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Qualicare continues to remain relevant after more than a quarter of a century in business

Special points of interest

- Qualicare continues to remain relevant after more than a quarter of a century in business
- CPC/Qualicare Open Day 2023 Brochure
- Facioscapulohumeral muscular dystrophy (FSHD)

The 13th of May 2023 will see the **26th annual Open day** of Qualicare once again being celebrated in our traditional “face to face” style. For the past three years we have labored under COVID-19 restrictions and constraints. Our function will therefore be a celebration not only of the fortitude of our members, the resilience of our IPA, but also an expression of our members and our IPA’s triumph over adversity.

Sadly, we were not spared the ravages of COVID-19 and we lost a number of practitioners to death

and disability as a result of this vicious virus. The thoughts and prayers both of management and on behalf of every one of 500 + members and shareholders, go out to the families of those who sadly have passed or to those who have been severely compromised.

Attendance at the 2023 open day is again over 200 delegates and has been supported by almost 50 companies who identify strongly with the essential place of the Family Practitioner in the current and future healthcare dispensation of South Africa.

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New drug may help prevent episodic migraine in difficult cases..	pg 27-28
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Open day address from Chief Executive and Chairman of CPC/ Qualicare

Interest in attending the Open day from the pharmaceutical and related trade was so high that we had to decline applications as a result of space constraints. We are however hosting 2 further open days this year, one in George on the garden route in August and the other in Worcester in October. We are confident that both shows will be equally as popular and will attract widespread attention.

We want to thank our superb team, Shireen, Annere, Zulfah, Wendy, Yvette and our newest edition to our cohort, Louna, my new PA, all of whom have done a sterling job in pulling together to ensure the success of our function.

Please watch your newsletters as well as your mass e-mail announcements from Qualicare to stay up to date with the latest important news, essential to the smooth running of your practice. Our regularly updated website www.docweb.co.za contains huge amounts of important information as well as a password protected practice management section which is only open to shareholders and members.

We remain at the cutting edge of addressing your medical aid problems, difficulties with tariffs, interactions with Provincial, Regional and Central government regarding future NHI, representation on collective bargaining on behalf of family practitioners to the Competitions Commission etc,.

We rely on YOU to interact with our Qualicare Consultants who phone your practice weekly. Inform them of any difficulty your practice, any experiences with bureaucracy whether it be with the HPCSA, the Board of Healthcare Funders, DOH Licensing division, IPWIS, various medical aids and managed care organizations, or if there is any medicolegal advice which you need in the day-to-day running of your practice.

This newsletter also carries a summary of the various offerings of Qualicare which are featured in this brochure for your information, as well as a full low down on the speakers for our Open day and the companies who were involved.

We have been there for you since 1997 and we are here to stay.

Dr Tony Behrman CEO Qualicare

Dr Solly Lison Chairman Qualicare Holdings

2023 CPC/QualiCare Open Day

SATURDAY 13 MAY 2023

- THANK YOU - TO OUR EVENT SPONSORS





2023 CPC/Qualicare Open Day

AGENDA

Accredited for 5 Clinical & 1 Ethics CPD Point/s.

Related Reading Material Approved for 13 Clinical & 2 Ethics points.

NB: This Agenda is subject to amendment without notice

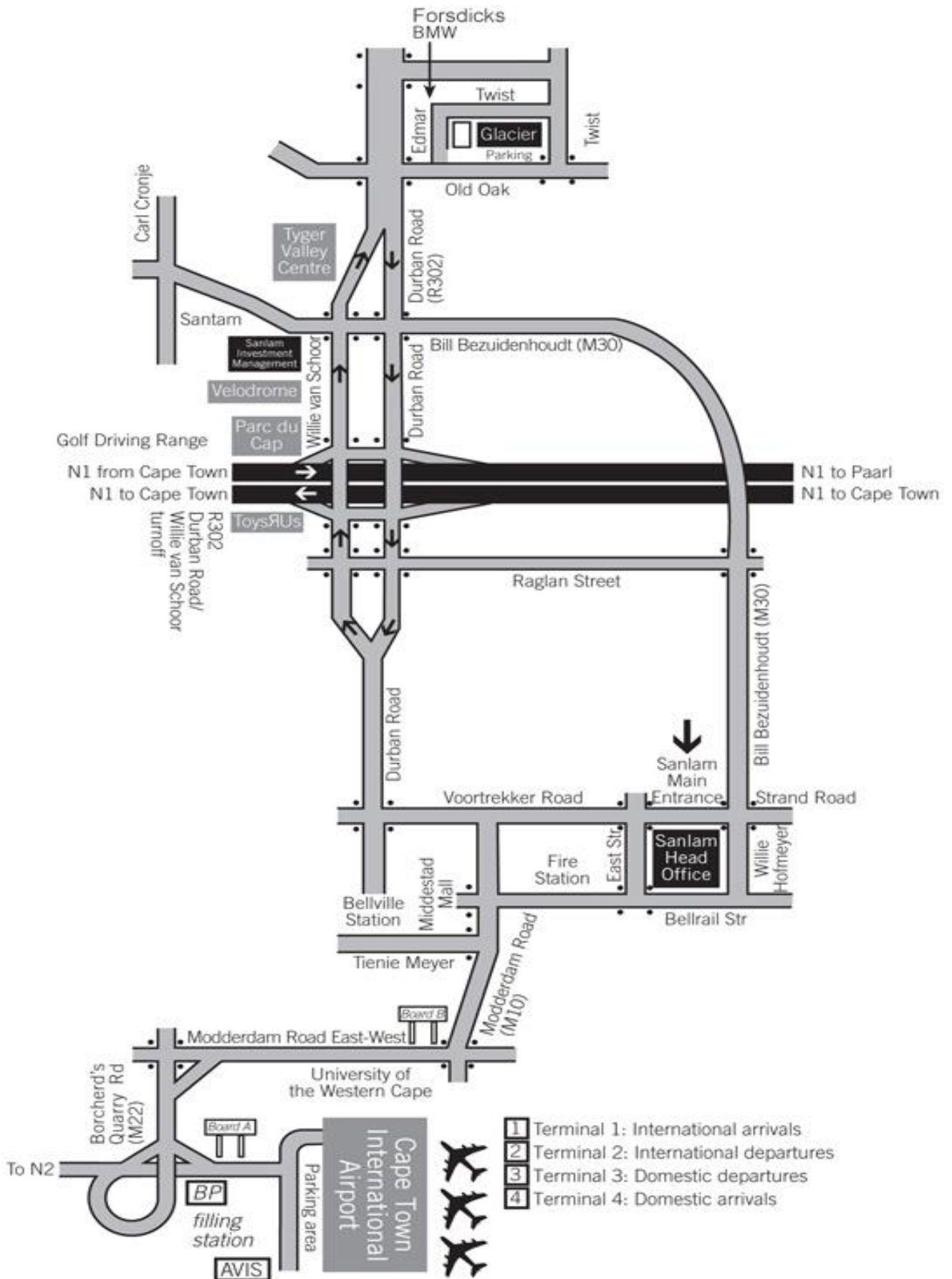
TIME	TOPIC	Sign In/Out	SPONSOR	SPEAKER
06hr15 - 07hr30	Welcome: Delegates arrive: Coffee and rusks			
07hr30 - 07hr45	Sanlam Official opening of the days event		Sanlam	
07hr45 - 08hr05	How can we improve genetic diagnostic testing for Leukemia in South-Africa?	SIGN IN	A+ Clinical Laboratories	Dr Jo-Ann Kotze
GYNECOLOGY & ENDOCRINOLOGY WORKSHOP				
08hr05 - 08hr25	When is clomid safe for ovulation induction?		Life Kingsbury Hospital	Dr Christian Kalwiba
08hr25 - 08hr45	Pneumonia : Aspects of importance for the Family Physician		Life Kingsbury Hospital	Dr Jacqui Venturas
VIRAL HEPATITIS WORKSHOP				
08hr45 - 09hr05	Viral Hepatitis B: Primary Healthcare essentials		Pathcare	Dr Jean Maritz
09hr05 - 09hr25	Viral Hepatitis C : Finding the patient with Hepatitis C and linking to care		Gilead	Prof C Wendy Spearman
09hr25 - 09hr45	Tobacco Harm Reduction: What we know, What we ignore and What we hope for		PMI	Prof Praneet Valodia
ETHICS WORKSHOP (PART 1)				
09hr45 - 10hr05	Ethics Medical Professionalism Part 1		MPS	Dr Tony Behrman
10hr05 - 10hr25	Ethics Medical Professionalism Part 2. The essentials of good financial management.		Discovery	Dr Tony Behrman
10hr25 - 11hr00 MORNING TEA IS SERVED				
RESPIRATORY WORKSHOP SIGN IN				
11hr00 - 11hr20	Management of Asthma from start to finish		Novartis	Prof Richard van Zyl-Smit
11hr40 - 12hr00	Paediatric Asthma and Correct Inhaler Technique		Cipla	Dr Pieter deWaal
CARDIAC AND HYPERTENSIVE WORKSHOP				
11hr20 - 11hr40	Understanding the lower leg ulcer and vascular physiology – new developments. Case Studies		Medis	Dr Wim A De Klerk
12hr00 - 12hr20	Hypertension: Treating beyond the BP number		Boehringer Ingelheim	Dr Gary Hudson
12hr20 - 12hr40	Harmonising the management of cardiovascular disease		Servier	Prof Dirk Blom
12hr40 - 13hr00	Managing the silent thread connecting Dyslipidaemia and Hypertension		Servier	Prof Dirk Blom
13hr00 - 13hr20	Why is Hypertension still causing so many deaths in 2023?		Macleods Pharmaceuticals Limited SA	Dr FCR Theron
13hr20 - 14hr00 LUNCH IS SERVED				
CARDIAC AND HYPERTENSIVE WORKSHOP (CONTINUED) SIGN IN				
14hr00 - 14hr20	Management of Pulmonary Embolism (PE).		Pfizer	Prof Brian Allwood
DIABETES WORKSHOP				
14hr20 - 14hr40	Structured Self-Monitoring Blood Glucose, effect on Glycaemic Management and HbA1c		Roche	Dr Julien Trokis
14hr40 - 15hr00	Diabetes - Trial, Tried and Tested: The Empagliflozin Cardiovascular Outcomes Journey		Boehringer Ingelheim	Dr Julien Trokis
15hr00 - 15hr20	Diagnosis to Treatment of CKD in Type 2 Diabetes		AstraZeneca	Dr Johan Nel
15hr20 - 15hr40	Post Prandial Matters: The Need to Intensify Early		Eli Lilly	Dr FCR Theron
15hr40 - 16hr00	Diabetes Navigating T2DM with insulin injectables: Cost vs Value		Novo Nordisk	Dr Tienie Stander
16hr00 - 16hr30 AFTERNOON TEA IS SERVED				
ETHICS WORKSHOP (PART 2)				
16hr30 - 16hr50	Ethics Medical Professionalism Part 3		Gems	Dr Tony Behrman
MANAGED CARE WORKSHOP				
16hr50 - 17hr10	Managed care initiatives in general practice		Universal	Dr Odwa Mazwai
17hr10 - 17hr20	Chronic back & neck rehabilitation		GEMS	Dr Sello Motoang
17hr20 - 17hr40	Final word from Sanlam		Sanlam	
17hr40 - 18hr00	Questions from the Ethics presentations. NB! This is a signout session for CPD	SIGN OUT	CPC/Qualicare	Dr Tony Behrman
18hr00 - 18hr15	Prizegiving: DO NOT MISS THESE SUPER PRIZES.			

