

# Pharmacy Practice Newsletter

“Know what’s new... Optimize care”



هيئة الدواء المصرية

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Prepared by

*Dr. AbdulRahman Amin*

*Dr. Sara Shokry*

*Dr. Yasmin Refky*

*Dr. Yasmin Yehia*

*Content Curator*

*Dr. Sara Shokry*

Reviewed by Chief Editor

*Dr. Hebatullah AbdulAziz*

*General Manager of*

*Drug Utilization*

*& Pharmacy Practice G.A.*

Under Supervision of

*Dr. Abeer Elbehairy*

*Head of Central Administration  
of Pharmaceutical Care*

## Introduction

The Central Administration of Pharmaceutical Care in the Egyptian Drug Authority is keenly interested in upgrading the pharmaceutical services provided to the patients and boosting the pharmacotherapy-related knowledge of all healthcare providers, which will positively impact the patient’s health and safety.

From this point, the General Administration of Drug Utilization and Pharmacy Practice (DU&PP) is pleased to publish the *Pharmacy Practice Newsletters*, which aims to aid practitioners in their mission to optimize care. Topics related to pharmacotherapy and pharmacy practice will be addressed in our newsletter. The newsletter will provide an up-to-date, concise summary that fits perfectly into the healthcare provider’s tight schedule.

We utilize accredited resources and indexed journals integrating the best available research into clinical care, to support the decision-making process for healthcare professionals. To optimize patients’ treatment plans and ensure their safety and efficacy, clinicians must closely follow the literature for any updates related to their practice, given the dynamic nature of the clinical research.



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## EDA Publications

# EDA Renal Anemia Guidance to Good Pharmacy Practice (2025)

The Clinical Pharmacy Team within the Drug Utilization and Pharmacy Practice Administration has issued the ‘**EDA Renal Anemia Guidance to Good Pharmacy Practice**’.

The guide is part of the EDA’s ongoing efforts to standardize pharmacy practice and enhance pharmacists’ skills.

It was developed through the efforts of the Pharmacy Practice Guides and National Drug Lists Committee, comprising a distinguished group of faculty members from medical and pharmacy schools, along with pharmacists working in leading healthcare institutions across Egypt.

### Aim of this guidance

- Provide a comprehensive guide for pharmacists to ensure the delivery of optimal care for anemic chronic kidney disease patients and promote good pharmacy practice.
- Support pharmacists, regardless of their settings, in making informed recommendations based on the most accurate and updated sources of information.
- Provide the pharmacists, especially community pharmacists, with patient education materials and illustrations to facilitate the counseling process and ensure patient safety and welfare.

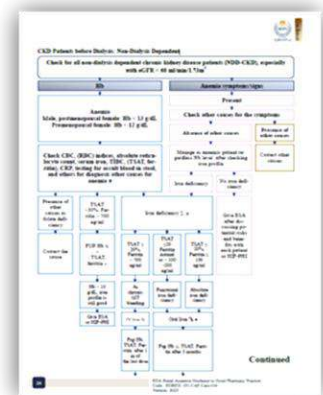
### Introduction

About 13% of adults in Egypt suffer from chronic kidney disease (CKD), making it a significant public health concern. CKD increases morbidity, mortality, and healthcare costs, placing a heavy burden on both individuals and the healthcare system. Patients with advanced CKD, particularly those in stages 3 to 5, are at much greater risk for anemia, cardiovascular events, and death compared to those in earlier stages. Approximately 20% of individuals with stage 3 CKD develop anemia, which typically occurs when the glomerular filtration rate (GFR) drops below 60 mL/min/1.73 m<sup>2</sup>. Furthermore, over 90% of patients who become dialysis-dependent eventually experience anemia. Pharmacists across healthcare settings play a vital role in minimizing harm and ensuring optimal pharmaceutical care, especially for anemic patients, by providing proper counseling and recommendations that promote the safe, effective, and rational use of medications.

### Content of the guide

This guide offers a concise introduction to anemia in CKD, providing a comprehensive overview for readers. It details various management strategies for renal anemia in adults with CKD, covering patients before dialysis, those on dialysis, pregnant individuals, and kidney transplant recipients. The guide also examines the role of blood transfusion in managing anemia across these patient groups. Additionally, it presents an overview of the different classes of medications available in the Egyptian market for renal anemia management.

**It is worth mentioning that the guide contains several illustrations, algorithms, and printable educational materials for patients and healthcare professionals, which pharmacists can readily use to deliver their counseling points and educational programs.**



For getting the full guidance: The ‘EDA Renal Anemia Guidance to Good Pharmacy Practice’ is published on the EDA official website and can be accessed via this LINK or the QR Code.



## Clinical Pharmacy Tips

# Management Approach to Renal Anemia in Pregnant CKD

### Introduction



- Managing anemia in pregnant women with CKD presents special challenges. The complicated nature of anemia in CKD, combined with the scarcity of targeted studies because of the relatively low frequency of pregnancy in women with CKD, particularly in the advanced stages, and diversity in treatment regimens, necessitates careful attention. Although pregnancy among patients with end-stage kidney disease remains relatively rare, the number of women becoming pregnant has increased worldwide over the past decade. Because there is no evidence-based data for the management of anemia in pregnant women with CKD, the majority of recommendations rely on expert opinion.
  - The guidelines in this issue differ. We want to display the different opinions in the following table, while we display the most approved recommendations in the guide management approach of anemia in pregnancy.
- It is worth mentioning that this should only be used as guidance after referral to your existing institution’s policies and having it discussed in the Pharmacy and Therapeutics Committee at your institution to assess the feasibility of its implementation and tailor the recommendations based on your institution’s situation.

