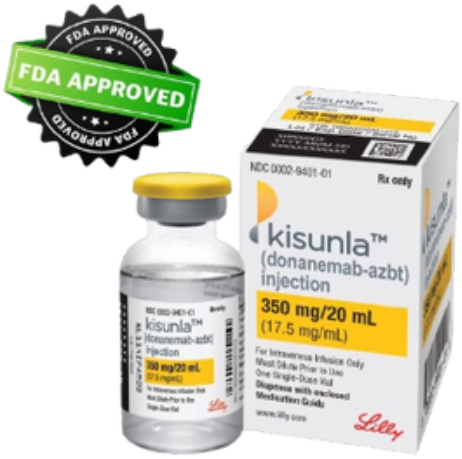
ISSUE 02 Volume 08 Apr-June 2024

Seven Hills Times

AN OFFICIAL PUBLICATION OF
DEPARTMENT OF PHARMACY PRACTICE,
SEVEN HILLS COLLEGE OF PHARMACY
[AUTONOMOUS]
Venkatramapuram, Ramachandrapuram (Mandal), Chittoor (Dist), TIRUPATI - 517 561, A.P, INDIA Accredited "A" Grade by NAAC, Bangalore Awarding University: JNT University Anantapur – Ananthapuramu Approved by AICTE & PCI, New Delhi, Govt. of A.P. Recognized by UGC Under Sections 2(f) & 12(B) of UGC Act 1956
IN ASSOCIATION WITH
SRI PADMAVATHI MEDICAL COLLEGE FOR WOMEN HOSPITAL (SPMCWH)-SVIMS,
Tirupati, AP, INDIA.

LILLY'S KISUNLA (Donanemab-azbt) APPROVED BY THE FDA FOR THE TREATMENT OF EARLY SYMPTOMATIC ALZHEIMER'S DISEASE

Dr. Y. Lavanya



Alzheimer's disease is an irreversible, progressive brain disorder affecting more than 6.5 million Americans that slowly destroys memory and thinking skills and, eventually, the ability to carry out simple tasks. While the specific causes of Alzheimer's are not fully known, it is characterized by changes in the brain—including amyloid beta plaques and neurofibrillary, or tau, tangles—that result in loss of neurons and their connections. These changes affect a person's ability to remember, think and speak. It is product of Eli Lilly and Company, Indianapolis, USA.

CLINICAL RESEARCH REPORT:

The efficacy of Kisunla was evaluated in a double-blind, placebo-controlled, parallel-group study (Study 1, NCT04437511) in patients with Alzheimer's disease. The patients had confirmed presence of amyloid pathology and mild cognitive impairment or mild dementia stage of disease.1736 patients were randomized 1:1 to receive700 mg Kisunla every 4 weeks for the first 3 doses, and then 1400 mg every 4 weeks (N = 860) or placebo (N = 876) for a total of up to 72 weeks. The treatment was switched to placebo based on a prespecified reduction in amyloid levels measured by positron emission tomography (PET) at Week 24, Week 52, and Week 76.Patients treated with Kisunla demonstrated a statistically significant reduction in clinical decline on the Integrated Alzheimer's Disease Rating Scale (iADRS) compared to placebo at Week 76 in the overall population (2.92, $p<0.0001$), as well as on the iADRS component scales,

Vision

To emerge as one of the premier pharmacy colleges in the country and produce pharmacy professionals of global standards.

Mission

1. To deliver quality academic programs in Pharmacy and empower the students to meet Industrial Standards.

2. To build student community with high ethical standards to undertake R&D in thrust areas of national and international needs.

3. To extend viable outreach programs for the health care needs of the society

4. To develop industry institute interaction and foster entrepreneurial spirit among graduates.

Standard Practice

Drug Information Center
Drug Formulary Management
ADR Reporting
Patient Counseling
Drug Information Resources
Prescription Audit
Medication Error Reporting
Antimicrobial Stewardship
Journal Club Activities

the Alzheimer's Disease Assessment Scale-Cognitive subscale (ADAS-Cog13) (-1.33, p=0.0006) and the Alzheimer's Disease Cooperative Study – instrumental Activities of Daily Living (ADCS-iADL) scale (1.70, p=0.0001). Patients treated with Kisunla also demonstrated a statistically significant reduction in clinical decline on the Clinical Dementia Rating Scale – Sum of Boxes (CDR-SB) compared to placebo at Week 76 in the overall population (-0.70, p<0.0001).

At baseline, the study population had a mean age of 73 years, with a range of 59 to 86 years. Fifty-seven percent of patients were female, 91% were White, 6% were Asian, 4% were Hispanic or Latino, and 2% were Black or African American.

ADVERSE REACTIONS :

The following clinically significant adverse reactions are described elsewhere in the labeling:

·Amyloid Related Imaging Abnormalities: The prescribing information includes a boxed warning for amyloid-related imaging abnormalities (ARIA). ARIA most commonly presents as temporary swelling in areas of the brain that usually resolves over time and may be accompanied by small spots of bleeding in or on the surface of the brain. ARIA usually does not have symptoms, although serious and life-threatening events rarely can occur. Patients who are ApoE ε4 homozygotes have a higher incidence of ARIA, including symptomatic and serious ARIA, compared to heterozygotes and noncarriers. Testing for ApoE ε4 status should be performed prior to beginning treatment to inform the risk of developing ARIA. There is risk of infusion-related reactions, with symptoms such as flu-like symptoms, nausea, vomiting and changes in blood pressure, and hypersensitivity reactions, including anaphylaxis (severe, life-threatening allergic reaction) and angioedema (swelling).

- Hypersensitivity Reactions
- Infusion-Related Reactions

Dose :

The recommended dosage of KISUNLA is 700 mg every four weeks for three doses, then 1400 mg every four weeks. KISUNLA is administered every four weeks as an intravenous infusion over approximately 30 minutes. KISUNLA must be diluted prior to administration.

Dosing Instructions:

Consider stopping dosing with KISUNLA based on reduction of amyloid plaques to minimal levels on amyloid PET imaging. In Study 1, dosing was stopped based on a reduction of amyloid levels below predefined thresholds on PET imaging. If an infusion is missed, resume administration every 4 weeks at the same dose as soon as possible.

Dilution Instructions :

- Prior to administration, KISUNLA must be diluted with 0.9% sodium chloride injection.
- Use aseptic technique when preparing the diluted KISUNLA solution for intravenous infusion.
- Allow KISUNLA to equilibrate to room temperature before preparation.
- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. KISUNLA solution is clear to opalescent, colorless to slightly yellow to slightly brown. Do not use if particulate matter or discolorations are present.
- Withdraw required volume of KISUNLA and mix with 0.9% sodium chloride injection, to the recommended total volume for a final concentration of 4 mg/mL to 10 mg/mL. Use only 0.9% sodium chloride injection for dilution.
- Each vial is for one-time use only. Discard any unused portion left in the vial.
- Gently invert the diluted KISUNLA solution to mix completely. Do not shake.
- After dilution, immediate use is recommended. If the diluted KISUNLA solution is not administered immediately, store refrigerated at 2°C to 8°C (36°F to 46°F) for up to 72 hours or at room temperature (20°C to 25°C [68°F to 77°F]) for up to 12 hours.
- Do not freeze the diluted KISUNLA solution.
- Storage times include the duration of infusion

Administration Instructions

- Visually inspect the diluted KISUNLA solution for particles or discoloration prior to administration. Do not use if it is discolored, or opaque or foreign particles are seen.
- Prior to infusion, if the diluted solution has been stored under refrigeration, allow the diluted KISUNLA solution to warm to room temperature.
- Administer the entire diluted solution intravenously over approximately 30 minutes.
- Promptly discontinue the infusion upon the first observation of any signs or symptoms consistent with a hypersensitivity-type reaction.
- Flush the line only with 0.9% sodium chloride injection at the end of the infusion per access specific line maintenance protocol.
- Observe the patient post-infusion for a minimum of 30 minutes to evaluate for infusion reactions and hypersensitivity reactions.