VENUE

SANLAM HEAD OFFICE

Voortrekker Road, Belville

ROAD MAP TO VENUE



Speakers



A+ Clinocal Laboratories

Speaker : Jo-Ann Kotze

Topic : How can we improve genetic diagnostic testing for Leukemia in South-Africa?

Jo-Ann Kotze is an accomplished and highly experienced professional in the field of Cytogenetic with almost 15years of experience. She currently serves as an Executive board member of A Plus Clinical Laboratories and holds the position of practice Cytogenetics. Her experience in the field is widely recognized.

Jo-Ann's career in Cytogenetics began in 2009 when she joined Unistel Medical Laboratories as a Medical Technologist in Cytogenetics. In 2020 Jo-Ann ventured into opening her own practice. During her tenure at the A Plus Clinical Laboratories, Jo-Ann played a pivotal role in the development and implementation of new testing methodologies, including the use of optical genome mapping as a clinical tool to solve rare genetic disorders and haematological malignancies.

Jo-Ann is highly regarded for her exceptional leader skills , strategic thinking and ability to execute complex projects with precision. Her dedication to quality and patient care has earned her the trust and respect of her peers, colleagues, and clients.

In addition to her work at A Plus Clinical Laboratories, Jo-Ann is also the current National Board Examiner for Cytogenetics, a position that allows her to share her expertise and knowledge with others in the field. She is passionate about training and mentoring young professionals and is committed to advancing the field of Cytogenetics through research and innovation.

Jo-Ann holds a Bachelor of Science in Medical Laboratory Science from Nelson Mandela University. She is also a registered Medical Technologist with Health Professional Council South-Africa and an active member of the Society of Medical Laboratory Technology of South Africa, National Education Committee (NEC), and the Scientific Advisory Committee (SAC's) representing the field of Cytogenetics.



Life Kingsbury Hospital

Speaker : Dr Christian Kalwiba

Topic : When is clomid safe for ovulation induction?

Dr Christian Kalwiba is an experienced Obstetrician and Gynaecologist.

Dr Kalwiba obtained his medical degree in the Democratic Republic of the Congo before relocating to South Africa in 2011. He completed his internship at Pietermaritzburg Complex Hospital in KwaZulu-Natal and worked as a medical officer in Obstetrics and Gynaecology for four years at the Ladysmith Hospital. In 2022, he completed his specialist training at the University of Cape Town followed by a fellowship in minimal access surgery at World Laparoscopy Hospital in India.

Dr Kalwiba is a diligent, compassionate and seasoned clinician – an advocate of evidence-based medicine who strongly believes that it is what the patient deserves.

He strives to treat patients in the best way possible and to equip them with insight and a good understanding of their medical condition(s).

Furthermore, he has a special interest in gynaecology and promotes natural vaginal birth.



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Life Kingsbury Hospital

Speaker : Dr Jacqui Venturas

Topic : Pneumonia : Aspects of importance for the Family Physician

Dr Jacqui Venturas graduated from the University of Cape Town in 1998. She then went to Johannesburg to complete her Internship and community service, at Helen Joseph and Thelle Mogoerane hospitals respectively. Early on in her medical training she developed a keen passion for Internal medicine, especially Pulmonology, Infectious Diseases and Critical Care, and in 2002-2005 continued her training as a Specialist Physician on the University of the Witwatersrand circuit, and then between 2006-2009 further training in Pulmonology and Critical Care medicine.

Jacqui spent 15 years at Charlotte Maxeke Academic hospital in Johannesburg as a consultant in the department of Internal Medicine, honing her skills in the aforementioned specialities. During this time she was actively involved in all aspects of departmental life, including patient care and the training of medical students and registrars. She was also involved in the initial COVID response at Charlotte Maxeke in 2020, assisting in drawing up protocols relating to clinical care.

Jacqui and her family have recently returned to Cape Town after two years in New Zealand. During her time there, spent in the Respiratory department at the Waikato District Health Board, she was the clinical lead for lung infections (including Tuberculosis, non tuberculous mycobacteria and COVID) and Pleural disease. "My experiences in New Zealand and the patient profile there, afforded me the ability to upskill in aspects of Pulmonology particular to the New Zealand environment, and grow in both a professional and personal capacity."

Her latest two publications are HIV and COVID-19 disease published in Seminars in Respiratory and Critical Care Medicine and Multi-inflammatory syndrome in a 16-year-old male following first dose of m-RNA COVID vaccination published in Clinical Infection in Practice.



At home, Jacqui enjoys running and yoga and spending time outdoors with her family. Jacqui has two



Pathcare

Speaker : Dr Jean Maritz

Topic : Viral Hepatitis B: Primary Healthcare essentials

MMed (Virology Path) cum laude, University of Stellenbosch, 2013

FC Path (SA) Viro, Colleges of Medicine of South Africa, 2012

MSc(Med) cum laude, University of Cape Town, 2009

MB,ChB, University of Stellenbosch, 2005

- Member of the WHO Technical Consultation Group for HIV diagnostics
- Invited by the American National Institutes of Health (NIH) to present guidance on the implementation of birth HIV PCRs at the 'HIV Birth Testing and Linkage to Care for HIV Infected Infants Workshop' hosted by the NIH in Rockville, Maryland (2016)
- Awarded Stellenbosch University's Faculty of Medicine and Health Sciences medal for best structured Master's degree (2013)

Speakers continue from page 8



Speaker : [Prof C Wendy Spearman](#)

Topic : [Viral Hepatitis C : Finding the patient with Hepatitis C and linking to care](#)

CWN SPEARMAN MBChB, FCP(SA), FRCP, MMed, PhD

Wendy Spearman is Head of the Division of Hepatology, Department of Medicine, Faculty of Health Sciences at the University of Cape Town. She is Head of the Liver and Liver Transplant Clinics at Groote Schuur Hospital.