	Anemia definition	Target of treatment	Iron use	ESA use
<b>Best practices on pregnancy on dialysis: the Italian Study Group on Kidney and Pregnancy</b> <a href="#">[1]</a> , 2015	<ul style="list-style-type: none"> <li><b>Hb (stage 5D):</b> &lt; 10 –11 g/dl;</li> <li><b>TSAT (stage 5D):</b> ≤ 30%</li> </ul>	<ul style="list-style-type: none"> <li>In refractory cases, I.V. iron, targeted at transferrin saturation levels (TSAT) &gt; 30 %, has been given to pregnant dialysis patients without adverse events.</li> <li>Target Hb ≥ 10–11 g/dl with hematocrit &gt;30%–35%.</li> </ul>	<ul style="list-style-type: none"> <li>Iron supplementation should start as soon as possible in the presence of even only a mild deficiency and normal Hb levels.</li> <li>Oral iron administration is safe in pregnant women on dialysis, although it is often not sufficient to compensate for the increased need.</li> <li>I.V. iron should be managed with care in dialysis mothers, especially in later stages, as up to 80–90 % of parenteral iron may be deposited in the fetus; thus, it should be given in small doses.</li> </ul>	<ul style="list-style-type: none"> <li>ESA is safe in pregnancy.</li> <li>ESA doses should be increased 50%–100% in an attempt to achieve the target Hb</li> </ul>

<p><b>Clinical practice guideline on pregnancy and renal disease [2], 2019</b></p>	<ul style="list-style-type: none"> <li>• <b>Hb:</b> &lt; 10.5–11 g/dl; depending on gestation.</li> </ul> <p><b>N.B.:</b> &lt; 8.5 g/dL is associated with an increase in the risk of low birth weight (&lt; 2.5 kg) and the preterm delivery before 37 weeks</p> <ul style="list-style-type: none"> <li>• <b>Ferritin:</b> &lt; 100 ng/ml</li> <li>• <b>TSAT</b> &lt; 20%</li> </ul>	<ul style="list-style-type: none"> <li>• There is no data to guide the optimum target Hb for women with CKD in pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>• Use of oral iron, as it is cheap and accessible, although the I.V. route may offer better bioavailability and tolerability.</li> <li>• Parenteral iron is considered safe in pregnancy and breastfeeding, although there is a paucity of safety data on exposure in the first trimester.</li> <li>• Pregnant women with CKD are given parenteral iron if indicated.</li> </ul>	<ul style="list-style-type: none"> <li>• Use ESAs if indicated.</li> <li>• Women who required ESA before pregnancy, an increased dose should be anticipated.</li> </ul>
<p><b>Summary of the Dutch Practice Guideline on Pregnancy with and Pregnancy in CKD [3], 2022</b></p>	<p><b>Hb:</b> &lt; 10-11 g/dL.</p> <p><b>Ferritin:</b></p> <ul style="list-style-type: none"> <li>– <i>Stages 1–2</i> ≤ 80 ng/ml.</li> <li>– <i>Stages 3–5 ND</i> ≤ 200 ng/ml.</li> </ul> <p><b>TSAT:</b></p> <ul style="list-style-type: none"> <li>– <i>Stage 5D:</i> &lt; 30%.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Hb:</b> 10 - 11g/dl with <b>hematocrit:</b> 30 - 35% in <i>pregnant women with CKD with or without dialysis.</i></li> <li>• <b>Ferritin:</b> <ul style="list-style-type: none"> <li>– <i>Stage 1–2 [eGFR] &gt; 60:</i> &gt;80-500 ng/ml.</li> <li>– <i>Stage 3–5 ND: [eGFR &lt;60]:</i> &gt;200-500 ng/ml.</li> <li>– <i>Stage 5D:</i> &gt;300-800 ng/ml.</li> </ul> </li> <li>• <b>TSAT:</b> <ul style="list-style-type: none"> <li>– <i>Stage 5D:</i> 30-50%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Do not prescribe iron when Ferritin &gt;500 mg/l and/or TSAT &gt;30%.</li> <li>• Start with an oral iron supplement as soon as possible in the presence of even only a mild deficiency and normal Hb levels.</li> <li>• In the 2<sup>nd</sup> /3<sup>rd</sup> trimester, switch to parenteral iron supplements if the target levels cannot be achieved with oral agents, and regularly check Hb and iron levels</li> <li>• <b>In case of I.V. iron:</b> <ul style="list-style-type: none"> <li>– <i>Prescribe one of the modern, stable iron supplements</i> such as iron carboxymaltose with a max. dose of 1000 mg (up to 15 mg/kg/dose).</li> <li>– <i>If one of the older, less stable iron supplements,</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Treat any vitamin or iron deficiencies before ESA use.</li> <li>• Consider ESA when Hb &lt; 10 g/dL, considering the risk-benefit ratio, particularly if Hb rises quickly.</li> <li>• Increase ESA dose when the woman has already used it before pregnancy by 50%–100% to achieve and/or maintain the Hb target value.</li> <li>• Regularly re-view the ESA</li> </ul>

