PHAR 3306

PHARMACOLOGY FOR OPTOMETRY

COURSE OUTLINE

Session 2, 2012
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Appendix I. Permitted ocular therapeutic agents

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PHAR3306 COURSE INFORMATION

UNITS OF CREDIT (UOC)
Pharmacology for Optometry is a 3rd year Science Course with 6 Units of Credit (UOC).

PREREQUISITES
VISN2111 Vision Science 2A
PHSL2101 Physiology 1A
PHSL2201 Physiology 1B
VISN2231 Introduction to Ocular Disease

OBJECTIVES OF THE COURSE
The aims of the course are to provide optometry students with

- a strong knowledge base in pharmacology and therapeutics that will benefit you in your future optometry practice
- the essential knowledge of the mechanisms of action of pharmacological agents and their therapeutic use in the treatment of systemic and ocular diseases, with emphasis on the agents that optometrists are licensed to prescribe (see Appendix I)
- basic principles of drug action, pharmacokinetics, pharmacodynamics, autonomic pharmacology, major drugs used in the management of cardiovascular, central nervous system, endocrine and inflammatory disorders and infection, drugs for eye diseases, side effects and contraindications of commonly used therapeutic agents

COURSE CO-ORDINATORS
Course Coordinator:
A/Prof Renate Griffith
Room 414, Lowy Building
Phone: 9385 1912
Email: r.griffith@unsw.edu.au
Consultation times: by email arrangement

Co-coordinator:
Dr Mary Kavurma
Room 316, Lowy Building
Phone: 9385 8109
Email: m.kavurma@unsw.edu.au
Consultation times: by email arrangement

LECTURERS IN THIS COURSE
Dr T. Binder w.binder@unsw.edu.au
A/Prof N. Di Girolamo n.digirolamo@unsw.edu.au
A/Prof G. Graham ggraham@stvincents.com.au
Dr R. Grant r.grant@unsw.edu.au
A/Prof R. Griffith r.griffith@unsw.edu.au
Dr M. Kavurma m.kavurma@unsw.edu.au
Dr J. Langlands j.langlands@unsw.edu.au
Dr R. Lim ridialim@optusnet.com.au
COURSE STRUCTURE AND TEACHING STRATEGIES

This 6 UOC course consists of
- 3 lectures per week
- tutorials and practical classes at alternative weeks, up to 3 hours

Lectures: Wednesday 4-5 pm and 5-6 pm; Friday 9-10 am. Weeks 1-12
Tutorials: Thursday 2-3 pm (Group A) or 3-4 pm (Group B). Weeks 2, 4, 6, 10
Practicals: Thursday 2-5 pm. Weeks 3, 5, 8, 9, 11

You are expected to attend all scheduled activities for the full duration. You are reminded that UNSW recommends that a 6 units-of-credit course should involve about 125-150 hrs of study and learning activities. Apart from the formal learning activities you are strongly recommended to do your own studies throughout the semester.

Lectures will provide you with the concepts and theory essential for understanding basic pharmacology. To assist in the development of research and analytical skills, practical classes and tutorials will be held. These classes and tutorials allow you to engage in a more interactive form of learning than is possible in the lectures. The skills you will learn in practical classes are relevant to your professional development.

APPROACH TO LEARNING AND TEACHING

The learning and teaching philosophy underpinning this course is centred on student learning and aims to create an environment which interests, challenges, and enthuses students. The teaching is designed to be relevant and engaging in order to prepare students for future careers.

The primary source of information for this course is the lecture material, and the tutorials and practical classes will be directly related to the lectures. Nevertheless, effective learning can also be enhanced through self directed use of other resources such as textbooks, literature references and web based sources. Your practical classes will be directly related to the lectures and you are advised to prepare for practical classes before attendance. It is up to you to ensure you perform well in each part of the course: preparing for classes; studying for exams and seeking assistance to clarify your understanding.

STUDENT LEARNING OUTCOMES

PHAR 3306 will develop those attributes that the Faculty of Science has identified as important for a Science Graduate to attain. These include skills, qualities, understanding and attitudes that promote lifelong learning that you should acquire during your university experience.

Graduate Attributes
A. Research, inquiry and analytical thinking abilities
B. The capability and motivation for intellectual development
C. Ethical, social and professional understanding
D. Effective communication
E. Teamwork, collaborative and management skills
F. Information Literacy – the skills to locate, evaluate and use relevant information
On completion of this course you should
1. have developed an understanding of the concepts of pharmacology
2. be able to apply pharmacological approaches to problem solving
3. be able to identify areas in the knowledge of pharmacology that could be improved, and carry out the research necessary to “fill the gaps”
4. be able to organise scientific information into a clear report
5. be able to demonstrate ability to work in teams and communicate scientific information effectively

ASSESSMENT PROCEDURES

<table>
<thead>
<tr>
<th>Assessment</th>
<th>% total mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midsession test (50 min duration)</td>
<td>20%</td>
</tr>
<tr>
<td>Practical assessment (2 short reports, 5% each)</td>
<td>10%</td>
</tr>
<tr>
<td>Group Assignment</td>
<td>10%</td>
</tr>
<tr>
<td>Final exam (2 hours duration)</td>
<td>60%</td>
</tr>
</tbody>
</table>

Practicals and tutorials
The practicals and tutorials are provided to support lecture material and practise analytical skills. The practical classes and tutorials help you to develop graduate attributes A, C, D, E & F. During the practical course students will be required to submit written reports for two of the practical sessions. Reports must be legible and as concise as possible. The electronic version of the report must be submitted via Blackboard on the same day the practical session is scheduled. No hardcopy is required. There will be a “10% mark deduction per day penalty” for late submission unless illness or family emergency is documented.

