

BACK TO SCHOOL

A PHARMACY PRIMER



Who doesn't associate the smell of new crayons and freshly sharpened pencils with the beginning of the school year? The excitement of buying new school supplies in the local drugstore still lingers in the minds of most adults. Battered lunch boxes are replaced with shiny new ones featuring the latest super heroes and cartoon characters. New book bags are filled with fresh notebooks and folders. New pencil cases contain unbroken rulers, protractors, and compasses.

As September rolls in, children become visibly excited even though their carefree summer days are ending. They look forward to seeing their school pals again and sharing stories about their vacations. Though the beginning of the school year can be fun for children, it can be very hectic for parents as they prepare their kids for classes. Not only do parents have to buy new clothes, shoes, and school

The ABCs of patient counseling

supplies, they must ensure that their children return to school healthy. Parents must take their children to the pediatrician for their yearly physicals and must remember to have them immunized against childhood diseases.

The R.Ph. can play an important role in this back-to-school season. When parents visit the drugstore to pick up school supplies, pharmacists can help them prepare for the inevitable colds and other maladies, and bumps and bruises, that children will get during the school year.

R.Ph.s can advise anxious parents about vaccinations; provide literature and other materials about allergies, lice, and other health concerns; emphasize the importance of stocking the medicine chest with thermometers, first-aid kits, and other needed supplies; and promote themselves as valuable, year-round resources for information about Rx and OTC drugs.

What follows is an easy-to-use guide that pharmacists should find helpful in counseling parents about common childhood ailments.

Afflictions are named, and the symptoms are described by the

Body of evidence.

Care is explained thoroughly, and new products are featured in the

Drugstore advisory, which also highlights merchandising tips to help pharmacists grow various categories of products.

Drug Topics hopes you find this counseling primer useful in helping school-age patients enjoy a healthy year.

Affliction: Chickenpox

Body of evidence: Chickenpox is a highly contagious disease that usually affects children between the ages of 2 and 8 years. Symptoms include a slight fever and loss of appetite preceding the appearance of a rash of itchy blisters.

Care: Scratching the blisters can result in scarring, impetigo, boils, and infection. Though parents may try to discourage children from scratching the itchy blisters that accompany the illness, they are not always successful. Children with chickenpox are uncomfortable and are bound to scratch when it itches. Parents often seek itch-relief remedies to reduce the child's temptation to scratch. Pharmacists can recommend old-fashioned

remedies such as lukewarm baths to minimize itching and prevent infection. Topical ointments such as calamine lotion can be used to soothe itchy skin. Pharmacists might want to suggest trimming the children's fingernails or making them wear fluffy gloves or gauze bandages to minimize the damage that they will do scratching. Some doctors may even prescribe antihistamines to reduce itching.

Pharmacists should discourage parents from administering aspirin to feverish children as it has been linked to Reye's syndrome, an acute childhood disease that is fatal in 20% of all cases. If a rash becomes infected, antibiotics are required. Severe cases of chickenpox require stronger drugs. If a child's temperature exceeds 102 degrees or remains elevated for a number of days, Zovirax (acyclovir) by Glaxo Wellcome may be prescribed.

Drugstore advisory: Merck's Varivax was recently approved as a vaccine for chickenpox. The Centers for Disease Control & Prevention's Advisory Committee on Immunization Practices has recommended that children between 12 and 18 months old be vaccinated unless they have already contracted the disease. The committee also advised parents to vaccinate children by the age of 13. Teens and adults should also be vaccinated if they are at risk for contracting the disease.

Merchandising Tip

Recommend the use of corn starch or baking soda in bath water, or a topical ointment such as caladryl, to relieve itching.

Affliction: Conjunctivitis (Pinkeye) and Vernal Conjunctivitis

Body of evidence: Conjunctivitis, better known as pinkeye, is a highly contagious, acute infection of the conjunctiva, the mucous membrane of the eyelid. It is usually caused by staphylococcus bacteria. Symptoms include redness, itchiness, tearing, and swelling in one or both eyes. The pus discharged from the eye may glue the eye shut as the child sleeps.

Vernal conjunctivitis is a chronic inflammation of the conjunctiva, caused by allergens. Symptoms include itching, burning, tearing, red eyes as well as discharge from the eye.

