

# BAPA

**Bangladeshi-American Pharmacists' Association**

## ANGIOGENESIS: OUR LIFELINE TO HEALTH, FITNESS AND LONGEVITY

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# Departed Souls

We deeply regret and mourn the departure of our fellow friends.  
We miss them a lot and remember them in our prayers.  
In this day of the Convention we will miss their presence.

Abdullah Al Sad  
Abu M Kabir  
Abdul Mannan Khan  
Dr. Faisal  
Muhammad Enamul Malik  
Kamrul Khan  
Md. Lutful Haque  
Mohammad Rafiqul Islam(Benu)  
Manju Biswas  
Mohammad Azim  
Mohammad Sikandar  
Mohammed Fazli Hussain  
Mohammed Wahidur Rahman  
Muzammel Khan  
Nazir Ahmed  
Qamrul Huda Fiaz  
Dr. Rashid  
Sujash Chandra Guha Roy  
Utpal Kanti Biswas

*Disclaimer: If we missed anybody's name it is an unintentional mistake.*



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# BANGLADESHI – AMERICAN PHARMACISTS' ASSOCIATION

## 25th Annual Convention Programs

September 23rd - 25th, 2016

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## BAPA CONVENTION SCHEDULE AT-A-GLANCE

### Day 1

Friday, September 23, 2016

12:00 PM - 8:00 PM Registration

Hotel Lobby

6:00 PM - 7:00 PM

*Continuing Education:* **Optimizing Lipid Management: A Clinical Update.**

*Presenter:* Dr. Shushama Alam

7:00 PM - 8:00 PM

*Continuing Education:* **Overview and treatment of Acute Coronary Syndrome**

*Presenter:* Dr. Parijat Ali

8:00 PM - 10:00 PM

Dinner

Bayview Ballroom

10:00 PM - 12:00 AM

Cultural Show

### Day 2

Saturday, September 24, 2016

7:00 AM - 9:00 AM

Breakfast

Main Dining Room

9:30 AM - 12:00 PM

*Continuing Education:* **Reducing Medication Error Following Continuous Quality Improvement Approach**

*Presenter:* Dr. Quamrun Masuda

\*11:00 AM - 1:00 PM \*

Yoga (Females Only)

12:00 PM - 1:00 PM

*Continuing Education (INDUSTRIAL):* **From Unmet Medical Need to FDA Approval - The Drug Development Process**

*Presenter:* Dr. Younos Abdulsattar, Pharm.D, BCPS, MBA

1:30 PM - 3:00 PM

Lunch



3:00 PM - 5:00 PM	<i>Continuing Education:</i> <b>Understanding complexity for information visualization.</b> <i>Presenter:</i> Dr. Roosan Islam
5:00 PM - 6:00 PM	<b>US New Drug Development-Practical and Strategic Considerations</b> <i>Presenter:</i> Naushad Islam, MS (MKTG), MS (DRA). Sr. Director & Global Reg Leader. Oncology TA, Janssen R&D, J&J. Associate Professor, School of Pharmacy, Long Island University, NY
6:00 PM - 7:00 PM	Vendor Meet and Greet Featuring: <b>Kinray, RDC, Micro Merchant, Mass Mutual, and Metlife</b>
5:00 PM - 7:00 PM	Make up Lessons by Kanwal Batool
7:30 PM - 10:30 PM	<b>Dinner</b> <i>Keynote Speaker:</i> Stephen Giroux, RPh, Past President of Pharmacists Society of the State of New York (PSSNY) and Past President of the National Community Pharmacists Association (NCPA)

### Day 3

Sunday, September 25, 2016

8:00 AM - 10:00 AM Main Dining Room	<b>Breakfast</b>
10:00 AM - 12:00 PM	<i>Continuing Education:</i> <b>Challenges and opportunities in informatics.</b> <i>Presenter:</i> Dr. Roosan Islam
12:00 PM	<b>Check Out</b>

For further update or changes, please visit our website at <http://www.bapainfo.org>



## Message from the PRESIDENT



Mohammed  
**SHABBIR TAHER**

Dear members of the Bangladeshi-American Pharmacists Association, guests, friends and family, As-salamu alaykum, peace be upon you. We are truly honored to have your presence at our 25<sup>th</sup> Annual convention. And it is my ultimate honor to serve as your president on our 25th Anniversary.