Group Assignment
You will work in teams to research new approaches/developments in ocular pharmacology and a written report to summarise your findings is required. This assessment task will allow you to develop your research, information literacy, communication and time management skills, as well as allowing you to demonstrate the ability to work in a team and collaborate successfully (Graduate attributes A, C, D, E & F). The electronic version of the assignment must be submitted via Blackboard through Turnitin, and the hardcopy of the assignment accompanied by a signed plagiarism form must be placed in the box at the BABS.SOMS.BEES (B.S.B.) Student Office, located on the Ground Floor Room G27, of the Biosciences Building before 10 am, Monday, 17th September. There will be a “10% mark deduction per day penalty” for late submission unless illness or family emergency is documented. The topics, instructions, and marking criteria for the group assignment will be handed to you during the first tutorial session.

Midsession test and final exam
The midsession test will be held during the lecture session on the 31st August. The format is MCQs. The end of session examination will be held during the official examination period, and the format will be MCQs, and short/long answer questions. The exam questions will mainly be based on the material covered in the lectures; however, the material pertaining to the tutorials and practical classes will also be examinable.

The mid and end of session examinations will address graduate attributes A, B and F and give you feedback on how you are succeeding in the course.
**TEXTBOOKS**

*Prescribed textbook:*

*Recommended textbooks:*

Copies of these textbooks are available in the library.

**National Prescribing Service (NPS)** is a member-based organisation providing accurate, balanced, evidence-based information and services to health professionals and the community on Quality Use of Medicines (QUM). You are strongly encouraged to use this service: [http://www.nps.org.au/](http://www.nps.org.au/)

**COURSE EVALUATION AND DEVELOPMENT**

Each year feedback is sought from students about the courses offered in the Department of Pharmacology and continual improvements are made based on this feedback. The Course and Teaching Evaluation and Improvement [CATEI] Process of the UNSW is the way in which student feedback is evaluated and significant changes to the course will be communicated to subsequent cohorts of students. Also a staff-student liaison group will be set up and students will be invited to become class representatives to seek feedback from their colleagues and meet with academic staff to discuss any issues that arise. Improvements to PHPH3306 have been made based on feedback given in previous years, including increased practical laboratory classes and modifications to lecture contents.

**GENERAL INFORMATION**

The Department of Pharmacology is part of the School of Medical Sciences and is within the Faculty of Medicine. It is located in the Wallace Wurth building. General inquiries can be made at the BABS.SOMS.BEES (B.S.B.) Student Office, located on the Ground Floor Room G27, of the Biosciences Building. Office hours are 9.00 am - 5:00pm.

**Professor Margaret Morris** is Head of Department and appointments may be made through her Administrative Officer Chris Riordan ([c.riordan@unsw.edu.au](mailto:c.riordan@unsw.edu.au)) in Room MG14.

**School Vacation Scholarships:** The School of Medical Sciences supports several summer vacation scholarships each year to enable good students to undertake short research projects within the school. For further details contact the Administrative Officer.

**There is an honours program** conducted by the School. The Honours program is co-ordinated by Dr Patsie Polly, Room 508, Wallace Wurth building (ph: 9385 2924; email [patsie.polly@unsw.edu.au](mailto:patsie.polly@unsw.edu.au)). Any students considering an Honours year should discuss the requirements with the co-ordinator. Medical students may take a year out of the medical course to undertake an Honours program. This is normally done between the 3rd and 4th year of the course. Outstanding students may be considered for scholarships offered by the University and School and these are offered annually.
**Postgraduate research degrees:** The Department of Pharmacology offers students the opportunity to enter into a Doctorate (Ph.D) program. For further information contact the co-ordinator, Dr Pascal Carrive (p.carrive@unsw.edu.au).

**Student Advisor:** The School Student Advisor Ms Carmen Robinson is able to provide additional information on any courses offered by the School. BABS.SOMS.BEES (B.S.B.) Student Office, G27 Biosciences Building. Ph: 9385 2464 Email: carmen.robinson@unsw.edu.au

**OFFICIAL COMMUNICATION BY EMAIL**

All students in the course PHAR 3306 are advised that email is now the official means by which the School of Medical Sciences will communicate with you. All email messages will be sent to your official UNSW e-mail address (e.g. z1234567@student.unsw.edu.au) and, if you do not wish to use the University email system, you MUST arrange for your official mail to be forwarded to your chosen address. The University recommends that you check your mail at least every other day. Facilities for checking e-mail are available in the School of Medical Sciences and in the University library. Further information and assistance is available from IT Service Centre, ph. 9385 1333. [http://www.it.unsw.edu.au/index.html](http://www.it.unsw.edu.au/index.html).

**ATTENDANCE REQUIREMENTS**

Attendance at practical classes/demonstrations is compulsory, and must be recorded in the class roll ON THE DAY OF THE CLASS. It is your responsibility to ensure that the demonstrator records your attendance and no discussions will be entered into after the completion of the class. Satisfactory completion of the work set for each class is essential. It should be noted that non attendance for other than documented medical or other serious reasons, or unsatisfactory performance, for more than 1 practical class during the session may result in ineligibility to pass the course.

**BEHAVIOUR AND SAFETY IN PRACTICAL CLASSES**

The practical class is an opportunity for students to develop graduate attribute C by behaving in an ethical, socially responsible and professional manner within the practical class.

- Punctual arrival is expected.
- Turn off mobile phones before entering the class.
- Lab coat and enclosed shoes are compulsory for the Human Pharmacology practical class in week 8.

Information on relevant Occupational Health and Safety policies and expectations will be provided in the practical notes.

Students must take due care with biological and hazardous material and make sure all equipment is left clean and functional. Those who don’t adhere to these basic laboratory rules will be marked absent. Special attention should be paid to any precautionary measures recommended in the notes. If any accidents or incidents occur they should be reported immediately to the demonstrator in charge of the class who will record the incident and recommend what further action is required.

**TEACHING RESOURCES**

The Department of Pharmacology has chosen to use the University's central Blackboard service to provide teaching materials for all of its courses.