Care: Ophthalmic salves and eyedrops containing antibiotics are usually prescribed to treat bacterial conjunctivitis. Cortisone medications are sometimes given to reduce inflammation and itching. Pharmacists can help parents by instructing them on how to properly apply the medicine. Salves should be applied to the inside of the lower eyelid. The child

should then close his eye and roll his eyeball to ensure proper distribution of the medication. Eyedrops may also be prescribed for children. Parents might want to try applying the drops to the inside of the lower lid in the same way, as children are sometimes frightened by the eyedropper hovering over their eyes. This method also ensures that the medication is applied before the child has a chance to blink and block its delivery.

If a child's eye is stuck shut, parents should run warm water over the eye or have the child hold a warm, damp washcloth over the eye to loosen the pus. Because the infection is highly contagious, parents should be advised not to let the child share towels or personal items with others. Parents may also want to disinfect washcloths by boiling them to help prevent spreading the infection to other family members. Children should avoid eye irritants such as dust, smoke, wind, and bright light during recovery.

Children with allergies should avoid allergens, but that is almost impossible for active children to do. Playing outdoors will inevitably bring them into contact with some irritants. In such

cases, drugs are needed to either treat or prevent allergic reactions. Vernal conjunctivitis is usually treated with antihistamines, mast cell stabilizers, or corticosteroids. Older children who wear contact lenses should be advised not to wear them while using most eyedrop medications.

Drugstore advisory: There are a few new products on the market to treat vernal conjunctivitis. Two mast cell stabilizers were introduced earlier this year: Crolom by Bausch & Lomb and Alomide by Alcon Laboratories. Both are 4% cromolyn sodium solutions available in 10-ml eyedropper bottles for approximately \$35.

Merchandising tip

Cross merchandise with disposable towelettes and paper towels to prevent transmission of this highly contagious disease among members of the same family.

Affliction: Common cold

Body of evidence: The common cold is caused by a variety of viruses that infect the upper respiratory tract. The germs are usually spread by shaking or holding hands with an infected person or by touching an item that he has just used, such as a doorknob. Airborne particles from sneezes or coughs can also transmit the cold. Colds manifest themselves as stuffy noses, sore throats, coughs, fevers, headaches, and fatigue.

Care: The best advice pharmacists can give is to make sure the sick child gets plenty of fluids and bed rest. The appropriate nasal sprays, nose drops, cough syrups, and cold tablets should be recommended, taking into account the child's age and symptoms. Parents should be cautioned against giving aspirin to feverish children as it has been linked to Reye's syndrome.

Drugstore advisory: Becton-Dickinson has added the Accu-Beep feature to its digital thermometers. The thermometers

beep every four seconds to let parents know that the thermometer has been positioned correctly under the child's tongue.

Merchandising tip

Make sure parents know they must not use aspirin for feverish children. Recommend the use of vaporizers to make children with sore throats and coughs more comfortable.

Affliction: Otitis media (ear infection)

Body of evidence: Otitis media, an inflammation and infection of the middle ear, is caused by bacteria or viruses that travel to the ear through the Eustachian tube from the nose and throat. Such an infection is usually detected when the child experiences a painful earache.

Care: Antibiotics are usually prescribed to cure the ear infection. Pharmacists can recommend applying an ice bag to the ear to help relieve the pain somewhat. Aspirin-free pain relievers may help ease the discomfort as well. Pharmacists must stress to the parents the importance of prompt medical attention to prevent eardrums from rupturing due to excessive swelling and pressure.

Drugstore advisory: R.Ph.s must remain informed about new and generic antibiotics being developed and sold.

Merchandising tip

Recommend use of aspirin-free pain relievers for treating discomfort, and make sure parents know how dangerous ear infections can be for their children.

Affliction: Pediculosis

Body of evidence: Pediculosis is an infestation with lice, small insects that feed on blood and lay eggs called nits. Since lice can't jump or fly, they are spread only through head-to-head contact or by sharing combs and brushes with infected people. It is a common condition passed among school-aged children. If a child is scratching his or her scalp often, there is a good possibility that he or she has pediculosis. Bite marks on the scalp or the presence of nits are evidence of the condition.

culicide they have chosen, make sure they do not go home without one. Pediculicides will not kill nits. If parents cannot get rid of all the nits using the special nit-removal comb, they should pick them out or cut out the infested hair with scissors. The child should be checked daily for new nits or lice for the next 10 days. The treatment should be repeated if infestation was not defeated the first time.