UNDERSTANDING AND PREVENTING HEAT STROKE

Subiksha
Pharm D Intern

Heatstroke is a serious and life-threatening condition that occurs when the body fails to regulate its temperature effectively. It can progress from heat exhaustion to heatstroke and affect both young, fit people and the elderly or frail. This condition is a major cause of illness and death, especially during hot weather. Heatstroke happens because the central nervous system cannot control core body temperature, leading to a dangerously high body temperature. From 2006 to 2010 in the US, there were five cases of heat-related illnesses per 10,000 people. About 75% of these were heat exhaustion, and 5.4% were heatstroke. Around 12% of these patients required hospitalization, and the mortality rate was 0.07%.

Heatstroke is classified into two types:

1. Classic Heatstroke: Occurs due to environmental heat exposure and poor heat dissipation mechanisms. It is common in the elderly and those with chronic health conditions.
2. Exertional Heatstroke: Linked to physical exercise and often affects athletes and outdoor workers. It happens when physical activity generates more heat than the body can dissipate.

Causes and Risk Factors

Heatstroke can be caused by inadequate heat acclimatization, certain medical conditions, environmental factors, and specific medications. Risk factors include dehydration, prolonged exposure to high temperatures, excessive clothing or protective gear, medical conditions like obesity, heart diseases, neurological disorders, certain medications (such as diuretics, antihistamines, beta-blockers, and stimulants), age, and alcohol or drug use.

TEMPERATURE REGULATION :

Thermoregulation is an important physiological process that can balance heat generation with heat loss to maintain the core body temperature. To perform all metabolic processes correctly, we require a body temperature of 37 +/- 0.5 degrees Celsius. The thermoregulatory centre is located in the pre-optic area of the hypothalamus, which acts as a thermostat and regulates temperature. Two types of thermoreceptors are present. They are peripheral and central thermoreceptors.The central receptors are present in the spinal cord and hypothalamus, which sense the core temperature changes in the body, whereas the peripheral thermoreceptors are located in the skin and sense surface temperature.The hypothalamus controls temperature, regulates the heat mechanism to increase or decrease body temperature, and retains normal core body temperature.

Thermoregulation mechanism mainly involves three processes i.e .1.Afferent sensing, 2.Central control, 3.Efferent responses. Whenever there is an increasing or decreasing body temperature, the thermoreceptors on peripheral and Central stimulates and sons the information to the hypothalamus and through these mechanisms the body tribes to dissipate or generate heat according to our body needs the activation of thermoreceptors to physiological and behavioural responses or as follows

Increased body temperature:

The body responds by dissipating via, activating the sympathetic nervous system leads to vasoconstriction of the blood vessels of the skin, that decreases blood flow to the skin, and reduces heat loss. The adrenal gland releases catecholamines and thyroid hormones by the hypothalamus, increase subsequent heat production. Contraction of skeletal muscle and shivering will increase by stimulating the primary motor cortex in the posterior hypothalamus, leading to increased heat production. Behavioural changes include increasing movement and closer body positions, adding clothes, and increasing appetite.

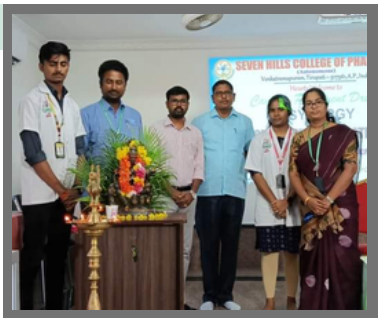
Decreases body temperature:

The body's response by generating heat via, activating the sympathetic nervous system leads to vasoconstriction of the blood vessels of skin, decreases blood flow to the skin and reduces heat loss. The adrenal gland and hypothalamus increase the release of catecholamines and thyroid hormones and subsequent heat production. Skeletal muscle contraction and shivering will be increased by stimulating the primary motor cortex in the posterior hypothalamus leading to increasing heat production. behavioural changes like increasing movement and closer body positions, adding clothes and increasing appetite.

In humans, a constant body temperature is maintained by balancing heat gain and heat loss by the thermoregulatory process. This process is mainly based on cutaneous vasodilatation and evaporation of sweat. when this process becomes immense our body temperature will increase and is unable to cool down. Excessive heat denatures proteins, damages phospholipids and lipoproteins and liquifies membrane lipids, leading to cardiovascular collapse, multi-organ failure and ultimately death.

Common signs and symptoms of heatstroke include:

- Headache, dizziness, nausea, vomiting, and confusion
- Flushed, hot, and unusually dry skin
- Extreme thirst and dry, swollen tongue



CAMPUS PLACEMENT DRIVES

We are thrilled to provide the most recent information, success stories, and opportunities regarding campus placements.As we at Seven Hills College of Pharmacy work to maintain a culture of academic achievement and professional competence.

Renowned recruiters like Apollo pharmacy private limited, Synergy remedies private limited, Omega healthcare private limited were graced our campus placement cell on April 2nd, 3rd and 4th respectively. Our students showcased relevant skills and knowledge in front of them with the support from faculty and their placement training. 93 students got selected out of which 120 students who are participated.

It became clear as recruiters interacted and shared ideas, that the placement drives were more than simply a formal occasion rather, it was a critical step in creating long-lasting collaborations that would completely transform the pharmacy research and education environment.

Hard work, dedication, and perseverance of students have paid off. From resume building to interview preparation, students have shown immense potential and enthusiasm.

"Heartiest congratulations to all our students who have secured placements!

- Sudden rise in body temperature to more than 40°C (104°F)
- Disorientation or delirium
- Slurred speech and aggressive behavior
- Convulsions, seizures, or coma
- Rapid pulse

Heat stroke is a medical emergency so it requires immediate treatment. If the heat stroke is un treated it can quickly damage your brain, heart, kidneys and muscles. The damage worsens if the treatment is delayed for longer time, increasing your risk of serious complications or death.

PREVENTIVE STRATEGIES

The predominant area of heat generation is the core, which contains the superficial tissues, namely skin and subcutaneous tissue, from which that heat dissipates to the outer environment. This process is controlled by the peripheral vascular tone. The shell acts as an insulator when there is vasoconstriction and as an exchanger when it is vasodilated. In normothermia, the skin blood flow is 0.22-0.5 l per minute and increases to 7-8 l per minute in hyperthermia. Heat dissipation from the skin to the external environment is achieved by the physical cooling of the skin via radiation conduction and evaporation. If a person has a heat stroke, rapid cooling is required within 30 minutes. Rapid cooling can reduce the risk of mortality from more than 50% to less than 5%. Whenever you apply rapid cooling, immediately approach the medical assistant and continuously monitor the patient. If the patient begins to shiver, then stop the cooling.

WATER IMMERSION

Water immersion has been strongly recommended for the cooling of patients with heat stroke. Patients were immersed in ice water, and their skin was concomitantly massaged vigorously until the core temperature was decreased to 39 degrees Celsius.

ICE PACK APPLICATION

Cold ice packs are placed over the large vessels in the neck, axilla, and groin of patients with heatstroke. In the patient whose rectal temperature was increased by 2 degrees Celsius, local ice pack application resulted in a significantly slower cooling rate of 0.07 degreesCelsius per minute than total coverage with ice pack at 0.034 degrees Celsius per minute. The combination of local ice packs with evaporative yields a higher cooling rate than individual 0.036 degrees Celsius per minute.

INVASIVE COOLING TECHNIQUE

Iced peritoneal lavage and gastric lavage are two invasive cooling techniques that directly achieve the cooling of the internal organs by bypassing the shell. Peritoneal lavage is difficult to perform and requires a trained person, and a large volume of cold,sterile lavage fluid has to be readily available

Iced gastric lavage is a simple, invasive technique that does not require any special equipment.

