



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

Editorial Board

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

Student Co-ordinators

E Niranjani, B Dinesh

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 Clinical Comparison Of Topical Ciprofloxacin Versus Neomycin In Chronic Suppurative Otitis

Media (Csom) Patients

Dr Robin George



Objective:

To compare the efficacy and safety of Topical Ciprofloxacin with Topical Neomycin in Chronic Suppurative Otitis Media (CSOM) patients.

Patients and Methods:

A total of 50 patients with diagnosis of Chronic Suppurative Otitis Media were selected for the study. Patients were categorized into 2 groups, Group A that was treated by topical Ciprofloxacin ear drops (n=25) and Group B that was treated by topical Neomycin ear drops (n=25). Outcomes were measured by disappearance of discharge and congestion at follow-up examination. SPSS 20 was used for data analysis, Chi-square test was used for analysis and P -value less than 0.05 were considered significant.

Results:

Topical Ciprofloxacin is more effective in earlier control of discharge and congestion in CSOM patients as compared to Neomycin (p -value was obtained as <0.05).

Conclusion:

Ciprofloxacin otic drops are clinically more effective in the treatment of CSOM and can be used as an initial choice of topical antibiotic for CSOM patients.

NETARSUDIL (RHOPRESSA 0.02%) FOR OPEN ANGLE GLAUCOMA AND OCULAR HYPERTENSION

Swathi, Pharm D I yr



RHOPRESSA 0.02% was evaluated in three randomized and controlled clinical trials, namely referred to as Study 301, 302 and 304 in patients with open-angle glaucoma or ocular hypertension. Studies 301 and 302 enrolled subjects with baseline IOP lower than 27 mmHg and Study 304 enrolled subjects with baseline IOP lower than 30 mmHg. The treatment duration was 3 months in Study 301, 12 months in Study 302, and 6 months in Study 304. The three studies demonstrated up to 5 mmHg.

DOSAGE AND ADMINISTRATION

The recommended dosage is **one drop** in the affected eye(s) once daily in the evening. If RHOPRESSA is to be used concomitantly with other topical ophthalmic drug products to lower IOP, administer each drug product at least 5 minutes apart.

INDICATIONS AND USAGE:

RHOPRESSA (netarsudil ophthalmic solution) 0.02% is indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

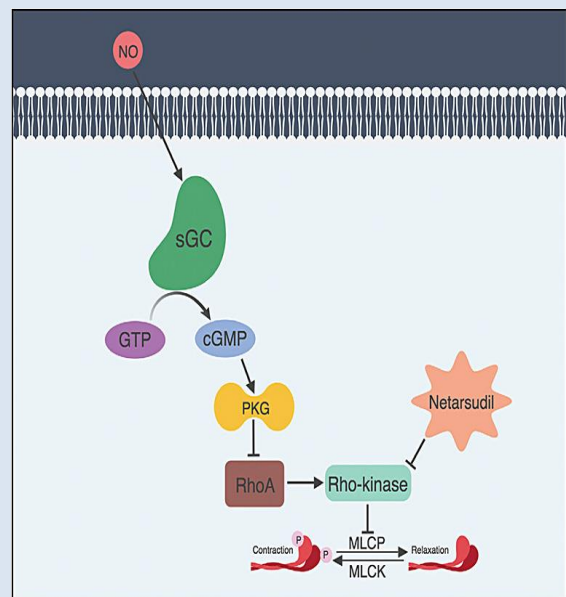
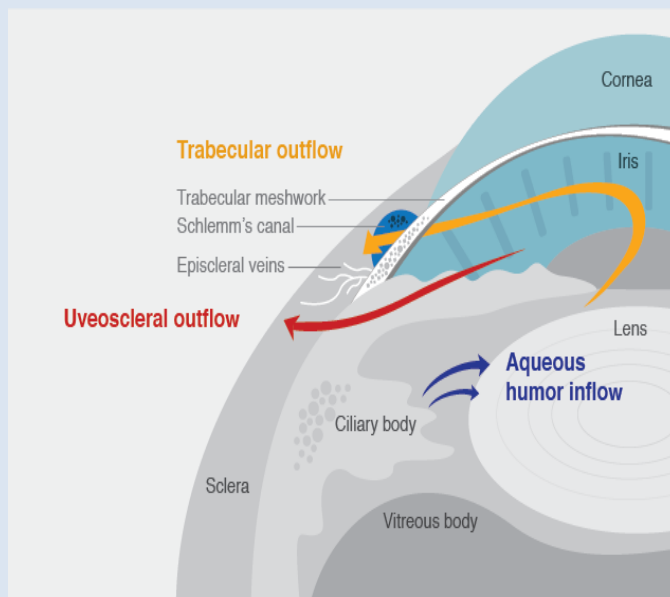