- To access these materials, either point your browser to the TeLT gateway ([http://telt.unsw.edu.au/](http://telt.unsw.edu.au/)) or go to the School's home page at:
http://medicalsciences.med.unsw.edu.au/ then select "Current Students" from the menu bar and click on UNSW Blackboard Learning, under "Quicklinks" in the left column.

- Log in using your zPass (zStudentNo. and password).
- After logging on to Blackboard, look for the course PHAR3306. You should have access to it if you are properly enrolled.

You can make use of Lectopia (formerly ilectures) recordings taken of the lectures that are available on Blackboard. Lecture notes will also be made available on Blackboard before each lecture. It is recommended that students print these out and bring them to the lecture, so they can annotate them and make their additional own notes during the lecture.

HANDWRITING

Students whose writing is difficult to understand will disadvantage themselves in their written assessment. Make every effort to write clearly and legibly. Do not use your own abbreviations.

SPECIAL CONSIDERATION

Please note the following Statement regarding Special Consideration.

If you believe that your performance in a course, either during session or in an examination, has been adversely affected by sickness or for any other reason, you should consider asking for special consideration in the determination of your results. Such requests should be made as soon as practicable after the problem occurs. Applications made more than three days after an examination in a course will only be considered in exceptional circumstances.

When submitting a request for special consideration you should provide all possible supporting evidence (eg medical certificates) together with your registration number and enrolment details. Consideration request forms are available from Student Central. In exceptional circumstances further assessment may be given. If you believe you might be eligible for further assessment on these grounds, you should contact the Course Coordinator as soon as possible.

Please refer to https://my.unsw.edu.au/student/atoz/SpecialConsideration.html for further details regarding special consideration.

MISSED ASSESSMENT ITEMS

If in any circumstances you unavoidably miss the final exam, midsession test or cannot hand in an assessment task on time, you must inform the course coordinator and you must lodge a special consideration request, supported by a medical certificate or other documentation to Student Central (see web address above) within 3 DAYS.

Your request for consideration will be assessed and a deferred exam may be granted. You cannot assume you will be granted supplementary assessment.

It is intended that supplementary exams for the School of Medical Sciences in Semester 2, 2012, will be held in the week commencing Monday 26th November.

Normally, if you miss an exam (without valid reasons) you will be given an absent fail. If you arrive late for an exam no time extension will be granted. It is your responsibility to check timetables and ensure that you arrive with sufficient time.
MISSED PRACTICAL CLASSES

Students who miss practical classes due to illness or for other reasons must submit a copy of medical certificates or other acceptable documentation to the course co-ordinator. **Certificates should be lodged no more than 7 days after an absence. Certificates lodged after 7 days will not be accepted.** The following details must be attached: Name, Course number, Date of the class, Name of class missed.

REPEATING STUDENTS

Practical class exemptions may be granted to repeat students but students **must** check with the course co-ordinator whether they have exemption **prior** to their first practical class. All students must be familiar with the material covered in the practical classes.

STUDENT SUPPORT SERVICES

Those students who have a disability that requires some adjustment in their teaching or learning environment are encouraged to discuss their study needs with the course coordinator prior to, or at the commencement of, their course. Issues to be discussed may include access to materials, signers or note-takers, the provision of services and additional exam and assessment arrangements. Early notification is essential to enable any necessary adjustments to be made.

Student Equity and Disabilities Unit, Ground Floor of the Goodsell Building
Tel: +61 2 9385 4734/5434
Email: seadu@unsw.edu.au
Website: www.studentequity.unsw.edu.au

STUDENT RIGHTS AND RESPONSIBILITIES

[https://my.unsw.edu.au/student/resources/Policies.html#StudentResponsibilities&Conduct](https://my.unsw.edu.au/student/resources/Policies.html#StudentResponsibilities&Conduct)

Student equity and diversity issues can be addressed via Student Equity Officers (Disability) in the Student Equity and Diversity Unit (9385 4734).

APPEAL PROCEDURES

Details can be found at MyUNSW via the Student Central link.
[https://my.unsw.edu.au/student/academiclife/StudentCentralKensington.html](https://my.unsw.edu.au/student/academiclife/StudentCentralKensington.html)

GRIEVANCE RESOLUTION OFFICER

In case you have any problems or grievances about the course, you should try to resolve them with the Course Organizer (Dr. Renate Griffith; Ph: 9385 1912) or the Head of Department (Prof Margaret Morris ph: 9385 1560). If the grievance cannot be resolved in this way, you should contact the School of Medical Sciences Grievance Officer, Dr P.Pandey (9385 2483, P.Pandey@unsw.edu.au).
PLAGIARISM

The School of Medical Sciences will not tolerate plagiarism in submitted written work. The University regards this as academic misconduct. Evidence of plagiarism in submitted assignments, etc. will be thoroughly investigated and may be penalised by the award of a score of zero for the assessable work. Evidence of plagiarism may result in a record being made in the Central Plagiarism Register and the Faculty Students Ethics Officer being notified.

What is Plagiarism?
Plagiarism is the presentation of the thoughts or work of another as one’s own.\(^1\) Examples include:

- direct duplication of the thoughts or work of another, including by copying material, ideas or concepts from a book, article, report or other written document (whether published or unpublished), composition, artwork, design, drawing, circuitry, computer program or software, web site, Internet, other electronic resource, or another person’s assignment without appropriate acknowledgement;
- paraphrasing another person’s work with very minor changes keeping the meaning, form and/or progression of ideas of the original;
- piecing together sections of the work of others into a new whole;
- presenting an assessment item as independent work when it has been produced in whole or part in collusion with other people, for example, another student or a tutor; and
- claiming credit for a proportion a work contributed to a group assessment item that is greater than that actually contributed.\(^2\)
- For the purposes of this policy, submitting an assessment item that has already been submitted for academic credit elsewhere may be considered plagiarism.
- Knowingly permitting your work to be copied by another student may also be considered to be plagiarism.
- Note that an assessment item produced in oral, not written, form, or involving live presentation, may similarly contain plagiarised material.
- The inclusion of the thoughts or work of another with attribution appropriate to the academic discipline does not amount to plagiarism.
- The Learning Centre website is the main repository for resources for staff and students on plagiarism and academic honesty. These resources can be located via: www.lc.unsw.edu.au/plagiarism

The Learning Centre also provides substantial educational written materials, workshops, and tutorials to aid students, for example, in:

- correct referencing practices;
- paraphrasing, summarising, essay writing, and time management;
- appropriate use of, and attribution for, a range of materials including text, images, formulae and concepts.