PHARMACOLOGICALLY INDUCED COOLING

Dantrolene is a muscle relaxant that inhibits the release of calcium from the sarcoplasmic reticulum of smooth muscle to the cytosol, decreases the intracellular calcium concentration, reduces muscle metabolic activity, and, in turn, decreases heat production.

OTHER COOLING METHODS

Due to due to high evaporative properties of alcohol, alcohol sponge baths are used and cooling blankets for lowering body temperature. Alcohol sponge baths are avoided because it can cause to alcohol poisoning and, if it is absorbed through the skin.

Immediate Actions for Heatstroke

• Emergency medical care should be required for the person, so immediately call 911.

• Stay with the worker until emergency medical services arrive.

• Before the arrival of the EMT medical assistance, start first aid. The person needs to move out of the heat to a ventilating area or at least a cool, shaded area and remove unnecessary clothing. If possible, reduce the patient's core body temperature.

• Cool the person quickly, using the following methods;

• Immerse the patient in a shower or tub of cool water.

• The areas like the armpits, groin, neck, and back are rich with blood vessels close to the skin. Apply ice packs to these areas to cool them. This may reduce body temperature.

• Cover the person with cool, damp sheets.

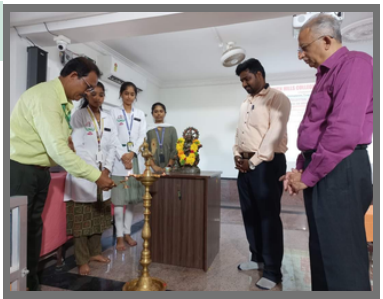
• If the person is conscious, provide chilled water, a sports drink containing electrolytes or another nonalcoholic beverage without caffeine.

• CPR can be performed if the person loses consciousness and shows no signs of circulation, such as breathing, coughing or movement.

• You can use an ice bath to help to cool the body. If the person was suffered exertional heat stroke heat stroke while exercising vigorously.

Conclusion

Heatstroke is a serious condition caused by overheating, usually from prolonged exposure to high temperatures or strenuous physical activity. It can lead to severe complications and even death if not treated promptly. Understanding the causes, symptoms, and treatment of heatstroke is crucial for preventing and managing this life-threatening condition. Stay safe in hot weather by keeping cool, staying hydrated, planning activities to avoid peak heat, and seeking medical help if heatstroke symptoms occur.



Intellectual property Rights in pharmacy

On 26th April 2024, One day National workshop on "Intellectual property Rights in pharmacy Academic benefits and startup management" conducted by SHCP, in association with IIC and and allinnov Research & Development Private limited, chennai,TamilNadu. On occasion of world intellectual property day. The guest discussed about IPR's in pharmaceuticals and he mentioned about patent are essential for protecting novel drug formulations, processes, technologies.The resource person discussed about the startup India program offers support for protecting IPR's including patents, trademarks and designs. Chief Guest: Dr. J. Surya kumar, chief executive Officer, SSIIE-TBI, SPMVV Tirupati.

Resource person: Mr. Vasanthkumar Sekar Director Sales & Operation, Allinnov R & D, India. Vence: Prof. K. Chinnaswamy, Auditorium, SHCP Campus.The workshop aimed to highlight the IPR role in driving Inovation and growthwithin pharmaceutical, sector and Initatives like start up India facilitate fast tracking of patent applications, allowing startups to realise the value of their IPR's promptly.

UNVEILING DENGUE FEVER: FROM TRANSMISSION TO TREATMENT

M.Sri Sathya Prasanna
III rd Pharm D

Y.Charishma
III rd Pharm D

Dengue fever, also known as breakbone fever, is an infectious tropical disease caused by the dengue virus and spread by mosquitoes. The four closely related serotypes of the genus Flavivirus that cause this reemerging viral epidemic are the dengue viruses. Humans acquire the infection after being bitten by a female Aedes mosquito carrying the virus, which frequently dwells near human habitations [1]. Symptoms usually starts from three to fourteen days after the infection. The dengue fever virus belongs to the genus Flavivirus and the family Flaviviridae. It is a single-stranded, positive-sense RNA virus [2]. The Aedes genus mosquito, in particular A. aegypti, serves as the primary vector for dengue virus transmission. Other Aedes species, including but not limited to Aedes albopictus, Aedes polynesiensis, and Aedes scutellaris, might also be potential vectors of the said disease [3].

Usually, the primary reservoir of infection is found in human sources, although sometimes it can be seen in other animals or in nonhuman primates. Furthermore, dengue is also spread through organ donation and the transfusion of infected blood products. The vertical transmission from mother to child may occur during or after pregnancy [4]. Only in the last 50 years has the occurrence of dengue illness increased by 30-percent. There are now 128 countries that have an endemic case of dengue fever [5]. The primary entry route to dengue is through an infected mosquito bite. This mostly occurs in areas where the disease is endemic, especially where the population is highly concentrated, the environment is unhygienic, and there is still water supporting the mosquito's breeding. Asthma, sickle cell anemia, and diabetes mellitus increase the risk of acquiring a severe form of the disease. Other risk factors for serious illness include a high body mass index and female sex [6][1].

CLINICAL FEATURES: -

A vast majority of cases are asymptomatic. Actually, they appear 3–14 days after the primary infection. high fever (40°C/104°F)

•severe headache •pain behind the eyes •muscle and joint pain •nausea •vomiting •swollen glands •rash.

The person infected for the second time has a greater chance of developing severe dengue. As the person develops immunity only to particular infected serotype, immunity to other three serotypes can be short as two months. The subsequent reinfections can be so much worse because of (ADE)Antibody dependent enhancement [1]. The pre-existing antibodies fail to neutralize the new serotypes instead the new virus antibody complexes enter the immune cells and replicate. And the secondary dengue causes severe symptoms and complications referred as severe dengue.

•severe abdominal pain. •persistent vomiting •rapid breathing •bleeding gums or nose •fatigue •restlessness •blood in vomit or stool •intense thirst •pale, cool skin •a weak feeling [7].

COMPLICATIONS: -

Pregnant ladies who are infected with dengue are more at risk than others, leading to miscarriage, early birth, and low birth weight [8].

DIAGNOSIS: -

Blood tests can confirm that someone has dengue. The NS1 antigen is detectable by ELISA during the first few days of illness, and nucleic acid amplification techniques represent the most sensitive diagnostic methods available [2].

VACCINE:

In 2016, Dengvaxia was introduced and recommended for the age group from 6 to 45 against all four serotypes of dengue. It is recommended for use only to prevent re-infection in people already infected.

In contrast, the second vaccine is Qdenga, which is recommended for adults, adolescents, and children up to four years old. It was launched in 2022 and administered subcutaneously in two doses, three months apart [1].

TREATMENT: -

•Acetaminophen (paracetamol) may be taken for mild pain or fever. Other pain medicines, such as aspirin, ibuprofen, and naproxen sodium, are other common pain medicines that should be avoided because they increase the risk of bleeding problems. Plenty of rest should be taken.

UGADI CELEBRATION

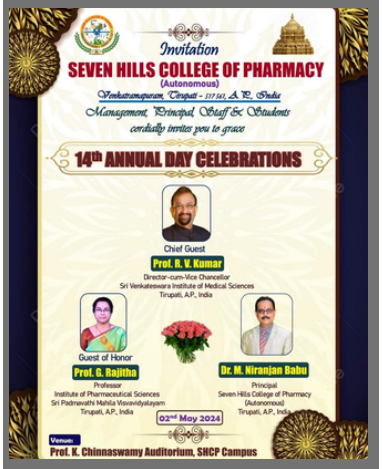
''Ugadi''also known as "Yugadi" marks the New Year's Day for Hindus in Andhra Pradesh, Telangana, Karnataka, and Goa. It falls on the first day of the Hindu lunisolar calendar month of Chaitra, typically in late March or early April. During Ugadi, people engage in various customs and rituals. Colorful patterns called "Muggulu" or "Rangoli" are drawn on the floor to welcome prosperity. "Torana" made of mango leaves, adorns doorways. People exchange new clothes and give charity to the poor.