Figure 1: Mechanism of Netarsudil is increases outflow of aqueous humor

MECHANISM OF ACTION

Netarsudil is a rho kinase inhibitor, which is believed to reduce IOP by increasing the outflow of aqueous humor through the trabecular meshwork route. The exact mechanism is unknown.

ADVERSE REACTIONS:

The most common ocular adverse reaction observed is conjunctival hyperemia and other common (approximately 20%) ocular adverse reactions reported were: corneal verticillata, instillation site pain, and conjunctival hemorrhage.

PHARMACOKINETICS

Absorption:

There were no quantifiable plasma concentrations of netarsudil post dose.

Metabolism:

After topical ocular dosing, netarsudil is metabolized by esterases in the eye.

DOSAGE FORMS AND STRENGTHS:

Ophthalmic solution containing 0.2 mg/mL of netarsudil

STORAGE:

Stored at 2 to 8 degree celcius until opened. After opening, kept at 2 to 25 degree celcius for upto 6 weeks.

CURRENT BEST PRACTICE IN THE MANAGEMENT OF HYPERTENSIVE DISORDERS IN PREGNANCY

G Mounika Priya, Pharm D I Yr



Preeclampsia is a global health problem of increasing significance. It complicates 2%–8% of all pregnancies, contributes to 15% of preterm deliveries, and between 9% and 26% of maternal deaths worldwide.

Hypertensive disorders of pregnancy can be sub classified into **four groups** – *chronic hypertension, gestational hypertension, preeclampsia, and superimposed preeclampsia* in the setting of chronic hypertension, as laid out in the ACOG (*American Congress of Obstetricians and Gynecologists*) guideline.

Inpatient or Outpatient Management

- Ultrasound assessment of fetal well-being and Doppler studies of the umbilical artery performed.
- If blood pressure is persistently elevated (cutoff 150/100 mmHg), consideration should be given to the commencement of antihypertensive therapy.
- Women with stable blood pressure on treatment, normal laboratory studies, no concern about fetal well-being are candidates for **outpatient management**.

Choice of Antihypertensive in Moderate Hypertension

- NICE recommends that the first line antihypertensive should be Labetalol.
- Acceptable and commonly used alternatives are Methyldopa and Nifedipine.
- Nifedipine may be more effective in controlling blood pressure than labetalol or Hydralazine, but Labetalol was associated with fewer adverse perinatal events.

TREATMENT OF SEVERE DISEASE:

SEVERE HYPERTENSION

(>160–170/100–110 mmHg)

- Controlled rapidly with IV antihypertensives and maintenance infusion is required.
- Oral fast acting Nifedipine, intravenous Hydralazine, and Labetalol are equally efficient

SEVERE PREECLAMPSIA

- Before 34 weeks, the focus of care is on prolonging pregnancy as long as the mother is stable.
- After 34 weeks, the decision to deliver should be based on the condition of the mother and baby and any identifiable risk factors for progression of disease.
- Magnesium sulfate should be considered as treatment for eclampsia prophylaxis.

ECLAMPSIA

(>160–170/100–110 mmHg)

- The first priority is to stabilize the mother through the application of ABCDE (airway, breathing, circulation, disability and evaluate) approach.

CONCLUSION:

As preeclampsia complicates pregnancies, ACOG (*American Congress of Obstetricians and Gynecologists*) proposed specific antihypertensive to treat severe hypertension.