attempt should be made to identify the underlying cause of a patient's anemia so it can be properly managed.

Correction of iron deficiency is the optimal way to mitigate a patient's IDA, which should be treated promptly upon diagnosis, as it is associated with a decreased quality of life and clinical outcomes in addition to increased healthcare costs. Patients who present with iron deficiency without anemia should be treated if they begin to experience symptoms of IDA, including fatigue, weakness, shortness of breath, fast heartbeat and chest pain.[2] Given the advantages and disadvantages of the different iron therapies that are available, healthcare providers can choose the correct therapeutic regimen based on urgency, underlying conditions, and what is most convenient for their patient. A pharmacist's role in the treatment of IDA may include identifying signs and symptoms, recommending agents to replete iron stores, managing side effects of oral iron, counseling patients on medication adherence, separating oral iron from interacting medications, and collaborating with providers to rule out underlying causes.

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Basal-bolus vs. sliding-scale insulin in hospitalized patients: assessment of advantages and disadvantages

By: Maria Sedky Saad (PharmD Candidate c/o 2021), Shivani Shah (PharmD Candidate c/o 2021)

Hyperglycemia is a common condition in hospitalized patients whose glucose levels are normally controlled with oral antidiabetic medications, which are often discontinued upon admission. To circumvent hyperglycemic complications in hospitalized patients with type 1 and type 2 diabetes, glucose levels are commonly controlled with insulin in the inpatient setting. A variety of methods are available to regulate hospitalized patients' glucose levels and prevent the adverse events associated with hyperglycemia.

A commonly used method to control glucose levels in institutional settings is sliding-scale insulin therapy, which is the administration of rapid-acting insulin 30 minutes before meals, based on the patient's pre-meal glucose reading.[1] Another method that more closely mimics the body's physiological insulin secretions is basal-bolus insulin therapy. Patients initiated on basal-bolus therapy are given a long-acting insulin either once or twice a day and nutritional or rapid-acting insulin before meals. In addition, patients may receive a correctional or rapid-acting pre-meal insulin dose for unanticipated hyperglycemia.[1] It is critical to understand the benefits and harms of both therapy strategies to effectively manage hyperglycemia, as patients with diabetes are often at an increased risk of 30-day readmission following discharge.[2]

One of the biggest advantages of using sliding-scale insulin regimens in hospitalized type 1 and type 2 diabetic patients is that they are convenient and simple, enabling patients to receive treatment promptly.[3] This method is also tailored to each patient, as it considers patient specific insulin sensitivity, daily activity levels, and carbohydrate intake. Patients may also feel more comfortable with this regimen as it allows for a "predetermined" plan and, therefore, has the potential to improve adherence outcomes.

It is equally important to note that some studies discourage the use of sliding-scale insulin as monotherapy in inpatient settings due to its potential to cause adverse events, particularly in surgical patient populations.[4] Current American Diabetes Association (ADA) guidelines also advise against this practice for glycemic control.[2] Sliding-scale regimens can lead to fluctuations in glycemic levels because they do not deliver insulin in a physiological manner nor do they mimic the body's normal response to insulin. As sliding-scale insulin regimens are pre-set, there is limited flexibility with regard to adjusting them according to patients' increased or decreased food intake, fluctuating stress levels, and physical activity, which can all affect glucose levels.

According to the ADA, basal-bolus insulin therapy is recommended for noncritically ill hospitalized patients with poor oral intake or nothing by mouth (NPO).[2] However, the ADA recommends that patients in critical care settings receive continuous intravenous insulin infusions to achieve their glucose targets. The ADA also strongly recommends that protocols for glycemic control in critically ill patients allow for, "predefined adjustments in the infusion rate, accounting for glycemic fluctuations and insulin dose".[2]

Basal-bolus insulin therapy more closely mimics the natural secretion of insulin by pancreatic beta cells which occurs continuously throughout the day and in response to meals when additional insulin is needed. In basal-bolus insulin therapy, patients receive a combination of long-acting and short-acting insulin in one regimen.