			such as iron sucrose, is selected for pregnant hemodialysis patients, give a low dose of up to 62.5 to 100 mg during dialysis because of the possibility of fetal iron accumulation.	dose in the light of the patient's Hb.
<p><b>Chronic Kidney Disease and Pregnancy. Guideline of the DGGG, OEGGG, DGfN <sup>[4]</sup> (German guidelines 2022)</b></p>	<ul style="list-style-type: none"> <li>The lowest threshold for intervention is Hb 10 g/dL</li> </ul>	<ul style="list-style-type: none"> <li><b>Hb:</b> 11-12 g/dL with hematocrit 37-47%.</li> <li><b>Ferritin:</b> <ul style="list-style-type: none"> <li>– <b>ND:</b>&gt;30 ng/ml;</li> <li><b>HD:</b>&gt;20 ng/ml,</li> <li><b>PD:</b>&gt;100 ng/ml.</li> </ul> </li> <li><b>TSAT:</b> &gt;20%</li> </ul>	<ul style="list-style-type: none"> <li>Women with CKD and iron deficiency should receive oral iron up to an Hb of 10.5 g/dl <b>or</b> IV with Fe (III) derivatives up to 8.5 g/dl.</li> <li><b>Dialysis:</b> Both oral and IV administration are considered safe.</li> </ul> <p><b>Dietary requirement:</b></p> <ul style="list-style-type: none"> <li>Iron: CKD G3–5, HD: 20-30 mg/d</li> </ul>	<ul style="list-style-type: none"> <li>ESA should be recommended when indicated.</li> </ul>
<p><b>Clinical Practice Guideline: Anemia of Chronic Kidney Disease <sup>[5]</sup> (UKKA 2024)</b></p>	<ul style="list-style-type: none"> <li><b>T1:</b> &lt;11.0 g/dL</li> <li><b>T2:</b> &lt;10.5 g/dl</li> <li><b>Post-partum:</b> &lt;10 g/dL</li> </ul> <p><b>N.B.:</b> &lt; 8.5 g/dL is associated with an increase in the risk of low birth weight (&lt; 2.5kg) and the preterm delivery before 37 weeks</p>	<ul style="list-style-type: none"> <li>There is no data to guide the optimal target hemoglobin for women with CKD in pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>Pregnant women are normally offered oral iron in T1 if Hb is below the target value; IV iron is offered if they cannot tolerate oral iron or the Hb has not responded to oral therapy.</li> <li>Pregnant and post-partum women with CKD are given parenteral iron, if indicated, from the second trimester, considering the risk-benefit ratio and each product's SmPC.</li> <li>Parenteral iron is considered safe in pregnancy and breastfeeding, although there is a paucity of safety data on exposure in the first trimester. It is important to review the SmPC for each pregnant person as fetal bradycardia may occur following administration of parenteral iron, which is usually transient and a consequence of a hypersensitivity reaction in the mother.</li> </ul>	<ul style="list-style-type: none"> <li>ESA therapy during pregnancy should be continued unless there is a major contraindication.</li> <li>They are safe in pregnancy and lactation.</li> <li>Often, twice to three Times the use dose is required during pregnancy to achieve the desired hemoglobin target.</li> </ul>