Individual assistance is available on request from The Learning Centre.

Students are also reminded that careful time management is an important part of study and one of the identified causes of plagiarism is poor time management. Students should allow sufficient time for research, drafting, and the proper referencing of sources in preparing all assessment items.

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\(^1\) Based on a document proposed to the University of Newcastle by the St James Ethics Centre. Used with kind permission from the University of Newcastle.
\(^2\) Adapted with kind permission from the University of Melbourne.
LECTURE OUTLINES

The course **timetable** is appended at the end of this book (Appendix II) and can also be found on Blackboard.

**Pharmacodynamics - Sites of drug action**
This lecture provides an introduction to pharmacodynamics – what the drug does to the body; topics include: receptors, affinity and efficacy, side effects, desensitisation, up and down regulation, quantitation of drug-receptor interactions, dose-response curves, ED$_{50}$, and spare receptors.

**Pharmacodynamics - Agonist and antagonist activity**
Competitive antagonism, irreversible antagonism, functional (physiological) antagonism, chemical antagonism, concept of tone, potentiation, partial agonists, quantitative response, quantal response, therapeutic ratio, indirectly acting drugs.

**Autonomic nervous system - Cholinergic mechanisms**
Introduction to the autonomic nervous system (ANS) and the parasympathetic nervous system (PNS). Synaptic release of acetylcholine and cholinergic transmission. Cholinergic receptor classifications and distributions.
Introduction to 3 classes of cholinergic agents: Muscarinics, Nicotinics and Anticholinesterases. Representative agents of each class, mechanisms of action, clinical uses, side effects and contraindications.

**Autonomic nervous system - Adrenergic mechanisms**
Catecholamines. synthesis and metabolism of catecholamines. Adrenergic receptors. Alpha-1 adrenergic agonists and antagonists. Alpha-2 adrenergic agonists and antagonists. Beta adrenergic agonists and antagonists. Indirectly acting sympathomimetic amines. Examples of use of these classes of drugs in the eye will be given throughout the lectures.

**Pharmacokinetics - Drug absorption and distribution**

**Pharmacokinetics - Drug metabolism**

**Autonomic control of the eye and autonomic ocular drugs**
Commonly used autonomic drugs as cycloplegics, miotics, mydriatics, including. Parasympathomimetics: carbachol and pilocarpine; Parasympatholytics: atropine, tropicamide and cyclopentolate; Sympathomimetics: phenylephrine and dipivefrine; Sympatholytics: brimonidine and timolol. Mechanisms of action, side effects and contraindications.

**Antihypertensives**
Rationale for treating hypertension, the place of drug therapy, major classes of antihypertensive drugs - ACE inhibitors, calcium antagonists, diuretics, beta-blockers, alpha blockers; commonly used examples from each class; review of basic pharmacology/mechanisms of action; adverse effects and contraindications.

**Diuretic agents**
Brief review of renal physiology. Diuretic drugs: acetazolamide, furosemide (frusemide) and loop diuretics, chlorothiazide and distal tubule acting diuretics. Potassium sparing diuretics,
amiloride, triamterene and spironolactone. Actions, interactions and side effects of the diuretics will be covered, and their clinical uses.

**Dry eyes and treatment**
The tear film, functions of the tear film and tear secretion; Causes and pathophysiology of dry eye; Management and pharmacological treatment of dry eye.

**Drugs to treat thrombosis**
Review of the mechanism of thrombosis formation. The mechanism of actions of (i) Anti-platelet drugs, (ii) Anti-coagulation drugs and (iii) Thrombolytic drugs. By the end of the lecture students should be able to (i). Describe how aspirin prevents platelet activation; (ii) Identify drugs which prevent thrombosis formation versus drugs which remove thrombosis (iii) Describe the mechanisms of action of warfarin and heparin.

**VEGF and angiogenesis in eye disease**
Vascular endothelial growth factor A (VEGF-A) is a central mediator in blood vessel growth (angiogenesis) in the eye. “Wet AMD” is a particular form of age-related macular degeneration caused by abnormal growth of blood vessels under the macula. Currently available antiangiogenesis drugs for the treatment of wet AMD will be presented.

**Antiepileptic drugs/sedatives/hypnotics**
Different types of epilepsy. Anticonvulsant drugs and how they work: (clonazepam, valproate, vigabatrin, phenobarbitone, primidone, phenytoin, carbamazepine, ethosuximide, trimethadione); adverse effects on CNS, blood and other tissues. Desirable properties of sedatives and hypnotics. Mechanism of action of benzodiazepines and barbiturates. Pharmacology of benzodiazepines. Advantages of benzodiazepines over barbiturates. Zopiclone, a new hypnosedative. Indications for use.

**Antidepressants**
Monoamine theory of depression; pharmacology of antidepressant drugs. Tricyclic antidepressants, possible modes of action, side effects, overdose. MAO inhibitors: side effects including food interactions (hypertensive crisis) of non-specific MAO inhibitors. Specific MAO inhibitors (moclobemide). SSRI’s (fluoxetine as prototype). Li+ for bipolar depression.

