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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 graduates

A Cross Sectional Study To Assess The Attitude Of Psychiatric Patients Towards Psychiatric Medication



Sreelekha. C. M, A. Saikiran, Pharm D Interns

AIM: To assess the attitude of patients with different psychiatric disorders towards psychiatric medications and to evaluate medication adherence during two consecutive follow ups thereby to educate patient with negative attitude (medication non adherent) and assess the importance of pharmacist in educating psychiatric patients towards medication adherence.

METHODOLOGY: A Prospective cross-sectional study to assess the attitude of psychiatric patients towards psychiatric medication was conducted over a period of five months in the department of psychiatry. A predesigned data collection form was used for this study which includes clinical data like demographic details and a DAI-30 scale. Scores were calculated during two consecutive follow-ups and patients with negative attitude were counselled about the importance of being adherent to the drugs and disadvantages of being nonadherent to medication.

RESULTS: A total of 215 cases (121 females and 94 males) with a mean age of 40.50 (Range 41-54) years in two consecutive follow-ups were selected for the study. Out of 215, depression (57), anxiety (33), schizophrenia (24), somatoform disorder (17), alcohol dependency syndrome (13), psychosis (10), bipolar disorder (9), delusion disorder (7), dissociative disorder (7), adjustment disorder (7), insomnia (6), OCD and other disorders (21). The number of patients with positive attitude increased from 145 to 173 i.e., 34 patients improved from negative to positive attitude during the second follow-up.

Figure 1: Frequency distribution among Psychiatry disorders

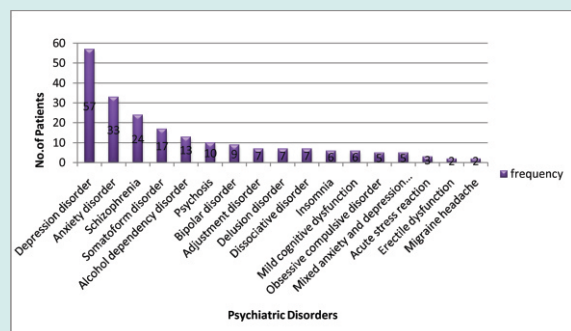


Figure 2: Comparison of positive and negative attitudes during two consecutive follow-ups

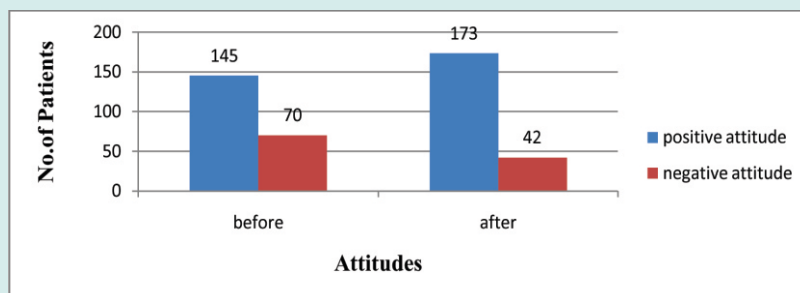


Table no 1: Attitudes of total patients during two consecutive follow-ups

Disease (Total No. of patients)	Attitudes	No. of patients	Percentage (%)	p value
Total number of cases (215)	Before	Positive attitude	145	0.0001
		Negative attitude	70	
	After	Positive attitude	173	
		Negative attitude	42	

CONCLUSION : Pharmacist-psychiatrist collaboration in patient education can significantly improve the medication adherence of psychiatric patients. Statistically significant results of this study indicate improved patient care and outcomes were possible when pharmacists work as a team with psychiatrist.

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HELLP SYNDROME

Dr. S. Sirisha



HELLP syndrome is a life-threatening pregnancy complication usually considered to be a variant of preeclampsia (pregnancy induced hypertension). Both conditions usually occur during the later stages of pregnancy, or sometimes after childbirth. The acronym HELLP was coined by Louis Weinstein in 1982 to describe a syndrome consisting of

H Hemolysis

Diagnosis requires > 2 of the following:

- Abnormal peripheral blood smear (schistocytes, burr cells)
- Elevated serum bilirubin (≥ 1.2 mg/dL)
- Low serum haptoglobin
- Significant drop in Hgb level unrelated to blood loss

E Elevated

L Liver Enzymes

- AST or ALT ≥ 2 x upper limit of normal
- LDH ≥ 2 x upper limit of normal

L Low

P Platelet count

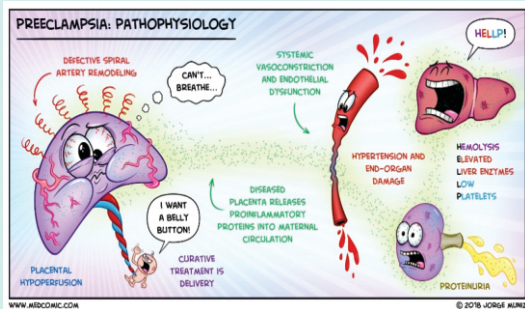
- $< 100,000/\text{mm}^3$



- Some experts consider it a severe form of preeclampsia (pregnancy induced hypertension), while others believe that HELLP syndrome and preeclampsia are separate disorders with overlapping features.

- The mortality rate of HELLP syndrome has been reported to be as high as 30%. That's why it's critical for expecting mothers to be aware of the condition and its symptoms so they can receive early diagnosis and treatment.