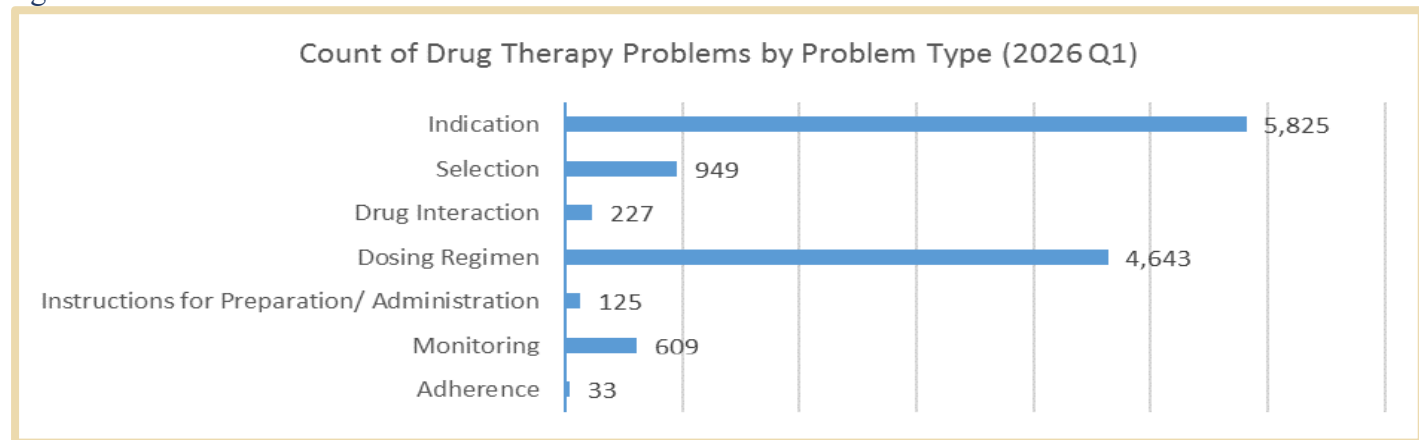


## NO HARMe Reports Summary

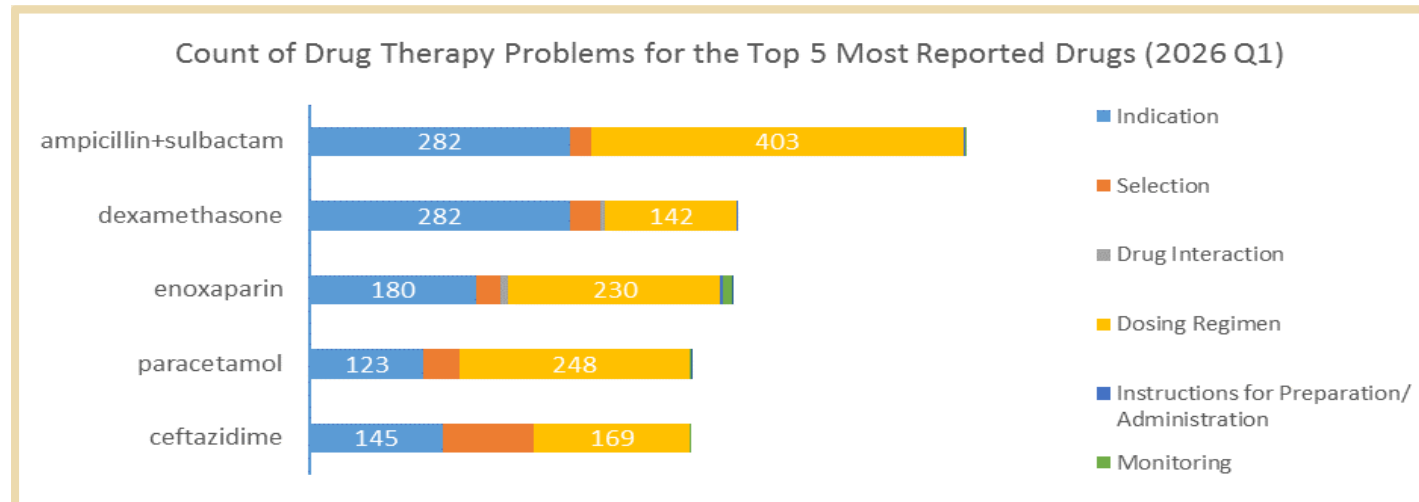
### About NO HARMe

The National Office for Handling and Reducing Medication Errors (NO HARMe) system was established in 2014 to gather national data on medication use errors. Since then, NO HARMe has been receiving voluntary reports on clinical pharmacy interventions and medication errors from pharmacists in public healthcare facilities. The system classifies medical errors into decision errors (drug therapy problems (DTP), process errors (ME), and a third category of (DTP/ME overlap)). In the following section, we showcase a quick summary of the reports sent to NO HARMe in the first quarter of 2026. For a detailed description of taxonomies and codes deployed by NO HARMe for statistical purposes, refer to the Drug Therapy Problems and Medication Errors Codes Reference on EDA’s website. (You can access through this link: <https://edaegypt.gov.eg/media/imoffag1/dtp-me-reference-codes-guide-2025.pdf>)

In the first quarter of 2026, NO HARMe received a total of 12,484 reports, of which 9,550 reports were DTPs (decision errors), 73 were medication errors (process errors), and 2,861 were DTP/ME overlaps. Problems involving decision (DTP + Overlap) occurred mostly at the indication and dosing checkpoints, as shown in the figure below.



The top 5 most reported drugs were **ampicillin/sulbactam** (n=711), **dexamethasone** (n=464), **enoxaparin** (n=459), **paracetamol** (n=414), **ceftazidime** (n=413). Analysis shows that the prescription of ampicillin/sulbactam without a valid indication is a consistent issue. Clinical pharmacists reported that ampicillin/sulbactam was frequently prescribed for patients with acute gastroenteritis, which will be the topic of discussion in this issue of the newsletter.



### The Role of Antibiotics in the Management of Gastroenteritis

Acute gastroenteritis is a common disease that is mainly characterized by diarrhea, but can also be associated with nausea and vomiting. <sup>[6, 7]</sup> Infectious Gastroenteritis can be caused by bacteria, viruses and parasites, and is a common cause of mortality around the world. <sup>[6, 8]</sup> Antibiotics are not routinely indicated in gastroenteritis because most cases are self-limiting and require only supportive treatment, <sup>[6, 7]</sup> and most cases are viral in origin. <sup>[9]</sup>

When managing acute gastroenteritis, antibiotic therapy should be reserved for selected cases of bacterial origin. Patients with severe symptoms, systemic toxicity, and vulnerable immune systems may benefit from antimicrobial treatment. <sup>[9]</sup>

The National Institute for Health and Care Excellence (NICE) recommends the use of antibiotics for children with gastroenteritis only in the following cases: <sup>[7]</sup>



1. Suspected or confirmed septicemia.
2. The infection spreads out of the intestine.
3. Gastroenteritis caused by Salmonella in children younger than 6 months.
4. Gastroenteritis in children who are malnourished or immunocompromised.
5. Gastrointestinal inflammatory conditions caused by specific pathogens:
  - C. difficile – associated enterocolitis
  - Cholera
  - Giardiasis
  - Dysenteric amebiasis or shigellosis

The Egyptian Pediatric Clinical Practice Guidelines Committee also recommends that antibiotics should be used only for specific pathogens, and that empirical treatment should be decided based on the local prevalence and resistance patterns of Shigella, Campylobacter, and Salmonella species. <sup>[10]</sup>

#### Empiric regimens for gastroenteritis in adults include:

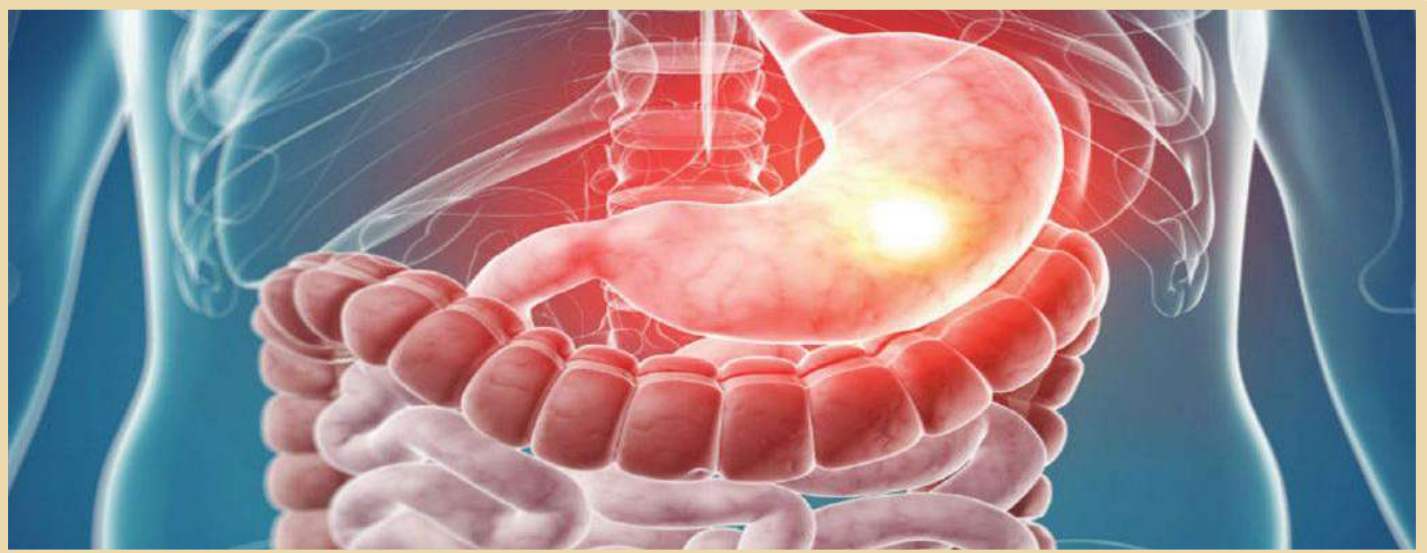
- Azithromycin 500 mg once daily for 3 days. <sup>[9]</sup>
- Fluroquinolones can also be used, such as 750 mg of ciprofloxacin twice daily for 3 – 5 days, or 500 mg of levofloxacin once daily for 3 – 5 days. <sup>[9]</sup>