**Drugs used to treat asthma**
Treatments for asthma and associated pharmacology. Bronchial asthma, inflammatory cells and mediators, commonly used anti-asthmatic drugs [β-adrenergic agonists, xanthines, glucocorticoids, oral steroids]. Asthma management, treatment of severe acute asthma, viral infections, novel treatments for asthma.

**Adverse drug effects**
Epidemiology, severity, most common drugs; type A reactions, dose dependent, related to usual actions of drug; type B reactions, not dose dependent, not related to usual actions of drug. Adverse ocular and systemic effects of drugs administered in eye drops. Adverse ocular effects of drugs administered orally or by injection.

**Endocrine drugs- thyroid drugs**
Drugs used to treat deficiencies or overactivity in thyroid secretion: thyroxine, triiodothyronine, propylthiouracil, carbimazole, radioactive iodine, high dose iodine, β blockers.

**Endocrine drugs- antidiabetic drugs**
Improving glycaemic control using orally active agents, incorporating mechanism of action, clinical use, side effects of the following drugs: Sulphonylureas; metformin, tolbutamide, chlorpropamide, glibenclamide. The insulin sensitising agents.
Antiglaucoma drugs
Brief introduction to the pathology of glaucoma and ocular hypertension. Rationale for the use of directly acting cholinomimetics, acetylcholine esterase inhibitors, adrenergics, carbonic anhydride inhibitors, etc, in treatment. Comparison of pharmacokinetics, routes of administration, contraindications and side effects.

Anti-inflammatory drugs-NSAIDs
Gross effects, therapeutic uses (including ocular) and side effects of non-steroidal anti-inflammatory drugs. Relationships of effects of NSAIDs to inhibition of cyclooxygenase, analgesia, anti-inflammatory, antipyresis, anti-platelet effects, effects on uterus, gastrointestinal tract. Selective COX-2 inhibitors.

Anti-inflammatory drugs-steroids
Inappropriate inflammatory or immune reactions are involved in many disease processes. Antiinflammatory drugs have been either glucocorticosteroids (GCS), or non-steroidal agents (NSAIDs). The pathway of synthesis of the prostaglandins and their major actions. The gross effects (including the anti-inflammatory effects) of the GCS. Dose forms of eye drops and ointments. Additives to eye drops of GCS.

Antihistamine and mast cell stabilizers

Antibiotics
Mechanisms of action of antibiotics and antimicrobial agents, including inhibitors of DNA synthesis (inhibitors of DNA gyrase and folic acid biochemistry), cell wall synthesis (inhibitors of peptido-glycan synthesis), and the various steps in protein synthesis.

Anaesthetics

Antiviral and antifungal agents
Pathogenic viruses, viral life cycles, virus-specific targets, DNA polymerase inhibitors, reverse transcriptase inhibitors, protease inhibitors, inhibitors of virus attachment. Pathogenic fungi, sites for chemotherapeutic intervention, antifungal antibiotics including amphotericin and nystatin, antifungal drugs including flucytosine, azoles such as ketoconazole and clotrimazole.

Diseases of the human ocular surface
This lecturer will cover the pathogenesis of common and rare diseases of the human ocular surface with particular focus on the impact of ultraviolet radiation exposure. Other topics covered will include ocular surface stem cells and techniques used to treat patients with stem cell failure.

Opioid analgesics
INFORMATION ABOUT GROUP ASSIGNMENTS

Graduate Attributes will be assessed in this group project are:

- Research, inquiry and analytical thinking abilities
- Effective communication
- Teamwork, collaborative and management skills
- Information Literacy – the skills to locate, evaluate and use relevant information

Aims:
The aims of the group project are:

- To develop your basic and clinical science skills by researching a topic related to eye diseases
- To update your knowledge of recent developments in the treatment of eye diseases
- To develop your skill in collaborative learning (teamwork)

Number of students per group: 4
Each group will be allocated a topic to research and present the information in the form of an assignment.

Task description:

- Research recent advances in the treatment (or potential new therapeutics) of your assigned eye disease
- All members should be allotted a fair share of tasks. The group should produce an integrated assignment with a word limit of 3000 words (excluding tables, figures, figure legends and references)
- A hard copy of the assignment must be accompanied by a signed plagiarism form (signed by each member of the group) and placed in the locked box in room MG14. An electronic version must also be submitted via Blackboard.
- The assignment is to be submitted by 10 am on the 17th of September 2012. A penalty will apply for late submissions.
- Each member should use the “Group Members – Evaluation Form” (see attached) to evaluate the members of the group, including yourself. The form should be submitted individually via Blackboard.

Assessment:

- The assignment will be worth 10% of your total marks.
- The assignment will be assessed by one of the members of the PHAR 3306 lecturing or tutoring staff.
Group Assignment Topics:

**Novel therapeutic approaches to treat eye diseases:**

1. Infection
2. Inflammation
3. Glaucoma
4. Allergic eye disease
5. Age-related macular degeneration
6. AIDS-related vision impairment
7. Eye cancer
8. Dry eyes
9. Diabetes-related eye disease
10. Corneal angiogenesis
# Group Assignment Marking Criteria

**PHAR 3306 S2, 2012**

Student names: 

Assignment Topic:

