DEPARTMENT ACTIVITIES

- Pharm D faculties and students attended 71 st Indian Pharmaceutical Congress at Chennai on the Theme Healthcare system –Role of regulators ,Pharmavision 2030 on 20,21 December 2019 .
- Pharm D students conducted National Pollution Prevention Day on 6 January , 2020

DIC ACTIVITIES	NUMBER

Answers for Quiz

1.A 2.A 3.D 4.C 5.B

Please send your suggestions to
The Chief Editor
CLINICAL PHARMA PRACTICE NEWSLETTER
Drug & Poison Information Centre,
Department of Pharmacy Practice,
Swamy Vivekanandha College of Pharmacy,
Elayampalayam, Tiruchengode - 637 205, Namakkal (Dt)., Tamilnadu.

Book Post

To

Prof. Dr. M. KARUNANITHI
B.Pharm., M.S., Ph.D., D.Litt.,
CHAIRMAN & SECRETARY

A Newsletter on

CLINICAL PHARMA PRACTICE

An Update on Clinical Research and Drug Information

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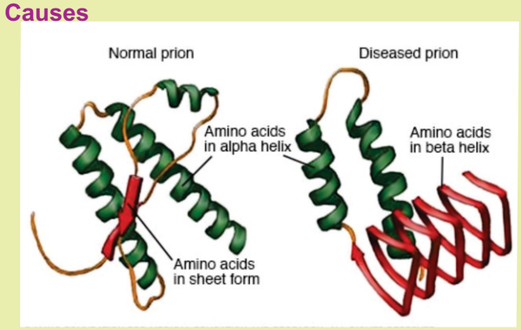
Swamy Vivekanandha College of Pharmacy,
Elayampalayam, Tiruchengode - 637 205,
Namakkal (Dt), Tamilnadu, Phone : 04288-234417,
E-mail : svcpdpic@gmail.com

PHARMACIST DESK

Creutzfeldt–Jakob disease

Creutzfeldt–Jakob disease also known as classic Creutzfeldt–Jakob disease, is a fatal degenerative brain disorder. CJD is caused by a protein known as a prion. Infectious prions are misfolded proteins that can cause normally folded proteins to become misfolded.

Causes



The cause of Creutzfeldt-Jakob disease and other TSEs appears to be abnormal versions of a kind of protein called a prion. Normally these proteins are harmless. But when they're misshapen, they become infectious and can harm normal biological processes.

SIGNS AND SYMPTOMS

Personality changes, Anxiety, Depression, Memory loss , Impaired thinking, Blurred vision or blindness, Insomnia, Difficulty speaking, Sudden, jerky movements, Coma

Transmission

The defective protein can be transmitted by contaminated harvested human brain products, corneal grafts, dural grafts, or electrode implants and human growth hormone.

It can be familial in which a mutation has occurred in the gene for PrP, PRNP.

Types

- Sporadic caused by the spontaneous misfolding of prion-protein in an individual.
- Familial caused by an inherited mutation in the prion-protein gene.
- Acquired CJD caused by contamination with tissue from an infected person.

TREATMENT

There was no cure for CJD. Some of the symptoms like twitching can be managed, but otherwise treatment is palliative care. Psychiatric symptoms like anxiety and depression can be treated with sedatives and antidepressants. Myoclonic jerks can be handled with clonazepam or sodium valproate. Opiates can help in pain. Seizures are very uncommon and can be treated with antiepileptic drugs.

PREVENTION

Destruction of surgical instruments used on the brain or nervous tissue of someone with known or suspected CJD.Single-use kits for spinal taps. Tight restrictions on importation of cattle from countries where BSE is common.

Restrictions on animal feed.

Strict procedures for dealing with sick animals.

Ref :
Ms. SHINI MOL D.V , Pharm D, Intern

CASE REPORT

Traumatic brain injury

A 2 years old male child was admitted with the complaints of swelling and pain in head due to falling from bed, changes in sleep habit, persistent headache. The child had no past medical and medication history. The vital shows that elevated blood pressure (130/90mmhg) and other parameters were found to be normal. The child was diagnosed with traumatic injury on brain with soft tissue injury. The child was initiated on syrup .ossopan 3ml twice daily, syrup. dilantin 5ml twice daily, syrup. piracetam 2.5 ml twice daily, tab. bizlo 20 mg twice daily for four days.

Conclusion

Traumatic brain injury (TBI) is a non-degenerative, non congenital force to the brain from external mechanical force. A computed tomography scan (CT or CAT scan) is the gold standard for the radiological assessment of a Traumatic brain injury. TBI is temporary or permanent according to the severity of injury. It can be cured by TBI rehabilitation. TBI Rehabilitation aims to reduce their pain, promote healing, improving their cognitive functions, voluntary moments and increase their quality of life.

Ref :

Ms. JANANI PRRIYA .S, Pharm .D, Intern,

QUIZ

1. Which one of this is a diagnostic agent for myasthenia gravis?

A. Endrophonium B. Physositgmine
C. Neostigmine D. Pyridostigmine

2. Iodohydroxyquinoline causes:

A. Jaundice B. Eye defects
C. Diarrhoea D. Ataxia

3. Which one(s) of the following antihypertensive medications may be associated with depressive syndrome development?

A. Clonidine B. Guanethidine
C. Methyldopa D. All of the above

4. Concurrent administration of apomorphine and ondansetron may result in which one(s) of the following adverse effect/effects?

A. Loss of consciousness B. Significant hypotension
C. Both D. Neither

5. Example of an "indirect acting" adrenergic agonist:

A. Phenylephrine B. Cocaine
C. Oxymetazoline D. Isoproterenol

Ref :

IRENE GEORGE, Pharm D., Intern,

RECENTLY APPROVED DRUGS BY FDA

S. No.	DRUG NAME	DOSE	DOSAGE	INDICATIONS	APPROVED ON
1.	Tepezza	500 mg	Injection	Thyroid eye disease	21.01.2020
2.	Numbrino nasal solution	40 -160 mg	Nasal solution	Nasal anesthesia	10.01.2020
3.	Ayvakit	300 mg	Tablets	Gastrointestinal Stromal Tumor	09.01.2020
4.	Ubrelvy	50-100 mg	Tablets	Migraine	23.12.2019
5.	Dayvigo	10 mg	Tablets	Insomnia	20.12.2019

Ref : www.fda.com

NEW DRUG PROFILE

OXBRYTA

Generic name	:	Voxelotor
Drug class	:	Hemoglobin Oxygen –Affinity Modulators
Dosage form and strength	:	500 mg tablet
Indication	:	Sickle cell disease
Moa	:	It is a hemoglobin S polymerization inhibitor that binds to HbS with a 1:1 stoichemistry and exhibits preferential partitioning to RBCs
ADR	:	Hypersensitivity, Fatigue, Pyrexia, Nausea, Headache.
Storage	:	store at or below 30°C
Drug Approved on	:	25.11.2019

XCOPRI

Generic name	:	Cenobamate
Drug class	:	Anti-epileptic Drug
Dosage forms and strength	:	400 mg tabelet
Indication	:	Partial – onset Seizures
MoA	:	To reduce repetitive neuronal firing by inhibiting voltage –gated sodium currents. It is also a positive allosteric modulator of the γ- aminobutyric acid ion channel.
ADR	:	QT Shortening,Suicidal Behaviour, Somnolenence and Fatigue
Storage	:	Store at 20 -25°C
Drug Approved on	:	21.11.2019

Ref :
IRINE JACOB, Pharm D, Intern,