RESUME

Mobile : 00966 563850168
Email : meltokhy01@qub.ac.uk

PERSONAL DATA

NAME	**Mahmoud Abdelfatah Eltokhy.**
NATIONALITY	Egyptian.
ADDRESS	Royal Commission Medical Center, Pharmacy Department, Madinat Yanbu Al-Saniyah, Post Box # 31100, Kingdom of Saudi Arabia.
MARTIAL STATUS	Married.
DATE OF BIRTH	26/9/1976.

EDUCATION

NAME OF COLLEGE	DEGREE ATTAINED	DATE
Queen's University of Belfast, NI, UK.	**Master's Degree in Clinical Pharmacy.**	**2017**
Tanta University, Egypt.	**Bachelor's Degree in Pharmaceutical Science.**	**May 2000**

EMPLOYMENT HISTORY

	ORGANIZATION	DATE
1	**-General Authority for Medical Insurance Hospital, MOH, Egypt.**	**From 9/2000 TO 8/2002**
2	**-King Saud Hospital, Unaizah Al Qassim, Kingdom of Saudi Arabia.**	**From 10/2002 TO 02/2006**
3	**-Royal Commission Medical Center, Madinat Yanbu Al-Sinaiyah, Kingdom of Saudi Arabia.**	**From 03/06 TO Till Date.**

DUTIES & RESPONSIBILITIES

- **Royal Commission Medical Center (RCMC) is a 372 bedded hospital in the western region of Saudi Arabia with almost all medical and surgical facilities additional to critical care units and emergency department. RCMC is one of the few comprehensive healthcare centers in the western region which is accredited by both JCI and CBAHI.**

- **Throughout the last consecutive 13 years, I used to meticulously carry out the duties and responsibilities of clinical hospital pharmacist in day or night (12 hours) shifts (4 days /week) targeting the best and the most possible accurate performance to be a considerable asset in RCMC. My daily routine duties vary between the preparation of large volume parenterals (TPN, on average 15 TPNs daily), IV admixtures, extemporaneous preparations, and unit dose services in inpatient pharmacy. It was a challenge for me to be the sole hospital pharmacist holding a master's degree in clinical pharmacy in inpatient pharmacy (accommodating ~ 19 inpatient pharmacists) to always be the robust reference where clinical and evidence-based interventions are sought in many situations (e.g. medication dose adjustment in children, renal impaired, and elderly patients). Moreover, experiencing and mastering the clinical skills invites me always to be an active member in developing the internal policy and procedure guidelines (PPGs) within the inpatient pharmacy setting. Furthermore, providing direct patient care to admitted patients while carrying out medication reconciliation and/or patient counseling was unforgettable experience for me.**

- **Another mind opening experience to me was intensively gained throughout the preparation and propagation of my master's degree dissertation, during this challenging period in my career I was able to review dozens of landmark clinical studies and trials pertaining diabetes management which broaden my knowledge about the evidence-based medicine and clinical research design. Moreover, handling statistics using SPSS program let me appreciate the crucial significance of figures and numbers. By completing my dissertation study, I become so eager and encouraged to peruse a career in clinical research to fulfill my ever-growing enthusiasm towards clinical research.**

1--------DRUG DISTRIBUTION

- **Implementing the "10 Rights" of medication administration (right patient, right drug, right dose, right route, right time, right education, right to refuse, right assessment, right evaluation, and right documentation).**
- **Interpreting drug orders and performing various pharmaceutical calculations explicitly.**
- **Insuring proper technique and accurate preparation of the pharmaceutical products (e.g. IV admixtures, TPN).**
- **Acquiring, ensuring proper storage and handling conditions, and disposing drugs.**
- **Preparing extemporaneous preparation against prudent references and documenting them.**
- **Detecting, documenting, and reporting adverse drug reaction, medication errors and near miss.**
- **Identifying and resolving problems with medication orders (e.g. suggesting suitable alternative where a non-available item was ordered, cancelling medication in surgery day, handling patient own medication).**