<table>
<thead>
<tr>
<th>SECTION</th>
<th>COMPONENT PARTS</th>
<th>COMMENTS</th>
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<tr>
<td>Preliminaries</td>
<td><strong>Title page</strong></td>
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</tr>
<tr>
<td></td>
<td>Assignment title, students' names and numbers; Course name &amp; number, date</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>The introduction gives an overview of the whole paper</td>
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<tr>
<td></td>
<td>Introduce the topic area; state clearly the purpose of the assignment report;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>give the reader an indication of what to expect</td>
<td>5</td>
</tr>
<tr>
<td>Body of Essay</td>
<td><strong>Background information</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clearly discuss and introduce the pathophysiological and pharmacological issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>related to your topic; outline your main argument</td>
<td>30</td>
</tr>
<tr>
<td>Evaluation of the issues</td>
<td><strong>Critical evaluation</strong> of the issues identified and supported by your chosen</td>
<td></td>
</tr>
<tr>
<td>identified from the sources</td>
<td>sources. A balanced and logical presentation that explores the strengths and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>weaknesses of your issue</td>
<td>30</td>
</tr>
<tr>
<td>End of Essay</td>
<td><strong>Conclusion</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Re-state key findings and state position/argument about the identified issue</td>
<td>4</td>
</tr>
<tr>
<td>Writing Checklist</td>
<td>Writing Conventions</td>
<td>Comments</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Overall readability</td>
<td>Sentence structure-correct grammar and word usage.</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Sentences and paragraphs well connected. Question clearly answered. Topic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>sentences, supporting and concluding sentences</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Appropriate written expression</strong> -</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discipline specific – appropriate vocabulary-use of formal not oral language.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has been proof read.</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>**Support –sources-evidence *<em>BJP</em> – in-text citations (4) and reference list (4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>follow conventions. Relevant information selected.</td>
<td>8</td>
</tr>
<tr>
<td>Word Limit</td>
<td>3000 words</td>
<td>1</td>
</tr>
<tr>
<td>Assignment Presentation</td>
<td>-Neat, margins, 1.5 spacing, 12 point font. Simple staple. Page numbering</td>
<td>2</td>
</tr>
</tbody>
</table>

*: References follow the style of the British Journal of Pharmacology

Content & structure: /70  
Writing Conventions: /20  
Peer/Self evaluations: /10

Total: /100  
FINAL /10%

Additional comments:
# Group Members - Evaluation Form

**Group number** _________  **Student name:** __________________

**Instructions:** Use this form to evaluate the members of your group. Write the name of each group member, including yourself, on top of one of the columns, then assign a score of 0 to 10 (0 being the lowest grade, 10 the highest) to each group member for each criterion. Because each group member has different strengths and weaknesses, the scores you assign will differ. At the bottom of this sheet, write down any comments you wish to make.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Group Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regularly attends meetings</td>
<td></td>
</tr>
<tr>
<td>Is prepared at meetings</td>
<td></td>
</tr>
<tr>
<td>Meets deadlines</td>
<td></td>
</tr>
<tr>
<td>Contributes good ideas</td>
<td></td>
</tr>
<tr>
<td>Effort given to researching subject</td>
<td></td>
</tr>
<tr>
<td>Submits high-quality work</td>
<td></td>
</tr>
<tr>
<td>Listens to other members</td>
<td></td>
</tr>
<tr>
<td>Gives constructive feedback</td>
<td></td>
</tr>
<tr>
<td>Responds to feedback</td>
<td></td>
</tr>
<tr>
<td>Overall assessment of this person’s contribution</td>
<td></td>
</tr>
<tr>
<td><strong>Total (/100)</strong></td>
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</tr>
</tbody>
</table>

**Comments:**
Appendix I. THE USE OF OCULAR THERAPEUTIC DRUGS IN AUSTRALIA

Introduction

The competency standards that an optometrist must achieve in order to be granted a drug authority are the therapeutic competencies that were developed by the Optometrists Association Australia. To ascertain whether an optometrist meets those competency standards the optometrist is required to provide evidence of successful completion of an educational course or program which addresses the adopted competencies and is recognised by the Optometry Board of Australia for this purpose and which has been accredited by the Optometry Council of Australia and New Zealand.

The following qualifications are recognised by the Board on the recommendation of the Optometry Council of Australia and New Zealand:

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Certificate in Ocular Therapeutics</td>
<td>University of New South Wales</td>
</tr>
<tr>
<td>Postgraduate Certificate in Ocular Therapeutics</td>
<td>University of Melbourne</td>
</tr>
<tr>
<td>Graduate Certificate in Ocular Therapeutics</td>
<td>Queensland University of Technology</td>
</tr>
<tr>
<td>The Auckland Programme in Ocular Therapeutics</td>
<td>University of Auckland</td>
</tr>
<tr>
<td>Bachelor of Optometry</td>
<td>University of Melbourne, conferred in 2007 and thereafter</td>
</tr>
<tr>
<td>Bachelor of Optometry</td>
<td>University of Auckland, conferred in 2007 and thereafter</td>
</tr>
</tbody>
</table>

List of Schedule 4 medicines approved by the Optometry Board of Australia for administration by optometrists holding general registration
As of 1 July 2010, State and Territory legislation continues to allow optometrists to administer the following diagnostic drugs in the course of their practice:

- anaesthetics, local (synthetic cocaine substitutes) — when prepared and packed in the form of eye drops containing 0.5 per cent or less of such anaesthetics
- tropicamide — when prepared and packed in the form of eye drops containing one (1) per cent or less of tropicamide
- cyclopentolate hydrochloride — when prepared and packed in the form of eye drops containing one (1) per cent or less of cyclopentolate hydrochloride
- atropine — when prepared and packed in the form of eye drops containing one (1) per cent or less of atropine sulphate
- homatropine — when prepared and packed in the form of eye drops containing two (2) per cent or less of homatropine hydrobromide
- pilocarpine nitrate — when prepared and packed in the form of eye drops containing two (2) per cent or less of pilocarpine nitrate
- physostigmine salicylate — when prepared and packed in the form of eye drops containing 0.5 per cent or less of physostigmine salicylate.

Note: Phenylephrine in concentrations of less than five (5) per cent is a Schedule 2 medicine, which can be used by all optometrists.

