SEVEN HILLS TIMES

Volume 5 **Issue No 08** **August 2021**

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, Chittoor (Dist.,),
Andhra Pradesh, India.

Contact Us:
shcppharmacypractice@gmail.com
Phone: 7730084513, 7702484513

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

Dr E Sunil Kumar

Background:

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.

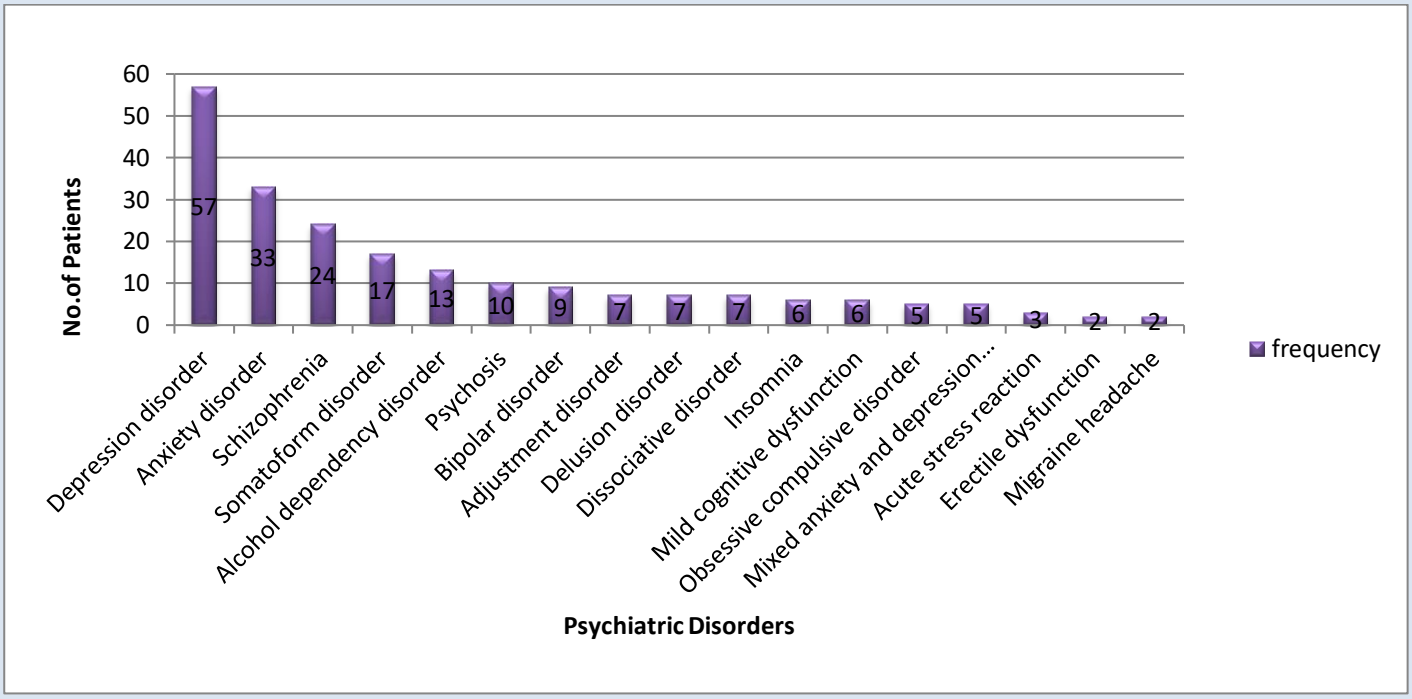

Figure 1: Frequency distribution among Psychiatry disorders

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	67.4	0.0001
		Negative attitude	70	32.5	
	After	Positive attitude	173	80.4	
		Negative attitude	42	19.5	

