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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.

ASSESS THE INCIDENCE, CAUSE, RESOLUTION RATE OF NEW ONSET OF INSOMNIA IN HOSPITALIZED PATIENTS

Dr. Abitha Saju

OBJECTIVE:

- To assess the incidence of new onset of insomnia in hospitalized patients.
- To find out the different causes of new onset of insomnia in hospitalized patients.
- To assess the severity of insomnia by "INSOMNIA SEVERITY INDEX".
- To compare the insomnia severity score before and after treatment.
- To measure the resolution rate of hospitalized insomnia

STUDY DESIGN:

It was a prospective, open-label, interventional study, which was conducted for a duration of eight months.

STUDY SITE:

The study was conducted in the in- patient Department at KG Hospital and Post Graduate Research Institute, Coimbatore.

PROCEDURE:

The patients were enrolled using the inclusion and exclusion criteria. Those who meet with the inclusion criteria were divided in to 4 groups, using INSOMNIA SEVERITY INDEX, to normal, mild, moderate, severe, according to the marks scored. (The causes of insomnia was obtained from mild, moderate, and severe groups. Patient counselling and specific treatment were given to patients belonged to those 3 groups. Resolution rate was calculated after discharge by contacting through phones). The insomnia score before and after the intervention were measured and assessed for comparison.

RESULTS:

Within the 100 inpatients enrolled in the study, it was found that 58% of patients have no clinically significant insomnia, 21% have sub threshold insomnia, 13% have clinical insomnia (moderate) and 8% have clinical insomnia (severe) before treatment, which reduced significantly to 18% mild, 8% moderate and 6% severe. It was found that factors contributing to insomnia are pain, nurse disturbance, stress, drugs, noise, light and frequent micturition. Within the 49 patients reported NOI (New onset of Insomnia) due to hospitalization, 34.7% reported not having clinical significance of insomnia before discharge and 79.6% reported no insomnia after discharge.

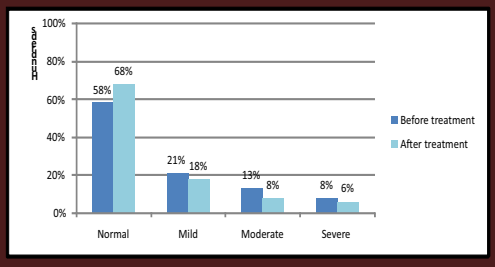


Fig. 1: Level of Insomnia

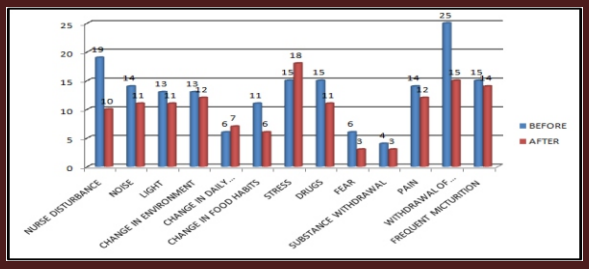


Fig. 2: Causes of insomnia

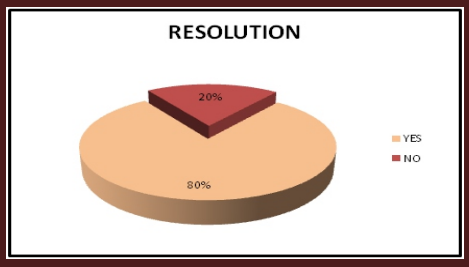


Fig. 3: Resolution of NOI

CONCLUSION

Our study findings support the hypothesis that the role played by a clinical pharmacist in inpatient department creates a positive impact on improving level of insomnia in inpatients. This study stress the critical need for taking necessary steps towards minimizing the insomnia related to hospitalization. There is a need to provide proper counseling and treatment to patients and their care givers regarding consequences of insomnia that lead to a high disease factor.

REFERENCES:

1. Roth, T. (2007). "Insomnia: Definition, prevalence, etiology, and consequences". Journal of Clinical Sleep Medicine. 3 (5 Suppl): S7–10. PMC 1978319 . PMID 17824495

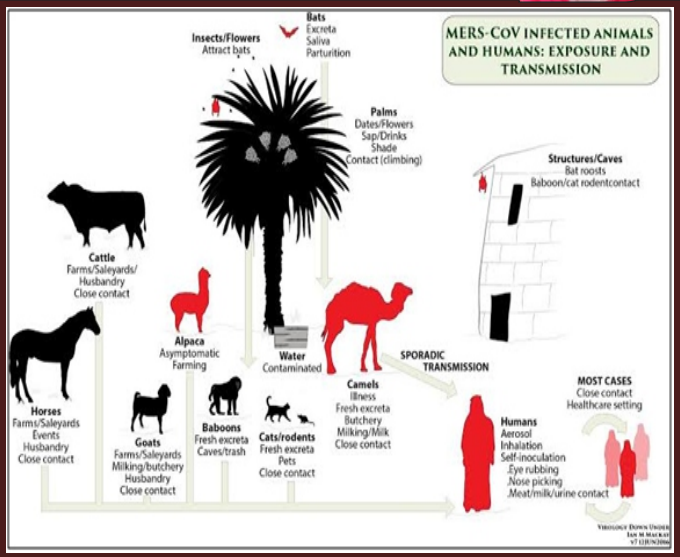
2. NIH State- of- the Science Conference Statement on manifestation and management of chronic insomnia in adults (2005).