She is actively involved in outreach Liver education programmes and was appointed by the International Association of Providers of AIDS Care to develop Training modules on the management of Hepatitis B for sub-Saharan Africa. She is a co-lead of the 'Viral Hepatitis in sub-Saharan Africa' Project ECHO Clinic programme promoting delivery of care for patients with viral hepatitis in under-resourced regions. She was appointed by WHO Africa as the Lead consultant to develop the National Guidelines on the management and prevention of viral hepatitis in South Africa. Her research interests include viral hepatitis,



Speaker : [Prof Praneet Valodia](#)

Topic : [Tobacco Harm Reduction: What we know, What we ignore and What we hope for](#)

Prof Praneet Valodia obtained his bachelor's and master's degrees in pharmacy from the University of the Western Cape and a PhD in pharmacology, Faculty of Health Sciences, University of Cape Town. He is currently a healthcare consultant and an adjunct professor at the University of the Western Cape.

He has worked as an executive in Innovation and Development, Director of Medicines Management, Clinical Executive, Head of Product Development, Chairman of Drugs and Therapeutics Committees, and business consultant.

In 2015, Praneet started his own consultancy business as a healthcare consultant offering advisory services in market access solutions for medicines, pharmacoeconomics, digital health innovation, medicine and disease risk management, research and health outcomes measurement.

In 2015 and 2016 he was the recipient of 4 healthcare awards including the Titanium Lifetime Achievement Award bestowed by the Board of Healthcare Funders of Southern Africa and the University of the Western Cape Chancellor's Award for



Speaker : [DR ANTHONY \(TONY\) BEHRMAN](#)

Topic : [Ethics Medical Professionalism Part 1](#)

Speaker Bio: [Refer to page 6](#)

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Speakers continue from page 9



Speaker : DR ANTHONY (TONY) BEHRMAN
Topic : Ethics Medical Professionalism Part 2

Degrees/Fellowships

- M.B.Ch B. (1970 to 1975) UNIVERSITY OF CAPE TOWN.
- DIPLOMA in OCCUPATIONAL HEALTH (1995 to 1997) U.C.T.
- FOUNDATION FELLOW of the Faculty of FORENSIC and LEGAL MEDICINE (Royal College of Physicians) UK 2005 (FFLFM)
- Accredited DISAC Mediator UCT Law @ work, Legal Faculty UCT 2014.

Current Positions held:

- Chief Executive Officer of CAPE PRIMARY CARE / QUALICARE IPA, WESTERN CAPE 1990 to date comprising 600 Family Practitioner members.
- Director of the IPA Foundation of RSA
- Director of the SAMCC
- Business and Medicolegal Consultant to Medical Protection Society 1998 to 2012 and again 2018 to date

Personal:

- Married, with 2 children and 4 grandchildren



Speaker : Prof Richard van Zyl-Smit
Topic : Management of Asthma from start to finish

Professor van Zyl Smit – is a Professor of pulmonology at UCT and Groote Schuur Hospital. He is the current President of the South African Thoracic Society and an active researcher with over 100 peer review publications. He is an executive member of the South African National Asthma Education Programme and represents the Global initiative for Asthma as a Global ambassador.



Cipla

Cipla

Speaker : Dr Pieter de Waal

Topic : Paediatric Asthma and Correct Inhaler Technique

- Pieter qualified as a Paediatrician in 2009 at the University of the Free State.
- In 2017, he obtained the South African Certificate in Asthma Care (NAEP).
- In 2018, he obtained his Diploma in Allergology from the College of Family Physicians of South Africa.
- In 2018 he qualified as a Certified Allergologist at the University of Cape Town.
- In 2019 he obtained his M.Phil. degree in Allergology
- He currently works as a full-time Paediatrician and subspecialist in Allergology at MediClinic, Panorama in Cape Town.
- Pieter is also part of the South African National Asthma Education Programme (NAEP) and Allergy Society of South



Macleods Pharmaceuticals SA (Pty) Ltd.

Speaker : Dr FCR Theron

Topic : Why is Hypertension still causing so many deaths in 2023?

Private practice as Specialist Physician in Durbanville Mediclinic for 28 years.

I have a passion for Metabolic illnesses as this, in my opinion, has a huge effect on the mechanism of ageing.

Together with the faculty of Medicine, University of Stellenbosch, I was the initiator of the program to teach medical students doing their mid-clinical rotation in Internal medicine in their 4th or 5th in private hospitals. This has been running since 2014 and after a break during Covid, in which we did online teaching, the program is now set to start again in the next 2 months.



Lilly

Eli Lilly and Company

Speaker : Dr FCR Theron

Topic : Post Prandial Matters: The Need to Intensify Early

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Qualicare Newsletter - May 2023 Edition



Servier

Speaker : Prof Dirk Blom

Topic 1 : Harmonising the management of cardiovascular disease

Topic 2 : Managing the silent thread connecting Dyslipidaemia and Hypertension

Associate Professor Dirk Blom is the Head of Division of Lipidology at the University of Cape Town and heads the Lipid Clinic at Groote Schuur Hospital. Professor Blom's personal research interests include genetic disorders of lipoprotein metabolism with a particular emphasis on dysbetalipoproteinaemia and familial hypercholesterolaemia Professor Blom is a member of multiple international societies and currently serves on the executive committee of the Lipid and Atherosclerosis Society of Southern Africa. He has published in multiple peer-reviewed journals.



We're turning 30!
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Medis

Speaker : Dr Wim A De Klerk

Topic : Understanding the lower leg ulcer and vascular physiology – new developments. Case Studies

MBCHB – University of Stellenbosch (1981)

General Practitioner, Rawsonville 1985-1987/Porterville 1987-1997

Completes MFam Med – University of Stellenbosch (1992)

MBA –University of Stellenbosch (1999)

Chairman Western Cape Wound Healing Association 2003-2004

Founder member Wound healing Association of SA circa 2004

Founder member of Lymphoedema Association of SA 2012

Becomes the first African member of the ICC 2015



Pfizer

Speaker : Prof Brian Allwood

Topic : Management of Pulmonary Embolism (PE).

Brian Allwood is a Professor in the Division of Pulmonology at the Stellenbosch University and Tygerberg Hospital, where he runs the interstitial lung disease and pulmonary vascular services. He received his medical degree from the University of the Witwatersrand and completed his training as a specialist physician and pulmonologist at the University of Cape Town (UCT). He has a Master's Degree in Public Health (Clinical Research), and completed a PhD at UCT and a Clinical Fellowship in Pulmonary Hypertension at Massachusetts General Hospital, Boston USA.



Roche Diabetes Care South Africa (Pty) Ltd.

Speaker : [Dr Julien Trokis](#)

Topic : [Structured Self-Monitoring Blood Glucose, effect on Glycaemic Management and HbA1c](#)

Dr Julien Trokis is a diabetologist, in practice at the Diabetes Care Centre, Cape Gate. He has a multidisciplinary CDE clinic, and also runs a large clinical trial centre.

He has been an investigator in over 80 clinical trials, and has been principal investigator in about 40 clinical trials.

He has a special interest in diabetic kidney disease, and is currently national principal investigator for South Africa in a large international clinical trial in diabetic kidney disease. He currently serves as a member of the independent data monitoring committee on a multinational clinical trial.

He has been published in peer-reviewed journals, and has given talks both nationally, as well as internationally. He has



Boehringer Ingelheim South Africa

Speaker : [Dr Julien Trokis](#)

Topic: [Diabetes - Trial, Tried and Tested: The Empagliflozin Cardiovascular Outcomes Journey](#)



AstraZeneca

Speaker : [Dr Johan Nel](#)

Topic : [Diagnosis to Treatment of CKD in Type 2 Diabetes](#)

“Dr Nel qualified from Stellenbosch University in 1992, and subsequently spent 5 years in General Practice in the Northern suburbs before returning to specialise in Internal Medicine, and then Nephrology. He qualified in 2005 and has been a senior consultant nephrologist at Stellenbosch University and Tygerberg Hospital for the last 10 years. He is clinical lead on the transplant program, a member of the ministerial advisory committee on transplantation and has a special interest in ICU nephrology as well as diabetes.”

