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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

Study on the Clinical Pharmacist Intervention to Improve Health Related Quality of Life in Diabetic Patients in Rural Area

Dr S Sirisha

Objective: The main objective of the study was to assess the impact of clinical pharmacist provided patient education on Quality of life outcomes in diabetic patients in rural population

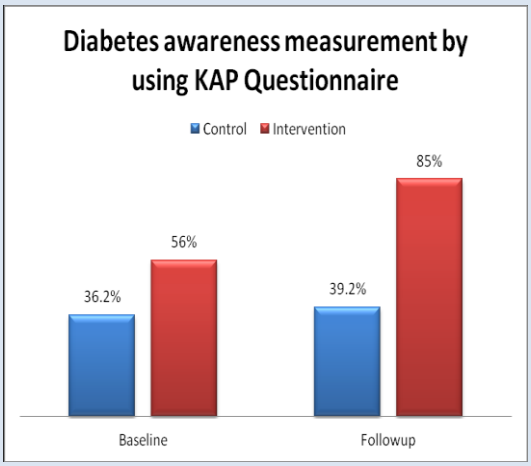
Study design: A prospective observational parallel design study was conducted to outpatients of a Primary health Centre located in Tirupati rural area. Patients were enrolled and randomized in to control and intervention group based on inclusion and exclusion criteria.

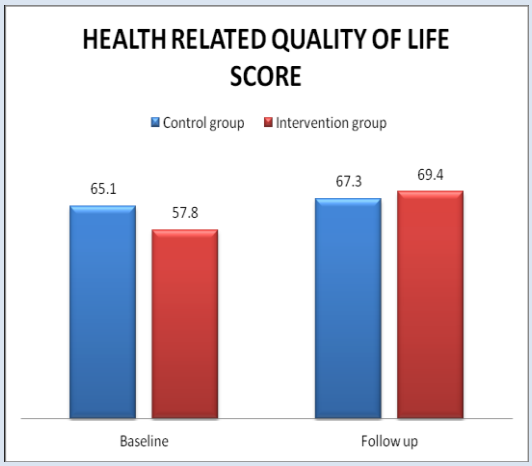
Study Site: Primary Health Centre, Kammapalli, Situated in Tirupati Rural Area.

Procedure: The enrolled patients were segregated into control group (n=50) and intervention group (n=50). Patient counselling provided to intervention group in the aspects of disease awareness, usage of medication and life style modifications where the control group patients were not. The health related quality of life of patients measured for both groups were assessed for comparison.

Results: The mean blood glucose levels of intervention group were significantly decreased from 263±12mg/dl at baseline to 195.8±6.5 mg /dl at follow up, whereas control group shows no significant improvement in the management of diabetes (254 mg/dl to 248 mg/dl). In intervention group the percentage of correctly answered patients towards diabetes KAP questionnaire was

significantly increased from 56±9.6% at baseline to 85±3.7% at follow up, whereas control group shows no significant improvement in the diabetes awareness (36.2% to 39.2%). The mean health related quality of life score is improved in the intervention group from 57.82±1.5 at baseline to 69.4±0.96 at follow up, where the control group shows a very little improvement in the health related quality of life(65.1 to 67.3).





Conclusion: The current study demonstrates that the clinical pharmacist provided patient counselling improved the health related quality of life (HRQOL) of diabetic patients in rural population by implementing the proper pharmaceutical care.

References:

1. Ramanath KV, Santhosh Y L, Impact of clinical pharmacist provided patient education on qol outcome in type ii diabetes mellitus in rural population. *Asian Journal of Pharmaceutical and Clinical Research* 2011:4(3): 0974-2441.
2. Adepu R, Madhu S, Influence of post discharge counselling on health outcomes In diabetic and hypertensive patients, *Asian Journal of Pharmaceutical and Clinical Research* 2011:4(3): 0974-2441.

XOFLUZA(Baloxavir marboxil) for Influenza A and B Virus

K Preethi, Pharm D III yr

Approved Date: October 24, 2021

Brand Name: XOFLUZA

Generic Name: Baloxavir marboxil

Manufacturing Company: Gentech USA, Inc.

Dosage Form: Tablets

Molecular Formula: $C_{27}H_{23}F_2N_3O_7S$

Molecular Weight: 571.552g/mol

Storage: 20^0Cto 25^0C temperature

IUPAC Name:

{(3R)-2-[(2S)-12,13-difluoro-9-thiatricyclo[9.4.0.0.{3,8}]pentadeca-1(15),3,5,7,11,13-hexane-241]-9,12-dioxo-5-oxa-1,2,8-triazatricyclo[8.4.0.0{3,8}]tetradeca-10,13-dien-11-41loxy}methyl

Mechanism of action of CAP endonuclease inhibitor:

It is oral antiviral medicine that blocks an endonuclease enzyme within the flu virus which leads to stopping viral replication early in the 3 rd stage of influenza lifecycle.

Dosage:

40 to <80 kg: 40 mg PO as a single dose

≥80 kg: 80 mg PO as a single dose

Indications:

For the treatment of influenza A and B virus infection in patients 12 and older who have been symptomatic for no more than 48 hours.

