EXPERT STANCE

KNOW YOUR BLOOD PRESSURE —AND WHAT TO DO ABOUT IT

By AMERICAN HEART ASSOCIATION NEWS

The newest guidelines for hypertension:

Blood pressure	Category	Recommendations
<120 mmHg AND <80 mmHg	NORMAL BLOOD PRESSURE	*Recommendations: Healthy lifestyle choices and yearly checks.
120-129 mmHg AND <80 mmHg	ELEVATED BLOOD PRESSURE	*Recommendations: Healthy lifestyle changes, reassessed in 3-6 months.
130-139 mmHg OR 80-89 mmHg	HIGH BLOOD PRESSURE / STAGE 1	*Recommendations: 10-year heart disease and stroke risk assessment. If less than 10% risk, lifestyle changes, reassessed in 3-6 months. If higher, lifestyle changes and medication with monthly follow-ups until BP controlled.
≥140 mmHg OR ≥90 mmHg	HIGH BLOOD PRESSURE / STAGE 2	*Recommendations: Lifestyle changes and 2 different classes of medicine, with monthly follow-ups until BP is controlled.

*Individual recommendations need to come from your doctor.

DIC ACTIVITIES

1. World pharmacist day

World pharmacist day was celebrated on September 25th and encouraged activities that promote and advocate for the role of the pharmacist in improving health.

2. Blood Donation Campaign

campaigns to encourage: people to sign up as blood donors and start saving lives. existing donors to continue donating to help us keep blood stocks healthy.

3. World Breastfeeding Week

World Breastfeeding Week was celebrated on 1st August to 7th August to encourage breastfeeding and improve the health of babies around the world.

PHARMA NEXUS NEWS LETTER

DEPARTMENT OF PHARMACY PRATICE

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VISION

To establish as a centre of excellence in education, research, innovation, training, and entrepreneurship in pharmaceutical science through systematic and relentless approach.

MISSION

To educate and train the students in the knowledge and practice of pharmaceutical science by providing motivation learning, research and professional attitude for serving the society globalist through systematic and relentless approach without compromising on ethics and quality.

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PEO's

1. Graduates will be equipped with profound knowledge of pharmaceutical sciences with leadership qualities and able to discharge professional duties to meet the needs of pharmaceutical industry and clinical services to the community.

2. Graduates should be able to acquire skills in dosage forms development and have regular interaction with the industries in the area of research and development and offer training and consultancy.

3. To inspire the students to pursue higher education and to appear for competitive exams and other value added programmes for their holistic development.

4. Graduates will be effective communicators, with other healthcare professionals for dispensing medicines with professional ethics and social responsibilities.

5. Graduates will be able to become a lifelong learner to absorb newer technologies and plays pivotal role in the society.

DISEASE DESK

Achalasia

Achalasia is a rare disorder of the esophagus, the tube that carries food from the throat to the stomach. It is characterized by impaired ability to push food down toward the stomach (peristalsis), failure of the ring-shaped muscle at the bottom of the esophagus, the lower esophageal sphincter (LES), to relax. It is the contraction and relaxation of the sphincter that moves food through the tube.

Signs & Symptoms

- ✓ impairment in the ability to swallow (dysphagia)
- ✓ mild chest pain
- ✓ cough during the night
- ✓ significant weight loss
- ✓ difficulty in swallowing

Treatment

The treatment of achalasia is aimed at removing obstructions caused by the failure of the lower esophageal sphincter muscle to relax. This may be done with the administration of drugs, expanding the cross-section (manual dilation) of the sphincter muscle, or through surgery.

The drug isosorbide, (a long-acting nitrate) or nifedipine (a calcium channel blocker) may provide some relief for people with achalasia.

TREATMENT STRATEGIES FOR ACHALASIA

MEDICAL MANAGEMENT
- Calcium Channel Blockers
- Long-acting Nitrates
- Beta-receptor Blockers

MECHANICAL DILATION
- Balloon or Bougie

CHEMICAL PARALYSIS
- Botulinum Toxin A

SURGICAL MYOTOMY
- Thoracoscopy
- Laparoscopy
  - No Fundoplication
  - Dor Fundoplication
  - Toupet Fundoplication
  - Nissen Fundoplication

COMPLEMENTARY THERAPY

Date of initiation	Disease condition	Drug name	Dose	Response
5-Apr-14	Retrostrenal burning, regurgitation of food, dysphagia	Avipattikarachurna	3 g twice a day	Partial improvement in symptoms
		Shankhabati	1 tablet twice a day	Regurgitation persisted
		Pravalbhasma	250 mg twice a day	
		Arogyavardhini	1 tablet twice a day	
28-Apr-14	Food regurgitation, retrosternal burning	Hingvadibati along with 5 mL errand oil	1 tablet thrice a day dipped in castor oil	Improved substantially. No regurgitation. Occasional retrosternal burning
12-May-14	Occasional retrosternal burning	Pravalbhasma	250 mg twice a day	Improved substantially. No regurgitation. No retrosternal burning. Weight gain of 2 kg
		Hingvadibati along with errand oil	1 tablet twice a day dipped in 5 mL of castor oil	

GET QUIZZIED !

1. Which of the following is not related to a drug toxicity of Atenolol?
1. CHF 2. Tachycardia 3. AV block 4. Sedative appearance

ans) 2

2. Which of the following is considered a class IA Sodium Channel blocker?
1. Mexiletine 2. Amiodarone 3. Quinidine 4. Procainamide

ans) 2

3. Which of the following is considered a class IA Sodium Channel blocker?
1. Propafenone 2. Disopyramide 3. Aminodarone 4. Quinidine

ans) 1

4. Potassium sparing diuretics have the primary effect upon the _____ found in the kidney.
1. Proximal convoluted tubule 2. Loop of Henle 3. Collecting duct
4. Distal convoluted tubule

ans) 4

5. Which of the following is not directly related to a drug toxicity of Nitroglycerin?
1. Headache 2. Tachycardia 3. Dizziness 4. Projectile vomiting

ans) 4

DRUG SHELF

Brand Names : Rizmoic
Category : Opioid Antagonist, Peripherally-Acting
Indication : Opioid-induced constipation
Dosing : Oral: 0.2 mg once daily.

Pharmacology

Opioid antagonist that blocks opioid binding at the mu, delta, and kappa receptors; functions as a peripherally acting mu-opioid receptor antagonist, including actions on the GI tract to inhibit the delay in GI transit time, thereby decreasing the constipating effects of opioids.

Pharmacodynamics/Kinetics

Distribution : Vd: 155 L
Protein binding : 93% to 94%
Metabolism: CYP3A to nor-naldemedine (major); UGT1A3 to naldemedine 3-G (minor); also undergoes cleavage in the GI tract to form benzamidine and naldemedine carboxylic acid.
Half-life elimination : 11 hours
Time to peak : 0.75 hours; 2.5 hours (with food)
Excretion : Urine (57%; 16% to 18% as unchanged drug; 32% as benzamidine metabolite); feces (35%; 20% as benzamidine metabolite)

Adverse Reactions

Abdominal pain, diarrhea, Nausea , vomiting , gastroenteritis Hypersensitivity reaction