R.Ph.s can remind parents that all clothing and linens touched by the infected child should be washed in hot water to kill all the lice and nits. Furniture and rugs that cannot be washed should be vacuumed thoroughly. Suggest that parents also vacuum the child's stuffed animals.

Drugstore advisory: There are several products on the market, such as A-200, Pronto, and Rid, that contain pyrethrins, which are naturally occur-

ring pesticides, if parents are concerned about synthetic pesticides. A concentrated gel version of A-200 should be available by the end of the summer. There have been recent reports of problems associated with lindane shampoos, which are available only by Rx. The National Pediculosis Association can provide R.Ph.s and parents with further information about prevention and treatment options. It can be reached at (617) 449-NITS.

Merchandising tip

Reassure parents about how common this problem is. If possible, talk to them in a private area because of the embarrassment factor. Cross-merchandise with special combs designed to get rid of nits.

Affliction:
Headaches

Body of evidence:
Even children can experience headaches. This dull or throbbing pain often accompanies allergies or illness. Headaches are also caused by eyestrain, fatigue, stress, or loud noise. Persistent and/or severe headaches may indicate a more serious problem and should receive medical attention.

Care: Parents should not administer aspirin to young children as it has been linked to Reye's syndrome. Various acetaminophen and ibuprofen products are available in children's strength formulas. R.Ph.s should determine whether the child is old enough to swallow a tablet. If not, the child should get a suspension liquid or chewable tablet.

Drugstore advisory:
There are some new headache remedies available for children. Central Pharmaceuticals intro-

duced PediApap Acetaminophen Oral Solution USP, an alcohol-, dye-, and sugar-free solution earlier this year. Johnson & Johnson's McNeil Consumer Products has received Food & Drug Administration approval to market a berry-flavored Children's Motrin (ibuprofen oral suspension, 100mg/5ml) as an OTC drug for children aged 2 to 11. The remedy should be on shelves in September.

The National Headache Foundation runs the Headache Hotline, a toll-free number that offers information and advice about headaches. Call 1-(800) 843-2256 for more information.

Merchandising tip

Offer new parents a free first prescription for their child. This will get them into your store—the hardest step—and then you have to make sure that they continue as customers by establishing a personal relationship with them.



Affliction:
Cuts, Scrapes, and Scratches

Body of evidence:
Abrasions and lacerations are very common among children. An abrasion is a scrape or scratch on the skin, while a laceration is a cut in the skin.

Care: There are many prepackaged first-aid kits on the market that contain the items commonly needed in minor household emergencies. A parent might want to create his own kit and will seek the R.Ph.'s advice about the best items to include.

Parents can stop bleeding by applying gentle pressure with a clean cloth. Some parents are just as squeamish as children about blood, so the R.Ph. might recommend they use dark-colored washcloths. Adults should thoroughly clean the wounds with soap and water and use an antiseptic to prevent infection. R.Ph.s might want to recommend an antiseptic that doesn't sting too much if it is to be

used on a young child who will fuss. A clean bandage or dressing should be applied to keep germs out. Bandages should be changed regularly.

Drugstore advisory:
Many children like covering up their "boo-boos" with bandages featuring their favorite cartoon characters. New bandages featuring Casper the Friendly Ghost were introduced earlier this year. Also, this year, Purdue Frederick expanded its Betadine line to include an Antibiotics + Moisturizer Ointment for cuts and scrapes.

Merchandising tip

When parents come in for first-aid items for children, offer them a coloring sheet or activity hand-out with your store's name on it. The gift will entertain kids while parents are waiting for help.

Affliction:
Allergies

Body of evidence:
Allergies occur in people whose immune systems are extremely sensitive to certain agents in their environments. People may be allergic to pollen, mold, dust, animal dander, insect bites, and certain foods or medications. A person may exhibit mild allergic reactions such as frequent sneezing; an itchy, runny, or clogged nose; and itchy, watery, or red eyes.



More severe allergic reactions can cause swelling of the airway or anaphylactic shock.

Care: People suffering from allergies should try to avoid allergens whenever possible. There are many Rx and OTC treatments that the pharmacist can recommend to help relieve allergic symptoms. Antihistamines can help prevent and treat allergic attacks but may cause drowsiness. Decongestants and steroid nasal sprays can relieve nasal congestion and inflammation. Cromolyn sodium nasal sprays or eyedrops may be prescribed to prevent allergic symptoms. Allergy shots may be given to certain patients.