CULTURAL CRAFTS CORNER :

Threads of tradition and unity". On April 27th 2024, the prof.k.chinnaswamy auditorium with in the serene campus of the seven hills collage of pharmacy (SHCP) in tirupati. A newsletter about a cultural fest can be a fantastic way to showcase the vibrate traditions, performances, and experiences of the event. Cultural fiesta 2024, in seven hills collage of pharmacy is thrilled to present the much-anticipated cultural festival, a vibrant celebration of creativity. Talent and tradition. This fest is aimed to bring the collage communities together to witness of the heights of students talent. For an auspicious occasion, join us for a special celebration, we heartly invite a honourble chief guest Dr.M.Uma Muddu Bala mam, principle of sri Venkateshwara music & Dance collage, Tirumala Tirupati Devasthanam,Tirupati.

For this event we invited to guest of honor " Dr.R.Narayana Charyulu sir, vice principle of NGSM institute of pharmacrutical sciences, Mangaluru, Karnataka. Special invites are Dr.S.Anagala Parameswari sir and DR. Nagasamy Venkatesh Dhandapani sir. "For this program led to esteemed covener of Dr.M.Niranjan Babu, principle of seven hills collage of pharmacy, Tirupati. And the patron of smt.M.sumalatha, correspondent seven hills collage of pharmacy, Tirupati. On this cultural fiesta we conduct some performances like Dancing, singing, Rangoli, Fashion parade, Food carnival. At the end of the compitation we ended the program by distributing the cash price

14TH ANNUAL DAY



Seven Hills College of Pharmacy (SHCP) marked its 14th Annual Day on May 2, 2024, with a vibrant celebration at the Prof. K. Chinna Swamy Auditorium on the SHCP campus.

The event aimed to commemorate the college's achievements and foster a sense of community among students, faculty, and guests. The celebration began with a welcome speech by the principal, who highlighted the milestones the college has achieved over the past year.

•Drinking of plenty of fruit juices helps in increasing the platelet count and fibrinogen in the body.

•Appropriate rest should be taken, to get relieve from the headache, joint pains, eye pain, fatigue. And fever.

•Fish, chicken, tofu, paneer, white beans…… should be taken because our body needs proteins for recovery and strength.

•Green vegetables such as capsicum, beans, asparagus, spinach should be taken because they contain folate which helps in the cell growth and division. In addition, broccoli, and sprouts which are rich in the vitamin k should be in taken which prevents bleeding and promotes clotting. It prevents the bleeding of gums and internal bleeding.

•Papaya apples and oranges which contains antioxidants, helps the body to recover faster and the papaya increases the fibrinogen levels.

•Drink plenty of water and stay hydrated, avoid beverages and caffeinated drinks….and avoid the foods which contains more amount of fats like butter, and bakery items…and avoid spicy food.

•Patients with milder illnesses who can drink, urinate, have no warning signs, and are otherwise in relatively good health can be monitored closely at home. It is advised to offer supportive care with bed rest, supplementation of fluids, and analgesics. Severe dengue is an emergency and can be life-threatening; therefore, the patient must be hospitalized to receive intensive treatment. Warning signs include monitoring for signs of dehydration, decreasing platelets, and increasing hemocrit. Treatment modalities include intravenous fluids and transfusions of platelets or plasma.

•Should monitor platelet count [9][10].

PREVENTION: -

•Reducing the risk can be done through measures such as

•fully covering clothing, mosquito netting, and/or applying the necessary insect repellent.

•Keeping your house air-conditioned, installing door and window screens, and emptying and cleaning regularly containers both indoors and outdoors that accumulate water—such as buckets, planters, pools, or even trashcans—are the ways you protect your house.

•The main measure of control would be source reduction: eliminating any open water sources or, if not possible, treating these with pesticides or biocontrol agents.

Extensive application of pyrethroid or organophosphate pesticides.

•Using of coils and vaporizers [11].

REFERENCE: -

1.Heilman, J. M., De Wolff, J., Beards, G. M., & Basden, B. J. (2014).
Dengue fever: a Wikipedia clinical review. Open medicine, 8(4), e105.

2.Khetarpal, N., & Khanna, I. (2016). Dengue fever: causes, complications,
and vaccine strategies. Journal of immunology research, 2016(1), 6803098.

3.Ratnam, I., Leder, K., Black, J., & Torresi, J. (2013). Dengue fever and international travel. Journal of travel medicine, 20(6), 384–393.

4.Wiwanitkit V. Unusual mode of transmission of dengue. J Infect Dev Ctries. 2009 Nov 30;4(1):51-4. doi: 10.3855/jidc.145. PMID: 20130380.

5.Umakanth, M., & Suganthan, N. (2020). Unusual manifestations of dengue fever: a review of expanded dengue syndrome. Cureus, 12(9).

6.Elaagip, A., Alsedig, K., Altahir, O., Ageep, T., Ahmed, A., Siam, H. A., ... & Abdel Hamid, M. M. (2020). Seroprevalence and associated risk factors of Dengue fever in Kassala state, eastern Sudan. PLoS Neglected Tropical Diseases, 14(12), e0008918.

7.Zhang, H., Zhou, Y. P., Peng, H. J., Zhang, X. H., Zhou, F. Y., Liu, Z. H., & Chen, X. G. (2014). Predictive symptoms and signs of severe dengue disease for patients with dengue fever: a meta-analysis BioMed Research International, 2014(1), 359308.

8.Basurko, C., Carles, G., Youssef, M., & Guindi, W. E. (2009). Maternal and fetal consequences of dengue fever during pregnancy. European Journal of Obstetrics & Gynecology and Reproductive Biology, 147(1),
29–32.

9.Rajapakse, S., Rodrigo, C., & Rajapakse, A. (2012). Treatment of dengue fever. Infection and Drug Resistance, 5, 103–112.

10.Wiwanitkit, V. (2010). Dengue fever: diagnosis and treatment. Expert review of anti-infective therapy, 8(7), 841-845.

11.World Health Organization. (1999). Prevention and control of dengue and dengue haemorrhagic fever (No. Regional Publication No. 29). WHO Regional Office for South-East Asia.

12.Chadwick, D., Arch, B., Wilder-Smith, A., & Paton, N. (2006). Distinguishing dengue fever from other infections on the basis of simple clinical and laboratory features: application of logistic regression analysis. Journal of Clinical Virology, 35(2), 147–153.

13.Deshwal, R., Qureshi, M. I., & Singh, R. (2015). Clinical and laboratory profile of dengue fever. J Assoc Physicians India, 63(12), 30-32.

14.Schwartz, E., Mendelson, E., & Sidi, Y. (1996). Dengue fever among travellers. The American journal of medicine, 101(5), 516–520.

15.Gubler, D. J. (2006, August). Dengue/dengue haemorrhagic fever: history and current status. In New treatment strategies for dengue and other flaviviral diseases: Novartis Foundation Symposium 277 (pp. 3–22), John Wiley & Sons, Ltd.

16.Guerdan, B. R. (2010). Dengue fever, or dengue haemorrhagic fever, American Journal of Clinical Medicine, 7(2), 51–53.

Understanding Dravet Syndrome: A Comprehensive Overview

Stephenia Joseph
Pharm D Intern

1. WHAT IS DRAVET SYNDROME?

Dravet syndrome is a rare and severe form of epilepsy that begins in infancy. It is characterized by frequent and prolonged seizures, often triggered by fever or illness. The condition is also associated with developmental and cognitive delays, as well as behavioral and movement disorders.