Pharmacokinetics:

Absorption: Tmax: 4h

Volume of distribution: 1180 (V/F, L)

Protein binding: 92.9 - 93.9 %

Route of elimination:

14.7 % of a single dose is excreted in the urine, and 80.1% excreted in the feces

Half life:

Terminal elimination half-life: 79.1 h

Clearance: 10.3 L/h

Toxicity:

Ld50 (oral, rats) : >2000 mg/kg

Drug Interaction:

The therapeutic efficacy of varicella zoster vaccine can be decreased when used in combination with baloxavir marboxil.

Contraindications:

In patients with a history of hypersensitivity to baloxavir .marboxil (or) any of its ingredients.

Adverse Drug Reaction: Diarrhea(3.0%),

Bronchitis(2.6%),

Nausea(1.3%),

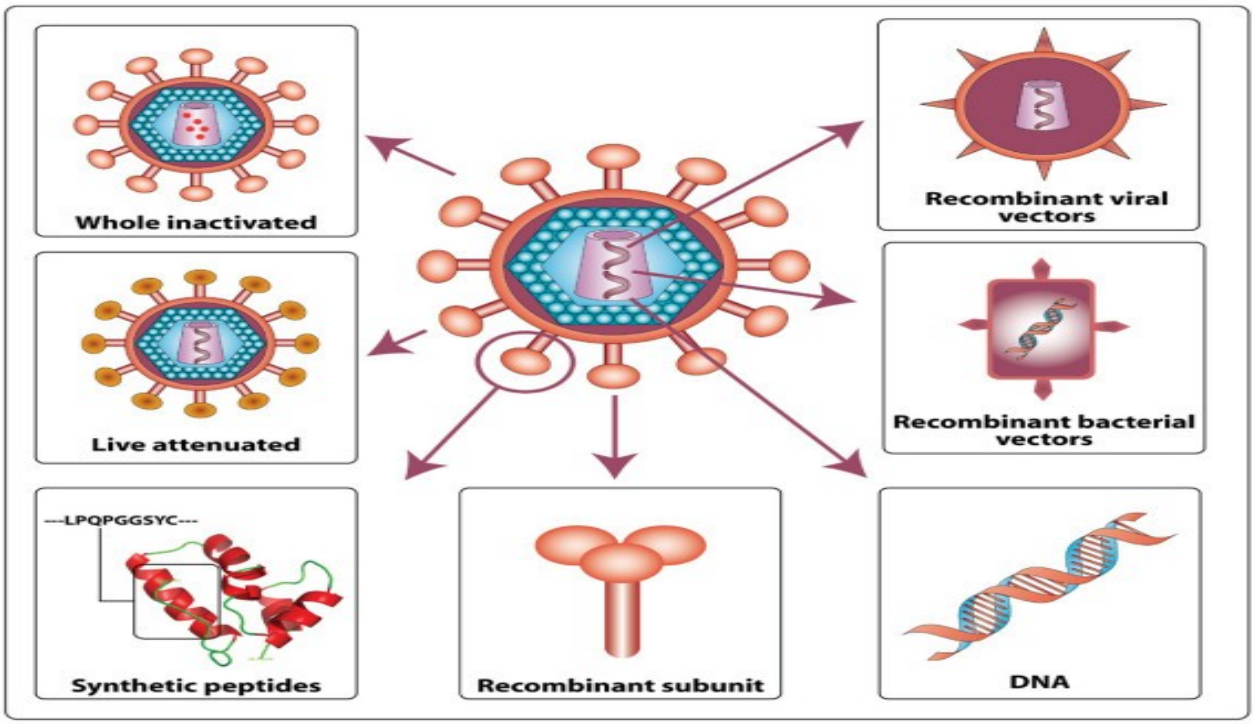
Sinusitis (1.1%)

A BRIEF REVIEW ON HIV VACCINE

S Tejaswini, Pharm D I Yr

Human Immunodeficiency Virus (HIV) is responsible for millions of deaths around the world and in the absence of available treatment capable of a cure, only the vaccine can offer prevention against this virus.

HIV-1 integrates its genetic material in the host's DNA, an event currently impossible to revert[1]. A small number of people who are infected with HIV-1 produce very special antibodies. These antibodies do not just fight one virus strain, but neutralize almost all known virus strains. Research into developing an HIV vaccine focuses on discovering the factors responsible for the production of such antibodies. **HIV-1 genome influences immune reaction[2].** Therefore, the design of a vaccine against HIV-1 is paramount in order to prepare the immune system to act promptly and neutralize this pathogen before the establishment of a permanent infection.



Although several vaccine regimens and trials have been tested for HIV/AIDS at pre-clinical level, only one vaccine trial, i.e., RV144 showed only modest ~30% protection in human clinical trials.

Although, the possibility of achieving a successful HIV vaccine lies elusive, recent breakthroughs had been very promising[3]. In 2009, the phase III clinical trial RV144 vaccine (ClinicalTrials.gov number, NCT00223080) in Thailand was the first to demonstrate modest protection against HIV-1 infection, with an estimated vaccine efficacy of 31.2% after the three and a half year trial[4]. HIV inactivation deserves a more vigorous exploration in HIV vaccine research.