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

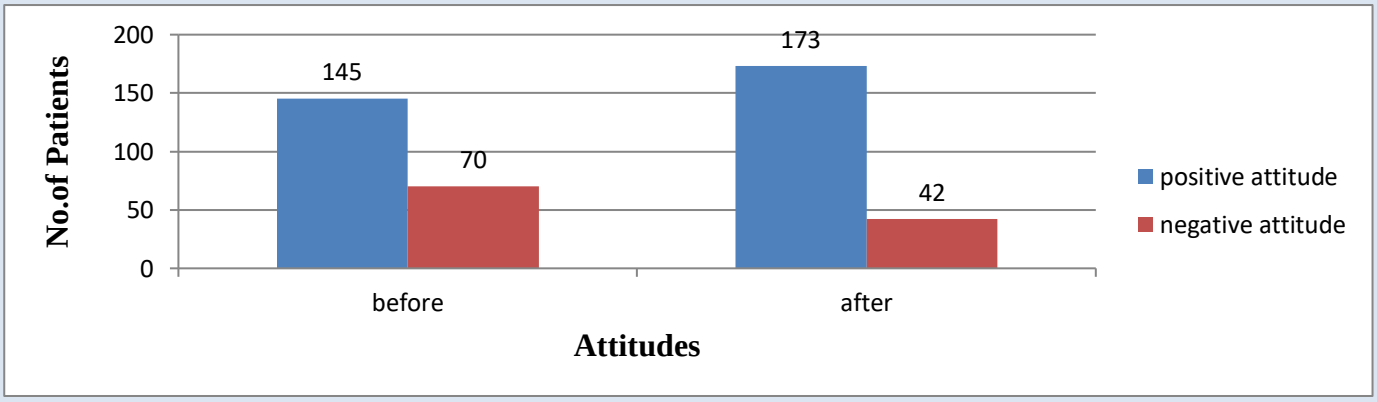

Figure 2: Comparison of positive and negative attitudes during two consecutive follow-ups

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.

LEFAMULIN as a drug to treat COMMUNITY ACQUIRED PNEUMONIA

K M Jayashree, Pharm D

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 : C28H45NO5S

Molecular weight : 507.7g/mol

Storage: At room temperature (20-25°C),

I.V. Refrigerate at (2-8°C)

PHARMACOKINETICS:

ABSORPTION :

- Peak plasma time : 0.88 -2 hrs

DISTRIBUTION :

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

METABOLISM :

- Primarily metabolised by CYP3A4.

ELIMINATION : t1/2 --- 8hrs

- Total body clearence --- 11.9L/hr

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 (CABP).
- Used to prevent infections or strongly suspected to be caused by susceptible bacteria like Steptococcus pneumonia, staphylococcus aureus,heamophilus influenza,mycoplasma pneumonia.

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.

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

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.

JEMPERIL (dostarlimab-gxly) INJECTION – A NEWLY APPROVED DRUG FOR`` ENDOMETRIAL CANCER''

B.Dinesh, Pharm-D 2ND Year

BRAND NAME : JEMPERIL

GENERIC NAME : Dostarlimab- gxly

MOLECULAR FORMULA : C_{6420} H_{9832} N_{1690} O_{2014} S_{44}

DRUG CLASS : Antineoplastic

MANUFACTURING COMPANY : GlaxoSmithKline

DATE OF APPROVAL : March 22, 2021

Dosage Form & Strength:

Injection: 500mg/10mL (50mg/mL) clear to slightly opalescent, colourless to yellow solution in a single-dose vial for intravenous infusion.

Indication:

Jemperil is indicated for the treatment of adult patients with mismatch repair deficient (**dMMR**) recurrent or advanced **endometrial cancer.**

Mechanism Of Action:

Dostarlimab is a monoclonal antibody targeted against Programmed death receptor – 1(**PD-1**) - it binds to the receptor and prevents interactions with **PD-L1** and **PD-L2**, thus allowing the anti-tumor immune response to proceed unimpeded.

Adverse Drug Reaction:

Fatigue/Asthenia, Nausea, Diarrhea, Constipation, Vomiting, Anemia, Urinary tract infection, Myalgia, Cough, Puritius, Decreased Appetite.

Drug Interaction:

- The severity of adverse effects can be increased when Anthrax immune globulin human is combined with Dostarlimab.
- The severity of adverse effects can be increased when Asfotase alfa is combined with Dostarlimab

PHARMACOKINETICS:

Absorption:

During the first cycle, and administered at 500mg intravenously every 3 weeks, the mean C_{max} and $AUC_{0\text{-}tau}$ of dostarlimab-gxly are 171 mcg/mL and 35,730 mcg.h/mL, respectively. When administered at 1000mg every 6 weeks, the mean C_{max} and $AUC_{0\text{-}tau}$ are 309 mcg/mL and 95,820 mcg.h/mL, respectively.

Distribution:

The mean (%CV) volume of distribution of dostarlimab-gxly at steady state is 5.3 L (12%).

Metabolism:

Dostarlimab-gxly is expected to be metabolized into small peptides and amino acids by catabolic pathways.

Elimination:

The mean terminal elimination half-life of dostarlimab-gxly is 25.4 days and its mean (%CV) clearance is 0.007 L/h (31%) at steady state.