CORONA VIRUS INFECTIONS- A NEW THREAT TO MANKIND

V Gurupriya, Pharm D Intern

CORONAVIRUS:

Corona viruses are a group of viruses that are common in many different species of animals, including camels, cattle cats and bats. They are named for the crown-like spikes on the surface of the virus. Some corona viruses only affect animals, but others can also affect humans. There are several different types of human coronaviruses, including the 2019 Novel corona virus (2019-nCoV) and the Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS) corona viruses. Human corona viruses were first identifies in 1960s in the noses of patients with common cold. Two human corona viruses are responsible for a large proportion of common colds OC43 and 229E.



Transmission

Corona viruses are zoonotic, usually transmits from animals to human and are spread from infected persons to others through

- Close personal contact, such as touching or shaking hands
- The air by coughing and sneezing
- Touching an object or surface with the virus on it, then touching the mouth, nose or eyes before washing the hands.
- Possibility of transmission from infected animals.
- Rarely, fecal contamination.

In order to reduce the likelihood of transmission, the WHO recommends that people frequently wash their hands, cover their mouth and nose when sneezing or coughing, and avoid close contact with those who are sick.

Symptoms : Corona viruses typically affect the respiratory tract and if it is mild to moderate infection, symptoms may include cold or flu from two to four days after infection, sneezing, fatigue, sore throat, headache, fever, exacerbated asthma. Some corona viruses can cause severe symptoms and the infections may turn into bronchitis and pneumonia which include symptoms such as cough with mucus, shortness of breath, chest pain or tightness while breathing or coughing.

Preventive measures

- Wash your hands well and continually with water and soap or disinfectants especially after coughing, sneezing and using toilets.
- Avoiding touching eyes, nose or mouth with unwashed hands.
- Avoiding close contact with people who are sick.
- Put on face mask only if you are sick or visiting sick patients.
- If you are mildly sick, keep yourself hydrated, stay at home and take rest.

Treatment and availability of vaccine

- Patients are provided with supportive treatment based on the clinical condition. Supportive treatment might include antipyretics, fluids, oxygen, antibiotics and others.
- The combination of lopinavir and ritonavir has been recommended for corona virus, and Cipla makes this combination in India under the name Lopimune tablets and Lopimune granules for children.
- No vaccine is currently available.

References

- 2019 Novel Coronavirus, Wuhan, China. Centers for Disease Control and Prevention. Available at: https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html

AVAPRITINIB FOR THE TREATMENT OF GASTROINTESTINAL STROMAL TUMORS (GIST)

B.V.S.Chathurya, Pharm.D 4th year

Approved Date	: January 09, 2020
Brand Name	: Ayvakit
Generic name	: Avapritinib
Manufacturing Company	: Blueprint Medicines Corporation
Dosage Form	:Tablet
Molecular Formula	: C26H27FN10
Molecular Weight	: 498.570 g·mol−1

Storage: Store Ayvakit tablets at room temperature between 68°F to 77°F (20°C to 25°C).

Dosage: The recommended dosage of AYVAKIT is 300 mg orally once daily on an empty stomach, at least 1 hour before or 2 hours after a meal.

Indications: Indicated for the treatment of adults with unresectable or metastatic gastrointestinal stromal tumor (GIST) harboring a platelet-derived growth factor receptor alpha (PDGFRA) exon 18 mutation, including PDGFRA D842V mutation.

Mechanism of action: Avapritinib is a tyrosine kinase inhibitor it targets on PDGFRA and KIT Mutants there by it inhibits the autophosphorylation and constitutive activation of these receptors which contributes to the tumor cell proliferation there by it reduces the GIST (Gastrointestinal stromal tumors).

Pharmacokinetics:

Absorption: Peak plasma time: 4.1hours; Peak plasma **concentration:** 813 ng/mL (52%)

Distribution: Vd ~1200 L (43%), protein binding avapritinib is 98.8% and is independent of concentration. The blood-to-plasma ratio is 0.95.

Metabolism: Avapritinib is primarily metabolized by CYP3A4 and to a lesser extent by CYP2C9 in vitro.

Elimination: Half-life:57hours. **Clearance:** 19.5 L/h (48%).

Excretion: 70% of the radioactive dose was recovered in feces (11% unchanged) and 18% in urine (0.23% unchanged)

Adverse Drug Reaction: Edema, Fatigue, Nausea, Cognitive impairment, Vomiting, Diarrhea, Decreased appetite, increased lacrimation, hair color changes, abdominal pain, constipation, rash and dizziness.

Contraindications: There are no contraindications to Avapritinib.

Pregnancy and Lactation: AYVAKIT can cause fetal harm when administered to a pregnant woman. Because of the potential for serious adverse reactions in breastfeed children, advise women not to breastfeed during treatment with AYVAKIT.

Drug Interaction: Strong and moderate CYP3A inhibitors: increases Avapritinib plasma concentrations and Strong and moderate CYP3A inducers: decreases Avapritinib plasma concentrations

Black Box Warnings : Do not initiate in patients who have had mild and moderate renal and hepatic impairment. Administration of AYVAKIT for longterm can results Intracranial hemorrhage, Central Nervous System Effects, Embryo-Fetal Toxicity.If a patient experiences a neurological signs, CNS Symptoms and Potential risk of fetus in pregnant women's immediately notify to their Healthcare provider.

Departmental Activities in December- 2019:

Activities	Patient Counselling	Drug Information services	Adverse Drug Reactions	Medication Errors
Number	752	84	04	02

Perfect Clicks

One Day National Seminar on "Research and Career Opportunities in Pharmaceutical Arena"

Assessors Orientation Programme

CAA & NRC Awareness Programme

Campus drive by AGS Health care

Campus drive by Apollo Hospitals

Appreciation for Best Poster Presentations

Beloved Principal sir's Birthday celebrations