2--------PATIENT CARE

- **Performing medication reconciliation using medical record (paper and electronic) and discussing medication history with patients and/or their carers.**
- **Verifying physician orders against the known medication profile of patients.**
- **Ensuring appropriate laboratory tests are ordered and interpreted correctly.**
- **Ensuring that the medication plan of patients in their care is reviewed to identify actual and potential problems and if they require additional or alternative therapeutic interventions.**
- **Assessing patient`s medical record and progress notes to follow-up and/or suggest a discreet therapeutic intervention.**
- **Carrying out and tailoring a pharmaceutical care plan for some patients (elderly and those transferred from ICU).**
- **Assessing the possibility to Modify medication regimen to improve adherence, safety and/or cost effectiveness of treatment.**
- **Documenting pharmacy contribution to patient`s care.**
- **Appreciating and securing patient`s confidentiality at all levels of care.**

3--------DRUG INFORMATION

- **Counseling patients and/or their carers on the effective use of their medication.**
- **Providing a prudent reference sources (paper and electronic) to support the suggested pharmaceutical interventions to other health care providers.**
- **Retrieving and interpretation of primary source data (published clinical trials, systematic reviews, and meta-analysis) to provide evidence-based therapeutic interventions.**
- **Providing other health care providers with a clear interpretation of inconclusive or conflicting medical information.**
- **Understanding how evidence-based interventions and guidelines are reviewed, developed, and updated.**

4---------Miscellaneous

- **Training and instructing new pharmacists and technicians.**
- **Watching for the implementation of the PPGs and ensuring their consistency with the recent JCI standards and the actual ongoing practice.**
- **Participating in the development and subsequent updating of the hospital drug formulary.**
- **Suggesting adoption of "JBS3 Risk Calculator" for CVD and "Insulin Passport" for diabetic patients in RCMC.**
- **Willing to pursue additional post graduate formal studies to underpin any proposed specialization in pharmacy services.**
- **Good user of IBM SPSS Statistics (Windows version 24.0).**

Master's Degree Thesis Title

Efficacy and safety of gliptins (sitagliptin and saxagliptin) as second intensification of drug treatment in Saudi T2DM patients inadequately controlled with fixed doses of biguanide (metformin) and sulfonylurea (gliclazide). **Abstract attached.**

Reference

Dr. Sami A. Qaduss.
B.Pharm, MSc., Ph.D., Dip BA.
Ex Head of Pharmacy Department.
t: +962 7 8181 5858
e: samiqadus@yahoo.com

Dr. Rebecca Craig.
School of Pharmacy, Queen's University
Belfast, 97 Lisburn Road, Belfast, BT9 7BL
t: +44 (0)28 9097 2027
e: rebecca.craig@qub.ac.uk

ABSTRACT

Title: Efficacy and safety of gliptins (sitagliptin and saxagliptin) as second intensification of drug treatment in Saudi T2DM patients inadequately controlled with fixed doses of biguanide (metformin) and sulfonylurea (gliclazide).

Objectives: To assess the efficacy and safety of gliptins (sitagliptin and saxagliptin) as second intensification of drug treatment in Saudi T2DM patients whose glycaemia was not controlled with fixed doses of biguanide (metformin) and sulfonylurea (gliclazide), and to compare within-gliptin class efficacy and safety.

Design: Retrospective observation cohort study.

Settings: [redacted] electronic medical record and laboratory database.

Subjects: 143 Saudi T2DM patients with poor glycaemic control (HbA1c level > 7%).

Main outcome measures: Absolute and within-gliptin class differences in HbA1c level, FBG level, body weight, and BMI changes; proportion of T2DM patients achieving HbA1c target level of < 7%; and events of severe hypoglycaemia, acute pancreatitis, and hospitalisation due to heart failure.

Results: In 143 patients observed, second treatment intensification with sitagliptin or saxagliptin, reduced: HbA1c levels by 0.84% and 0.96% ($P < 0.001$) respectively, between groups difference was 0.13% ($P = 0.50$); reduced FBG levels by 1.28 mmol/l ($P < 0.001$) and 0.56 mmol/l ($P = 0.01$) respectively, between groups difference was -0.72 mmol/l ($P = 0.018$). 18.3% and 19.4% of patients achieved HbA1c target level of < 7% with sitagliptin and saxagliptin, respectively. Sitagliptin and saxagliptin were at least neutral with respect to body weight and BMI measures.
No discontinuation of treatments due to side effects, one event of severe hypoglycaemia in sitagliptin-treated patients, and one event of hospitalisation due to heart failure in saxagliptin-treated patients.

Conclusion:
Sitagliptin and saxagliptin are safe and effective options for second treatment intensification in Saudi T2DM patients. Both gliptins are almost comparable in the safety and efficacy profiles, yet sitagliptin was significantly more potent than saxagliptin in reducing FBG level.