DEPARTMENT ACTIVITIES

- ★ V Pharm D students along with 2 faculty members attended a conference on "Transition towards multidisciplinary care and research" on 5/01/2019 & 6/01/2019 at Kasturba medical college, Manipal college of pharmaceutical science.
- * Students from IV-Pharm D and III-Pharm D attended and presented the poster in the national seminar on "Recent trends and opportunities for clinical pharmacist" organized by department of pharmacy practice at JKKMunirajah college of pharmacy, komarapalayam on 23/3/19 accompanied by 2 faculties from the department of pharmacy practice.
- * Faculty of Pharmacy Practice along with Pharm D Interns attended drug information software training on 02/11/2019 by Clinirex



Student at Manipal



Students at Seminar



2 [.] c	ь.4.	3. b	b .2		
	Answers for Quiz				

DIC ACTIVITIES NUMBER 764 No. of Patients Counselled **Drug Information Queries Answered** 46



Poster Presentation



Software Training

d. ſ

Book Post



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,





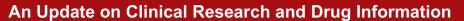
Drug and Poison Information Queries Please Contact: Email - svcpdpic@gmail.com, Phone: 04288 - 234417. 4



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

A Newsletter on

CLINICAL PHARMA PRACTICE





Volume: 5 Issue: 1 January - April 2019

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PHARMACIST DESK

PAGET DISEASE

DEFINITION

Paget disease is a chronic metabolic bone disorder characterized by imbalance between bone resorption & new bone formation and also it is characterized by osseous remodelling

ETIOLOGY

- ★ Unknown
- ★ But recent hypothesis claims that it is due to slow virus infection (Due to the presence of intranuclear inclusion bodies in the

PATHOGENESIS



- * Paget disease is more commonly asymptomatic but may exhibit a variety of non-specific symptoms due to increased
- The bones that are move commonly affected include the pelvis, spine ,skull,and the long bone.
- ★ Individuals may experience any or a combination of the following
- Bone pain
- ★ Fractures
- Skeletal deformities bowed legs, fronto occipital skull
- ★ Warm sensation due to increased blood supply to abnormal
- ★ Nerve damage hearing loss, visual abnormalities.
- ★ Cardiac abnormalities shortness of breath

★ Signs may be bitemporal skull enlargement with frontal bossing diluted scalp veins, nerve deafness in one or both ears.

DIAGNIOSIS

Imaging tests

Bone changes common to Paget's disease of bone can be revealed by

* X-rays the first indication of Paget's disease of bone is often abnormalities found on X-rays done for other reasons. X-ray images of your bones can show areas of bone reabsorption, enlargement of the bone and deformities that are characteristic of Paget's disease of bone, such as bowing

Prof. Dr. M. Karunanithi

Dr. S. Arthanareeswaran

Dr. G. Murugananthan

Dr. M. Rangapriya

Mr. S. Anandkumar.

Mrs. P. Parkavi Rani

Dr. K.SreeraaghanidhiArthanareeswaran

★ In a bone scan, radioactive material is injected into your body. This material travels to the spots on your bones most affected by Paget's disease of bone, so they light up on the scan images.

Advisory Board

Chief Editor

Editorial Board

People who have Paget's disease of bone usually have elevated levels of alkaline phosphatase in their blood, which can be revealed by a blood test.

Osteoporosis drugs (bisphosphonates) are the most common treatment for Paget's disease of bone. Some bisphosphonates are taken by mouth, while others are given by injection. Oral bisphosphonates are generally welltolerated, but they may irritate your gastrointestinal tract. Examples include:

- ★ Alendronate (Fosamax)
- ★ Ibandronate (Boniva)
- * Pamidronate (Aredia)
- ★ Risedronate (Actonel)
- ⋆ Zoledronic acid (Zometa, Reclast)

Rarely, bisphosphonate therapy has been linked to severe muscle, joint or bone pain, which might not resolve when the medication is discontinued. Bisphosphonates can also increase the risk of a rare condition in which a section of jawbone dies and deteriorates (osteonecrosis of the jawbone), usually associated with active dental disease or oral surgery. If you can't tolerate bisphosphonates, your doctor might prescribe calcitonin (Miacalcin), a naturally occurring hormone involved in calcium regulation and bone metabolism. Calcitonin is a drug that you administer to yourself by injection or nasal spray. Side effects may include nausea, facial flushing and irritation at the injection site.

In rare cases, surgery might be required to:

- ★ Help fractures heal
- ★ Replace joints damaged by severe arthritis
- * Realign deformed bones
- ★ Reduce pressure on nerves

Paget's disease of bone often causes the body to produce too many blood vessels in the affected bones, increasing the risk of serious blood loss during an operation. If you're scheduled for surgery that involves bones affected by Paget's disease, your doctor might prescribe medications to reduce the activity of the disease, which may help to reduce blood loss during surgery.

Ms. RIYA VINCENT

Pharm.D Intern

CLINICAL RESEARCH

HYPOKALEMIC PERIODIC PARALYSIS

Case Report: A 22 year old male, admitted to the casualty department presented with complaints of weakness in lower limbs for a few hours before admission. Patient complained of difficulty in standing and walking. There was no history of trauma, Diabetes mellitus or intake of any drugs prior to this illness.

On examination, the patient was conscious and oriented with BP 130/90 mm Hg, pulse rate 98 beats/minute, respiratory rate 20 breaths/minute and SPO2 99%. There was no sensory deficit. Pupils had normal size and reacted to light. Abdomen was soft and bowel sounds were present. Neurological examination was done. His muscle power was 2/5 in both lower limbs, his upper limbs power were normal and had no sensory deficit.