Children with Dravet syndrome initially show focal (confined to one area) or generalized (throughout the brain) convulsive seizures that start before 15 months of age (often before age one). These initial seizures are often prolonged and involve half of the body and may be followed by seizures that switch to the other side of the body. Other seizure types emerge after 12 months of age and can be quite varied. Status epilepticus a state of continuous seizure requiring emergency medical care may occur frequently, particularly in the first five years of life.

Children with the disorder typically have normal development in the first few years of life. As seizures increase, the pace of acquiring skills slows and children start to lag in development behind their peers.

2. CAUSES:

Most cases of Dravet syndrome are caused by mutation in the SCN1A gene, which is required for the proper function of brain cells. Dravet syndrome is a lifelong condition.

More than 80% of patients with Dravet syndrome have a mutation in the SCN1A gene (Rosander 2015), but not all SCN1A mutations lead to Dravet syndrome. DS is thought to be at the severe end of a spectrum of disorders associated with changes (mutations) in genes for the sodium ion channel. The sodium ion channel is a gated pore-like structure in the cell membrane that regulates the movement of sodium ions into and out of the cell, helping to propagate electrical signals along neurons. Sodium ion channels are critical components of any tissue requiring electrical signals including the brain and heart. In addition, it is considered a "channelopathy" because the effects of the mutation on the sodium channel appear to contribute to the disorder independently of the seizures.

Dravet syndrome can be inherited. It's an autosomal dominant disorder, which means you only need to get the changed (mutated) gene — the SCN1A gene — from one parent (Autosomal means the affected gene is on one of the 22 non sex chromosomes from either parent.) If you're a parent with the mutated (changed) gene, your child has a 50% chance of inheriting the defective gene.

But only between 4% and 10% of SCN1A mutations in children with Dravet syndrome are inherited from a parent. About 90% of SCN1A mutations aren't found in the child's parent and are new gene mutations only present in the child.

3. SYMPTOMS:

Symptoms can range from mild to severe. Seizures usually start in the first year of your child's life. The first seizure often happens with a fever. After the first seizure, additional seizures happen without a fever. The seizure may involve jerking muscle movements on one side of their body, Seizures last longer than five minutes, and Seizures happen every few weeks during infancy and early childhood and many different types of seizures happen.

Other common symptoms include:

· Problems with balance and coordination; unsteady walk (gait), crouched walk.
· Anxiety and Autistic behavior.
· Delayed language development and trouble speaking (slurred, slowed speech).
· Difficulties with learning at school, and behavior and emotional dysregulations.
· Growth and nutrition issues.
· Sleeping difficulties.
· Trouble regulating body temperature, heart rate and blood pressure (dysautonomia).

1. DIAGNOSIS:

Diagnosis is usually made based on a combination of clinical symptoms, medical history, and genetic testing.

Diagnosis is sometimes delayed, as magnetic resonance imaging (MRI) and electroencephalogram (EEG) results are usually normal at first.

The child's healthcare provider will conduct a clinical exam to look for the symptoms of Dravet syndrome. Specific information about child will be asked.

2.TREATMENT:

· There is no cure for Dravet syndrome, but treatment focuses on managing symptoms and improving quality of life.
· Anti seizure medications are typically prescribed to control seizures, although they may not be effective for all individuals.

A significant highlight of the evening was the dance performance by the students, which captivated the audience with its energy and creativity. The cultural fiesta not only showcased the talent within the student body but also emphasized the importance of extracurricular activities in the holistic development of students.

The chief guest for the event, Prof. G. Rajitha from the Institute of Pharmaceutical Science, Sri Padmavathi Mahila Visvavidyalayam, Tirupati, delivered an inspiring speech. Prof. Rajitha spoke about the evolving landscape of pharmaceutical education and the critical role that institutions like SHCP play in shaping future professionals. She commended the college for its dedication to academic excellence and student development.

An award ceremony followed, where students were recognized for their outstanding performances during the cultural fiesta.

These awards celebrated the hard work, dedication, and talent of the students, encouraging them to continue striving for excellence in all their endeavors.

Established in 2007 by the Global Vision Educational & Welfare Society, Seven Hills College of Pharmacy has grown into a premier institution specializing in pharmacy education. The college was founded by Shri M. Venkatrama Raju and Shri M. Niranjan Babu, both of whom are esteemed educationists. Their vision and dedication have been instrumental in the college's success and growth over the years.

· Other interventions may include dietary therapies (such as the ketogenic diet) and supportive therapies like Vagus nerve stimulation and Intravenous Immunoglobulin (IVIG) to address developmental and behavioral challenges.

Medications approved specifically to treat seizures associated with Dravet syndrome are: Stiripentol, Cannabidiol. Fenfluramine HCL. All three medications are approved for use in children two years of age or older. Carbamazepine, Oxcarbazepine, Lamotrigine, Vigabatrin and Phenytoin (should be avoided as a daily medication but may be useful in treatment of status epilepticus).

· First-line treatments: Clobazam and Valproic acid.

· Second-line treatments (added to first-line medications): Sitripentol and Topiramate

· Third-line treatments: Clonazepam Levetiracatam, Zonisamide and Ethusuximide.

REFERENCES:

1.https://rarediseases.org/rare-diseases/dravet-syndrome-spectrum/

2.https://my.clevelandclinic.org/health/diseases/22517-dravet-syndrome

3. A Practical Guide to the Treatment of Dravet Syndrome with Anti-Seizure Medication

Adam Strzelczyk1,2 and Susanne Schubert-Bast1,2,3

NEWLY APPROVED DRUGS IN 2024 BY US FDA

K. Susmitha
III rd Pharm D

VAFSEO (VADADUSTAT) :

VAFSEO is a hypoxia-inducible factor prolyl hydroxylase (HIF PH) inhibitor which is prescribed to individuals undergoing dialysis for a minimum of three months in order to cure anemia that is resulting from chronic kidney disease (CKD). VAFSEO is available in tablet form and the available doses are from 150mg to maximum of 600mg.At starting 300mg of dose is recommended once in a day as adult dose. The major adverse reactions of this drug include the Increased risk of death, myocardial infarction, stroke and venous thromboembolism, Hepatotoxicity, Hypertension, Seizures, Gastrointestinal erosion. VAFSEO should not be recommended in the patients who are not on dialysis, as it causes serious gastrointestinal erosion.

WINREVAIR (SOTATERCEPT-CSRK) :

WINREVAIR is an activin signalling inhibitor used for the treatment of pulmonary arterial hypertension (PAH, WHO Group 1) in adults to increase exercise capacity, and reduce the risk of clinical worsening events. WINREVAIR is an injection given starting dose as 0.3 mg/kg administered once every 3 weeks through subcutaneous route as per patient body weight. After verifying acceptable Hgb and platelet count, can be increase to the target dose of 0.7 mg/kg and Continue treatment every 3 weeks if dose adjustments does not required. If the dose is missed then administered as soon as possible or with in the 3 days. The adverse effects of this injection are Erythrocytosis, Severe Thrombocytopenia, Serious Bleeding, Embryo-Fetal Toxicity, Impaired Fertility.

ZELSUVMI (BERDAZIMER) :

ZELSUVMI is a topical gel which is a nitric oxide (NO) releasing agent indicated in the treatment of molluscum contagiosum (MC) in adults and pediatric patients 1 year of age and older.

Zelsuvmi is a combination of two gels presenting in two tubes, Tube A containing berdazimer gel and Tube B containing hydrogel. It should be mix together in equal amounts (0.5ml) of gel from Tube A and Tube B before application and applied to each MC lesion once in a day up to 12 weeks. The most commonly adverse reactions include as follows, application site reactions, including pain (such as burning or stinging sensations), erythema, pruritus, exfoliation, dermatitis, swelling, erosion, discoloration, vesicles, irritation, and infection.