Drugstore advisory:
Warner Wellcome introduced grape-flavored Benadryl Allergy Chewables in April. Cromolyn by Bausch & Lomb and Alomide by Alcon Laboratories are two new cromolyn sodium solutions used as mast cell stabilizers to block allergic reactions.

Merchandising tip

Have counseling information available on treating allergies, including the fact that non-sedating products are available for daytime use. Recommend use of cold water vaporizers to keep children comfortable.



Affliction:
Nausea and Diarrhea



Body of evidence:
Nausea may occur as a result of an illness or ingestion of certain foods. Some children are susceptible to motion sickness, which also causes a nauseous feeling because the equilibrium of the inner ear has been disturbed. Motion sickness often occurs during travel in a car, airplane, or boat.

Diarrhea is often caused by a bacterial or viral infection of the intestines. Some foods may initiate this condition in certain people, as can change to an environment where different organisms live in the water system. Stress and emotional factors can also be responsible for the development of diarrhea.



Care: If a bacterial or viral infection in the digestive tract is responsible, doctors may prescribe antibiotics or other medications to cure the infection and help the nausea subside. Some people believe that plain foods such as crackers can help settle the stomach. Ginger ale and flat cola syrup are also helpful. Motion sickness products may be useful for children who suffer from severe motion sickness.

Though diarrhea is a relatively minor affliction for adults, it can pose a serious threat to children. Dehydration and an imbalance in electrolytes can result from the loss of fluids. Parents should take this condition seriously and understand that acute diarrhea can cause death. A doctor should be contacted if the diarrhea is severe or persists, but parents can use some OTC remedies to treat mild diarrhea. A suspension for-

mula of kaolin and pectin may be used as a stool-firming medicine to reduce the loss of fluids. Doctors should be consulted especially when a young child is involved.



Drugstore advisory:
Look for new product offerings for nausea and diarrhea for children to prevent further complications.

Merchandising tip

Offer a free delivery service for medications and make sure parents of young children know it's available for those times when they can't get out.

Karyn Snyder

Merchandising lessons for targeting new parents

Parents of young children represent an exceptional sales opportunity for drugstore retailers. Approximately four million babies have been born every year since 1990, according to the National Center for Health Statistics. The rate was higher only in the early 1960s, when it was over four million a year.

Because of their strong need to buy a wide assortment of health and personal care products for their babies, new parents are a natural target for today's pharmacies. How owners and managers attempt to reach this important group of consumers varies from store to store.

Keeping up with baby

Some retailers have found that baby clubs are an effective way to romance parents and turn visits to their stores into increased sales. American Greetings Corp., for example, has been running baby clubs for two large drug chains.

The program begins with postcards mailed to a list of pregnant women in

their third trimester who live in a specific area, said AG spokeswoman Sara Eames in Cincinnati. The card invites the women to come in and get a free gift package at the drugstore. At the same time, both of the drug chains, which AG declined to identify, try to attract new parents with discounts.

The gift bag contains a baby book full of coupons and discount offers, including some for greeting cards, as well as a reminder about the juvenile Rx discount. The bag can include anything the retailer wants to communicate to customers, said Eames. There are product samples, such as travel-sized baby powder, and AG produces some specialty promotional products, such as a diaper-changing pad with the retailer's name on it that can go inside the bag. "The pad is small enough to fold up into a purse or diaper bag," said Eames.

AG recently conducted a six-month test program of baby clubs through its American Greetings Research Council, founded in 1991 to develop a long-

range approach to marketing general merchandise and health and beauty care products in supermarkets. (American Greetings Corp. has just formed a similar research council with the National Association of Chain Drug Stores to pursue comparable projects with drugstores.)

The supermarket test took place in ABCO Markets, a 70-store regional chain that serves the Tucson and Phoenix markets. The target audience was families with newborns to 2-year-olds, who bought groceries at the supermarket and purchased baby products either at ABCO or through other channels of distribution such as drugstores, mass-merchandisers, and super centers.

One Baby Buck point was issued to shoppers for every dollar spent in the store. Program specifics were enclosed in a "saver envelope" available at the front of the store. These envelopes were then used by consumers to store their coupons. Once 100 Baby Buck points were collected, consumers redeemed them for a \$10 ABCO gift certificate valid toward any store purchase. The test ran from Aug. 1, 1994, through Jan. 31, 1995.

The cost to the retailer of each gift

UV 1/1/95
K&W Division