*First I wish to acknowledge the memory of Dr. Abdul Jabbar, the founder of the pharmacy profession in Bangladesh. He was a great teacher, mentor and a father figure to his students. He inspired everyone whose life he touched as he helped them to accomplish great things in life*

*I graduated in 2009 and soon joined BAPA. It made sense that my involvement in the profession should start in my own backyard with my own community. I served first as secretary, then as a board member, and most recently, as vice president. Over the years, I realized that BAPA isn't just a pharmacy association, it is truly family.*

*I am proud of the way we always stick by each other. When one of our members has a great accomplishment, we all celebrate together. When there is tragedy, we all suffer the pain together and move forward together. I want to thank all our past presidents for creating such an organization with a family-friendly atmosphere while maintaining its professionalism. Each of you is a great individual who has achieved outstanding professional and social accomplishments. In the end, our past presidents represent an elite group, and for me, it is the highest honor to be counted among them.*

*May God bless this organization; I hope you all enjoy your time here at Honor's Haven and Resort.*

Thank you.

**Mohammed Shabbir Taher, R.Ph., Pharm.D**  
President, BAPA

## Message from the VICE PRESIDENT



Fahim  
**AHMAD**

Welcome to our annual convention. We celebrate another year of the Bangladeshi-American community moving forward in the profession of pharmacy. I am pleased to welcome all of our vendors that join us every year and hope our relationships will continue to benefit each other. I would like to thank our biggest sponsor, Kinray, for making this convention possible year after year.

*This year marks a few changes for our organization. We have increased our use of technology to communicate with our members and new methods to track registration and collect payment. We hope in crease the use of technology as time goes on to expand our ability to connect with you, the members.*

*This year is special as well because our president, Dr. Mohammed Taher, has been elected to the board of the PSSNY - a great honor for not only him but our entire organization as well.*

*This organization can only continue with your support and participation. We are always open to any feedback, so please do not hesitate to communicate any questions, comments, or concerns.*

*We hope you enjoy this years activities and education.*

**Fahim Ahmad**

Vice President, BAPA

## Message from the GENERAL SECRETARY



Nishad  
**HOQUE**

Thank you for giving me the opportunity to serve as BAPA Secretary. It is the time of the year when all BAPA members meet and greet take place with pleasant and wonderful atmosphere everywhere. I along with the President and Vice President welcome all our fellow members of BAPA in this 2016 convention.

*I hope to maintain the level of excellence of my earlier successor and continue creating new path as we move forwards the future.*

*This is an exciting time for BAPA as the convention is always a wonderful opportunity to meet new people in different areas of pharmacy grounds like industry, hospital, health care and retail. Eating all halal food, enjoying the cultural show and earning Continuing education credits and relaxing for three days from our busy schedules.*

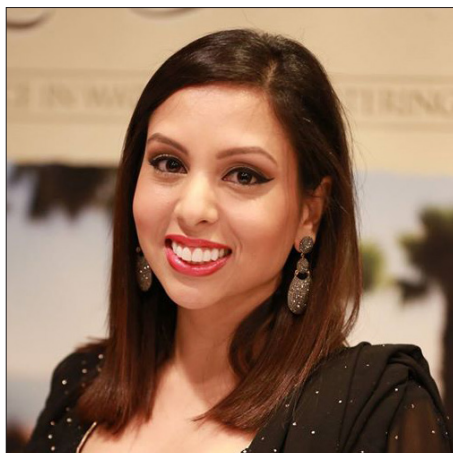
*I look forward to welcome all new comer and new pharmacists of 2015 and 2016 and their family members. At the end best of luck for this year convention and current committee who is working hard day and night to make this even successful.*

*Thank you*

**Nishad Hoque** , Pharm D, R.Ph  
Secretary, BAPA



## Message from the TREASURER



Fariha  
**KABIR**

I am honored to be part of the Executive Board and to serve as the Treasurer of BAPA for the first time. This organization has been an integral part of my family life since its inception and I would like to thank the entire BAPA community for being a positive influence in my upbringing. As the daughter of the late past President, Abu M. Kabir, I take great pride in expanding his legacy and devotion to BAPA. I have always been impressed with the numerous accomplishments of our organization and our dedicated leadership among the pharmacy community around the world over the years. I am particularly motivated to work on supporting our efforts for continued funding of student scholarships and awards as well as providing funds for further research on groups.

