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Seven Hills College of Pharmacy, Tirupati,
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In association with Sri Padmavathi Medical College for Women, Alipiri Road, Tirupati,
Chittoor (Dist.,), Andhra Pradesh, India.
www.shcptirupati.com;shcpdic333@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

Adverse effects with topical corticosteroids in patients attending Dermatology clinic in a tertiary care hospital- A prospective study

M Manju Sai, Pharma d Internee

Objective:

To study the adverse effects with topical corticosteroids in patients attending Dermatology department.

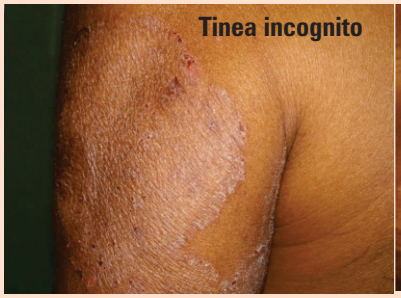
Methodology:

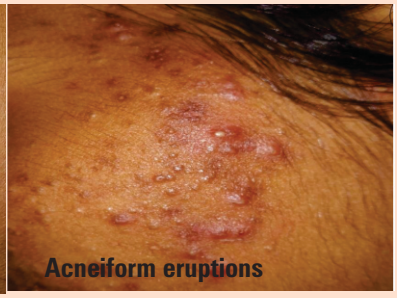
Patients who were using topical corticosteroids for more than 4 weeks were taken into the study and the patients were followed for the presence of adverse effects. The observed adverse effects were reported to the PVPI and were assessed using respective scales (WHO-UMC causality assessment, Naranjo scale, Modified Hartwig and Siegel's scale, Schumock and Thornton scale).

Results:

Out of 100 patients who were using topical steroids, 37% developed adverse effects. Most of the males and patients of 21-30 age groups are most commonly affected. 28% of patients who used topical steroids for fungal infections are affected. Most of the patients (50%) used potent steroid (Clobetasol). 48.64% of patients developed adverse effects within 2 months. Most of the patients developed adverse effects on using topical steroids prescribed by MBBS doctor/ local/ RMP followed by self/OTC/Pharmacist. Tinea incognito (70.27%) was the most commonly found adverse effect.

S. No	Adverse effect	No. of patients (n=37)
1.	Tinea incognito	26 (70.27%)
2.	Acneiform eruptions	4 (10.81%)
3.	Telangiectasia	1 (2.70%)
4.	Steroid atrophy	1 (2.70%)
5.	Mild atrophy + Hypopigmentation	1 (2.70%)
6.	Tinea incognito + Steroid atrophy	1 (2.70%)
7.	Tinea incognito + Acneiform eruptions	1 (2.70%)
8.	Perioral dermatitis	1 (2.70%)
9.	Steroid rosacea	1 (2.70%)





Conclusion:

Patients are more prone to misuse topical steroids due to unrestricted availability and poor awareness about adverse effects. There is a need to implement strict laws regarding manufacturing, distributing and sale of OTC drugs. There is a need to sensitize doctors, pharmacists and patients.

Reference:

Kumar S, Goyal A, Guptha YK. Abuse of topical corticosteroids in India: Concerns and the way forward. J Pharmacol Pharmacother 2016; 7:1-5.

DRUG PROFILE
REYVOW (LASMIDITAN) FOR MIGRAINE

M.V.D.L. Madhurima, IV-PHARMD

Approved date : October11,2019
Brand name : REYVOW
Generic name : Lasmiditan
Manufacturing company : Eli Lilly and Company
Dosage form : Tablets
Molecular formula : C19H18F3N3O2
Molecular weight : 377.4g/mol

Storage:

Store at 20°C to 25°C (68°F to 77°F); excursions permitted to 15°C to 30°C (59°F ATI 86°F) [see USP controlled Room Temperature].