#### Empiric regimens for children include: <sup>[9]</sup>

<b>Azithromycin</b>	12 mg/kg once daily for 1 day, then 6 mg/kg once daily for 4 days.	Can be used empirically if resistance is not expected.
<b>Cefixime</b>	8 mg/kg once daily or 4 mg/kg twice daily for 3 – 5 days.	Preferred if Shigella is expected to be resistant to sulfamethoxazole/trimethoprim, azithromycin, and ciprofloxacin.
<b>Ciprofloxacin</b>	Oral: 10 mg/kg twice daily for 3 – 5 days. Parenteral: 10 mg/kg twice daily for 3 – 5 days.	Should be used only if other antibiotics are not available or contraindicated.
<b>Ceftriaxone</b>	50 mg/kg daily for 5 days.	

Although antibiotics may be beneficial in selected patients, their indiscriminate use can be harmful. Overuse contributes to antimicrobial resistance, which is a growing global health concern.

Additionally, in some infections, such as infections caused by Shiga toxin-producing enterohemorrhagic *E. coli*, antibiotics, such as quinolones and sulfamethoxazole/trimethoprim, may increase the risk of post-infectious hemolytic uremic syndrome (HUS).<sup>[11]</sup> The damage to bacterial DNA and the stress exerted on bacterial replication by such antibiotics induce cellular responses that lead to the upregulation of Shiga toxin production.<sup>[11]</sup> Shiga toxins cause microvascular endothelial damage, which causes acute kidney injury by direct toxicity, disturbance of hemostatic pathways, increased cytokine release, and complement activation.<sup>[12]</sup> The benefits and risks from antibiotic use in hemorrhagic enterocolitis are still a matter of debate; however, clinicians should exercise caution when prescribing antibiotics, especially quinolones, empirically to children with bloody diarrhea unless *Shigella* dysentery is highly prevalent.<sup>[11]</sup>



## DU&PP News

### Pharmaceutical Care Initiatives

In this issue of the Pharmacy Practice Newsletter, we highlight pharmaceutical care initiatives implemented between March 2026 and May 2026. During this period, the Drug Utilization and Pharmacy Practice Administration team remained dedicated to enhancing medication awareness and strengthening pharmacy training programs. This was achieved through a series of targeted sessions tailored to the public, pharmacy students, community pharmacists, and hospital pharmacists. These initiatives included:

#### 1) *EDA Experience Exchange Hub (Triple E's Hub)*

Triple E's Hub aims to strengthen national efforts by promoting and sharing best pharmaceutical practices across healthcare institutions in Egypt. Guided by the EDA's vision and aligned with Egypt Vision 2030, the Hub emphasizes building sustainable partnerships to support long-term development.

The scientific meeting held in April 2026 brought together hospital and clinical pharmacists to highlight their contributions to patient care, with a focus on Neonatal Sepsis. Through educational case studies, this session enhanced patient outcomes and reinforced evidence-based practice, reflecting the EDA's commitment to advancing pharmaceutical services and rational medication use.

Aligned with the Hub's strategy, this meeting promotes the sharing of experiences among healthcare institutions from various sectors and governorates. They showcase clinical pharmacy interventions across diverse disease areas and foster collaboration among pharmacists, academics, and healthcare experts, strengthening knowledge exchange within the profession.



## DU&PP News

### Pharmaceutical Care Initiatives

#### 2) (Safe Medication....Save Life) Initiative

The initiative seeks to improve public awareness of the safe and effective use of medications through a community engagement approach, aiming to build healthier, well-informed populations and optimize therapeutic outcomes. The sessions address a broad spectrum of topics related to non-communicable diseases, including Rational use of diabetic and hypertensive drugs and analgesics in Ramadan, Peptic ulcer and GERD, Anemia, Antimicrobial resistance, Hygiene and healthy habits.

On-site awareness campaigns are conducted in public venues such as cultural centers, libraries, sports clubs, hospital outpatient clinics, and university community service centers across Cairo and Giza. Community sessions held at locations including Rod El Farag Cultural Palace, Heliopolis Cultural Palace, Helwan Cultural Palace, Cairo University Female Student City, El Dokki Cultural Library, Cairo University Student City and the Arab Contractors Club Cultural Library have engaged diverse groups of adults, women, and students. These sessions foster meaningful dialogue and form a key part of the EDA's efforts to strengthen drug awareness, enhance pharmaceutical services nationwide, and promote the optimal and rational use of medications.