*As an active practicing pharmacist for four years, I have thoroughly enjoyed the opportunity to join with colleagues who have become family in efforts and activities to spread awareness of BAPA's mission. I am excited to be directly involved in the development of our organization and am positive that the future of BAPA will only flourish. As treasurer, I have worked in collaboration to recruit the largest number of new members in BAPA history and hope to grow the organization further. My goal is to work closely with the new generation of pharmacists to raise funds and establish relations with other healthcare professionals to bring BAPA to the forefront of professional pharmacist organizations.*

*On behalf of the rest of the Executive Board, I would like to show our appreciation to our President and Vice President for continuously working to evolve BAPA into a stronger organization by bringing innovative ideas while maintaining BAPA's core values.*

**Fariha Kabir**, Pharm.D, R.Ph  
Treasurer, BAPA

## ■ Articles

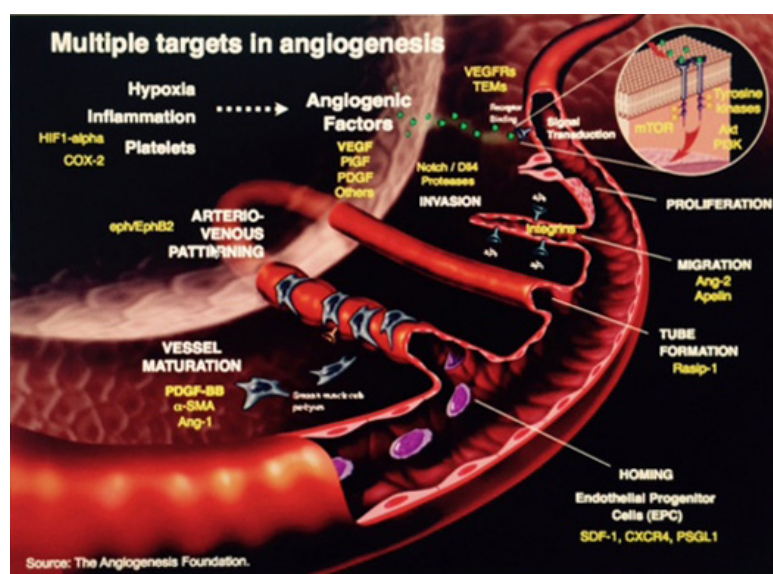


# Articles

# ANGIOGENESIS: OUR LIFELINE TO HEALTH, FITNESS AND LONGEVITY

*Kazi Anam, M.S., R.Ph., ND, CH, BCH*

Angiogenesis, the formation and growth of new capillary blood vessels in the body, is an important natural process used for healing and reproduction.



Usually the body controls angiogenesis by managing a precise balance between growth and inhibitory factors in the tissues.

When this balance is disturbed, we can develop many serious diseases. So far, imbalance in angiogenesis has been linked to over 70 diseases affecting more than one billion individuals worldwide.

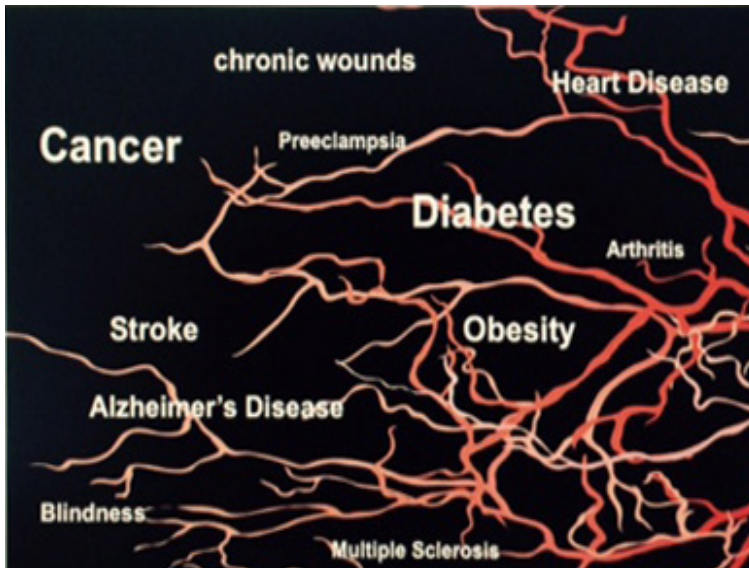
Most common diseases caused by excessive angiogenesis are, arthritis, asthma, cancer, multiple sclerosis, diabetic neuropathy, diabetic retinopathy, cystic fibrosis, inflammatory bowel disease, periodontal disease, just to name a few.

On the other hand insufficient angiogenesis is linked to Alzheimer's disease, atherosclerosis, crohn's disease, coronary artery disease etc.

We have about 19 billion capillaries in our body. These could be the channels of life or death.