EXBLIFEP (cefepime, enmetazobactam) :

EXBLIFEP is a combination of beta-lactamase inhibitor, enmetazobactam and a cephalosporin antibiotic, cefepime recommended for the treatment of individuals with complex urinary tract infections (CUTI) who are 18 years of age and older and also used in pyelonephritis brought on by specific germs that are vulnerable like Escherichia coli, Klebsiella pneumoniae, Pseudomonas aeruginosa, Proteus mirabilis, and Enterobacter cloacae complex. For patients eighteen years of age and above with an estimated glomerular filtration rate (eGFR) of 60 to 129ml/min, provide EXBLIFEP 2.5 grams (2 grams cefepime and 0.5 grams enmetazobactam) intravenously four times a day for seven to fourteen days. In renal impairment patients who are having glomerular filtration rate is <60 or >129ml/min then dose adjustments are necessary.

A significant highlight of the evening was the dance performance by the students, which captivated the audience with its energy and creativity. The cultural fiesta not only showcased the talent within the student body but also emphasized the importance of extracurricular activities in the holistic development of students.

The chief guest for the event, Prof. G. Rajitha from the Institute of Pharmaceutical Science, Sri Padmavathi Mahila Visvavidyalayam, Tirupati, delivered an inspiring speech. Prof. Rajitha spoke about the evolving landscape of pharmaceutical education and the critical role that institutions like SHCP play in shaping future professionals. She commended the college for its dedication to academic excellence and student development.

An award ceremony followed, where students were recognized for their outstanding performances during the cultural fiesta.

These awards celebrated the hard work, dedication, and talent of the students, encouraging them to continue striving for excellence in all their endeavors.

Established in 2007 by the Global Vision Educational & Welfare Society, Seven Hills College of Pharmacy has grown into a premier institution specializing in pharmacy education. The college was founded by Shri M. Venkatrama Raju and Shri M. Niranjan Babu, both of whom are esteemed educationists. Their vision and dedication have been instrumental in the college's success and growth over the years.

The Hypersensitivity Reactions, Neurotoxicity (disturbance of consciousness including confusion, hallucinations, stupor, and coma, aphasia, myoclonus, seizures, and nonconvulsive status epilepticus), Clostridioides difficile-associated Diarrhea are the most common side effects are reported.

LETYBO (LETIBOTULINUMTOXIN-WLBG) :

LETYBO, an acetylcholine release inhibitor and neuromuscular blocking medication used in adult patients with moderate-to-severe glabellar lines linked to corrugator and/or procerus muscle activity which may get brief relief from these lines. The entire suggested dosage of letybo for each treatment session is 20 units, which will be divided into five equal intramuscular injections of 4 units each (one injection in the procerus muscle and two injections in each corrugator muscle). Spread of Toxin Effects, Hypersensitivity Reactions, Cardiovascular System Adverse Reactions, Dysphagia and Dyspnea, Ophthalmic Adverse Reactions in Patients Treated for Glabellar Lines are some of the adverse effects of this medication.

TEVIMBRA (TISLELIZUMAB-JSGR) :

TEVIMBRA is a programmed death receptor-1 (PD-1) blocking antibody indicated in adult patients with unresectable or metastatic esophageal squamous cell carcinoma (ESCC) after prior systemic chemotherapy that did not include a PD-(L)1 inhibitor. 200mg dose of tevimbra is administered as intravenous infusion for every 3 weeks. At first infusion the dose administered for 60mins then subsequent infusions administered for over 30mins. The most common adverse reactions (≥ 20 %) with TEVIMBRA were: increased glucose, decreased hemoglobin, decreased lymphocytes, decreased sodium, decreased albumin, increased liver enzymes and musculoskeletal pain.

REZDIFFR (RESMETIROM)

For the treatment of adults with noncirrhotic nonalcoholic steatohepatitis (NASH) and moderate to advanced liver fibrosis (corresponding with stages F2 to F3 fibrosis), REZDIFFRA is recommended in addition to diet and exercise. Based on actual body weight, the suggested dosage for REZDIFFRA is determined. The suggested dosage for patients who weigh less than 100 kg is 80 mg taken orally one day and if you weigh more than 100 kg, you should take 100 mg once a day by mouth. The most frequent side events associated with REZDIFFRA (reported in at least 5% of patients) are diarrhea, nausea, pruritus, vomiting, constipation, abdominal discomfort, and light headedness.

TRYVIOTM (aprocitentan)

In adult patients who are not appropriately treated for hypertension,the endothelin receptor antagonist TRYVIO is recommended for use in combination with other antihypertensive medications to reduce blood pressure. Regulated while using other medicines. Cardiovascular events, including strokes and myocardial infarctions, are less likely to be deadly when blood pressure is lowered. THE TRYVIOTM is recommended with the dose of 12.5mg once in a day orally. If the dose is missed, skip the missed dose and do not take double dose in a day. The significant adverse effects include are Embryo-fetal toxicity, Hepatotoxicity, Fluid retention, Hemoglobin decrease, Decreased sperm counts.

DUVYZAT (givinostat)

The histone deacetylase inhibitor DUVYZAT is prescribed for the treatment of Duchenne muscular dystrophy (DMD) in patients six years of age and older. The recommended dosage of DUVYZAT is based on body weight and administered orally twice daily with food. Prior to starting DUVYZAT, get baseline triglycerides and platelet counts and assess them. If a patient's platelet count is less than 150 x 109/L, do not start DUVYZAT. Monitor triglycerides and platelet counts through out the treatment to determine whether the dose adjustment is needed or not. If a dose is missed, should not take extra dose. Hematological Changes, Increased Triglycerides, Gastrointestinal Disturbances, QTc Prolongation are the significant adverse effects of DUVYZAT.

ZEVTERA (ceftobiprole medocaril sodium for injection)

ZEVTERA is a cephalosporin antibacterial indicated for the treatment in adults with Staphylococcus aureus bloodstream infections (bacteremia) (SAB), including those with right-sided infective endocarditis, acute bacterial skin and skin structure infections (ABSSSI) and in patients with community-cquired bacterial pneumonia (CABP) from the age of 3months old to below 18 years old. Adult patients receive treatment for a maximum of 42 days for SAB and 5 to 14 days for ABSSSI and CABP. Give each prepared ZEVTERA intravenous infusion solution over the course of two hours at a dose of 2.67 mg/ml. For pediatric patients, the course of treatment for CABP is seven to fourteen days. Give each prepared ZEVTERA intravenous infusion solution to patients over the course of two hours at a dose of 2.67 mg/mL for patients aged 12 to under 18years, and 5.33 mg/mL for patients aged 3 months to under 12 years old. Anemia, hypokalemia, elevated hepatic enzyme and bilirubin, and blood were the most frequent adverse events that occurred in ≥ 4% of adult patients. In ABSSSI the most frequent adverse effects that affected ≥ 2% of patients were headache, injection site response, elevated hepatic enzyme, rash, vomiting, and dysgeusia. In CABP, Adults may experience Nausea,elevated hepatic enzyme, headache, rash, sleeplessness, abdominal pain, phlebitis, hypertension, and dizziness were the most frequent side events, occurring in ≥ 2%

World No Tobacco Day 2024

Greetings from Seven Hills College of Pharmacy (Autonomous), Tirupati!

We are pleased to announce an upcoming Awareness Programme on World No Tobacco Day 2024, focusing on the theme of "Protecting children from tobacco industry interference." This event is organized by the NSS Unit at SHCP and will be held on 31st May 2024 at the Prof. K. Chinna Swamy Auditorium on our campus.

Key Details:

- Date: 31st May 2024
- Venue: Prof. K. Chinna Swamy Auditorium, SHCP Campus

Distinguished Speakers:

- Chief Guest: Dr. Sirisha Rao M, Associate Professor, Department of Public Health Dentistry, C.K.S. Theja Institute of Dental Sciences & Research, Tirupati, Andhra Pradesh
- Special Invitee: Mr. Hemanth Kumar, TATA Cancer Research Institute, Tirupati

Purpose and Focus: The programme aims to raise awareness about the detrimental effects of tobacco and the critical need to shield our children from undue influence by the tobacco industry. We invite all faculty, students, and community members to join us for this important initiative.