List of Schedule 4 medicines approved for use by registered optometrists who hold a scheduled medicines endorsement
July 2010 - *: no commercial preparations available in Australia

<table>
<thead>
<tr>
<th>Anti-infectives</th>
<th>Antiinflammatories/ anti-allergics</th>
<th>Anti-glaucomas</th>
<th>Miotics, mydriatics and cycloplegics</th>
<th>Local anaesthetics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aciclovir</td>
<td>Cyclosporin*</td>
<td>Apraclonidine</td>
<td>Atropine</td>
<td>Amethocaine</td>
</tr>
<tr>
<td>Azithromycin*</td>
<td>Dexamethasone</td>
<td>Betaxolol</td>
<td>Cyclpentolate</td>
<td>Lignocaine</td>
</tr>
<tr>
<td>Bacitracin*</td>
<td>Diclofenac</td>
<td>Bimatoprost</td>
<td>Homatropine</td>
<td>Oxybuprocaine</td>
</tr>
<tr>
<td>Cephasolin*</td>
<td>Flurometholone</td>
<td>Brimonidine</td>
<td>Pilocarpine</td>
<td>Proxymetacaine</td>
</tr>
<tr>
<td>Chloramphenicol</td>
<td>Flurbiprofen</td>
<td>Brinzolamide</td>
<td>Phenylephrine</td>
<td></td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>Hydrocortisone</td>
<td>Carbachol</td>
<td>Tropicamide</td>
<td></td>
</tr>
<tr>
<td>Framycetin</td>
<td>Ketorolac</td>
<td>Diprivefrin*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gentamicin</td>
<td>Prednisolone</td>
<td>Dorzolamide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gramicidin*</td>
<td></td>
<td>Latanoprost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neomycin*</td>
<td></td>
<td>Levobunolol*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ofloxacin</td>
<td></td>
<td>Pilocarpine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polymyxin*</td>
<td></td>
<td>Timolol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetracycline*</td>
<td></td>
<td>Travoprost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobramycin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vidarabine*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
From 1 January 2008, optometrists accredited to prescribe under State or Territory legislation can apply for approval as PBS prescribers (authorised optometrists). The drugs listed below are for prescribing by authorised optometrists only and only as approved topical eye formulations as listed on the website above. Optometrists must not write PBS prescriptions for medicines listed elsewhere in the PBS Schedule.

### Antimicrobial agents
- Aciclovir
- Chloramphenicol
- Ciprofloxacin
- Framycetin
- Gentamicin
- Tobramycin

### Decongestants & anti-allergic agents
- Sodium cromoglycate

### Lubricating agents
- Carbomer
- Carmellose
- Hypermellose
- Paraffin
- Polyethylene glycol
- Polyvinyl alcohol
- Soy lecithin

### NSAIDS
- Flurbiprofen

### Topical Ocular Steroids
- Dexamethasone, Fluorometholone, Hydrocortisone

### Glaucoma medications (subject to the development of a patient management plan with an ophthalmologist)
- Betaxolol
- Bimatoprost
- Brimonidine
- Brinzolamide
- Dorzolamide
- Latanoprost
- Pilocarpine
- Timolol
- Travoprost
# Appendix II Timetable PHAR3306 Pharmacology for Optometry, S2, 2012

<table>
<thead>
<tr>
<th>Wk</th>
<th>Date</th>
<th>Time</th>
<th>Theatre</th>
<th>Lecture title</th>
<th>Lecturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jul 18, Wed</td>
<td>4-5 pm</td>
<td>Biomed E</td>
<td>Welcome &amp; Introduction. Sites of drug action</td>
<td>Griffith/Binder</td>
</tr>
<tr>
<td></td>
<td>Jul 18, Wed</td>
<td>5-6 pm</td>
<td>Biomed E</td>
<td>Pharmacodynamics: agonist and antagonist activity</td>
<td>T. Binder</td>
</tr>
<tr>
<td></td>
<td>Jul 20, Fri</td>
<td>9-10 am</td>
<td>Biomed A</td>
<td>Autonomic nervous system-Introduction/Cholinergic</td>
<td>L. Liu</td>
</tr>
<tr>
<td>2</td>
<td>Jul 25, Wed</td>
<td>4-5 pm</td>
<td>Biomed E</td>
<td>Autonomic Nervous System-Cholinergic</td>
<td>L. Liu</td>
</tr>
<tr>
<td></td>
<td>Jul 25, Wed</td>
<td>5-6 pm</td>
<td>Biomed E</td>
<td>Autonomic Nervous System-Adrenergic</td>
<td>L. Wakelin</td>
</tr>
<tr>
<td></td>
<td>Jul 27, Fri</td>
<td>9-10 am</td>
<td>Biomed A</td>
<td>Pharmacokinetics-Drug absorption and distribution</td>
<td>R. Grant</td>
</tr>
<tr>
<td>3</td>
<td>Aug 1, Wed</td>
<td>4-5 pm</td>
<td>Biomed E</td>
<td>Pharmacokinetics-Drug metabolism</td>
<td>R. Grant</td>
</tr>
<tr>
<td></td>
<td>Aug 1, Wed</td>
<td>5-6 pm</td>
<td>Biomed E</td>
<td>Pharmacokinetic formulae and calculations</td>
<td>R. Grant</td>
</tr>
<tr>
<td></td>
<td>Aug 3, Fri</td>
<td>9-10 am</td>
<td>Biomed A</td>
<td>Autonomic Nervous System-Adrenergic</td>
<td>L. Wakelin</td>
</tr>
<tr>
<td>4</td>
<td>Aug 8, Wed</td>
<td>4-5 pm</td>
<td>Biomed E</td>
<td>ANS control of the eye/cycloplegics, miotics, mydriatics</td>
<td>L. Liu</td>
</tr>
<tr>
<td></td>
<td>Aug 8, Wed</td>
<td>5-6 pm</td>
<td>Biomed E</td>
<td>Antihypertensives</td>
<td>M. Kavurma</td>
</tr>
<tr>
<td></td>
<td>Aug 10, Fri</td>
<td>9-10 am</td>
<td>Biomed A</td>
<td>Drugs acting on renal system - Diuretic agents</td>
<td>M. Kavurma</td>
</tr>
<tr>
<td>5</td>
<td>Aug 15, Wed</td>
<td>4-5 pm</td>
<td>Biomed E</td>
<td>Dry eyes and treatment</td>
<td>D. Wakefield</td>
</tr>
<tr>
<td></td>
<td>Aug 15, Wed</td>
<td>5-6 pm</td>
<td>Biomed E</td>
<td>Drugs to treat thrombosis</td>
<td>M. Kavurma</td>
</tr>
<tr>
<td></td>
<td>Aug 17, Fri</td>
<td>9-10 am</td>
<td>Biomed A</td>
<td>VEGF and angiogenesis in eye disease</td>
<td>R. Griffith</td>
</tr>
<tr>
<td>6</td>
<td>Aug 22, Wed</td>
<td>4-5 pm</td>
<td>Biomed E</td>
<td>CNS- Antiepileptic drugs/Sedatives/Hypnotics</td>
<td>M. Morris</td>
</tr>
<tr>
<td></td>
<td>Aug 22, Wed</td>
<td>5-6 pm</td>
<td>Biomed E</td>
<td>CNS-Antidepressants</td>
<td>M. Morris</td>
</tr>
<tr>
<td></td>
<td>Aug 24, Fri</td>
<td>9-10 am</td>
<td>Biomed A</td>
<td>Drugs to treat asthma</td>
<td>T. Binder</td>
</tr>
<tr>
<td>7</td>
<td>Aug 29, Wed</td>
<td>4-5 pm</td>
<td>Biomed E</td>
<td>Ocular side effects of systemic drugs</td>
<td>G. Graham</td>
</tr>
<tr>
<td></td>
<td>Aug 29, Wed</td>
<td>5-6 pm</td>
<td>Biomed E</td>
<td>Systemic side effects of ocular drugs</td>
<td>G. Graham</td>
</tr>
<tr>
<td></td>
<td>Aug 31, Fri</td>
<td>9-10 am</td>
<td>Biomed A</td>
<td>Mid session test (50 min)</td>
<td>M. Kavurma</td>
</tr>
</tbody>
</table>

