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A Newsletter on

CLINICAL PHARMA PRACTICE

An Update on Clinical Research and Drug Information



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PHYSICIAN DESK



Dr. R. JAGANMOHAN, M.S.,
General Surgeon,
Vivekanandha Medical Care Hospital.

NIPAH VIRUS, A SERIAL KILLER

NIPAH Virus (NiV) infection is a newly emerging zoonosis that causes severe disease in both animals and humans. The natural host of the virus is fruit bats of the Pteropodidae family, Pteropus genus.

NiV was first identified during an outbreak of disease that took place in Kampung Sungai Nipah, Malaysia in 1998. On this occasion, pigs were the intermediate hosts. However, in subsequent NiV outbreaks, there were no intermediate hosts. In 2004, People of Bangladesh became infected with NiV as a result of consuming date palm sap contaminated by infected fruit bats. Human-to-human transmission has also been documented, including in a hospital setting in India.

NiV infection in humans has a range of clinical presentations, from asymptomatic infection to acute respiratory syndrome and fatal encephalitis. NiV is also capable of causing disease in pigs and other domestic animals.

SIGNS AND SYMPTOMS

The symptoms start to appear within 3–14 days after exposure. Initial symptoms are fever, headache, drowsiness followed by disorientation and mental confusion. These symptoms can progress into coma as fast as in 24–48 hours. Encephalitis of the brain is a potentially fatal complication of Nipah virus infection. Respiratory illness can also be present during the early part of the illness.



DIAGNOSIS

Laboratory diagnosis of Nipah virus infection is made using reverse transcriptase Polymerase Chain Reaction (RT-PCR) from throat swab. CSF, urine and blood analysis during acute or convalescent stages of the disease and IgG & IgM antibody detection.

TREATMENT

There is no vaccine for either humans or animals. Supportive care is the only current treatment for this viral infection. Ribavirin, an antiviral drug may produce some effects to an extent. A human Monoclonal antibody that targets the G glycoprotein of NiV is an effective therapy.

CLINICAL RESEARCH

A CASE REPORT ON ANGIONEUROTIC OEDEMA

A 60 years old female was admitted to the hospital for reasons of swelling around both eyes, allergic rashes and itching in both upper limbs for five days. She had no history of breathing difficulty and drug allergies. The patient underwent total knee replacement surgery on the right leg three months before. She was a known case of rheumatoid arthritis for 10 years and was on regular treatment. The patient was taking T.Diclofenac, T.Sulfasalazine and T.Domperidone + Pantoprazole for 3 months.

On physical examination, Periorbital Oedema was present in both eyes, more on the left side along with allergic pus seen on the body. The blood pressure was 100/60mmhg, pulse rate 120 beats/min and respiration 14 breaths/min. On laboratory investigation, all parameters and ECG reports were found to be normal except for the total leucocyte which was elevated to 20800cells/cu.mm. The ophthalmic opinion was taken and the patient was diagnosed with Angioneurotic Oedema which may be drug-induced (T.Diclofenac). The patient was given immediate treatment with Inj. Hydrocortisone 100mg, Inj Diphenhydramine 2cc IM, IVF.normal saline 100ml/hour and Inj.Ranitidine IV. The patient was on continuous cardiac monitoring and oxygen flow. Patient was further treated with antibiotics like Inj.Ceftriaxone 1gm IV BD, Chloramphenicol (0.5%w/v) + Dexamethasone (0.1%w/v) eye drops TDS and Chloramphenicol (10mg) + Hydrocortisone (5mg) eye ointment once daily.

The patient showed the good response to the treatment and improved within 3 days. Hence discharged with T.Levocetizine 10mg, T.Pantoprazole 40mg and T.Wysolone 10mg.

JULIYA .G. JOHN, Pharm.D Intern,
Ref : www.drugs.com

SVCP PHARMA QUIZ

- Which is an alternative for Lipitor?**
a) Cozaar b) Lescol c) Zestril d) Cardura
- Anti-D immunoglobulin is**
a) Available as oral tablets c) Administered preferably within 72 h of a sensitising episode
b) A vaccination for tetanus d) Protect the mother from haemolytic disease
- Premarin contains**
a) Conjugated oestrogens 625 µg b) Conjugated oestrogens 62.5 µg
c) Conjugated oestrogens 0.625 µg d) Conjugated oestrogens 625 µg and levonorgestrel 75 µg
- A patient asks for a vaginal cream for candidiasis. Which product is the most appropriate?**
a) Canesten b) Ortho-Gynest c) Eurax d) Bactroban
- Which of the following is NOT indicated for the management of peptic ulceration?**
a) Zantac b) Gaviscon c) Nexium d) Busco