Speakers continue from page 15

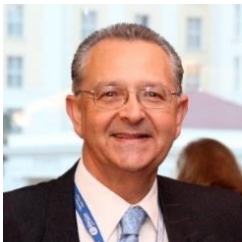


Speaker : [Dr Tienie Stander](#)

Topic: [Diabetes Navigating T2DM with insulin injectables: Cost vs Value](#)

Tienie is a medical doctor and Managing Director of VI Research, based in Dubai. He has more than 30 years' experience in the health care ecosystem of which almost 20 years were spent in health economics and outcomes research. He is an international speaker, well published and has a particular interest in the digital transformation of healthcare and its impact on research methods and outcomes.

He is a member of ISPOR International, International Aids Society and Health Financial Management Association. He collaborates extensively with international academic organisations such as Harvard Medical School and British Columbia University. International experience includes consulting work in the SADC, Mauritius, Ghana, Libya, Egypt, Sudan, India,



Speaker : [DR ANTHONY \(TONY\) BEHRMAN](#)

Topic : [Ethics Medical Professionalism Part 3](#)

Speaker Bio: [Refer to page 6](#)



Speaker : [Dr Odwa Mazwai](#)

Topic : [Managed care initiatives in general practice](#)

Dr Odwa Mazwai currently serves as the Managing Director of Universal Care (Pty) Ltd. As a qualified medical doctor with experience in managed care, he has a keen understanding of the pressing need for equitable and sustainable healthcare in South Africa.

His career spans the spectrum of medical care from clinical work to policy development at the National Department of Health. While he still holds a keen interest in clinical medicine, his passion lies in the realisation of access to quality health care for the citizens of Africa.

Odwa remains excited about the changes that are on the horizon for healthcare in South Africa and believes the ripples of these changes will permeate through the continent for the better.

Speakers continue from page 16



Boehringer Ingelheim South Africa

Speaker : [Dr Gary Hudson](#)

Topic: [Hypertension: TREATING BEYOND THE BP NUMBERS](#)

Dr Gary Hudson is a specialist in Pringlebaai, Betty's Bay, Western Cape.

He has a special interest in immune and metabolic diseases. He initiated the rheumatology clinics as well as immune clinics at Helen Joseph Hospital.

Dr Hudson is the founding member of the HIV clinician society and a senior lecturer at the Foundation of Professional Development. He is the author of the Metabolic Syndrome textbook as well as the author of Metabolic Immune Diseases for

QualiCare

26TH OPEN DAY 13 MAY 2023



THANK YOU FOR YOUR SUPPORT

CPC/Qualicare offers the following services to our members and shareholders

PRECIS

CPC/Qualicare is the largest and most effective self-sustaining, Independent General Practitioner Network in the Western Cape Province since 1990. We are exclusively doctor owned and managed.

CPC/Qualicare's experienced consultants provide the vital link between your Practice, the Company and the Medical Industry.

VISION

To be the pre-eminent Independent Practitioner Association in the Western Cape.

MISSION

To provide Quality, Affordable, Sustainable, Equitable, Non-discriminatory Primary Healthcare to the patients of the Western Cape, through empowering our doctors, dentists and other medical and allied practitioners with clinical, business and ethical knowledge, as well as up to date practice information and assistance.

CPC/QUALICARE OFFERS THE FOLLOWING SHAREHOLDER AND MEMBER ADVANTAGES:

AREAS OF COVER

CPC/Qualicare covers the entire Western Cape Province from Beaufort West in the North East to Lutzville in the North through Cape Town to Cape Agulhas in the South, Plettenberg bay in the East and everywhere in between.

CPC/QUALICARE CONSULTANTS

We have 5 highly experienced staff who contact the practices to which they have been allocated, on a weekly basis to address relevant problems, from Medical Scheme late payments, difficulties with getting the right person to listen at Funder level, to the newest info on dispensing. PRACTICE ASSISTANCE is also provided with maintaining and registering difficulties with HPSCA, BHF/PCNS, Dispensing licenses and reminders of payments and fees, as well as retention of licences.

All doctors about to open a new practice are welcome to join CPC/Qualicare whereupon one of our consultants will guide you through the intricacies of starting your business.

IPWIS (Integrated Pollutant and Waste Information System)

Practice waste disposal has become an integral requirement of day to day running of a practice. Practices have to register with IPWIS. Should you have difficulty registering or remaining IPWIS compliant, our consultants have contacts with IPWIS and are able to assist you to become compliant.

CPC/QUALICARE NEWSLETTER

Our 54-page electronic monthly edition is packed with relevant, crucial information on a variety of health issues. It is a confidential document for CPC/Qualicare shareholders and members only; it is also circulated to 170 key opinion leaders in the healthcare industry. We welcome articles and news from all our practitioners. The newsletter has a free classified section, which is available to members at no charge, to advertise for anything related to their practices like locums needed, staff vacancies etc. We also allow non-members & companies to advertise in our newsletter or on our mass emails at a market related rate.

www.docweb.co.za

The CPC/Qualicare website is the most comprehensive communication tool and you have it at the click of a mouse. All relevant news and updates are readily viewable, forms and legal contracts are available as downloads. The website also features an archive of previous newsletters as well as the current newsletter for the month.



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STANDARD PATIENT REGISTRATION FORM (POPI COMPLIANT)

Standard patient registration forms have been devised which include the most relevant information from each new patient who registers with your practice. This information will greatly reduce your bad debt risk as well as assist you in keeping track of your patient's whereabouts, see www.docweb.co.za

MASS E-MAILS

We distribute essential information (with your consent upon joining) via mass e-mail. We use mass email which is a fast and cost-effective form of communication between the IPA and our shareholders and members. We also offer a free mass email advertising service to find locums or advertise. We strive to keep you informed at all times but rely on you to log onto your computer and onto www.docweb.co.za daily. CPC/Qualicare will only e-mail you important matters and will never clutter your e-mail with unnecessary spam. You are reminded to set your firewall accordingly.

FACEBOOK

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FREE PRACTICE STATIONERY (currently limited to 300 sheets per month – subject to availability) **CPC/Qualicare also offers extra stationery, in excess of the free limited amount, at well below current market related cost.**

CPC/Qualicare supplies its doctors with free stationery, including prescription pads, sick certificates, referral pads and appointment cards per month. The commercial value of this is currently more than R300.00 including VAT/month and represents a significant saving to your practice, offsetting membership fees by over 70%.

OPEN DAYS

Annual Open Days have been held F2F at Bellville, George and Worcester. These have now become virtual because of Covid-19. They are the highlight of our yearly calendar and are exceptionally well .

organised and widely supported by the medical and allied professionals and the pharmaceutical industry. Shareholders and Members currently enjoy an approximate 45% reduced fee on our open day related readings (this can vary). We aim to provide 70% to 80% of your annual CPD at our conferences in a fun virtual or F2F environment, together with our related reading.

IMPORTANT DOWNLOADS

The CPC/Qualicare website, www.docweb.co.ca, possesses very important generic downloads including:

- COIDA forms
- PMB Benefits
- **PMB Algorithms** (extensive documentation – you will be redirected to the CMS website)
- Further forms under construction

CPD

CPC/Qualicare is committed to assist doctors in obtaining their required CPD points. By attending our CME evenings throughout the year as well as the annual Open Day, you are able to earn 70% to 80% of the requisite points for the year by way of attendance and completion of related reading material.

MEDICAL SCHEME INFORMATION SHEETS

CPC/Qualicare compiles annual “summary sheets” to inform members (who do not yet charge cash) of the amounts of reimbursement that the different medical schemes offer at the beginning of each year when price confusion usually reigns. IPAF (of which CPC/Qualicare is a foundation member) compiles these tariffs from advice received from Funders. Neither CPC/Qualicare, nor IPAF currently negotiates, accepts, or prescribes tariffs. It is each individual member's prerogative to decide on their own tariffs and or contracts.

POINT OF SERVICE MACHINES:

Currently, CPC/Qualicare can organise Glucometers for doctors to give to their patients. Should you need machines, you can contact your consultant who will organise for machines to be dropped at your practice. This however depends on supplies and is not guaranteed.



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MEDICAL FUNDER LIAISON

Through constant interactions with all major funders and administrators, CPC/Qualicare has secured sound working relationships to assist you should you experience any problems with Discovery, Medscheme schemes: AECl, Bonitas, Fedhealth, MB Med, Postmed, Polmed, GEMS: All options, Medshield, Medihelp, Camaf, Universal, Momentum and Metropolitan with others in the pipeline.

