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UNIVERSITY OF RUHUNA – FACULTY OF ALLIED HEALTH SCIENCES

DEPARTMENT OF PHARMACY

SECOND BPHARM PART II EXAMINATION – DECEMBER 2017/ JANUARY 2018

PH 2214 PHARMACEUTICS III (SEQ)

TIME: THREE HOURS

INSTRUCTIONS

- There are **six (06)** questions in Parts A,B and C in the SEQ paper.
- Answer each part in separate booklets provided.
- No paper should be removed from the examination hall.
- Do not use any correction fluid.
- Use illustrations where necessary.

PART A

- 1.1. Define the term “Health policy”. *(10 marks)*
- 1.2. State the following with regard to Health Policy of Sri Lanka.
 - 1.2.1. Aim *(10 marks)*
 - 1.2.2. Vision *(10 marks)*
 - 1.2.3. Mission *(10 marks)*
- 1.3. Briefly describe “Broad strategic directions” of health policy of Sri Lanka. *(40 marks)*
- 1.4. Describe the goals of Sri Lankan health policy for high quality curative care. *(20 marks)*

PART B

- 2.1. What is meant by “cause-of-therapy prepackaging of medicines”. *(15 marks)*
- 2.2. List **four** advantages of cause-of-therapy prepackaging. *(10 marks)*
- 2.3. Briefly describe control measures available for prepackaging to ensure the quality of dispensing process. *(30 marks)*
- 2.4. List **five** dispensing errors. *(15 marks)*
- 2.5. Briefly describe how pharmacist can involve in minimizing dispensing errors. *(30 marks)*
- 3.1. Define the term “economics”. *(10 marks)*
- 3.2. Differentiate normative and positive economics, giving an example for each. *(20 marks)*
- 3.3. Briefly describe the use of cost effectiveness analysis when procuring medicines to the hospital. *(30 marks)*

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Abstract

PURPOSE: To test whether angiotensin-converting enzyme (ACE) inhibitor use is associated with decreased risk of community-acquired pneumonia in older adults. **METHODS:** We analyzed data from a nested case-control study of community-dwelling, immunocompetent adults aged 65-94 within an integrated healthcare delivery system. Cases of ambulatory and hospitalized pneumonia from 2000 to 2003 were identified from International Classification of Disease, version 9, codes and validated using medical record review. Controls were matched to cases by age, sex, and calendar year. Using health plan pharmacy data, we defined current use as filling ≥ 2 prescriptions during the 180 days prior to the case's diagnosis date. We calculated standardized doses per day using World Health Organization defined daily doses. Multivariable conditional logistic regression estimated adjusted odds ratios (ORs) for pneumonia in relation to ACE inhibitor use, adjusting for comorbidity, functional and cognitive status, and other covariates from medical record review and pharmacy data. **RESULTS:** Current use of ACE inhibitors was seen in 23% (242/1039) of cases and 21% (433/2022) of controls. Lisinopril accounted for 95% of prescriptions. The OR for pneumonia comparing current use to no current use was 0.99 (95% confidence interval [CI] 0.83-1.19). The OR for use of more than two standardized daily doses per day was 1.39 (95% CI 0.93-2.06) compared to no current use. **CONCLUSIONS:** ACE inhibitor use is not associated with reduced pneumonia risk in community-dwelling older adults.

- 6.1. What is the aim of this epidemiological research? (20 marks)
- 6.2. What is the research design used in this study? (10 marks)
- 6.3. Describe in your own words the following statement. (70 marks)

The OR for pneumonia comparing current use to no current use was 0.99 (95% confidence interval [CI] 0.83-1.19).

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