Regards,
Dr. M. Niranjan Babu
Principal, Seven Hills College of Pharmacy (Autonomous), Tirupati

2ndGraduation Day ceremony

Greetings from Seven Hills College of Pharmacy (Autonomous), Tirupati!

We are delighted to announce our upcoming 2nd Graduation Day ceremony to honor the achievements of our 2020 admitted B.Pharmacy and 2021 admitted M.Pharmacy graduates. This special event will take place with great pride and enthusiasm.

Key Details:

Date: 21/06/2024

Venue: Prof.K.Chinna Swammy Aditorium

Distinguished Chief Guest:

We are honored to welcome Prof. P. Ramana Reddy, from the ECE Department at College of Engineering, JNTUA Ananthapuramu, as our esteemed Chief Guest.

Highlighting Excellence:

The ceremony will include the distribution of Gold Medals and Smt. Mudduluru Jayalakshmi Memorial Awards to students who have demonstrated outstanding academic excellence in various categories

Purpose and Celebration:

This event serves as a testament to the hard work and dedication of our graduates and underscores our commitment to nurturing academic excellence.

Best Regards,

Dr. M. Niranjan Babu

Principal, Seven Hills College of Pharmacy (Autonomous), Tirupati

of adult patients and Pediatrics with adverse effects that affected ≥ 2% included diarrhea, vomiting, headaches, elevated liver enzymes.LUMISIGHT (pegulicianine)

As a supplement to the intraoperative detection of cancerous tissue within the resection cavity after the primary specimen is removed during lumpectomy surgery, LUMISIGHT is indicated for fluorescence imaging in adults with breast cancer. LUMISIGHT is administered intravenously over a period of 3 minutes with the suggested dose of 1mg/kg body weight, two to six hours prior to the imaging. Anaphylaxis and other hypersensitivity reactions are the adverse effects of this drug.

ANKTIVA (nogapendekin alfa inbakicept-pmln)

ANKTIVA is combined with BCG used in treatment of adult patients diagnosed with BCG-unresponsive nonmuscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) and/or papillary tumors. As induction dose, For six weeks, an intravenous dose of 400 mcg of ANKTIVA along with BCG is advised. If by month three, a complete response is not obtained, a second induction session might be given. As maintenance dose, 400 mcg given intravenously once every three weeks at months 4, 7, 10, 13, and 19. In patients who continue to respond completely at month 25 and beyond, further maintenance instillations with BCG may be given once a week for three weeks at months 25, 31, and 37. Adverse effects include elevated creatinine, dysuria, hematuria, frequency of urination, urgency of micturition, urinary tract infection, elevated potassium, musculoskeletal discomfort, chills, and pyrexia.

SOFDRA (sofpironium)

An anticholinergic called SOFDRA is used to treat primary axillary hyperhidrosis in adults and children nine years of age and up. Apply 1 pump of SOFDRA per underarm once a day at bedtime. One full pump delivers 72 mg sofpironium in 0.67 mL of gel. Most common adverse reactions of this gel includes (incidence ≥2%) are dry mouth, vision blurred, application site pain, application site erythema, mydriasis, application site dermatitis, application site pruritus, urinary retention, and application site irritation.

IQIRVO (elafibranor)

In adults who have not responded well to ursodeoxycholic acid (UDCA), IQIRVO is recommended as a monotherapy or in patients who are not able to tolerate UDCA for the treatment of primary biliary cholangitis (PBC). IQIRVO should be taken orally once daily at a dosage of 80 mg, with or without meals. Myalgia, Myopathy, and Rhabdomyolysis, Fractures, Drug-Induced Liver Injury, Hypersensitivity Reactions.

RYTELO (imetelstat)

Adult patients with transfusion-dependent anemia requiring four or more red blood cell units over the course of eight weeks who have low- to intermediate-risk myelodysplastic syndromes (MDS) and who have not responded to, lost response to, or are ineligible for erythropoiesis stimulating agents (ESA) may be treated with RYTELO. Every four weeks, an intravenous infusion of 7.1 mg/kg of RYTELO is delivered over a two-hour period. After a patient has received treatment for 24 weeks, stop giving them RYTELO if they do not see a reduction in the number of red blood cell transfusions. To avoid or lessen any infusion-related problems, give 25 mg to 50 mg of diphenhydramine and 100 mg to 200 mg of hydrocortisone, administered intravenously or orally at least 30 minutes before giving the RYTELO. The adverse effects includes Thrombocytopenia, Neutropenia, Infusion-Related Reactions.

IMDELLTRA (tarlatamab-dlle)

IMDELLTRA is recommended for the treatment in adult patients with extensive stage small-cell lung cancer (ES-SCLC), with disease progression occurring during or following platinum-based chemotherapy. Cytokine Release Syndrome (CRS), Neurologic Toxicity Including ICANS, Cytopenias, Infections, Hepatotoxicity, Hypersensitivity are the most severe adverse effects.

XOLREMDI (mavorixafor)

XOLREMDI is a CXC chemokine receptor 4 antagonist, recommended to boost the quantity of mature lymphocytes and neutrophils in circulation in patients 12 years ofage and older with WHIM syndrome (warts, hypogammaglobulinemia, infections, and myelokathexis). The dose of XOLREMDI is recommended based on the body weight, if weight more than 50 kg then 400 mg of drug and if a weight less than 50kg then 300mg of drug is given once daily through orally. Lower the daily dose of XOLREMDI to 200 mg when taking potent CYP3A4 inhibitors at the same time. QTc interval prolongation, thrombocytopenia, pityriasis, rash, rhinitis, epistaxis, vomiting, and dizziness are the most common side effects.

OJEMDA (tovorafenib)

OJEMDA, kinase inhibitor given in patients 6 months of age and older with relapsed or refractory juvenile low grade glioma (LGG) with a BRAF fusion or rearrangement, or a BRAF V600 mutations. Based on body surface area (BSA), the recommended dosage of OJEMDA is 380 mg/m2 orally once weekly (with a maximum suggested dosage of 600 mg orally once weekly). any way around food. Hemorrhage, Skin Toxicity Including Photosensitivity, Hepatotoxicity, Effect on Growth are the most common side effects.

DRUGS WITHDRAWAL BY FDA IN 2024

N. Vandan
III rd Pharm D

PHENYLPROPANOLAMINE

It is used to relieve nasal congestion and it is with drawn from the market due to its association with the increased risk of hemorrhagic stroke.

POTASSIUM CHLORIDE

It is used to treat or prevent low amounts of potassium in the blood. These were recalled due to failed dissolution tests [FDA].

ATOVAQUONE

It is used to prevent and treat pneumocystis jiroveci pneumonia [PCP] and it is with drawn from the market due to potential contamination on manufacturing equipment.

METHOCARBAMOL INJECTION

It is used to relieve the discomfort caused by acute[short-term], painful muscle or bone conditions. Due to presence of white particles in the solution.

VANCOMYCIN HYDROCHLORIDE

It is used to treat colitis that may occur after antibiotic treatment. Some bottles were found to be super potent, posing a risk of overdose.

ARIPIPRAZOLE

It is used to manage and treat schizophrenia. Due to cross -contamination issues on manufacturing equipment.

PEPAXTO

It is used to treat multiple myeloma, was withdrawn because a confirmatory study did not verify its clinical benefit, and it was determined not be safe or effective under its conditions of use [FDA].

MAKENA

This drug approved to reduce the risk of preterm birth, was withdrawn after post-marketing study failed to confirm its clinical benefit, and the FDA determined that the benefits did not outweigh the risks [FDA].