All the cells in our body receives nutrients and oxygen via these capillaries. Angiogenesis takes place in a healthy body in a routine fashion to heal wounds and restoring blood flow to tissues after an injury.

In females, angiogenesis occurs naturally during menstrual cycles and during pregnancy.



It is a natural process. However, under certain circumstances this delicate balance is disturbed and angiogenesis turns against us creating many deadly disease conditions.

### 1. Angiogenesis and cancer:

Angiogenesis is the hallmark of all types of cancer. Without angiogenesis a tumor cannot grow more than 2 mm (size of a pinhead), and is therefore harmless.

Like normal cells, a cancer cell cannot survive without oxygen and nutrients.

We all generate cancer cells in our body routinely, yet we do not develop cancer as a disease until a tumor is formed and angiogenesis takes place. Human body has

roughly 37.2 trillion cells.

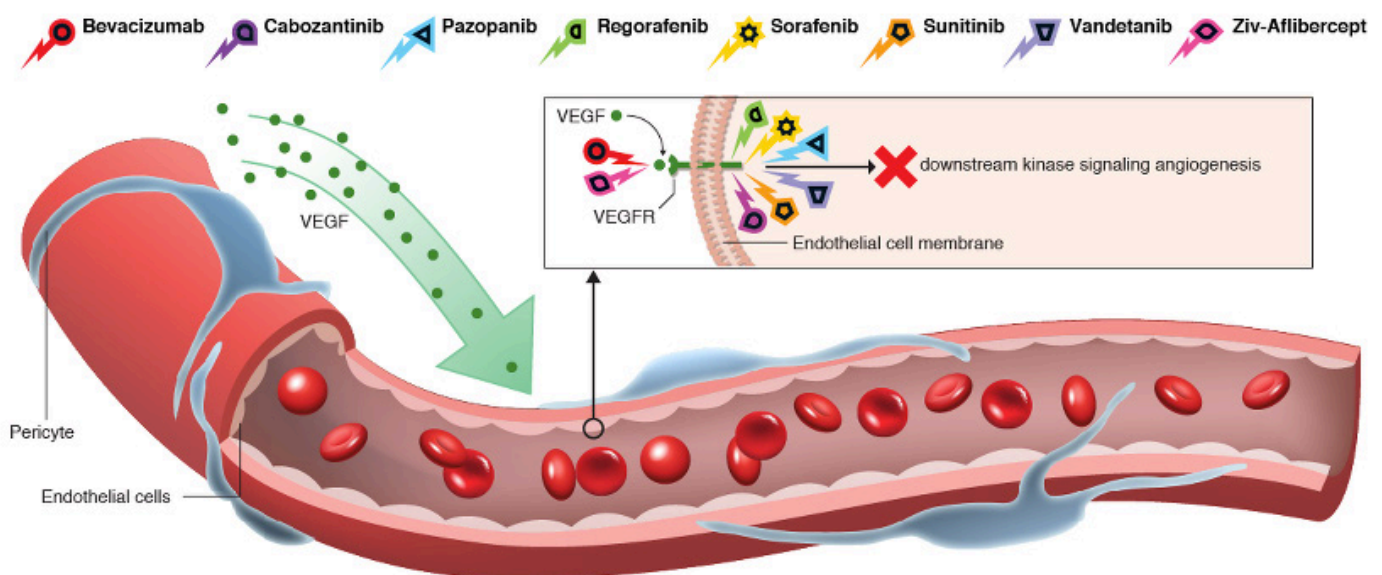
Each organ has cells that performs specific tasks, although the basic components of cells are same.

Cancer is the result of a long process that begins when a cell in our body is damaged or altered.

This altered cell starts to divide uncontrollably unlike a normal cell.

A normal cell will divide only after it receives a chemical signal and will stop with another signal, which is coded in the nucleus of each cell.

On the other hand, a cancer cell would not follow any instructions and just continue to divide uncontrollably and thus a tumor is formed.



When cancer cells form an initial tumor, it starts to send signals to make blood vessels in the tumor, so that these cells get the essential nutrients and oxygen to survive and multiply.

When our body is functioning well, this process of angiogenesis do not take place and cancerous tumor do not grow and eventually die.

On the other hand under certain circumstances, the tumor gets the blood supply via angiogenesis and starts to grow exponentially.

Next step is the most dangerous phase. In this phase cells leave the original tumor and reaches the main bloodstream via these newly formed capillaries to all over the body and metastasis occurs.