**Mid-semester break (3 Sept - 7 Sept)**

| 8  | Sept 12, Wed| 4-5 pm | Biomed E| Endocrine drugs - Thyroid drugs                         | M. Kavurma      |
|    | Sept 12, Wed| 5-6 pm | Biomed E| Endocrine drugs - Anti-diabetic drugs                    | M. Kavurma      |
|    | Sept 14, Fri| 9-10 am| Biomed A| Antiglaucoma drugs                                      | R. Lim          |
| 9  | Sept 19, Wed| 4-5 pm | Biomed E| Anti-inflammatory drugs-NSAIDs                           | T. Binder       |
|    | Sept 19, Wed| 5-6 pm | Biomed E| Anti-inflammatory drugs-Steroids                         | J. Langlands    |
|    | Sept 21, Fri| 9-10 am| Biomed A| Antihistamine/mast cell stabilizers                      | L. Liu          |
| 10 | Sept 26, Wed| 4-5 pm | Biomed E| Antibiotics 1                                           | L. Wakelin      |
|    | Sept 26, Wed| 5-6 pm | Biomed E| Antibiotics 2                                           | L. Wakelin      |
|    | Sept 28, Fri| 9-10 am| Biomed A| Anaesthetics                                            | L. Wakelin      |
| 11 | Oct 3, Wed | 4-5 pm | Biomed E| Antiviral and antifungal agents                         | L. Wakelin      |
|    | Oct 3, Wed | 5-6 pm | Biomed E| Antimicrobial chemotherapy for ocular infection          | L. Wakelin      |
|    | Oct 5, Fri | 9-10 am| Biomed A| Ocular surface disease                                  | N. Di Girolamo  |
| 12 | Oct 10, Wed | 4-5 pm | Biomed E| Opioids                                                  | T. Binder       |
|    | Oct 10, Wed | 5-6 pm | Biomed E| Revision                                                 | R. Griffith     |

*Students are divided into two groups for the tutorial classes; Group A, 2-3 pm and Group B 3-4 pm.

**TUTORIALS AND PRACTICAL CLASSES**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Tutorial (T)/Practical (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 26, Thur</td>
<td>2-3 pm (A)*</td>
<td>Group project instructions (T)</td>
</tr>
<tr>
<td>Aug 2, Thur</td>
<td>2-5 pm</td>
<td>Pharmacokinetics (P)</td>
</tr>
<tr>
<td>Aug 9, Thur</td>
<td>2-3 pm (A)*</td>
<td>Cholinergic (T)</td>
</tr>
<tr>
<td>Aug 16, Thur</td>
<td>2-5 pm</td>
<td>Dose-response (P)</td>
</tr>
<tr>
<td>Aug 23, Thur</td>
<td>2-3 pm (A)*</td>
<td>Adrenergic (T)</td>
</tr>
<tr>
<td>Aug 30, Thur</td>
<td></td>
<td>Work on assignments</td>
</tr>
<tr>
<td>Sept 13, Thur</td>
<td>2-5 pm</td>
<td>Human Pharmacology (P)</td>
</tr>
<tr>
<td>Sept 20, Thur</td>
<td>2-5 pm</td>
<td>CNS drugs (P)</td>
</tr>
<tr>
<td>Sept 27, Thur</td>
<td>2-3 pm (A)*</td>
<td>Antiinflammatory (T)</td>
</tr>
<tr>
<td>Oct 4, Thur</td>
<td>2-5 pm</td>
<td>Autonomic drugs on eye (P)</td>
</tr>
<tr>
<td>Oct 10, Thur</td>
<td>2-5 pm</td>
<td>Ocular surface disease (P)</td>
</tr>
</tbody>
</table>