

# Sāls LETTER

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*Information and tips for pharmaceutical executives*

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***"Success is getting what you want. Happiness is wanting what you get."***

*Dale Carnegie*

## Registration Error

The Drug Registration Authority of Pakistan has registered two drugs having the same brand name but different composition manufactured by two different manufacturers. Relenza Reg No. 041192 manufactured by GSK contains Zanamivir, a neuraminidase inhibitor indicated in the treatment and prevention of influenza A and B when the virus is in the community. It is available in the form of inhaler. Relenza Tablet Reg No. 056299 manufactured by Kinsa Pharma is an antidepressant and is indicated in depressive disorders. The error occurred mainly because the system of registration at DRAP, Islamabad is still have not been computerized. It is high time that the DRAP focus on perfecting the system and adopt universal measures to control this type of mistakes. It goes without saying that the error is a major hazard for patients who may be prescribed one drug while dispensed with another.

## Common Drug for Depression Reduces Stress-related Heart Condition

Researchers at Duke Medicine have found that a drug commonly used to treat depression and anxiety may improve a stress-related heart condition in people with stable coronary heart disease. Compared with those receiving placebo, people who took the antidepressant escitalopram (sold as Lexapro) were more than two-and-a-half times less likely to have mental stress-induced myocardial ischemia (MSIMI), a heart condition brought on by mental stress. The findings, published in the May 22/29, 2013 issue of the Journal of the American Medical Association, add to the current

understanding of how negative emotions affect cardiovascular health.

"Mental stress-induced myocardial ischemia is a serious condition, as patients with the condition tend to have worse heart problems compared to patients without it," said lead author Wei Jiang, M.D., associate professor of psychiatry and behavioral sciences and internal medicine at Duke. "This study showed for the first time that it is treatable with an emotion-modulating medication."

"Our findings support the hypothesis that short-term use of SSRIs improves levels of biomarkers associated with adverse cardiovascular outcomes," said Jiang. The study suggests that SSRIs or similar treatments could play an important role in managing coronary heart disease, a finding relevant for physicians and patients at risk for or living with coronary heart disease.

## In Severe Influenza, Double Dose of Antiviral Drug Offers No Added Benefit

New research indicates that giving double doses of the antiviral drug oseltamivir offers no clinical or virological advantages over a standard dose for patients admitted to hospital with severe influenza infection. These are the findings of a randomized trial published and funded by the Wellcome Trust, US National Institute of Allergy and Infectious Diseases and the Singapore National Medical Research Council. This is the first study to look at the effectiveness of higher doses of oseltamivir in cases of severe flu infection and has implications for global guidelines on clinical management and stockpiling drugs for pandemic preparedness, including the current outbreak of the H7N9 virus. Studies have shown that early treatment with oseltamivir is

beneficial for patients with uncomplicated flu infection and improves survival in hospitalised patients with severe infection.

### Cancer Drug Costs are too High, Say Doctors

With the high cost of cancer drugs which reach \$100,000 per year or more, more than 100 doctors from around the world have signed a letter in protest saying the cost of cancer drugs is too high and calling for pharmaceutical companies to ease prices.

The costs of cancer drugs vary widely by region and the free market economy has not helped lower prices, said the authors, all specialists in chronic myeloid leukemia (CML), a blood cancer that affects up to 1.5 million people worldwide.

"Of the 12 drugs approved by the FDA (US Food and Drug Administration) for various cancer indications in 2012, 11 were priced above \$100,000 per year," they wrote.

"Cancer drug prices have almost doubled from a decade ago, from an average of \$5,000 per month to more than \$10,000 per month."

In response, Novartis issued a statement saying its innovation "has changed the course of the disease," allowing nine out of 10 patients with CML to lead normal lives. Before the release of the drugs Gleevec (imatinib) and Tasigna (nilotinib), the five-year survival rate for CML patients was 30 percent. The Swiss pharmaceutical group also noted that "globally, nearly one third of the Gleevec produced annually is provided at no cost, to date reaching more than 50,000 patients in over 80 low-income countries."

### Novartis To Market Gleevec For Ph+ ALL Children

Novartis received approval from the US FDA to again expand the use of Gleevec (imatinib), this time in combination with chemotherapy to treat children newly diagnosed with Philadelphia chromosome positive (Ph+) acute lymphoblastic leukemia (ALL). Gleevec, a tyrosine kinase inhibitor, was initially granted accelerated approval in 2001 to treat patients with blast crisis, accelerated phase or chronic phase Ph+ chronic myeloid leukemia (CML) who have failed interferon-alpha therapy. Gleevec's safety and effectiveness for the new Ph+ALL indication were established in a trial involving 92 young adults and children as young as one year.