Answers : Page 4

GEETHU ANTONY, Pharm.D Intern
Ref : www.pharmpress.com

RECENTLY APPROVED DRUGS BY CDSCO

S. No.	DRUG NAME	DOSE	DOSAGE	INDICATIONS	APPROVED ON
1.	Pegaspargase	3750 IU per vial	Injection	Acute Lymphoblastic Leukaemia	04-01-2018
2.	Cefditoren Pivoxil	100mg / 5ml	Suspension	Community - Acquired Pneumonia,	04-01-2018
3.	Bendamustine Hcl	90mg/ml	Injection	Multiple Myeloma	23-01-2018
4.	Eltrombopag Olamine	12.5mg	Film Coated Tablet	Chronic Immune Thrombocytopenia Purpura	06-02-2018
5.	Alectinib	150mg	Hard Gelatin Capsule	Metastatic Non-small Cell Lung Cancer	05-03-2018
6.	Fulvestran	250mg/5ml	Injection	Metastatic Breast Cancer	20-03-2018

Mr. CHANDHANA SUNIL, Pharm.D Intern

Ref : www.cdscsco.com

NEW DRUG PROFILE

AIMOVIG

GENERIC NAME : Erenumab

DRUG CLASS : Monoclonal Antibody

DOSAGE FORM AND STRENGTH : 70mg / mL, single-dose prefilled syringe or Sure Click auto injector maximum 140 mg SC once monthly (administered as 2 consecutive 70 - mg SC doses).

INDICATION : For the preventive treatment of migraine

MOA : Human monoclonal antibody ; binds to the calcitonin gene-related peptide (CGRP) receptor, which is thought to be causally involved in migraine pathophysiology

ADR : Injection site pain (5 - 6%), Constipation (1 - 3%), Cramps, muscle spasms (<1 to 3%)

STORAGE : refrigerated at 2°C to 8°C,

DRUG APPROVED ON : 17th May 2018.

DOPTELET

GENERIC NAME : Avatrombopag

DRUG CLASS : Hematopoietic Growth Factors

DOSAGE FORM AND STRENGTH : 20mg tablet.

INDICATIONS : Thrombocytopenia in adults with chronic liver disease who are scheduled to undergo a procedure

ADMINISTRATION : Taken orally once daily for 5 consecutive days with food

ADR : Pyrexia (8 - 11%), Abdominal pain (6 - 7%), Peripheral edema (3 - 4%)

MOA : Stimulates proliferation and differentiation of megakaryocytes from bone marrow progenitor cells, resulting in an increased production of platelets

STORAGE : Store at room temperature of 20 - 25°C (68 - 77°F) ; excursions permitted to 15 - 30°C (59 - 86°F),

DRUG APPROVED ON : 22nd May 2018.

MARITTA SCARIA, Pharm.D Intern

Ref : www.cdscsco.com

DEPARTMENT ACTIVITIES

CONFERENCES ATTENDED :

- ★ IPA National Convention 2018 at Chennai on 10.02.18 & 11.02.18. was attended by II - M.Pharm students.
- ★ Clinical Research Symposium at Dharan hospital, Salem on 19.2.18 was attended by III-PharmD Students and Internship students accompanied by Mr. S. Anandkumar and Mrs. P. Parkavi Rani.
- ★ National Seminar at Crescent College of Pharmacy, Chennai 10.02.18 & 11.02.18 attended by IV- Pharm.D students along with Dr. Anu Philip.
- ★ IACP conference at Hyderabad during 26.04.18 to 30.04.18 attended by II Pharm D students accompanied by Mr. S. Anandkumar, Mr. Joseph Stalin D and Dr. Anu Philip.



DIC ACTIVITIES	NUMBER
No. of Patients Counsellled	914
Drug Information Queries Answered	34

SVCP PHARMA QUIZ

Answers

1. b 2. c 3. c 4. a 5. d

Book Post



Please send your suggestions to
The Chief Editor

CLINICAL PHARMA PRACTICE NEWSLETTER

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To



Drug and Poison Information Queries. Please Contact : Email - svcpdpic@gmail.com, Phone : 04288 - 234417.