CONTRACTING WITH FUNDERS

CPC/Qualicare abides by the HPCSA ethical regulation of "All Willing Providers". Our members are therefore fully entitled to participate in all of the CPC/Qualicare contracts and benefits. Medical aid contracts are, of course, available to non-members, however, they do not enjoy the support of the consultants, nor of the IPA and its infrastructure in liaising with the funders in a very complicated market.

MANAGED CARE CONTRACTS: PERUSAL OF

CPC/Qualicare possesses the skill to analyse managed care contracts in detail. All members are encouraged to approach us before signing any new managed care contracts to ensure that you are maximally protected from shady small print. Please be advised to send your contracts to the CPC/CPC/Qualicare Office for a free non-binding opinion.

MEDICAL SCHEME DEFAULT PAYMENTS

CPC/Qualicare consultants have vast personal experience with the internal workings of the medical scheme payment mechanisms. Paid up shareholders and members are welcome to submit problem accounts to us in batches for elucidation and submission to key persons within funder organizations. We have achieved remarkable results for doctors who have battled with their medical scheme reimbursement.

PEER-TO-PEER INTERVENTION/MENTORING

Peer-To-Peer Mentoring, Management, Peer evaluation, and Peer Review are an integral part of the services we offer our members. Our Peer Mentor Officers have been instrumental in assisting doctors with all aspects of the review process over the past 3 years. CPC/Qualicare practitioners are highly rated in peer activity. We will assist you should your practice fall out-side of National norms, should you wish us to be involved.

PERFORMANCE-BASED REIMBURSEMENT (PBR)

CPC/Qualicare continues (via the SAMCC and IPAF) to interact with Medical Schemes which offer enhanced fees for Performance Based Reimbursement Models. We have your interest at heart to ensure FAIR PEER PROFILING AND PEER REVIEW. CPC/Qualicare leads the field in FAIR PEER to PEER management.

IPA FORUM

CPC/Qualicare is a founder member of the IPA Forum with Medscheme and is a source of contracts for all Medscheme schemes.

FPAB

CPC/Qualicare has a representative on the Family Practitioners Advisory Board of Discovery Medical aid (FPAB) at which numerous problems are raised and highlighted for Discovery to redress.

IPA FOUNDATION (IPAF)

CPC/CPC/Qualicare is a founder member of the South African Medical Contracted Community (SAMCC), an association of nation wide IPAs, which together with other likeminded IPAs form the Independent Practitioner Association Foundation (IPAF), a national Body of IPA leaders who interact with the Private sector and Government stakeholders to preserve the integral place of the private General Practitioner in the Health Care Delivery System of RSA.

MANAGED CARE

CPC/Qualicare has been involved in the roll out of most managed care initiatives in the Western Cape Province. Interaction with CPC/Qualicare and our consultants ensures that your practice remains up to date with the latest requirements from managed care and offers direct liaison with the MCOs via your CPC/Qualicare consultants.



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MEETING FACILITATION

CPC offers the facility of communicating to doctors in the event of important meetings arranged by the commercial sector.

NHI

The CPC/CPC/Qualicare Network of GPs will be the natural choice for Provincial and National NHI initiatives. We remain up to date with analyses of NHI, the Medical Schemes Amendment Act and the Health Market Inquiry (HMI)

PROMOTIONS AND LAUNCHES

CPC/CPC/Qualicare is frequently used by a variety of companies to launch new products. IPA membership ensures the latest information will reach you as well as invitation to social functions. Pharmaceutical Companies are assured that their notices for the meetings will go out through CPC/Qualicare approved channels thereby vastly improving the compliance of the receiving entity.

PUBLIC PRIVATE SECTOR INTERFACE

CPC/Qualicare is closely allied to all General Practitioner State PPP initiatives, most recently the Silver Command of the Western Cape Health Dept dealing with Covid 19 and vaccine rollout. We are fully apprised of the latest developments in governmental processes involving Family Practitioners and future PPPs.

WHOLESALEERS OF CHOICE

CPC/Qualicare is actively involved in assisting doctors with opening accounts with Norpharm. Our consultants offer a conduit for any problems you may experience at Norpharm.

Norpharm also runs regular OTC specials for CPC/Qualicare Members.

BUSINESS MANAGEMENT SEMINARS

CPC/CPC/Qualicare runs interactive business seminars for doctors, their receptionist, practice managers, and any other interested parties in the various medical fields, as and when required.

ONSITE PRACTICE PATHOLOGY SPECIMEN COLLECTION EQUIPMENT

We are able to facilitate pathology collection material for newly established practices upon request.

Please contact your Qualicare consultant when you commence your practice.

-End-

New Variant Jumps to Second Place on COVID List

Editor's note: Find the latest COVID-19 news and guidance in Medscape's [Coronavirus Resource Center](#).

The new COVID-19 strain known as "Arcturus" has increased in the U.S. so much that it has been added to the CDC's watch list.

Officially labeled XBB.1.16, Arcturus is a subvariant of Omicron that was first seen in India and has been on the World Health Organization's watchlist since the end of March. The CDC's most recent update now lists Arcturus as causing 7% of U.S. coronavirus cases, landing it in [second place](#) behind its long-predominant Omicron cousin XBB.1.5, which causes 78% of cases.

Arcturus is more transmissible but not more dangerous than recent chart-topping strains, experts say.

"It is causing increasing case counts in certain parts of the world, including India. We're not seeing high rates of XBB.1.16 yet in the United States, but it may become more prominent in coming weeks," Mayo Clinic viral disease expert Matthew Binnicker, PhD, told [The Seattle Times](#).

Arcturus has been causing a new symptom in children, Indian medical providers have reported.

"One new feature of cases caused by this variant is that it seems to be causing conjunctivitis, or red and itchy eyes, in young patients," Binnicker said. "This is not something that we've seen with prior strains of the virus."

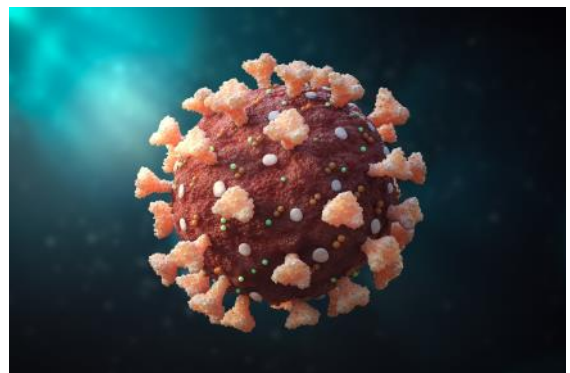
More than 11,000 people in the U.S. remained hospitalized with COVID at the end of last week, and 1,327 people died of the virus last week, CDC data show. To date, 6.9 million people worldwide have died from COVID, the [WHO](#) says. Of those deaths, more than 1.1 million occurred in the U.S.

Sources:

CDC: "COVID Data Tracker, Summary of Variant Surveillance."

[The Seattle Times](#): "Mayo Clinic expert talks about the new COVID omicron variant."

WHO: "WHO Coronavirus (COVID-19) Dashboard."





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Noose tightens as doctor's role in Bester escape uncovered



The Health Professions Council of South Africa (HPCSA) is launching an investigation into Dr Nandipha Magudumana, lover of fugitive and convicted murderer Thabo Bester, both of whom were arrested in Tanzania this weekend, while police are also probing **the doctor's link to stolen bodies**.

Bester became widely known as the "Facebook rapist" after it emerged he used the social media platform to lure attractive young women with promises to help them advance their modelling and entertainment careers. Instead, he raped, assaulted and robbed them.

He pleaded guilty to two charges of rape and one of murder in trials in 2011 and 2012 and was handed an effective life sentence.

HPCSA spokesperson Christopher Tsatsawane said after numerous media reports and allegations against Magudumana, who was suspended in 2021 for failing to renew her HPCSA annual fees, the council would carry out investigations, working with the police, Departments of Health, Home Affairs and Correctional Services "to ensure the investigation process is comprehensive".

Speaking to *News24*, Tsatsawane said the HPCSA had previously temporarily suspended her registration and offered her an opportunity to pay.

However, the HPCSA investigation could be the least of the doctor's problems.

TimesLIVE reports that weeks before fugitive Bester's scam in which he "burnt to death" in his prison cell, Magudumana also **allegedly stole three unidentified bodies from Free State mortuaries over several weeks**.