DOCETAXEL INJECTION

It is used to treat many types of can cancers like breast cancer, stomach cancer, head and neck cancer and neck cancer, lung cancer, and prostate cancer.

DIETARY SUPPLEMENTS

Numerous supplements , including those branded as forever men and sustain ,were recalled for being tainted with undeclared ingredients like sildenafil ,tadalafil, and nortadalafil [FDA].

ZANTAC

It is used to treat or relieve heart burn, acid indigestion ,GERD and gastric ulcers. Due to presence of NDMA, a probable human carcinogen, detected in the drug [FDA].

CEFAZOLIN

It is used to treat bacterial infections in many different parts of the body. Due to sterility issues, which posed a risk of infections of the patients[FDA].

Adverse Drug Reaction Reported From April to June 2024

S.NO	DEPARTMENT	ADVERSE DRUG REACTION	REPORTED BY
1	NEPHROLOGY	AMLODIPINE INDUCED SWELLING	BHARATHI
2	ENDOCRINOLOGY	SITAGLIPTINE INDUCED DIZZINESS	ANUSHA
3	CT SURGERY	CLOPIDOGREL INDUCED BREATHLESSNESS	BHARATHI
4	EMD	IRON INDUCED LIVER DISEASE, HEPATIC ENCEPHALOPATHY	BHARATHI
5	MEDICAL ONCOLOGY	DASATINIB INDUCED PLEURAL EFFUSION	HAMEDUNNISA
6	NEUROLOGY	STEROIDS INDUCED CUSHINGS SYNDROME	HAMEDUNNISA
7	NEUROLOGY	VALPROATE INDUCED SEVERE DROWSINESS	HAMEDUNNISA
8	OBG	CEFIXIME - DRUG INDUCED LOOSE STOOLS	MUNVAR BABA
9	GEN MEDICINE	ANALGESICS AND STEROIDS INDUCED CUSHINGS SYNDROME	HAMEDUNNISA
10	GEN SURGERY	RADIATION THERAPY INDUCED PROCTITIS	JASMITHA
11	GEN MEDICINE	PHENYTOIN INDUCED RASHES	RUPALATHA
12	PSYCHIATRY	CLONAZEPAM INDUCED INCREASED SALIVATION	SANDHYA
13	NEUROLOGY	CYCLOPHPOSPHAMIDE INDUCED VOMITINGS, ABDOMINAL PAIN AND DIFFICULTYBIN SWALLOWING	HAMEDUNNISA
14	GEN SURGERY	CEPHALOSPORINS INDUCED TEN TOXIC EPIDERMAL NECROLYSIS	JASMITHA
15	ENDOCRINOLOGY	AMIODARONE INDUCED HYPOTHYROIDISM	SHAMITHA

International Yoga Day celebrations 2024

Greetings from Seven Hills College of Pharmacy (Autonomous), Tirupati!

We are thrilled to announce our upcoming celebrations for International Yoga Day 2024. This event promises to be an enriching experience for all participants as we embrace the profound benefits of yoga.

Key Details:

Date: 21st June 2024

Venue: Prof.K.Chinna Swammy Aditorium

Activities Planned:

Join us for a day of rejuvenation and mindfulness through various yoga sessions and workshops led by experienced instructors. Participants will have the opportunity to explore different yoga techniques aimed at promoting physical, mental, and emotional well-being.

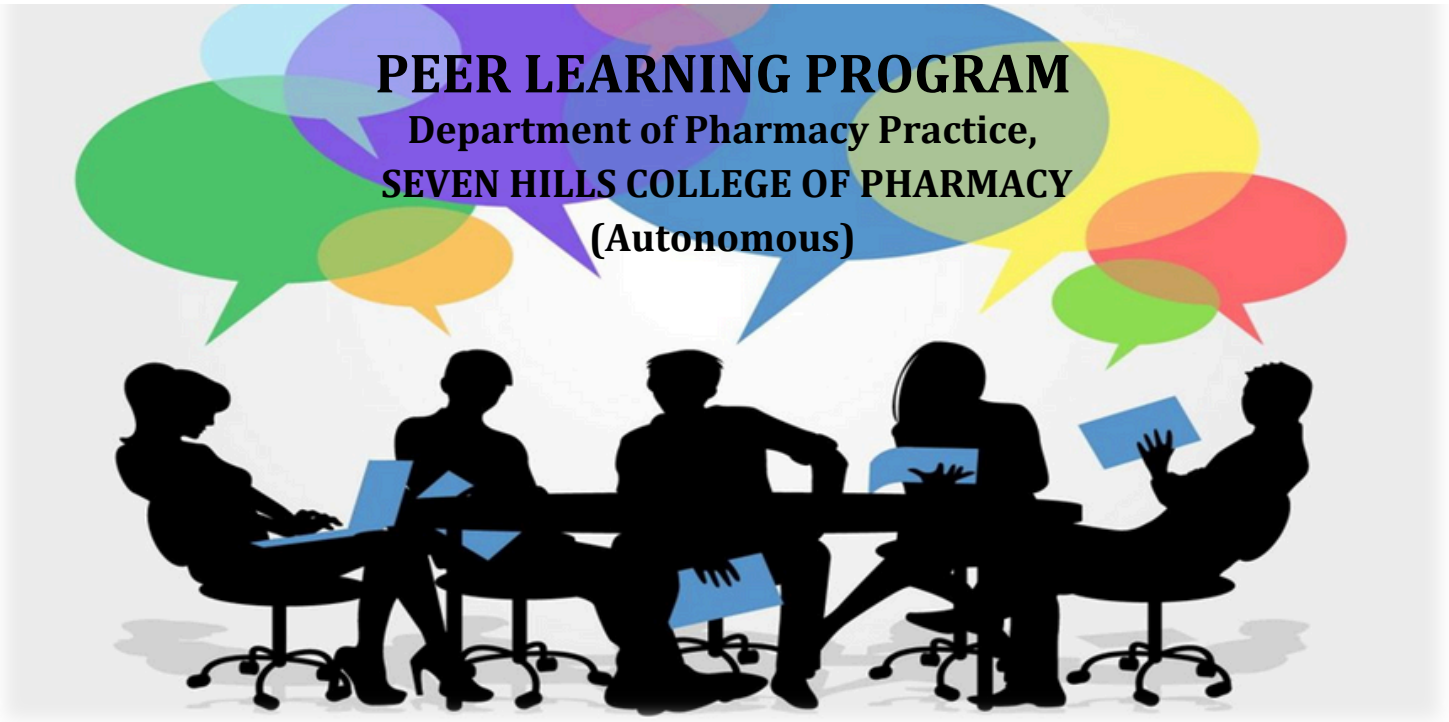
Purpose and Importance:

International Yoga Day highlights the transformative power of yoga in fostering harmony and peace within oneself and the community. It serves as a reminder of the ancient practice's universal appeal and its relevance in modern times.

Best Regards,

Dr. M. Niranjan Babu

Principal, Seven Hills College of Pharmacy (Autonomous), Tirupati



We are pleased to formally announce the forthcoming launch of our peer learning program within the Department of Pharmacy Practice from 31/07/2024 every Wednesday. These sessions will offer a distinguished platform for the exchange of the latest medical advancements and best practices. Participants will have the opportunity to refine their clinical skills, critical thinking, and teamwork through structured discussions and case studies. This initiative is intended to advance patient care, foster professional development, and ensure that all participants remain informed about current research and treatment modalities. We encourage your active participation in these valuable learning opportunities.

Address: Venkatramapuram (Via) Tanapalli,
Tirupati, Chittoor - 517561
Andhra Pradesh (India) Phone: 7702484511
,7702484513 ,9440729490 Fax: 08577-281560

Email: shcp7@yahoo.com
VISITOR COUNTER
Web Counter
CONNECT WITH US
feedback@shcpfeedback@gmail.com