As these cancer cells travels, these could be killed by our immune system. However, if our immune system is compromised and overwhelmed, some of these cancer cells can survive and anchor in a distant part of the body and a tumor is formed and the process continues.

Unfortunately, when cancer is ultimately detected, it is in this aggressive phase, when metastasis has already taken place. At this stage the war is pretty much lost.

However, if we can prevent angiogenesis in the original tumor and can maintain a strong immune system we can minimize our risk for cancer cells to form, grow and metastasize.

## **2. Angiogenesis in Parkinson's:**

Research shows that angiogenesis is the cause of imbalance in parkinson's disease. Many individuals with parkinson's disease develop difficulties in walking and balance.

A new study from Lund University in Sweden found that angiogenesis in brain is the root cause of this balance and walking problems for parkinson's patients. This study showed a clear connection between angiogenesis and imbalance among participants with parkinson's disease.

## **3. Angiogenesis in Diabetic Retinopathy:**

Angiogenesis is clearly evident in diabetic retinopathy, when new blood vessels form inside the retina showing abnormal architecture and permeability.

If this process is not controlled by some intervention, it may lead to irreversible retinal damage and loss of vision.

Vascular endothelial growth factor (VEGF) concentration levels, which stimulates angiogenesis, were found to be significantly increased in ocular tissues of diabetic population.

## **4. Angiogenesis in Diabetic Nephropathy:**

Research shows angiogenesis plays a big role in diabetic nephropathy as well. In 1987 Osterby and Nyberg described abnormal blood vessels in glomeruli of patients with long term type 1 diabetes, eventually these findings were shown to occur in type 2 diabetes as well.

Again abnormally high amount of Vascular endothelial growth factors (VEGF) were found in glomeruli along with increased in angiogenesis

### **5. Angiogenesis in Rheumatoid Arthritis:**

Angiogenesis is now recognized as a key component in the formation and maintenance of pannus in rheumatoid arthritis (RA).

The expansion of the synovial area of joints in rheumatoid arthritis and the subsequent invasion of pannus of underlying cartilage and bone necessitate an increase in vascular supply to the synovium to handle increased need of oxygen and nutrients.

Again abnormally high amount of vascular endothelial growth factors (VEGF) were found in the synovial area of RA patients.

### **6. Angiogenesis and coronary artery disease:**

So, far we have discussed excessive angiogenesis and its problems. However, in coronary artery disease, we can benefit from more angiogenesis in the heart muscle, when coronary artery is blocked due to plaque build up.

The heart is the only muscle in the body that is used continuously and uses lots of oxygen and nutrient.

For this reason the heart requires a significant amount of blood supply all the time. When coronary artery gets blocked and if there is not enough blood to the heart muscle, tissue damage can happen and a heart attack follows.

However, if there is sufficient collateral blood vessels to maintain the blood supply, it can prevent this event until a more dependable blood flow can be restored by other established intervention.

#### ***Optimal angiogenesis:***

We can influence optimal angiogenesis with modification of lifestyles, proper food intake and targeted supplements.

#### ***Lifestyle:***

Positive mindset, happiness, stress management, exercise, good amount of sleep, prayer, avoiding exposure to certain chemical and radiation can help us maintain a delicate balance in angiogenesis.

#### ***Food:***

Limiting refined sugar, excessive carbohydrates, meats, fish, dairy and eating more of organic vegetables, greens, legumes, nuts and fruits. All types of berries, red grapes, cherries, apples, tomatoes, maitake mushrooms, kale, turmeric, ginger, garlic, parsley, broccoli, carrots, artichokes, nutmeg, green tea etc.

#### ***Supplements:***

An organic food grade multivitamin, probiotic, turmeric, mushroom blend, vitamin c, grape extract, resveratrol. They all have positive influence in angiogenesis.

With a good balance in angiogenesis we can prevent many of the deadly diseases mentioned above, specifically cancer.