Two were apparently earmarked for Bester's previous failed prison break plans from Mangaung maximum security prison, managed by global company G4S. The third body, which was

ultimately used as the decoy in Bester's successful escape on 3 May last year, has still not been identified.

One body, which Magudumana obtained after claiming it was her father, was dumped in a river a week after she took possession of it, still with the mortuary's identification toe tag attached.

Magudumana's father, Zolile Sekeleni, and former G4S staffer Senohe Matsoara, appeared in the **Bloemfontein Magistrate's Court** on Tuesday in connection with Bester's escape and failed flight to freedom.

They have also been charged with murder in connection with the death of the unidentified man found in Bester's cell.

While police declined to comment on the bodies, sources say Magudumana is definitely being investigated for stealing two bodies – one from the Mangaung state mortuary and another from a private mortuary – in early April.

The police investigation is also looking into how she was able to – as Bester's "customary wife" – claim the charred body that was set alight in his cell as part of his escape ruse. That body was burnt beyond recognition.

Despite an autopsy raising several red flags, including that there was no smoke inhalation, that the body was already in a state of decomposition and that the cause of death was blunt force trauma, Magudumana was allowed to take the body, which she then cremated.

Bester made his escape dressed as a warder after the body was smuggled into the prison, and stored in the centre's kitchen for two days before it was placed in his cell and burnt.

Noose tightens Continue to page 24

A Free State Health Department source confirmed Magudumana was behind multiple body thefts.

“She first arrived at the Mangaung state mortuary claiming she was searching for a body. She was allowed to identify one through a catalogue of photographs kept at the morgue.”

He said they asked Magudumana to return within a few days so officials would have time to track down the corpse.

“She came back, identified the body, filled out the release forms, and left. She claimed it was her missing father, who was a truck driver.”

He said two weeks later they received a report that someone had drowned in Bloemspruit Dam, 11km away.

“It was only when we unwrapped the body that we discovered it had a Bloemfontein body death register tag, implying it had been kept here before.”

The number on the tag was still visible.

“We discovered it was the same body identified by Magudumana. We reported the matter to the police.”

He said they had not known what had happened until news broke of Bester’s escape and Magudumana’s involvement.

After the prison fire, the charred body identified by her as Bester’s, was taken to Molly’s Funeral Home in Mangaung and then to Sopema Funeral Services in Soweto on Magudumana’s instructions. It was subsequently seized by police and moved to the Hillbrow morgue, but on 24 May, after an urgent court application, it was released to Magudumana.

She then had it cremated it after what her lawyer Vuyo Manisi said was a “confidential out of court agreement” between her lawyers and police.

However, earlier, an email written on 12 May by Brigadie Jackson Mkhalesi, head of the Free State organised crime unit, to a Lieutenant-Colonel Zwedzi of Orlando West detective branch, had requested urgent assistance to stop the cremation.

In his email, Mkhalesi revealed the burnt body was “claimed and identified by a person who pretended to be a family member”.

“She identified the deceased as her biological father. Her name is Nandipha Magudumana. The body was released to her ... On Tuesday, 10 May, the investigating officer discovered that she claimed two other bodies.”

The police source said: “A private parlour is being probed. Detectives are trying to establish how she came to have this body, to which she is not related and which she had no right to claim. She is being investigated for also falsely claiming the burnt body from the Mangaung state mortuary. It is not yet known where this body originally came from as it has been cremated.”

And in more drama, celebrity SA doctor Mmereka Ntshani, better known as Dr Pashy on her social media accounts, is seeking legal advice on allegations that Magudumana assumed her identity while on the run with Bester.

The anaesthesiologist and founder of the **Dr Pashy Foundation** claimed her passport, found in Magudumana’s possession at the time of the arrests, had been stolen.

On 27 March, Pashy stated that she had reported her passport stolen. On the same day, she applied for a new one and wrote in an affidavit that she needed it because she planned on going to the USA for work related to her company, **Power Women International**.

According to a report in *Briefly*, she said that before applying for a new passport,

a “Mr TK Nkwana” (one of Bester’s aliases) had asked her for documents, fingerprints, ID and a police clearance certificate. Nkwana was apparently supposed to help her obtain a US working permit.

Pashy said she soon realised she had been scammed and stated in her affidavit that Bester and Magudumana had her documents and fingerprints and she wanted to avoid fraud committed in her name.

She has denied assisting the couple and issued a statement distancing herself from Magudumana. She said Bester’s girlfriend had been a guest speaker at an event organised by her foundation in 2020.



- END -



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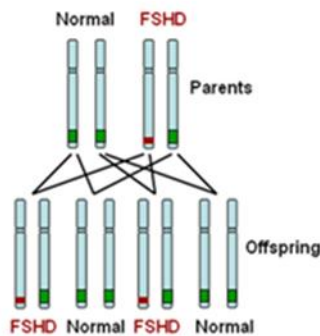
Facioscapulohumeral muscular dystrophy (FSHD)



Facioscapulohumeral muscular dystrophy (FSHD) is a rare genetic disorder that affects the muscles of the face, shoulders, and upper arms. It is one of the most common types of muscular dystrophy, affecting about 1 in 8,000 individuals worldwide. FSHD is caused by a genetic mutation that leads to the progressive weakening and loss of muscle tissue, which can result in mobility impairment and a reduced quality of life.

The genetic cause of FSHD is complex and involves a deletion or reduction in the number of repeats of a specific DNA sequence in the D4Z4 region on chromosome 4. This deletion or reduction results in the loss of a critical regulatory element that controls the expression of genes involved in muscle development and function.

FSHD can be inherited in an autosomal dominant pattern, meaning that an affected individual has a 50% chance of passing the mutated gene to their offspring.



Genetic testing for FSHD can help individuals understand their risk for developing the condition. There are two types of genetic tests for FSHD: DNA analysis of blood and muscle biopsy. DNA analysis involves taking a blood sample from the individual and analyzing it for the presence of the mutated gene whereas a muscle biopsy involves removing a small sample of muscle tissue and analyzing it for signs of genetic mutation.

DNA analysis is the most common type of genetic test for FSHD and involves analyzing the number of D4Z4 repeats on chromosome 4. There are several types of genetic tests available, with the combination of Southern Blotting and PCR, being the most common genetic tests used to diagnose FSHD. In the last decade, Optical Genome Mapping (OGM) has developed a streamlined pipeline to detect D4Z4 repeat expansions (the hallmark of FSHD) or deletions, offering several advantages over traditional methods.

OGM is a high-resolution imaging technique that visualizes individual DNA molecules at a resolution of 10 kb and better. This technology can be used to create a high-quality map of the entire genome, including the D4Z4 region on chromosome 4. This method additionally allows for the detection of structural changes in the genome, such as deletions or duplications, with a high level of accuracy.

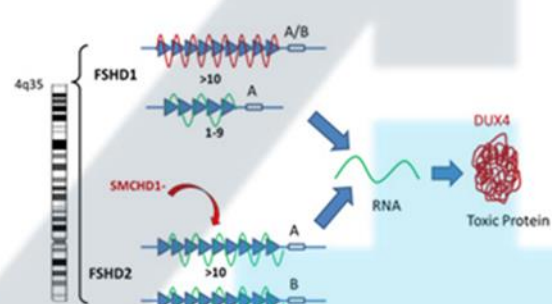
Individuals with fewer than 11 repeats are considered to have a normal number of repeats and are not at risk for developing FSHD. Individuals with between 11 and 25 repeats are considered to have an intermediate number of repeats and may or may not develop FSHD. Individuals with fewer than 25 repeats may be considered to have a reduced penetrance form of FSHD, which means that they may have a milder form of the condition. Individuals with more than 25 repeats are considered to have FSHD and are at risk for developing the condition.

Traditional genetic testing methods for FSHD rely on a combination of Southern blotting and polymerase chain reaction (PCR). These methods are time-consuming and can be prone to errors. OGM, on the other hand, offers a faster and more accurate way to diagnose FSHD. In South Africa, genetic testing for FSHD are sent abroad for diagnosis, using traditional methods like Southern Blotting and PCR. Many laboratories who have adopted OGM, now use this technology to diagnose FSHD routinely. With the adoption of OGM in 2021, A Plus Clinical Laboratories, is the first laboratory in Africa that can offer this diagnostic test for FSHD, reducing turnaround time and allowing patients to receive the necessary counselling and prepare for future family planning earlier.