## *DU&PP News*

### *Pharmaceutical Care Initiatives*

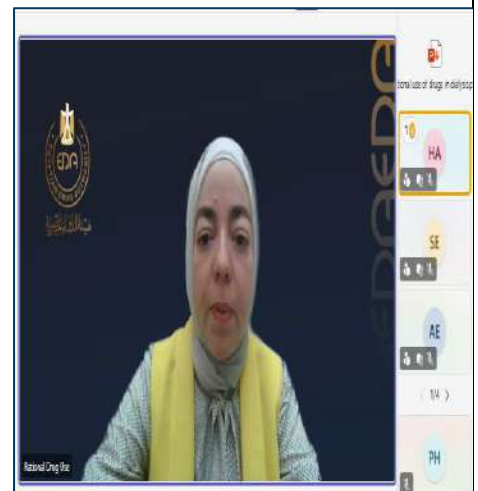
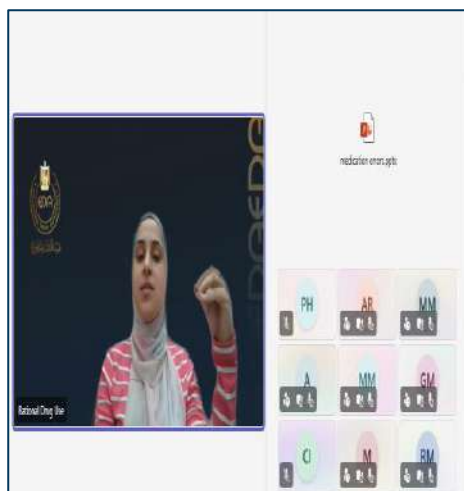
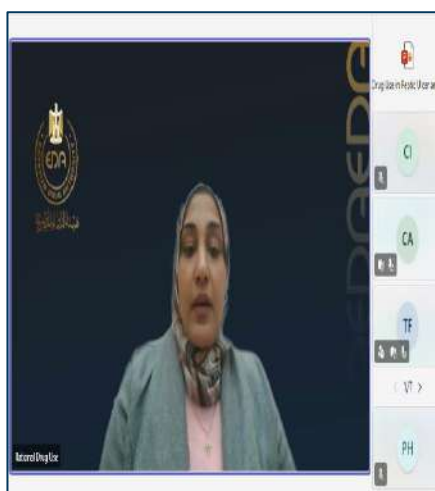
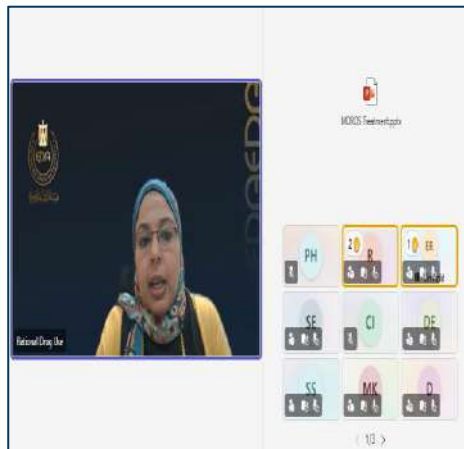
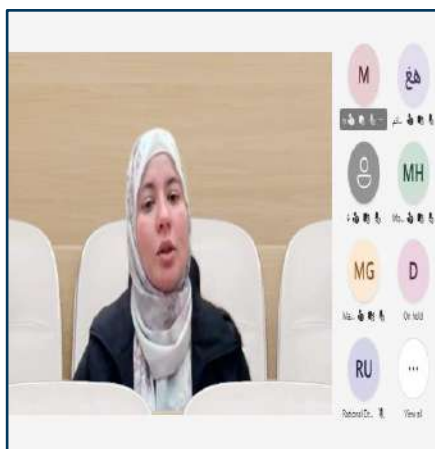
#### **3) (An Aware Pharmacist, an Aware Community) Initiative**

The initiative is designed to promote and sustain high-quality pharmaceutical practices while supporting continuous professional development. Implemented in alignment with the EDA's vision and its capacity-building strategies, it also reflects Egypt's broader commitment to advancing healthcare services. Special emphasis is placed on community pharmacists, who serve as the frontline of public health and play a critical role in enhancing medication safety and accessibility. The program is delivered through a series of monthly online webinars organized by the General Administration of Drug Utilization and Pharmacy Practice, frequently featuring contributions from professional experts and academic leaders across diverse disciplines.

#### **The selected topics include:**

- Management of Drug Interactions
- Rational Drug Use in Peptic Ulcer and GERD
- Handling of Hazardous Drugs
- Rational Use of Dialyzable Drugs
- Rational Use of Antimicrobials
- Common Medication Errors in Outpatient Settings

This comprehensive approach ensures participants receive up-to-date knowledge and best practices in the field.