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(Pakistan Pharmaceutical Index)

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### Alzheimer's Drugs may Cut Heart Attack Risk

Alzheimer's disease drugs such as donepezil, rivastigmine and galantamine may prevent heart attacks and premature death, suggests study. Professor Peter Nordstrom, of Umea University, Umea, Sweden, and colleagues reviewed records on 7,073 Alzheimer's patients taking cholinesterase inhibitors (ChEIs), such as donepezil, rivastigmine and galantamine, which are used for treating mild to moderate Alzheimer's disease. Side-effects of ChEIs include a beneficial effect on the vagus nerve, which controls the rate at which the heart

beats, and some experimental studies have suggested that ChEIs could also have anti-inflammatory properties. They found that those who were on ChEIs had a 36 percent reduced risk of death from any cause, a 38 percent reduced risk of a myocardial infarction (heart attack) and a 26 percent reduced risk of death from cardiovascular causes such as stroke compared to people not taking ChEIs. These results included adjustments for various confounding factors such as age, sex, whether the diagnosis was for Alzheimer's dementia or Alzheimer's mixed dementia (where more than one type of dementia occur simultaneously), level of care, and medical history including medications for other conditions. Prof Nordstrom said: "If you translate these reductions in risk into absolute figures, it means that for every 100,000 people with Alzheimer's disease, there would be 180 fewer heart attacks - 295 as opposed to 475 - and 1125 fewer deaths from all causes - 2000 versus 3125 - every year among those taking ChEIs compared to those not using them." Patients taking the highest recommended doses of ChEIs had the lowest risk of heart attack or death: 65 percent and 46 percent lower respectively compared with those who had never used ChEIs.

The researchers also checked whether the reduction in risk applied only to the use of ChEIs or was seen in other drug treatments for dementia. Memantine is a drug indicated for use in moderate to advanced Alzheimer's disease and works in a different way to ChEIs. The researchers found it made no difference to the risk of heart attack or death from any cause. The study was recently published in the European Heart Journal.

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**Ketamine: a potential rescue drug for depression takes a step forward**

*By Malissa Healy*

For years, physicians have been inching their way to a better understanding of how -- and how well -- the drug ketamine, a "twilight drug" used to sedate some patients before a painful procedure, can lift someone with severe depression almost immediately from the abyss. A new study, presented in San Francisco this week at the American Psychiatric Association's yearly

meeting, shows that ketamine's rapid antidepressant effect is no incidental effect of sedation: it's real, and it lasts -- albeit with diminishing effects -- for at least a week.

Ketamine, which is also a drug used recreationally to achieve a sort of "out of body" high, "is not at all ready for prime time," said Dr. James Murrough, an associate professor of psychiatry at Icahn School of Medicine at Mt. Sinai. But it is approved for use in anesthesia, so it's available legally. And years of small and preliminary trials have offered tantalizing evidence of its powerful and fast-acting antidepressant effect on patients whose depression has failed to yield to other treatments. The result, said Murrough, is that some physicians appear to be using it already in patients.

"That reflects desperation out there" for antidepressant medicine that does not take between four and six weeks to take effect, as is the case for many patients with the most widely used class of antidepressants, the Selective Serotonin Reuptake Inhibitors (SSRIs). But the fact that ketamine is already being used off-label makes good clinical research on its safety and effectiveness a matter of urgency, said Murrough. Ketamine's only one of many drugs of abuse getting a closer look these days for their therapeutic potential. At Icahn School of Medicine's Mood and Anxiety Disorders Program, researchers recruited 72 people whose major depressive disorder persisted despite trials of two or more antidepressants. Half of their subjects were given a single, 40-minute infusion of ketamine at a much lower dose than is used in anesthesia. The other half got a 40-minute infusion of another sedative, midazolam, which is not known to have an antidepressant effect.

A day later, both groups' depression had abated, but the response rate among those who got the ketamine was stronger -- 63.8% vs. 28% in the midazolam group. A week after the infusions, the ketamine group's response rate had fallen to 45.7%, but remained much stronger than that among the midazolam group, which had a response rate of 28% at the end of a week. Murrough said the subjects who got ketamine seemed to suffer no ill effects from their infusion. "It seems eminently safe and tolerable," he said. But if the medication needs to be re-administered periodically or on a regular schedule, the safety, effectiveness and dosing schedules of its longer-term use -- an ongoing subject of clinical trials at the Mt. Sinai programs -- will have to be established, he said.