In addition to diagnosing FSHD, OGM can also be used to identify individuals who are carriers of the disease. Carriers have one copy of the FSHD-causing deletion, but do not exhibit any symptoms of the disease. Identifying carriers is important for genetic counselling and family planning purposes.

Muscle biopsy is a more invasive form of genetic testing for FSHD. It involves removing a small sample of muscle tissue and analyzing it for signs of genetic mutation. Muscle biopsy is typically only performed in cases where DNA analysis is inconclusive or when a definitive diagnosis is required.

Genetic testing for FSHD can provide important information for individuals and families. It can help individuals understand their risk for developing the condition and can inform family planning decisions. Genetic testing can also help with early detection and intervention, which can improve outcomes for individuals with FSHD.



Read more on FSHD and OGM:

<https://www.sciencedirect.com/science/article/pii/S1525157821002464>



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What is Optical Genome Mapping?

Optical Genome Mapping is a cutting-edge technology that uses high-resolution imaging to analyze a person's genome. OGM can detect structural variations in DNA that can cause rare genetic disorders. It is a non-invasive and highly accurate testing method that provides a comprehensive view of the entire genome.

How does OGM testing work?

OGM testing is a simple and non-invasive process that involves collecting a small blood sample. The sample is then analyzed using high-resolution imaging to detect structural variations in DNA. Results are typically available within a few weeks.

Who can benefit from OGM testing?

OGM testing can benefit anyone who **suspects they may have a rare genetic disorder** or has a **family history** of rare genetic disorders. OGM testing may also be recommended for individuals with **unexplained symptoms** or **developmental delays**.

Our Rare Genetic Disorder Testing Centre is dedicated to providing the most accurate and comprehensive testing services to our patients. Our team of experts is highly trained in the latest OGM technology and has extensive experience in diagnosing rare genetic disorders. We work closely with healthcare providers to ensure the best possible outcomes.

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New drug may help prevent episodic migraine in difficult cases



- **Migraine affects more than 1 billion people globally every year.**
- **There is currently no cure for migraine headaches, which can have a major impact on a person's quality of life.**
- **Researchers from Vall d'Hebron University Hospital in Spain recently presented research showing the drug atogepant helps prevent headaches in people with episodic migraine who have had no success with other preventive drugs.**
- **Scientists also reported the drug helps reduce how many migraine days a person has per month and reduces the amount of medication they need to take.**

[More than 1 billion people](#)[Trusted Source](#) around the world are affected by [migraine](#) every year.

There is currently no cure for this type of severe [headache](#), which can have a profound effect on a person's [quality of life](#)[Trusted Source](#)

Although there are medications that can help with migraine, they do not always work for every person.

Episodic migraine.... Continue to page 31



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References: 1. Bupropion XR 150 ADCO Professional Information Leaflet, January 2021. 2. Stahl SM, Pradko JF, Haight BR, et al. A Review of the Neuropharmacology of Bupropion, a Dual Norepinephrine and Dopamine Reuptake Inhibitor. *Prim Care Companion J Clin Psychiatry* 2004;8(4): 159-166. 3. Fava M, Rush AJ, Thase ME, et al. 15 Years of Clinical Experience With Bupropion HCl. From Bupropion SR to Bupropion XL. *Prim Care Companion J Clin Psychiatry* 2005;3(3): 106-113. 4. Bupropion. Medline Plus Information. Available at: <https://medlineplus.gov/druginfo/meds/a695033.html>. Last accessed: August 2021. 5. Generics Dictionary [online]. Available at: http://www.generics.co.za/fortend/generics?dtB=%E2%8C%93&q%6Bactive_ingredient_name_eq%6D=BUPROPION [Accessed 30 August 2021].

For full prescribing information please refer to the professional information approved by SAHPRA (South African Health Products Regulatory Authority).

[S5] Bupropion XR 150 Adco. Each extended-release tablet contains bupropion hydrochloride 150 mg. Reg. No.: 501.2.0967.965.

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Now, researchers from Vall d'Hebron University Hospital in Barcelona, Spain, have presented [research](#) at the [American Academy of Neurology's 75th annual meeting](#) showing the drug [atogepant](#) — already [approved in the United States](#) as a preventative treatment for [episodic migraine](#) — helps prevent episodic migraine headaches for people who have had no success with other preventive drugs.

Additionally, scientists say the drug helps reduce how many migraine headaches per month study participants had and how often they need to take medication to stop a migraine attack.

What is episodic migraine?

Migraine is a neurological condition causing recurring headaches — usually on one side of the head — with an intense throbbing or pulsing sensation.

Other [symptoms](#) of migraine include:

- nausea and/or vomiting
- dizziness
- Neck pain
- vision changes causing an “aura” with wavy or flashing light
- increased sensitivity to light and/or sound fatigue
- mood changes

If a person experiences up to 14 migraine headaches in a month, they have what's known as [episodic migraine](#). If they have 15 or more headaches each month, that is known as [chronic migraine](#).

Migraine headaches can be caused by a variety of triggers, including:

- hormonal changes
- chemical imbalances in the body diet
- emotional triggers
- medications
- environmental triggers

Headaches impact life quality

[Dr. Vernon Williams](#), a sports neurologist, pain management specialist, and founding director of the Center for Sports Neurology and Pain Medicine at Cedars-Sinai Kerlan-Jobe Institute in Los Angeles, told *Medical News Today* it is not uncommon to see people with episodic migraine who have had no success with preventative drugs.

“Some patients respond well to a number of different preventive medications. Others will have side effects or difficulty with just poor efficacy from preventive medications,” he explained.

Episodic migraine.... Continue from page 30

Williams said it is important to have preventative medications for episodic migraine headaches as they can significantly affect a person's ability to function and diminish their quality of life.

"If the migraines are negatively impacting someone's function, quality of life, their ability to do the things they'd like to do, want to do, and need to do, it's very helpful to have an agent like this that can prevent them and reduce the frequency of the headaches," he said. "So, maybe instead of getting four or five headaches a month, eight or 10 headaches a month, they are getting one headache a month or one headache every other month."

"You can see how that would have an effect on people's performance at work, their abilities to do the things they need to do at school, care for their family, (and) interact with loved ones," Williams added. "It's all about improving people's ability to do the things they'd like to do, need to do, want to do without the difficulties associated with these episodic migraine attacks that can prevent them from being able to be fully present in their lives."

CGRP inhibitors and episodic migraine

According to [Dr. Medhat Mikhael](#), a pain management specialist and medical director of the non-operative program at the Spine Health Center at MemorialCare Orange Coast Medical Center in California, doctors currently treat migraine headaches with a variety of medications, including [beta-blockers](#), [calcium channel blockers](#), and [anti-seizure medications](#).

However, he said, they were not always effective.

"We saw... not only less migraine days, (but also) a lot less severe (migraine headaches that) can be treated with some [over-the-counter \(medications\)](#)," he continued. "And in some patients, they have gone without any migraine or monthly migraine headache days at all."

Mikhael explained what makes CGRP inhibitors effective at both preventing and stopping migraine headaches is that by binding the receptor of the CGRP, you prevent a cascade of reactions that cause the [trigeminal nerve](#) in the head to become [inflamed](#) and dilated.

"What is good about (CGRP inhibitors) is it does not cause any vasoconstriction of the [trigeminal artery](#) like the class of the [triptans](#) that we use a lot to avoid migraine," he added. "So, with CGRP inhibitors, you don't see any patients have chest tightness, [chest pain](#), neck tightness, (or) [flushing in the face](#). (The) side effect profile (is) very low and very well tolerated by most of the patients as far as that class of drugs."

Evaluating CGRP Inhibitors

In the new study, researchers evaluated the efficacy, safety, and tolerability of atogepant — a type of CGRP inhibitor — for the prevention of episodic migraine in people who had previously failed two to four types of oral preventative medications.

The 309 participants in the study either received atogepant or a placebo for 12 weeks.

Upon analysis, the research team reported that participants who

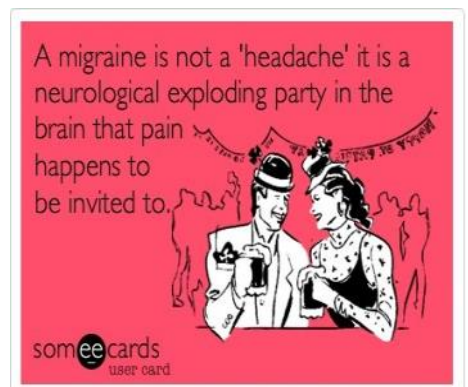
took atogepant had an average of four fewer days of migraine per month from the start of the study to its conclusion, compared to only two fewer days in those who took the placebo.