# DO PHARMACISTS WANT TO MISS THE BOAT AGAIN IN BIOMEDICAL INFORMATICS?

Mumtahena Rahman, PharmD, PhD<sup>1,2</sup> ; Don Roosan, PharmD, PhD<sup>3,4</sup>

<sup>1</sup>University of Utah, Pharmacology and Toxicology, Salt Lake City, Utah

<sup>2</sup> St. Joseph Medical Center, Houston, Texas <sup>3</sup>Baylor College of Medicine, Houston, Texas

## Introduction:

Since the release of the 2001 Institute of Medicine (IOM) report “Crossing the Quality Chasm”, patient-centered care has gained momentum (1). The Office of National Coordinator (ONC) was created under the Bush Administration in 2004 and garnered more attention under the Obama Administration in 2009 with the goal of implementing advanced health information technology and the electronic exchange of health information. In 2009, the federal government granted initiatives through the Health Information Technology for Economic and Clinical Health (HITECH) Act totaling between \$14 billion and \$27 billion to promote electronic health record (EHR) adoption and meaningful use of e-prescribing by organizations (2, 3). Since then, the field of biomedical informatics has increasingly focused on training future generations of health IT professionals. The term “biomedical informatics” was first coined in the 1990s. According to the American Medical Informatics Association (AMIA), biomedical informatics (BMI) is formally defined as the interdisciplinary field that focuses on “the effective uses of biomedical data, information and knowledge for scientific inquiry, problem solving and decision making, motivated by efforts to improve human health” (4). The scope of BMI is broad and ranges from molecules to populations (5). BMI studies the reasoning, modeling, simulation, experimentation and translation of knowledge from molecules to the individual patient and to populations by developing and applying theories and methodologies-- new computer, information and communication technologies. It is considered a basic science encompassing research, education and practice. In addition, BMI also studies the human and social context of the technology. Here we discuss the core and emerging scientific BMI sub-disciplines: translational bioinformatics (TBI), clinical research informatics (CRI), clinical informatics, consumer health informatics and public health informatics.

**Translational bioinformatics:**

Translational bioinformatics focuses on the development of storage, analytic and interpretive methods to optimize the transformation of biomedical data into predictable and applied knowledge. This field bridges bioinformatics and structural and clinical informatics to explain various clinical scenarios with the help of cellular and genomics mechanisms (6, 7). TBI frequently works toward speeding up the research at the bench to bedside as well as identifies research hypotheses at the clinical practice sites and brings them back to the bench for research purposes (8).

**Clinical research informatics:**

Clinical research informatics is an emerging field that frequently overlaps with translational bioinformatics. Clinical research informatics focuses on data and information management and analysis, particularly to provide support in clinical trials and population studies (8). It supports researchers in the research process by translating basic science discoveries into practicable therapies. The increased cost and demands of healthcare warrant the testing and implementation of cost-effective therapies and the avoidance of cost-intensive therapies. CRI offers solutions to such information-intensive endeavors (9).

**Clinical informatics:**

Clinical informatics focuses on the assessment of the healthcare information and knowledge needs of clinicians for a better clinical decision-making process (10, 11). The work of clinical informaticians dwells at the intersection of clinical care, the health systems and the information and communication technology (10). There are four core content categories of the clinical informatics specialty as defined by Gardener et al. (10). *Fundamentals* are the basic knowledge that provides a common vocabulary and understanding of the healthcare environment. *Clinical decision making and care process improvement* provide the skills and knowledge that are needed for effective clinical decision-making. The *health information system* comprises the knowledge needed for development or selection of information systems for various clinicians. *Leadership and management of change* provide the skills and knowledge for the introduction and adoption of clinical information systems.



*Pharmacy informatics* is a part of clinical informatics that focuses on the effective management and delivery of medication-related data, information and knowledge across the healthcare systems (12). Pharmacists were involved in the adoption of telephonic health information exchange systems in 1877, electronic patient profile and inventory management systems in the 1960s and automated drug interaction checking systems in the 1970s. However, currently pharmacists are not the key leaders for the current informatics project (13-15). The use cases of pharmacy informatics range from providing effective pharmaceutical care in oncology, clinical decision supports (CDS) for antimicrobial stewardship, and pharmacokinetics, to controlling costs in managed care (16-20). Due to increased demand for informatics-trained pharmacists, the Accreditation Council for Pharmacy Education (ACPE) Standards and Guidelines, Version 2.0, emphasized informatics, including a mandate that pharmacy graduates “demonstrate expertise in informatics” regardless of the shortage of pharmacy faculty members specialized in informatics (21) .

#### **Consumer health informatics:**

Since patients are the consumers and are active participants in their healthcare, they are part of health and healthcare policies. Consumer health informatics (CHI) analyzes consumer need for information and supports studies and methods such as health information literacy, tailored health information communication, personal health records and Internet-based health resources (22). CHI is devoted to patient views, literacy and education for empowering patients to manage their health, thereby helping them make informed and personalized decisions.