Basal insulin, or long acting insulin, is usually administered once or twice daily to keep glucose levels constant during periods of fasting. In a non-diabetic individual, when the body is in a period of fasting, a constant level of glucose is secreted to provide energy to the cells in the body. Once enough glucose has been secreted to fulfill the body's needs, insulin gets secreted to regulate and maintain blood glucose levels. In diabetic patients, this physiological process is defective, requiring the administration of basal insulin once to twice a day to maintain an appropriate and constant level of glucose in the body.[4] Examples of long-acting insulin include detemir (Levemir®) and glargine (Basaglar®). Bolus insulin, or short acting insulin, is administered immediately prior to breakfast, lunch, and dinner to control glucose levels following major meals.[3] Examples of short-acting insulins include aspart (Novolog®) and glulisine (Apidra®). This insulin therapy approach not only reduces mean daily glucose levels, but it also provides a structured method for managing inpatient hyperglycemia and prevents the fluctuations between hypoglycemic and hyperglycemic blood glucose levels, which are seen more frequently with sliding scale insulin monotherapy. In addition, studies have illustrated that basal-bolus insulin therapy is less likely to lead to hypoglycemic episodes when compared to sliding-scale insulin monotherapy.[5]

Although the ADA currently recommends basal-bolus therapy as the preferred glucose control method in hospitalized patients with type 1 and type 2 diabetes, it requires more frequent insulin injections than sliding-scale insulin regimens and, therefore, is usually not preferred by clinicians in institutional settings. As a result, current practice at most institutions for maintaining glycemic control in non-critically ill patients consists of sliding-scale insulin regimens. When sliding-scale regimens are used as monotherapy, pharmacists can play a role in monitoring glucose levels closely and routinely to prevent fluctuations and personalize their patients' regimens based on individual factors which can affect glucose levels.

SUMMARY CHART:

	ADVANTAGES	DISADVANTAGES
Sliding -Scale	• Convenient, simple, treatment prompt • Tailored to each patient's specific parameters • Can improve adherence outcomes • Fewer injections required	• Does not mimic body's natural insulin response leading to fluctuations in glucose levels • ADA advises against using it as monotherapy in hospitalized patients
Basal-Bolus	• More closely mimics the body's physiological secretion of insulin • Decreases fluctuation between hypoglycemia and hyperglycemia • Decreased occurrence of adverse events associated with poor glucose level control • Current ADA recommendation for glycemic control in non-critically ill patients in hospitalized settings	• More injections needed • Complicated and time-consuming insulin therapy regimens

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RHO CHI POST: TEAM MEMBERS

@ Anna Diyamandoglu

6th Year, STJ; Editor-in-Chief

Throughout my time in the PharmD program, my understanding of pharmacy as a profession has evolved and deepened, as has my desire to raise awareness, particularly to non-science students, about the diverse role pharmacy plays in various healthcare and non-healthcare settings. I have always had an affinity for writing and look forward to combining my interests in literary composition, editing and pharmacy to produce relevant issues which both pharmacy students and non-pharmacy students alike will find relatable and take an interest in.

@ Karen Lin, PharmD

Graduate Copy Editor [Content-Focused]

The Rho Chi Post allows me to have an appreciation for interactive pharmacy learning as well as the art of writing. With each newsletter, my goal is to provide current information to readers who come across the Post. As an editor, I hope to make the newsletter one-of-a-kind and motivate and influence writers to explore science with their creative talents.

@ Nicollette Pacheco, PharmD

Graduate Editor [Graphics-Focused]

As a member of the Rho Chi Post team, I have a vast appreciation of what it means to be a pharmacist in the rapidly evolving world of healthcare. As a graduate editor, I will continue to bring my passion for science and creativity to the Rho Chi Post.

@ Shireen Farzadeh, PharmD

Graduate Copy Editor [Content-Focused]

I am excited to join Rho Chi Post and contribute to the award-winning newsletter for students to share ideas, opinions, and pertinent topics! Writing for the Rho Chi Post is an opportunity to express our appreciation for pharmacy and educate ourselves and our peers. I hope to inspire students to discover their passion for writing and to stay up to date on our evolving profession!