## DU&PP News

### Pharmaceutical Care Initiatives

#### 4) Guide-to-Guide (G2G) Approach initiative

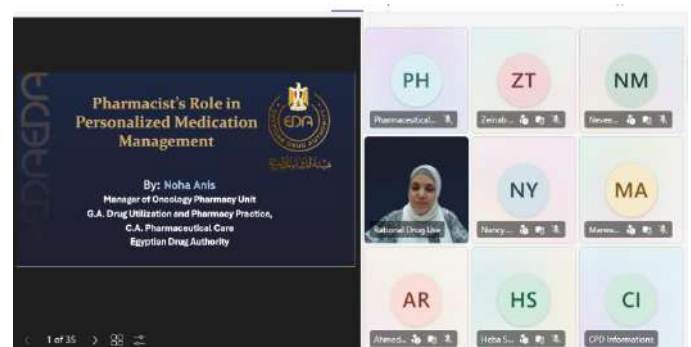
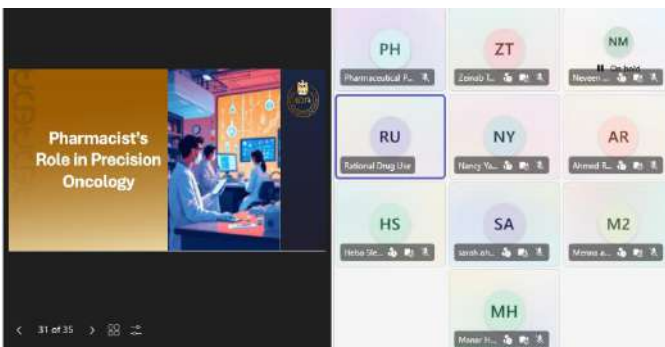
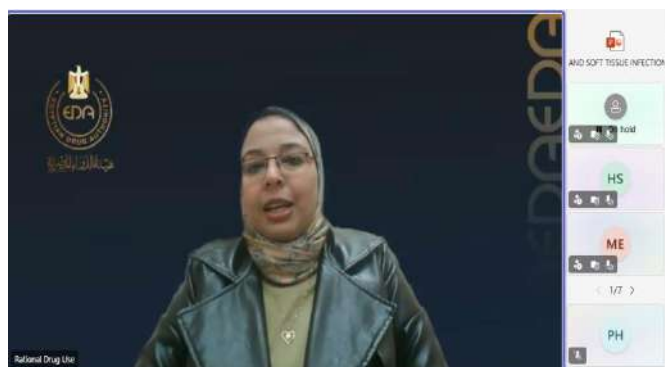
The Guide-to-Guide (G2G) initiative aims to enhance awareness among hospital and community pharmacists of the practice guides issued by the General Administration of Drug Utilization and Pharmacy Practice at the EDA. Developed in line with scientific evidence and international standards, these guides aim to enhance pharmaceutical practice, improve healthcare quality, and promote patient safety.

As part of this initiative, the EDA organizes virtual sessions to provide structured overviews of its published guides. In March 2026, a session was held on the **National Guidance of Rational Antimicrobial Use in the Management of Skin and Soft Tissue Infection**, which serves as a key reference for implementing evidence-based approaches in the management of these conditions. In May 2026, another session addressed the **Egyptian Guidance for Oncology Pharmacy Practice: Pharmacist’s Role in Personalized Medication Management – Part 1**, focusing on the pharmacist’s role in personalized oncology medication management while supporting the safe and effective use of essential therapies.

All EDA guides undergo a rigorous scientific review led by expert committees comprising academic specialists in pharmacy and medicine, as well as experienced healthcare professionals. This collaborative process ensures that the guides remain scientifically robust, clinically relevant, and aligned with current evidence.

To access the **National Guidance of Rational Antimicrobial Use in the Management of Skin and Soft Tissue Infection**, follow this link: <https://edaegypt.gov.eg/media/wvqldwxa/guidance-for-the-use-of-antibiotics-in-skin.pdf>

To access the **Egyptian Guidance for Oncology Pharmacy Practice, Pharmacist’s Role in Personalized Medication Management - Part 1**, follow this link: [https://edaegypt.gov.eg/media/zvrls5j3/guide\\_role-of-oncology-pharmacist-in-precision-medicine-.pdf](https://edaegypt.gov.eg/media/zvrls5j3/guide_role-of-oncology-pharmacist-in-precision-medicine-.pdf)



## DU&PP News: Pharmaceutical Care Initiatives

### 5) (Ahlena... Amanah) Initiative

The Egyptian Drug Authority has launched a pharmaceutical care initiative titled “Ahlena... Amanah” in collaboration with Cairo University, as part of its commitment to strengthening cooperation with academic institutions and enhancing efforts in pharmaceutical awareness and education across all segments of society.

The initiative aims to raise medication awareness among the elderly by educating them on the principles of safe and effective medicine use, contributing to achieving optimal therapeutic outcomes. It also seeks to promote sound pharmaceutical practices through educational content based on scientific and practical foundations.

The initiative witnessed the delivery of its first awareness activity in April 2026 through a lecture titled “Drug Interactions of Diabetes Medications,” highlighting the risks associated with drug interactions and methods of prevention, in addition to introducing the role of the Egyptian Drug Authority and its initiatives in supporting the rational use of medicines.

The initiative aims to include a series of regular visits to **Cairo University** to deliver diverse awareness programs across various pharmaceutical fields, in coordination with the **Center for Elderly Care and Sciences**. This comes within the framework of a cooperation protocol aimed at unifying efforts and maximizing the benefits of shared expertise.

This initiative comes as part of integrated national efforts to enhance community health awareness and establish a comprehensive approach to pharmaceutical care. It supports the country’s direction toward improving the quality and sustainability of healthcare services and reaffirms the Egyptian Drug Authority’s commitment to implementing global best practices to ensure the optimal use of medicines, enhance patient safety, and improve quality of life.



## *DU&PP News*

### *EDA and FAO Third Workshop*

#### **EDA and FAO Organize Third Workshop on Veterinary Antimicrobial Consumption Data Collection within the “One Health” Approach (21 May 2026)**

The Egyptian Drug Authority (EDA), in cooperation with the Food and Agriculture Organization of the United Nations (FAO), organized the third edition of a workshop on the use of a newly developed tool for collecting data on antimicrobial consumption in the veterinary sector. The workshop included trainees from the General Authority for Veterinary Services and veterinarians from Beheira and Assiut governorates.

The initiative reflects the EDA’s ongoing efforts to strengthen veterinarians’ capacities in monitoring antimicrobial consumption, supporting the rational use of antibiotics, and combating antimicrobial resistance. It also aligns with the EDA’s “One Health” strategy, which integrates human, animal, plant, and environmental health to address antimicrobial resistance challenges locally and globally.