A complete blood count reveals declined levels of lymphocytes in differential counts as 13 % and absolute counts as 767cells/cumm. Routine chemistry report shows elevated levels of glucose random {192 mg/dl} and declined level of potassium 2.4 mg/dl.

Inj. KCI supplementation was given to the patient. With improvement in potassium levels, the symptoms started recovering. On the next day of admission the patient was transferred to the ward. He was treated with IV fluids, antacids, potassium infusion, and other supportive measures. Patient was followed up for one month. He had no episodes of muscle weakness and was advised to take potassium rich diet.

CONCLUSION:

When a patient without a history of other underlying diseases presents with complaints of weakness or paralysis, periodic paralysis should be considered. It is associated with variations in serum potassium levels and if left untreated it can become more severe and fatal. Low potassium levels should be corrected rapidly with potassium infusion which in turn would resolve the symptoms. Preventive measures should be taken to reduce the recurrence of paralytic attacks.

Ms. ANITTA VARGHESE

Pharm.D Intern

REFERENCE : Hypokalemic Periodic Paralysis: a case report and review of the literature. Benjamin R Soule and Nicole L Simone Arthanareeswaran S *et al* 2018, Case Report: Hypokalemic Periodic Paralysis. Int J Recent Sci Res. 9(12), pp. 30100-30101.

PHARMA QUIZ

1. Which was the sulphur derivative invented that gave a remarkable change in the treatment of leprosy?

a. Sulphanilamideb. Dapsonec. Sucralfated. Sulfasalazine

2. X is a compound .its structural features revealed that the moiety contains the cyclopentano perhydro phenanthrene ring . it help in glucose metabolism . The origin of X is from ?

a. Kidneyb. Liverc. Medullad. Adrenal glands

3. Who is regarded as the father of chemotherapy?a. Domagkc. Alexandar fleming

a. Domagkb. Paul erlichc. Alexandar flemind. William Harvey

4. What is meant by the word ethics?

a. Rationalistic behaviour c. Illegal practice

b. Normal behaviour d. Responsibility to do the right

5. What is exactly the abbreviation of IUPAC?

a. International union of pharmacy community

b. International union of pharmacy and associated centres

c. International union of pure and applied chemicals

d. International union of pharmacy administration and conductive practices

Answers: Page 4

Ms. SAHINSHA .P.R

Pharm.D Intern

RECENTLY APPROVED DRUGS BY CDSCO AND FDA

S. No.	DRUG NAME	DOSE	DOSAGE	INDICATIONS	APPROVED ON
1.	Fenspiride hydrochloride	80 mg	Tablets & Bulk	Acute Rhinosinusitis, Asthma	04.02.2019
2.	Bilastine	20 mg	Bulk	Allergic rhino-conjuctivitis, Utricaria in adults	06.02.2019
3.	Iguratimod	25 mg	Tablets & Bulk	Active rheumatoid arthritis.	18.02.2019
4.	Caplacizumab	11mg	Intravenous Injection,	Acquired Thrombotic Thrombocytopenic purpura.	06.02.2019
5.	Triclabendazole	10 mg / kg	Tablets	Fascioliasis, Paragonimiasis	13.02.2019
6.	Sumatriptan	25 mg	Tablets	Migraine Headaches	01.02.2019

Ms. CLINSY CLETO

Pharm.D Intern

NEW DRUG PROFILE

CAPLACIZUMAB-YHDP CATEGORY: Von Willebrand factor (vWF)-directed antibody fragment. MECHANISM OF ACTION: Caplacizumab-yhdp targets the A1-domain of vWF, and inhibits the interaction between vWF and platelets, thereby reducing both vWF-mediated platelet adhesion and platelet consumption. INDICATION: Acquired thrombotic thrombocytopenic purpura. DOSE AND DOSAGE: First day of treatment: 11 mg bolus intravenous

DOSE AND DOSAGE: First day of treatment: 11 mg bolus intravenous injection at least 15 minutes prior to plasma exchange followed by an 11 mg subcutaneous injection after completion of plasma exchange.

CONTRAINDICATION: Patients with a previous severe hypersensitivity reaction to Caplacizumab-YHDP or to any of its excipients. Hypersensitivity reactions have included urticaria.

PRECAUTION: Increases the risk of bleeding.

ADVERSE REACTION: Epistaxis, headache and gingival bleeding.

BRAND NAME: CABLIVI

DRUG APPROVED ON: February 2019

SUMATRIPTAN

CATEGORY: Selective 5-HT1B/1D Receptor agonist.

MECHANISM OF ACTION: Sumatriptan presumably exerts its therapeutic effects in the treatment of migraine headache through agonist effects at the 5-HT1B/1D receptors on intracranial blood vessels and sensory nerves of the trigeminal system.

INDICATION: Acute treatment of migraine

DOSE AND DOSAGE: Single-dose nasal spray device delivering 10 mg of sumatriptan.

CONTRAINDICATION: Peripheral vascular disease, Ischemic bowel disease, Uncontrolled hypertension, Hypersensitivity to sumatriptan.

PRECAUTION: Blood pressure should be monitored during administration.

ADVERESE REACTION: Elevated blood pressure, Altered Heart Rate

BRAND NAME: TOSYMRA

DRUG APPROVED ON: January 2019

Ms. RONA ZACHARIAH, Ms. ELIZABETH JOHN

Pharm.D Intern

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