@ Jonathan Mercado, PharmD

Graduate Copy Editor [Content-Focused]

The Rho Chi Post breaks barriers for students that want a glimpse of their future and acts as an inspiration to work harder to achieve their goals. It is an embodiment of the motivation and intelligence that drives pharmacy students to be the most informed and capable professionals they can be. I am glad to a part of that mission and to channel my passion and interests through this newsletter.

@ Joseph Eskandrous, PharmD

Graduate Staff Writer

In the world of pharmacy, knowledge becomes outdated within hours of when you learned it. The miracle drug that used to be considered the standard of therapy is replaced by the latest and greatest. My role as a Staff Writer for the Rho Chi Post is to bring these changes to the forefront in order to empower future pharmacists and to improve the quality of patient care.

RHO CHI POST: TEAM MEMBERS

@ Judy Koag

5th Year, STJ; Copy Editor [Graphics-Focused]

I am so excited to join the Rho Chi Post, a newsletter which strives to create high quality and creative content. I look forward to working with the team to promote the profession of pharmacy and communicate ideas that inspire and attract readers through the use of graphic design. Graphic design has always been my passion and I hope my contributions continue the Rho Chi Post's mission.

@ Obaid Zia

6th Year, STJ; Copy Editor [Graphics-Focused]

I am honored to be a part of the Rho Chi Post team. I see so much potential and value in having this kind of student-driven platform available to a nationwide community of pharmacists and student pharmacists. I'm excited to help take RCP in a new direction better suited for our contemporary needs and aesthetics.

@ Oudit Balkaran

5th Year, STJ; Social Media Manager & Website Liaison

The Rho Chi Post is not only a great way for students to voice their opinions, but also a great way for them to continue expanding their knowledge of pharmacy. Today's news becomes old news very rapidly in the ever-changing world of pharmacy. Though my involvement in Rho Chi Post, I hope to help students learn and motivate them to take a deeper dive into the vast world of pharmacy. It is crucial we stay on top of our knowledge as future pharmacists. By doing so, we can maximize our abilities to help our patients.

@ Adrian Wong

5th Year, STJ; Finance & Outreach Manager

As future "drug experts", I believe it is our responsibility to keep up to date with the ever-changing and dynamic world that is pharmacy. The Rho Chi Post provides a unique platform for students to stay well informed on current healthcare related events, as well as fine-tune their writing skills--both of which are essential for being a successful pharmacist. I am excited for the privilege to work alongside the editorial board to produce a newsletter that can be appreciated by everyone!

@ Sarah Hewady

6th Year, STJ; Staff Editor

The importance of staying updated on relevant healthcare matters cannot be overstated. I appreciate the mission of Rho Chi Post in that it successfully compiles clinically relevant and up-to-date information for its audience. Wanting to contribute to this cause is what sparked my interest to become a staff editor. I hope to broaden the scope of knowledge of the public as well as aid healthcare practitioners in the clinical decision-making process.

@ Kathleen Horan

6th Year, STJ; Staff Editor

I have always loved writing, and I hope to couple my passion for writing with my interest in clinical pharmacy by becoming a writer and staff editor for the Rho Chi Post. As a writer and staff editor for the Rho Chi Post, I hope to write and edit informative and interesting articles that relate to the world of healthcare and pharmacy. I am so excited to join this team of student pharmacists and writers.

RHO CHI POST: TEAM MEMBERS

@ Katharine Russo

5th Year, STJ; Staff Editor

In my first two years as a pharmacy student, I was exposed to numerous opportunities to write medical based articles for classes and clubs. This is what first sparked my interest in health care literature and I look forward to being a Staff Writer for the Rho Chi Post in hopes of being able to share my passion and enthusiasm in writing health-care related publications.

@ Michael Lim

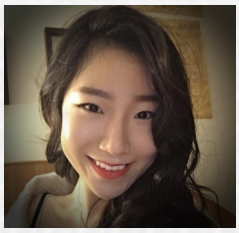
6th Year, STJ; Staff Writer

In the spirit of advancing the pharmacy profession, the Rho Chi Post never ceases to produce valuable content showcasing the innovation and diversity of the career. As a Staff Writer for the Post, I am honored to have the opportunity to use writing to both educate and push readers to strive for excellence in their professional pursuits. I hope that my contributions to the newsletter are able to foster growth in an informative and accessible manner.