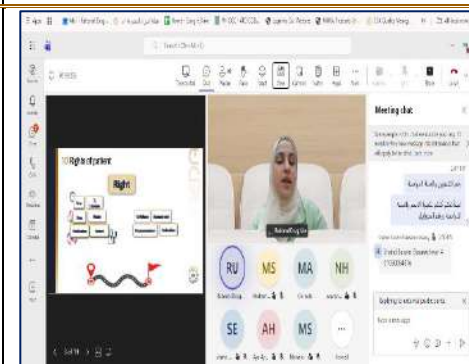
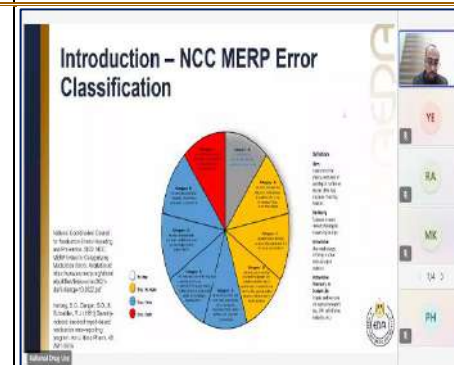
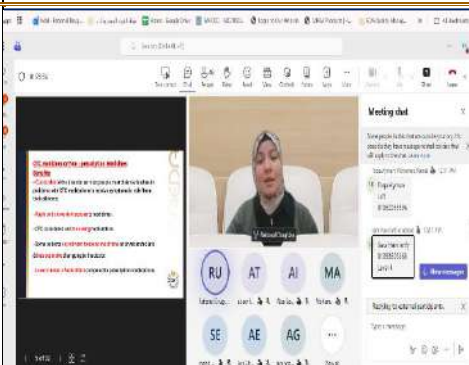
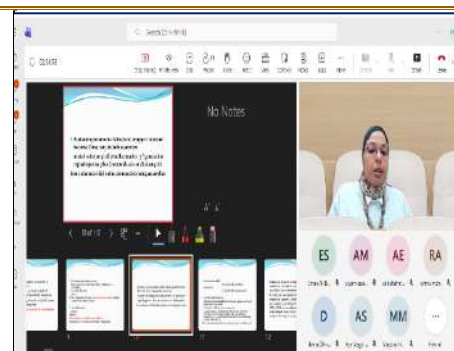
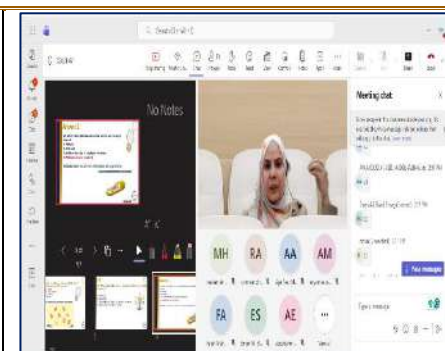
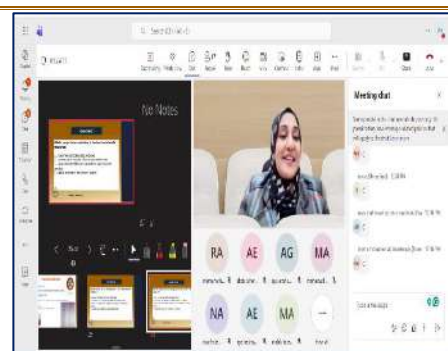
## DU&PP News

### Pharmacy Students Training Program

#### Training Program for Pharmacy Students at New Mansoura University (February to May 2026)

The General Administration of Drug Utilization and Pharmacy Practice, in collaboration with the Continuing Pharmacy Development Centre at the Egyptian Drug Authority (EDA), delivered a specialized **training program for pharmacy students at New Mansoura University**. Conducted online over five training days, the program included lectures and workshops covering the rational use of antimicrobials, medication error management, non-prescription medications, and effective patient medication education.

The program aimed to enhance students' clinical knowledge and patient counseling skills while strengthening their practical competencies. It also reflects ongoing efforts to prepare future pharmacists to provide safe, effective, and patient-centered pharmaceutical care in line with current healthcare standards



## DU&PP News

### Pharmacy Students' Scientific Day

#### Scientific Day on “New Era in Cancer Medicine” at Al-Azhar University

A scientific day entitled “New Era in Cancer Medicine” was held on April 12, 2026, at the Faculty of Pharmacy for Girls, Al-Azhar University. During the event, the activities and publications of the DU&PP were presented, alongside a simplified overview of the latest publication in the field of oncology pharmacy, “Egyptian Guidance for Oncology Pharmacy Practice, Pharmacist’s Role in Personalized Medication Management - Part 1”. The event aimed to raise awareness of recent advances in cancer care and highlight the expanding role of pharmacists in personalized oncology treatment.



### About DU&PP

The Drug Utilization and Pharmacy and Pharmacy Practice General Administration (DU&PP) is concerned with rationalizing medication use and reducing medication errors. The General Administration is also concerned with developing pharmaceutical practices, enhancing Egyptian pharmacists' skills, issuing pharmacy practice guidance, preparing national drug lists and the Egyptian drug formulary, and providing numerous training programs. It also aims to raise community awareness and promote the safe and effective use of medications by conducting awareness campaigns and pharmaceutical care initiatives among all segments of society to ensure patient safety and achieve optimal drug use.

Our publications, including clinical practice guides, newsletters, and the Egyptian National Formulary, are available at the official EDA website and can be accessed via the following hyperlinks or QR codes:



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## Egyptian Drug Authority

### Central Administration of Pharmaceutical Care

### General Administration of Drug Utilization and Pharmacy Practice



21 Abd El-Aziz Al Soud Street,  
Manial El-Roda, Cairo, Egypt



pp.rdu@edaegypt.gov.eg



+202 – 25354100, Ext:1902



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