## The No. 1 Way Managers Kill Staff Motivation

by Amy Beth Miller, *Communication Briefings*

Despite your best efforts to plan rewards and boost morale, you might be killing your team's motivation. While employees respond to many different types of motivators, one thing is guaranteed to put the brakes on their drive and initiative: your failure to trust them. *Check your behaviors against this list:*

**Hovering.** Check in with new employees frequently, but once you have trained them well, back off. What you see as being an attentive manager feels like micromanagement to them. **Doing their work.** Don't do tasks that your staff should do. Don't assign a project and immediately weigh in with your ideas, essentially telling the employee exactly what to do. Granting employees authority and flexibility in how they do their work builds their engagement. Set the parameters for assignments and allow them to fill in the details. If you have advice that would significantly improve results, suggest, don't tell. Examples: "What if ...?" and "Have you considered ...?" **Denying opportunity.** If employees never fail, you aren't challenging them. Employees want to learn and develop new skills. That won't happen if you don't trust them to attempt new assignments..

## The Price Of Incivility

by Christine Porath and Christine Pearson

Rudeness at work is rampant, and it's on the rise. Over the past 14 years we've polled thousands of workers about how they're treated on the job, and 98% have reported experiencing uncivil behavior. In 2011 half said they were treated rudely at least once a week—up from a quarter in 1998. The costs chip away at the bottom line. Employees are less creative when they feel disrespected, and many get fed up and leave. About half deliberately decrease their effort or lower the quality of their work. And incivility damages customer relationships. Our research shows that people are less likely to buy from a company with an employee they perceive as rude, whether the rudeness is directed at them or at other employees. Witnessing just a single unpleasant interaction leads customers to generalize about other employees, the organization, and even the brand.

**Forms of Incivility:** We've all heard of (or experienced) the "boss from hell." The stress of ongoing hostility from a manager takes a toll, sometimes a big one. We spoke with a man we'll call Matt, who reported to

Larry—a volatile bully who insulted his direct reports, belittled their efforts, and blamed them for things over which they had no control. Larry was rude to customers, too.

Matt's stress level skyrocketed. He took a risk and reported Larry to HR. (He wasn't the first to complain.) Called on the carpet, Larry failed to apologize, saying only that perhaps he "used an atomic bomb" when he "could have used a flyswatter." Weeks later Larry was named district manager of the year. Three days after that, Matt had a heart attack. The conclusion of Matt's story is unusual, but unchecked rudeness is surprisingly common. We heard of one boss who was so routinely abusive that employees and suppliers had a code for alerting one another to his impending arrival ("The eagle has landed!"). The only positive aspect was that their shared dislike helped the employees forge close bonds. In some cases an entire department is infected. Jennifer worked in an industry that attracted large numbers of educated young professionals willing to work for a pittance in order to be in a creative field. It was widely accepted that they had to pay their dues. The atmosphere included door slamming, side conversations, exclusion, and blatant disregard for people's time. Years later Jennifer still cringes as she remembers her boss screaming, "You made a mistake!" when she'd overlooked a minor typo in an internal memo. There was lots of attrition among low-level employees, but those who did stay seemed to absorb the behaviors they'd been subjected to, and they put newcomers through the same kind of abuse.

(Source: HBR (Harvard Business Review)).

## Surprising Ways To Make Your Team More Productive

by Amy Beth Miller

Is your team running at peak productivity? Probably not. Even if they are working hard, their best efforts can be ineffective. Simple changes can make a powerful difference in what they accomplish. Reap the rewards of these improvements:

**Tell them what you want.** You gave them job descriptions and assign work. Isn't that enough? No. Guide staff in managing their workloads. Explain what their priorities should be and how much time you expect them to devote to different tasks. **Grant free time.** Many organizations—including 3M and Google—have discovered that great ideas result from setting staff free for several hours each week to work on

projects and ideas that aren't part of their regular workloads. **Assign fewer projects.** Within a year, your team will complete more projects if you limit the number they are working on at any time. With a dozen projects on their plates, team members can't devote enough attention to each of them. A delay or problem with one ripples through all the others. Assign only three projects and see that they can manage the workflow effectively. As they complete one project, assign another. **Communicate more—or less.** Think about the messages you deliver to your staff. Do you forward emails without providing any direction or context? Do you encourage questions from them? Do you bury them in too much information? Tailor your communications so that they don't waste time figuring out what you want. (Source: Communication Briefings)

## 5 Powerful Ways to Open a Presentation

By Scott Schwertly

We've all been there before: staring at the glow of your blank computer screen with no idea on how to open or start your talk. For starters, you should never be staring at PowerPoint with no clear objective (that's a conversation for another day), but let's be honest, we've all struggled with the best ways to open a presentation.