PATHOPHYSIOLOGY



SYMPTOMS



COMPLICATIONS

MATERNAL

Eclampsia
DIC
Acute Renal Failure
Severe ascites
Pulmonary oedema
Cerebral oedema
Liver rupture
Hepatic infarction

FOETAL

Preterm delivery
Perinatal death
RDS
Neonatal thrombocytopenia

CLASSIFICATION OF HELLP SYNDROME

MISSISSIPPI CLASSIFICATION

Class 1

Platelets < 100,000
AST or ALT > 70 IU/L
LDH > 600 IU/L

Class 2

Platelets = 50,000-100,000
AST or ALT > 70 IU/L
LDH > 600 IU/L

Class 3

Platelets = 100,000-150,000
AST or ALT > 40 IU/L
LDH > 600 IU/L

TENNESSEE CLASSIFICATION

True or Complete

Platelets < 50,000
AST > 70
LDH > 600 IU/L

Partial or incomplete

Severe preeclampsia with any one of the following:
ELLP (Absence of hemolysis)
HEL (Absence of low platelets)
EL (Elevated liver function)
LP (Low platelets)

Diagnostic criteria for HELLP Syndrome

Haemolysis (at least two of these)

- Abnormal peripheral smear
- Increased total bilirubin (mostly indirect form) > 1.2 mg/dl
- Low serum heptaglobin level
- Drop in haemoglobin level unrelated to blood loss

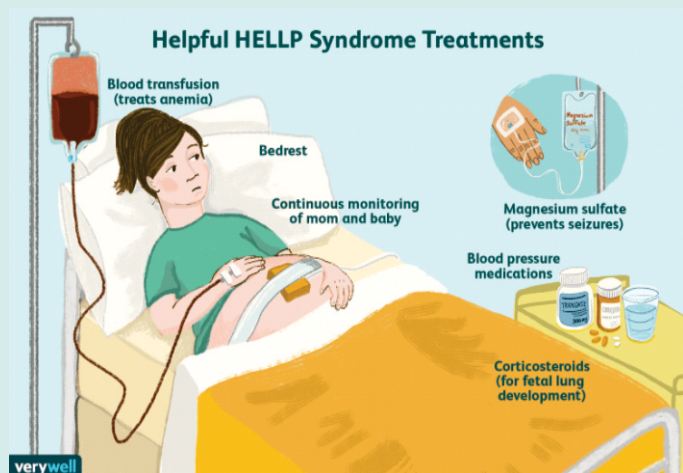
Elevated liver enzymes

- Increased transaminases (AST and ALT) > 70 IU/L (twice the upper limit of normal)
- Increased lactate dehydrogenase > 600 IU/L
- Increased total bilirubin > 1.2 mg/dl

Thrombocytopenia

- Platelet count < 100,000-150,000

TREATMENT



DRUG PROFILE

K M Jayashree, Pharm D

LEFAMULIN as a drug to treat COMMUNITY ACQUIRED PNEUMONIA

APPROVED DATE	: 19th August, 2019
BRAND NAME	: XENLETA
GENERIC NAME	: LEFAMULIN
Manufacturing company	: NABRIVA therapeutics pl
Dosage forms	: Intravenous (I.V), Oral (Tablets)
Molecular Formula	: C ₂₈ H ₄₅ N ₅ O ₅ S
Molecular weight	: 507.7g/mol
Storage	: At room temperature (20-25°C), I.V. Refrigerate at (2-8°C)

MECHANISM OF ACTION

- It is a pleuromutilin antibacterial agent.
- Lefamulin enters into the body
- Interacts with the A and P sites of peptidyl transferase centre through H-bonds, hydrophobic bonds & vander Waals forces in V DOMAIN of 23S rRNA of 50S subunit.
- Thereby inhibits protein synthesis in bacterial cell.

INDICATIONS AND USAGE

- It is the first I.V and oral antibiotic with a novel mechanism of action approved by FDA.
- It is mainly used for the treatment of community acquired pneumonia (CAP).
- Used to prevent infections or strongly suspected to be caused by susceptible bacteria like Streptococcus pneumoniae, Staphylococcus aureus, Haemophilus influenzae, Mycoplasma pneumoniae.

DOSE AND DOSAGE FORMS

Dose oral ---- 600mg/12 hours

Dose I.V. ---- 150mg/15ml/12 hours

- 5 to 7 days course of therapy.
- If mild condition means 3-4 days therapy is enough.
- Administered tablet at least 1 hour before meal or after 2 hrs meal.

PREGNANCY AND LACTATION

- Available data shown that small amount of lefamulin excreted through milk. So, instruct lactating women to pump and discard milk for the duration of treatment and for 2 days after final dose.
- Generally acceptable during pregnancy, pregnant women doesn't show any evidence of fetal risk.

PHARMACOKINETICS

ABSORPTION :

- peak plasma time : 0.88 -2 hrs
- peak plasma concentration : for I.V. ---- 3.6mcg/ml
for oral ---- 2.24mcg/ml.

DISTRIBUTION :

- Plasma protein bound : 94.8-97.1
- Volume of distribution : 86.5L

METABOLISM :

- primarily metabolised by CYP3A4.

ELIMINATION : $t_{1/2}$ --- 8hrs

Total body clearance --- 11.9L/hr

EXCRETION :

- Through feces and urine

CONTRAINDICATIONS

- Should not give to patients those who show HYPERSENSITIVITY REACTIONS towards pleuromutilins.
- Should not co administrate with sensitive CYP3A4 substrate, because that prolongs QT INTERVAL

ADVERSE REACTIONS

- Diarrhoea(>10%)
- Hepatic enzymes elevation
- Hypokalemia
- Insomnia.

Departmental Activities in August 2019

ACTIVITIES	NUMBER
Patient Counselling	803
Drug Information Services	26
Adverse Drug Reactions	09
Medication Errors	07



Independence day Celebrations



Fit India Movement Initiation in college premises