DOSAGE: Rey vow tablets are available in two strengths

- 5o mg tablet: light gray, oval, film coated tablets
- 100 mg tablet: light purple, oval, film coated tablets

INDICATIONS: Reyvow is indicated for the acute treatment of migraine with or without aura in adults

LIMITATIONS OF USE: REYVOW Is not indicated for the preventive treatment of migraine

MECHANISM OF ACTION: Lasmiditan is a serotonin receptor antagonist that, like the unsuccessful LY-334,370, selectively binds to the 5-HT1F receptor sub type. A number of triptans have been shown to act on this subtype as well, but only after their affinity for 5-HT1B and 5-HT1D has been made responsible for their anti-migraine activity. The lack of affinity for these receptors might result in fewer side effects

Pharmacokinetics:

Absorption: Rapidly absorbed with a median tmax of 1.8 hrs. The human plasma protein binding is approximately 55% to 60% and independent of concentration between 15 and 500 ng/ml

Volume of distribution: Lasmiditan has been shown to penetrate the blood-brain barrier

Metabolism: The hepatic and extra-hepatic metabolism of lasmiditan is catalyzed primarily by non-CYP enzymes, with ketone reduction appearing to be the primary pathway

Half-life: 5.7 hours

Elimination: lasmiditan is eliminated primarily via metabolism, with renal excretion accounting for a small fraction of its total elimination

ADVERSE EFFECTS:

Dizziness (9-17%), parasthesia (3-9%), vertigo (2%)

CONTRAINDICATIONS:

Hypersensitivity (eg: angioedema, rash, photosensitivity reaction)

PREGNANCY AND LACTATION

Not indicated for use in women of reproductive potential

FLUNARIZINE INDUCED PARKINSONISM- A CASE REPORT

S Sujitha, Priyanka S

Introduction:

Drug induced Parkinsonism (DIP) can be defined as reversible development of parkinsonian syndrome in patient treated with drugs which impair dopamine function. DIP is a common cause of secondary Parkinsonism. Flunarizine, a derivative from cinnarizine represents one of the most common causes of DIP. It is a calcium channel blocker which is frequently prescribed for vertigo, migraine prophylaxis and cerebrovascular insufficiency.

CASE STUDY:

A 44year female patient came to psychiatry ward with chief complaints of slow walking in the past 6 months, tremors of both upper limbs, bradykinesia, decreased sleep and decreased interaction, excessive menstrual bleeding and with past history of depression with hypothyroidism and migraine.

The patient is diagnosed to having a depressive disorder with drug induced Parkinsonism. The patient is suffering from migraine for the past 2 years (since 2017) and she was advised to take flunarizine, the chronic use of this drug lead to the onset of symptoms like unable to walk and hold the objects, tremors of the both upper limbs, abnormal movements of the body and face. Hence, according to the arisen symptoms it is diagnosed as flunarizine- induced Parkinsonism. After exact diagnosis the patient advised immediately to withdraw the offending agent and to alleviate the symptoms the patient was advised to take Pacitane of 2mg.

Discussion:

Our study illustrates that flunarizine is not highly effective in migraine and have clear causative roles in a substantial proportion of the cases of PK in earlier reports and hence, their liberal use should be strongly discouraged. In our case the DSM V criteria is used to associate the relationship between flunarizine and Parkinsonism and helped us to evaluate the two to three cardinal features of Parkinsonism. Clinicians ought to watch for extrapyramidal side effects when prescribing flunarizine. Treatment is just stopping the fz and administration of pacitane 2mg.

REFERENCES:

- Michaeli, F.E et al, movement disorders and depression due to flunarizine and cinnarizine. Mod Disord 4,139-146.
- SE, M, -S. Flunarizina, parkinsonismo e depressao. XI congress brasileiro de neurologia, Goiania, goias, brasil. Abstracts.

Departmental Activities in October- 2019

ACTIVITIES	Patient Counselling	Drug Information Services	Adverse Drug Reactions	Medication Errors
NUMBER	768	28	21	07

Perfect Clicks

Rally on Anti Corruption- Vigilance awareness week

Peace Walk on the occasion of 150th Gandhi Jayanthi

A Guest lecture by Dr Venkat Ikkurthy

2nd 100% Open Defecation Free Awareness Campaign in Venkatramapuram and Vaddepalli Villages

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