#### **Public health informatics:**

Public health informatics is the specific field of informatics that focuses on surveillance, prevention, preparedness and health promotion in public health areas. It includes the effects of people, other living and inanimate objects, environment, work and living places on health outcome and disease and outbreak management (23). Public health informatics identifies problems and possible interventions with an emphasis on prevention of disease, injury or disability.

#### **Conclusion:**

Due to the high demand for pharmacists, schools, industry and the national leadership in pharmacy

have been busy trying to produce more clinical doctorates in pharmacy to meet the national demand. As a result, there were missed opportunities during 2008-2009 to get involved with informatics during the HITECH act. The pharmacy informatics leadership in ASHP and other national leadership acknowledge the greater demand and need to create a pharmacy workforce in all sectors of biomedical informatics. Different training programs for healthcare professionals in informatics have been developed in response to the great demand and need in informatics. However, the lack of useful methods to disseminate the information within the pharmacy field has created a vacuum both in industry and academia. With approximately 21 trillion dollar national debt, the only way we can improve care is by reducing costs and improving quality. Therefore, it is vital that pharmacists adopt different health information technologies to provide the best care to our patients. The different fields of informatics discussed in this article including translational bioinformatics, clinical research informatics, clinical informatics, consumer health informatics and public health informatics have great opportunities for pharmacists for actively engage and make positive impact to improve healthcare. With more renewed national funding and business opportunities, pharmacists can take the lead and not miss the boat again.

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# SOUTH ASIAN MENTAL HEALTH

Tasfia Rafiuddin, PharmD, RPh

Imagine the following scenario: an overall healthy patient comes into a clinic for a routine checkup. The blood tests come back, and the patient's LDL has skyrocketed. One answer comes to mind; the patient has hypercholesterolemia and should be started on therapy right away. Of course, lifestyle modifications can be made, other options can be looked into, but bottom line, medication therapy is probably the best option. For the most part, both the doctor and patient will agree on this, no questions asked. It's routine, and it's standard.

Now imagine a different scenario: an overall healthy patient comes into a clinic for a routine checkup, and everything is fine. However, the patient complains of depression, sleepless nights, and mood swings. Now, imagine also that the patient comes from a South Asian ethnic background. Truth is, this scenario is not one that occurs very often. According to a report by the Asian and Pacific Islander American Health Forum (APIAHF), South Asian Americans have the lowest rate of utilization of mental health services (1). However, the lack of awareness and attention to mental health is prevalent across the board when it comes to health care professionals. Unfortunately, a majority of health care professionals do not consider mental well-being just as important as physical well-being. Furthermore, in the South Asian community, it is even more taboo, and mostly not spoken about.

Stigmas about psychological issues are the main barrier to the understanding and utilization of mental health care in the South Asian community. The mentally ill are often called "crazy," or "mad," and pursuing psychological services stigmatizes not only the person, but their family as well. Studies show that the low rates of utilization of mental health services in South Asians is not due to lower rates of mental illness. In fact, according to one study, Indian females tend to be more depressed than their Indian male and white female counterparts (2).

In an article written by Dr. Jyothsna S. Bhat, she cites some common statements she hears from South Asian Americans in her practice as a psychotherapist. Patients often say to her, "I can't

tell my parents about this,” or “This is just a sign of weakness.” (1) Often, she says, the parents advise the children that their depression is just all in their head, and that it doesn’t exist. Even though the majority of the younger South Asian American population was born or raised in the United States, they are still very much influenced by their parent’s views on culture and religion. According to the same report cited above by the APIAHF, a higher percentage of South Asian Americans, particularly between the ages of 15-24, had been found to exhibit depressive symptoms (1). Factors such as family conflict and stress or anxiety were pointed out to be contributors in the mental health of this population.

For those South Asians that do seek help or speak out about their issues, they are usually looked down upon in the community. Many from this community believe that mental illness can be cured by turning to religion, or picking up other hobbies, and view it as a sign of weakness. As a South Asian American, I can attest to this as well. As a community as a whole, we are expected to excel; we usually have a few career options that are acceptable, and once marriage is checked off the list also, well, then you’ve made it. We are expected to uphold an ideal image, one of success and happiness, and cracks beneath this utopian exterior are not to be spoken about, and often ignored.

It is a myth in our culture that willpower, or learning to control one’s thoughts and reactions to difficult situations can help solve mental health problems. As health care professionals, we know the science behind these issues, and we also know that good health comes from a combination of circumstances, including finances, culture, relationships, and family history. To use will power, or patience, or positive thinking as the sole tool to improve everything underestimates the complexity of mental health. Another myth we come across is that stress, anxiety, or depression are problems that only people of the “west” deal with. Some believe that these issues refer to those who live more individual lives, and do not pertain to South Asians, since we are so connected to our families. However, we know that these issues don’t discriminate, and are present in people of all backgrounds and circumstances.

