



An Official Publication of
DEPARTMENT OF PHARMACY PRACTICE
SEVEN HILLS COLLEGE OF PHARMACY
(Autonomous)

Tirupati, Andhra Pradesh.

In association with

SRI PADMAVATHI MEDICAL COLLEGE FOR WOMEN,

Alipiri Road, Tirupati (Dist.),
Andhra Pradesh, India.

Contact Us:

pharmacypractice@shcptirupati.edu.in

Phone: 7730084513, 7702484513

Editorial Board

Dr.M. Niranjan Babu, Dr. B. Jyothi,
Dr Robin George, Dr E Sunil Kumar,
Dr. S. Sirisha, Dr S Divya

Student Co-ordinators

S. Srija, V.Thennarasi, N . Triveni Sanjana

A QUESTIONNAIRE BASED STUDY TO ASSES AWARENESS OF CHRONIC KIDNEY DISEASE (CKD) AMONG CKD PATIENTS IN TERTIARY CARE HOSPITAL

S. Srija Pharm D Intern



BACK GROUND :

Chronic kidney disease {CKD} is growing as one of the foremost public health problem world wide . It is a chronic condition reduced by life style and behaviour and behaviour of people . This study was assigned to examine –peoples knowledge and awareness. Main aim of the survey is to determine the knowledge of CKD among CKD patients using questionnaires.

METHODS :

Hospital based prospective study design was conducted at SVIMS , Tirupati among adults (>18 years) with confirmed diagnosis of CKD. Informed written consent was obtained from each participant and data was collected by interview by using questionnaire from to asses the awareness about the disease condition. Multivariate logistic regression was used to identify independent predictors of CKD and p-value <0.05 considered statistically significant .

RESULTS:

The mean (SD) of the males were 57.95 (+12.56) and females were 55.89 (+13.62) and overall mean (SD) of average age of patients were 57.38 (+13.62) were performed. A multiple linear regression was performed to predict the CKD knowledge scorebased on Age ,Education and occupation . The multiple variant analysis found higher knowledge score associated with higher level of education $p=0.0352$, $CI=1.36017$

VISION

To emerge as one of the premier pharmacy colleges in the country and produce pharmacy professional of global Standards.

MISSION

- To deliver quality academic programs in Pharmacy and empower the students to meet industrial standards.
- To build student community with high ethical standards to undertake R&D in thrust areas of national and international standards.
- To extend viable outreach programs for the health care need of the society.
- To develop industry institute interaction and foster entrepreneurial spirit among the gradutes

(0.839 to 3.56) . And 11% members were having less knowledge and 46% with mild and 43% were having moderate knowledge and none of the patients were having complete awareness about CKD

CONCLUSION :

Our study found out low level of patient awareness and high prevalence of CKD . The predictors of CKD were HTN and DM and poor knowledge about CKD . Due to lack of knowledge about CKD which leads to the progression of the diseases and increases the mortality . The public knowledge of CKD were relatively poor . Improving public knowledge may assist in increasing early detection and subsequent management of CKD

Tuberculosis outbreak associated with delayed diagnosis and long infectious period in rural Arkansas. V.Thennarasi. Pharm D -IV th year.



Objectives: The Arkansas Department of Health reported 21 genotype-matched cases of tuberculosis (TB) in 2010-2018 , among the rural residents in Arkansas with a low incidence of TB . The Arkansas Department of Health and the Centers for Disease Control and Prevention investigated to determine the extent of TB transmission and for the improvement of TB control.

Methods: We investigated medical and public health records, patients were interviewed .we also searched social media posts to describe patient characteristics, identify epidemiologic data, and establish the transmission of TB.

Results: We found 21 cases; 11 reported during 2010-2013 and 10 during 2016-2018. All case patients were US-born Black people. 18 case patients had the outbreak genotype, and 3 clinically diagnosed case patients. They had epidemiologic links to patients with the outbreak genotype. later we came to know that the Social media reviews revealed epidemiologic links among 10 case patients not previously disclosed their conditions during interviews. 8 case patients (38%) had ≥ 1 health care visit during their course of illness and 7 patients had estimated infectious periods of more than 12 months.

Prevention : primary prevention – aims to block infections, Secondary prevention – aims to block progression of an infection to active disease.