Additionally, scientists found those who took the drug showed improvement in how often they needed to take medications to stop a migraine attack, compared to those who took the placebo.



Researchers reported the most common side effects were constipation and nausea.

"People who thought they may not find a way to prevent and treat their migraines may have hope of finding relief with a tolerable oral easy-to-use drug," said Dr. Patricia Pozo-Rosich, a study author and director of the Headache and Neurological Pain Research Group at Vall d'Hebron University Hospital. "This treatment was safe, well-tolerated, and effective for people with difficult-to-treat migraine."





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Invitation to Dentists, Physiotherapists and Allied Health Care Professionals to become an Associate Member of CPC/Qualicare

Dear Colleagues,

As we approach the new era of increased Government involvement in Health Care Delivery, we anticipate an increase in the speed of implementation of NHI. Holding membership of the CPC/Qualicare Network, the largest and most widely representative Medical Network of Healthcare Providers in the Western Cape comprising Doctors, Dentists and Allied Health Care Professionals alike will, we believe, stand you in good stead as Government looks to setting up the new Health Care Delivery system for South Africa.

Associate membership of CPC/Qualicare offers you the following opportunities:

- Full access to our Monthly newsletter in electronic format.
- Free advertising in our monthly newsletter of your practice related information (max 200 words).
- Free advertising for a locum service, with no commission charges payable.
- Reduced fees to attend all our CPC/Qualicare functions, at Associate Member's rate.
(Approximately 30% lower than non-members rates)
- CPC/Qualicare is committed to providing our members & shareholders with all of their CPD requirements each year. Associate members receive reduced cost of CPD offerings and other CME offerings compared to non-member rates.
(Approximately 30% lower than non-member rates).
- Free listing your practice as part of CPC/Qualicare's Western Cape Electronic Network. your practice will be listed as part of CPC/Qualicare at no charge. (Worth R7000.00 per annum)
- 2 Free stationary items worth R150.00 per month in the form of 1 Prescription pad - 100 leaves, 1 Sick certificate pad - 100 leaves and the ability to purchase further stationery at 30% below current market prices.
- Preferential rates on certain Practice management software systems depending on vendor.
- Inclusion into the CPC/Qualicare Mass email service to receive important health care updates.
- Certain personal banking offerings from commercial banks.
- NHI future possibilities for your practice.... Watch this space as NH I start to roll out!!!
- Preferred wholesalers and facilitation of opening new accounts with them.
- Assistance with registration of an Integrated Pollution and Waste Information System IPWIS off the Western Cape Government.
- Assistance with late medical aid payments, claw-backs, and withholds, as well as advice on practice admin and responses to forensic investigations.

Cost of Associate Membership

- Dentist R332.00 VAT inclusive, per month
- Allied Health Care Professionals R332.00 VAT inclusive, per month

All fees payable by debit order only. Minimum membership period is 12 months with a 3 month notice period thereafter.

Please note that we have additional benefits for a **NEW MEMBER / FIRST-TIME PRACTICE OWNER**.

Should you be interested in this offering, please email Louna at pa@cpcqualicare.co.za and one of our 5 consultants will make contact with you shortly.

Warm regards,

Dr. Tony Behrman, CEO of CPC/Qualicare
Dr. Solly Lison, Chairman of CPC/Qualicare

Qualicare Electronic Doctor Network.

A free gift (valued at R7,500.00 per year) only for CPC/Qualicare Members and Shareholders!!

Our **highly successful electronic doctors network** see www.qualicaredoctors.co.za has rapidly expanded across the Western Cape Province, and to date has approximately 200 doctors.

As a Member or Shareholder you are still entitled, **at NO charge**, to list your practice on the "EDN" showing your name, practice name, GPS coordinates, areas of special interests, and any specific features which you would like to bring to the attention to prospective patients then please complete and return the form below at your earliest convenience should you be interested to join the growing network.

This is a limited offer open only to Shareholders and Members which is worth over R7500.00 per year and is brought to you as a member or shareholder benefit at no charge.

Practitioners Details * Compulsory to complete – for a successful listing

*First Name: _____

*Surname: _____

*Professional Degrees e.g. M.B.ChB. _____

Professional Body Memberships: _____

*HPCSA Number: _____

*Board of HealthCare Funders PCNS Number: _____

DOH Disp Lic Number (if applicable): _____

Areas of Special Interest and Focus: e.g. Paediatrics, Bariatrics, Occupational Health: _____

Contact Details

*Contact Number: (Practice) _____

*Email Address: _____

*Alternative Number: _____

Fax number: _____

Practice Details

*Practice Name: _____

Group PCNS: _____

*Practice Address: _____

GPS Location: _____

Please also provide:

1. Photo of yourself - So that the patient can familiarize themselves with the Dr they are going to see

2. Photo of the outside of the Practice – So the patient will recognize the correct building and know what to look out for when coming to visit the practice

3. A short bio – interests, hobbies & education – This gives the patient some trust as they will feel they know you and will feel at home

Please forward the completed form and if you have any questions – please feel free to contact Yvette Du Bruyn CPC/Qualicare Consultant at yvette@cpcqualicare.co.za

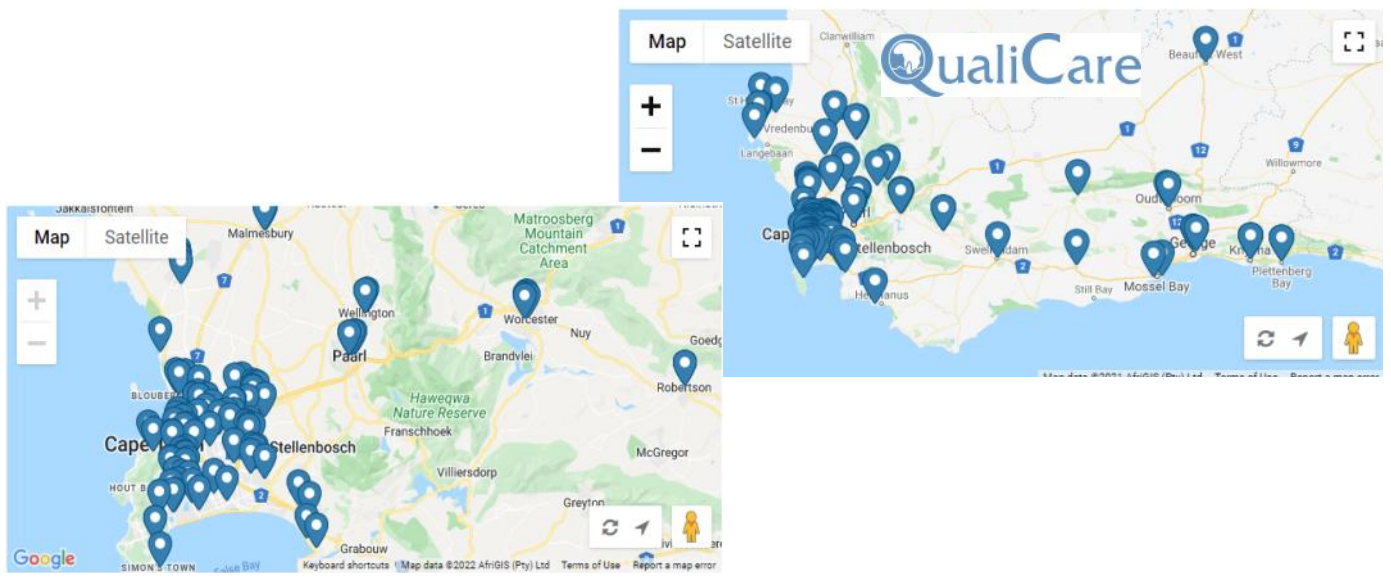
Alternatively click on the link to complete the form: <https://www.qualicaredoctors.co.za/new-form/>

I permit CPC/Qualicare to list my name, surname, the name of my practice, my practice details, and further details provided by me in this application, and my GPS Coordinates on the “Electronic CPC/Qualicare Doctor Network” at no cost to me or my practice (tick the appropriate block).

Yes I do agree to the above, in terms of POPIA Act 4 of 2013

No I don't agree to the above

Please forward your responses to Yvette Du Bruyn at yvette@cpcqualicare.co.za



Disclaimer:

The entire contents of the CPC/Qualicare Newsletter is based upon the latest and most up to date information at the time of sending.

Due to the fluency of the situation, information changes daily. Please visit our website for more updated information.

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