It's time to get unstuck. Here are 5 powerful ways to open a presentation:

### 1. Use Silence

Most people won't be able to pull this off very easily, but if you are feeling like a rockstar during your next presentation, opt for silence. Say a few words then be quiet. Say a few more words then be quiet. It's a quick and easy way to own the room. Just make sure you can hold your composure.

### 2. Point to the Future or Past

I have two simple statements for you: **-Prospective (looking to the future):** "30 Years from now, your job won't exist."

**Retrospective (looking to the past):** "In 1970, Japan owned 9% of the market. Today, they own 37%."

The reality is that looking into the future or past always sparks engagement since that's where our hearts live.

### 3. Quote Someone

The easiest way to open a talk is simply to quote someone. Think about that last presenter you heard when they opened their talk with a quote from Albert Einstein or Napoleon. A quote equals instant credibility.

### 4. Share Something Extraordinary

I don't know about you, but I love Snapple. Even more so, I love their bottle caps since they always share fun facts or extraordinary insight into ordinary things. Is my life going to be improved because I know how many times a bee's wings flaps in a second? No. Is it crazy interesting? Yes.

### 5. Tell a Story

Here's the amazing thing about stories: If your presentation is based solely on facts and stats then your audience is going to react in one of two ways: 1) agree or 2) disagree. However, if you tell a story, your audience will participate with you. Still not sold? Stories have been known to increase audience retention by up to 26%.

So, what are you waiting for? Experiment. Try something new. Step outside your comfort zone. You'll see some amazing results by trying any one of these techniques.

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## Winners & losers

### Good for presentation to your sales force.

**1. A winner** says "Let's find out"; **A loser** says "Nobody knows" **2. A winner** shows he's sorry by making up for it, **A loser** says, "I'm sorry," but does the same the next time. **3. A winner** focuses; **A loser** sprays **4. A winner** learns from his mistakes; **A loser** learns only not to make mistakes by not trying anything different. **5. A winner** is sensitive to the atmosphere around him; **A loser** is sensitive only to his own feelings. **6. A winner** respects those who are superior to him, and tries to learn something from them; **A loser** resents those who are superior to him, and tries to find chinks in their armor.

### The Rubaiyat

Omar Khayyam

The caravan of life shall always pass  
Beware that is fresh as sweet young grass  
Let's not worry about what tomorrow will amass  
Fill my cup again, this night will pass, alas.

## Don'ts At Table

1. Don't eat with your knife. Never put your knife into your mouth. (Is this advice unnecessary? Go into any restaurant and observe). Don't load up the fork with food with your knife, and then cart it, as it were, to your mouth. Take up on the fork what it can easily carry, and no more. **2.** Don't use a steel knife with fish. A silver knife is now placed by the side of each plate for the fish course. **3.** Don't handle fork or knife awkwardly. Let the handles of both knife and fork rest in the palm of the hand. How to handle knife and fork well can be acquired only by observation and practice. **4.** Don't stab with the fork, or handle it as if it were a dagger. Always carry food to the mouth with an inward curve of the

fork or spoon. **5.** Don't eat fast or gorge. Take always plenty of time. Haste is vulgar.

## Wise Men's Wisdom

"One ought never to turn one's back on a threatened danger and try to run away from it. If you do that, you will double the danger. But if you meet it promptly and without flinching, you will reduce the danger by half.

Never run away from anything. Never!" — **Winston Churchill**. "The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy." — **Martin Luther King, Jr.** "Think twice before you speak, because your words and influence will plant the seed of either success or failure in the mind of another." — **Napoleon Hill**. "The two most powerful warriors are patience and time." — **Leo Tolstoy**. "Some of us will do our jobs well and some will not, but we will be judged by only one thing - the result." — **Vince Lombardi**. "A teacher affects eternity; he can never tell where his influence stops." — **Henry Adams**.

## Management Humor

A sales rep, an administration clerk and the manager are walking to lunch when they find an antique oil lamp. They rub it and a Genie comes out in a puff of smoke. The Genie says, "I usually only grant three wishes, so I'll give each of you one wish each." "Me first! Me first!" says the admin clerk. "I want to be in the Bahamas, driving a speedboat, without a care in the world." Poof! She's gone. In astonishment, "Me next! Me next!" says the sales rep. "I want to be in Hawaii, relaxing on the beach with my personal masseuse, an endless supply of Pina Coladas and the love of my life." Poof! He's gone. "OK, you're up," the Genie says to the manager. The manager says, "I want those two back in the office after lunch."

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