@ Maryam Sekhery

6th Year, STJ; Staff Writer

I have always looked forward to reading Rho Chi Post's newsletters and can now proudly say that I am a member of the Rho Chi Post team! The field of pharmacy is always changing, and Rho Chi Post is one-way students can stay up to date regarding current events in the profession and express their views on the dynamic aspects of pharmacy. I look forward to contributing to Rho Chi Post as a staff writer and am grateful for the opportunity to create original content for the newsletter.



@ Yeonah Suk

6th Year, STJ; Staff Writer

As a student interested in various branches of healthcare, the Rho Chi Post has provided me the opportunity to be part of an organization that discusses this field in a broad scope. As modern society continues to amalgamate and globalize multiple disciplines, it is important that we harmonize these elements and keep ourselves updated on their interactions. I joined the Rho Chi Post to both learn and contribute to a team that has immense diversity and my goal is to continue exploring innovative ideas through writing.

@ Daniela Farzadfar

6th Year, STJ; Staff Writer

Pharmacy is a constantly evolving profession. Writing for the Rho Chi Post gives me the opportunity to enlighten my peers and myself on changes occurring in the field that we are often not taught in the classroom. The Rho Chi Post serves as a creative outlet where students can express their opinions and share new information by combining their passion for writing and the pharmacy profession. I hope that my contribution to this newsletter inspires others to improve patient outcomes by staying up to date on recent changes.

@ Mah Noor

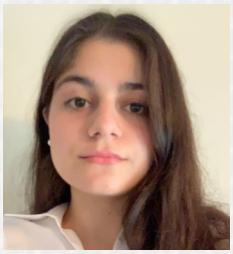
5th Year, STJ; Staff Writer

Rho Chi Post is an amazing student-operated newsletter publication that is doing an astonishing job delivering updated news as well as giving students the opportunity to give back to the pharmacy community. As a staff writer, I hope to play a key role in educating students on the different aspects of pharmacy and how much growth takes place in this field. Reading the Post since freshman year has helped me gain a better understanding of what it means to be a pharmacist and I hope to achieve that same understanding in students who read my articles.

@ Shivani Shah

5th Year, STJ; Staff Writer

As students in an dynamic healthcare profession, it is important to keep up to date with literature and publications regarding the pharmacy profession. Rho Chi Post serves as a great outlet for students to catch up on pharmaceutical innovations and progress going on in the career. Being a staff writer motivates me to constantly research and share new, exciting advancements with fellow students. I look forward to reading articles in the Post and hope to spark others curiosity and interest!



@ Evanthia Siozios

6th Year, STJ; Staff Writer

Rho Chi Post is a newsletter that gives students the opportunity to learn and write about novel topics and broaden their knowledge while demonstrating their writing skills. For me, being involved with this newsletter is not just about learning something new but also sharing relevant topics which have an impact on patients' lives. I have learned so much from writing for the Rho Chi Post and hope to inspire others with my words. As a future pharmacist I want to learn to teach and get to give.

MISSION

The Rho Chi Post is an award-winning, monthly, electronic, student-operated, faculty-approved publication that aims to promote the pharmacy profession through creativity and effective communication. Our publication is a profound platform for integrating ideas, opinions, and innovations from students, faculty, and administrators.

VISION

The Rho Chi Post aims to become the most exciting and creative student-operated newsletter within St. John's University College of Pharmacy and Health Sciences

Our newsletter continues to be known for its relatable and useful content

Our editorial team continues to be known for its excellence and professionalism

The Rho Chi Post essentially sets the stage for the future of student-operated publications in pharmacy

VALUES

Opportunity

Teamwork

Respect

Excellence

GOALS

To provide the highest quality student-operated newsletter with accurate information

To maintain a healthy, respectful, challenging, and rewarding environment for student editors

To cultivate sound relationships with other organizations and individuals who are like-minded and involved in like pursuits

To have a strong, positive impact on fellow students, faculty, and administrators

To contribute ideas and innovations to the Pharmacy profession