So, what can health care providers like us do to help and aid in reversing this trend?

Unfortunately, there are only a few medical studies that specifically examine South Asian mental

illness, and that makes it difficult to come up with concrete solutions. However, firstly, we need to build more awareness. We need to help soften the stigma of mental illness in our families and our communities. As pharmacists, we have a role in the lives of our patients. We need to make sure our patients have enough education on these matters and encourage the pursuit of necessary psychological treatments, whether it be cognitive behavioral therapy, or other options. When it comes to dealing with these issues, knowledge and awareness are critical in making sure our patients receive the help they need, and also for the next South Asian generation to come.

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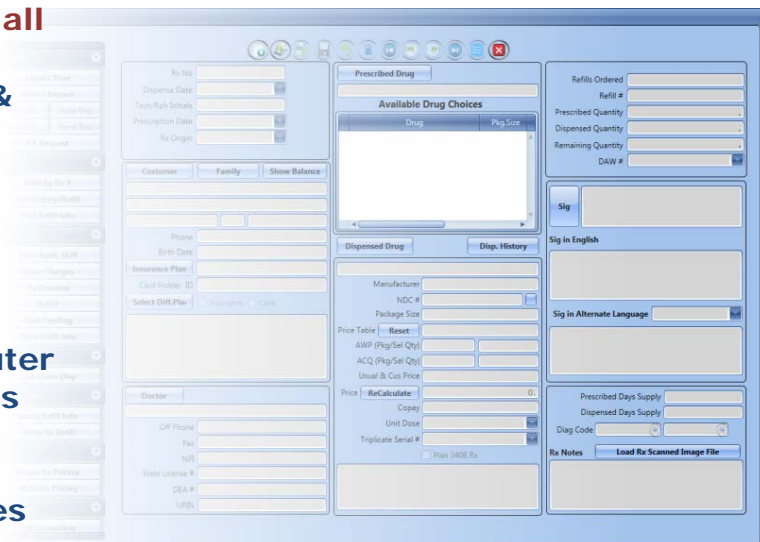
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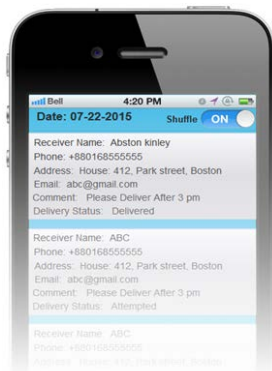
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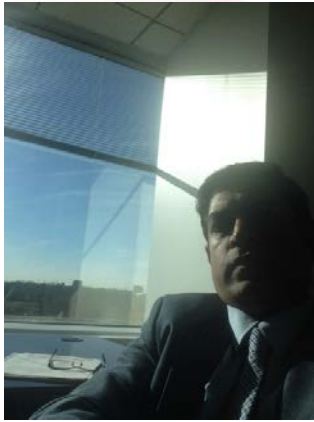
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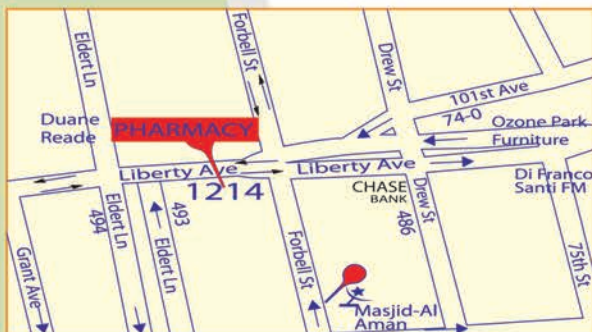
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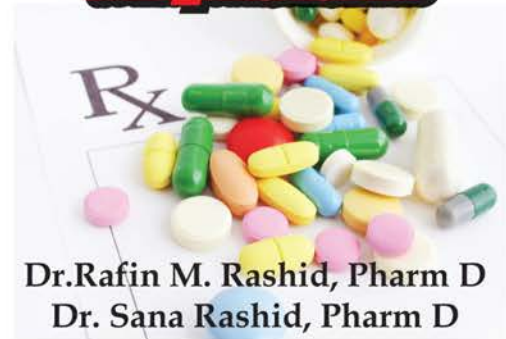
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