Measures : avoid close contacts with infected TB patients and not adequately treated patients. Get vaccination to prevent TB . Don't drink or smoke. Maintain very balanced diet to keep immune system strong .Houses should be adequately ventilated. Patients should be educated on cough etiquette and respiratory hygiene. If you feel any symptoms consult the doctor immediately.

Conclusions: Delayed diagnoses and prolonged infection period led to increased TB transmission in this Arkansas community. TB education and awareness plays a critical role in reducing transmission, morbidity, and mortality, especially in areas where health care professionals have limited TB experience. Use of social media can help educate the people at risk, especially where proper diagnostic tools for TB were inadequate.

SOLIRIS – AN APPROVED FDADRUG (ORPHAN DRUG) FOR THE TREATMENT OF PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [PNH] N . TRIVENI SANJANA , PHARM D - IV YEAR .



BRAND NAME: Soliris

GENERIC NAME : Eculizumab

DRUG CLASS : Monoclonal Antibodies

MANUFACTURING COMPANY: Amgen Inc.

DATE OF APPROVAL : 3/16/2007

DOSAGE FORM AND STRENGTH : Soliris is supplied as 300mg single-use vials each containing 30mL of 10mg/ml sterile preservative free eculizumab solution.

ROUTE OF ADMINISTRATION: only administer as an intravenous infusion.

- Recommended Dosage Regimen (PNH) -600 mg weekly for the first 4 weeks, followed by – 900mg for the fifth dose 1 week later, then 900mg every 2 weeks
- Recommended Dosage regimen Atypical Hemolytic Uremic Syndrome: [aHUS] 900mg weekly for 1st 4 weeks. 1200mg for the 5th dose week later ,1200 mg every 2 weeks

INDICATION: Soliris is a complement inhibitor indicated for :

- The treatment of patients with (PNH)to reduce hemolysis.
- The treatment of patients with [aHUS] to inhibit complement-mediated thrombotic Micro Angiopathy.

ABOUT DISEASE : PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) ,is an acquired not inherited disorder lead to premature death and impaired production of blood cells . The disorder affects the red blood cells .

ATYPICAL HEMOLYTIC UREMIC SYNDROME ,which primarily affects the kidney function .it is a condition that can occur when the small blood vessels in your kidney become damaged and inflamed .

MECHANISM OF ACTION :

- Soliris is a monoclonal antibody that specifically bind to complement protein C5 with high affinity.
- There by inhibiting its cleavage to C5a and C5b and Preventing the generation of the terminal complement complex C5b -9.
- Soliris inhibit terminal complement mediated intravascular hemolysis in PNH Patients and Complement-mediated thrombotic microangiopathy (GMA) in patients with (aHUS).

ADVERSE REACTIONS :

The most frequently reported adverse Reaction in PNH randomized trail are :

- Headache
- Nasopharyngitis
- Backpain
- Nausea

The Most frequently reported Adverse reaction in (aHUS)single arm Prospective trails . (15%) are :

- Hypertension
- Upper respiratory tract infection
- Headache
- Diarrhea
- Anemia
- Vomiting
- Nausea
- Urinary tract infection
- Leukopenia

CONTRAINDICATIONS :

- Soliris is contraindicated in ,
- Patients with unresolved serious Neisseria Meningitidisinfection.
- patients who are not currently vaccinated against Meningitidis, unless the risks of delaying Soliristreatment outweigh the risks of developing Meningococcalinfection.

DRUG INTERACTIONS: drug interaction studies have not been performed in Soliris.

PHARMACOKINETICS:

ABSORPTION: Eculizumab is administered by IV infusion so Bioavailability is 100%

VOLUME OF DISTRIBUTION: 5-8L

HALF LIFE : 8 to 15 days .

PROTEIN BINDING : Though protein Binding data is scarce, eculizumab is unlikely to be Protein Bound as it is a monoclonal antibody.

METABOLISM : Expected to be metabolised to small peptides and Amino acids .

ELIMINATION : monoclonal Antibody- not Eliminated in the urine And only a small amount is excreted in Bile.

Most monoclonal antibodies are catabolizedin lysosomes to Amino Acids.

REFERENCES:

<https://go.drugbank.com/drugs/DB01257><https://www.drugs.com/newdrugs.html>

Departmental Activities in May - 2023

PERFECT CLICK



World Asthma Day



Farewell day Celebration