



MEDICINE INFORMATION NEWSLETTER

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"All who drink of this remedy recover in a short time, except those whom it does not help, who will die. Therefore, it is obvious that it fails only in incurable cases."

Galen 130-200



EDITORS' DESK

ZIKA virus threat is escalating and the outbreak is reported in many parts of the world. Zika virus is an emerging mosquito borne virus which was first isolated from rhesus monkey in Uganda in 1947. Though identified in humans in 1952, till recent outbreak of it in Brazil it was almost unknown. Zika virus can cause microcephaly (a neurological birth defect) in new born baby (relationship is not completely established), congenital neurological anomalies and an increased frequency of Guillain-Barré syndrome. Being a threat to global health, it is essential to promote strategies to prevent, detect and respond to zika virus. India too stepped up its plan to tackle the challenges in case of an outbreak. The Ministry of Health and Family Welfare has started operation of 24X7 control room for

providing information. Its travel advisory note advises people to defer or avoid non-essential travel to the affected areas. The international airports are alerted. While no specific treatment or vaccine is available at this time, the report of first vaccine being developed in India provides hope for the millions. As it transmits through mosquitoes like Dengue and Chikungunya, mosquito control remains a priority strategy. You would find interesting information under Do and Don't given in a separate page.

The current issue also focuses with usual features: courses, conferences, alerts. It lists the problematic medicines used in gastroenterology. Hope you would find this issue interesting and we welcome your feedback for improving further.

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FEATURE ARTICLE:

INJECTABLE CONTRACEPTIVE (DEPOT DMPA)

The Government of India proposes to introduce Injectable Contraceptive into the National Family Planning Programme. This is a sustained release or depot preparation of Medroxyprogesterone acetate (DMPA) intended for injection once in every three months. The injection is to be given either intramuscularly or subcutaneously depending upon the preparation.

The injectable contraceptive DMPA is known to be effective and eliminate the need of daily administration.

Common side effects are: Amenorrhoea, weight gain, decrease in mineral

Because of risks of loss of bone mineral density, it is advisable to discontinue their use after two years unless the consulting gynaecologist advises continuation beyond this period.

irregular bleeding, headache, and bone density.

The return of fertility can be delayed for 6 to 12 months after the last injection.

Injectable Polio Vaccine in Routine Immunization:

The Government of India has launched Injectable Inactivated Polio Vaccine (IPV) to prevent re-emergence of polio. This will be introduced in the ongoing Universal Immunisation Programme (UIP) simultaneously with the existing Oral Polio Vaccine (OPV). In the first phase, the injection will be introduced in six states: Assam, Bihar, Uttar Pradesh, Gujarat, Madhya Pradesh and Punjab.

The main aim behind this ambitious programme is to strengthen the children's immune system and to provide double protection against polio. IPV injection will be given to children below one year of age along with the third dose of the Oral Polio Vaccine, at about 3 ½ months in addition to the existing doses of OPV.

This vaccine is available free of cost. Until polio is eradicated globally, OPV is still the main preventive measure against polio. Thus, IPV is recommended in addition to OPV and does not replace OPV. According to WHO data, the IPV can be administered in combination with other vaccines (e.g. diphtheria, tetanus, pertussis, hepatitis B, and haemophilus influenza).

IPV is administered by intramuscular (IM) injection that is safe and very well-tolerated. Severe adverse reactions are rare. Redness, swelling and soreness might appear in some cases but eventually subsides; fever may happen in some cases.

[http://www.nhp.gov.in/Launch-of-Inactivated-Polio-Vaccine%28IPV%29_pg]

COURSES

MSc in Public Policy and Global Health at School of Medicine, Pharmacy and Health at Durham University: The course is intended for individuals wishing to pursue a career in public health management, policy development, research or advocacy. The programme offers critical understanding of the complexities and interrelatedness of health-related policy, health inequalities, the wider social determinants of health, health systems, the types and use of evidence in policy and practice, and leadership and governance for health improvement. It will assist you to develop, critique and/or implement public policies and projects related to health and health improvement. Applications are now invited for admission into 2016-2017 and more details can be accessed at: <https://www.dur.ac.uk/school.health/pg/taught/publicpolicyhealth/>

The Joanna Briggs Institute Developing Countries Clinical Fellowships 2016: The Joanna Briggs Institute Clinical Fellowship Program offers participants an opportunity to learn how to: Develop and engage in processes to further develop their leadership skills and strengths; Discuss and describe the effectiveness of current approaches to the implementation of evidence based practice; Critique current evidence implementation strategies; - Act as an agent of change, conduct clinical audits and develop and implement strategies to implement evidence based practice; and Preparation of a publication and submission to a peer reviewed journal. The fellowship is available for health professionals working in developing countries. More details are available: <http://joannabriggs.org/developing-country-clinical-fellowships.html>

Global Health and Infectious Diseases Courses at London: London School of Hygiene & Tropical Medicine conducts several courses in various disciplines of public health and infectious diseases at London and on distance learning model. Scholarship for overseas candidates is also available. More details are available at: http://www.lshtm.ac.uk/study/funding/index.html?utm_source=GI&utm_medium=email-January&utm_campaign=GI%20Media

MEDICINES TO AVOID [PRESCRIBE: 1 FEBRUARY 2016]

Rev Prescire, an independent medicine information resource, identified some drugs are more dangerous than beneficial.

Gastroenterology:

Domperidone and Droperidol: They are neuroleptics and can cause ventricular arrhythmias and sudden death which are disproportionate to the symptoms and their weak efficacy against nausea and vomiting. Domperidone has poor efficacy against gastro-oesophageal reflux. Antacids and omeprazole have a much better harm-benefit balance in gastro-oesophageal reflux disease. In the rare situations in which treatment with an antiemetic neuroleptic appears justified, it is preferable to use metoclopramide, very carefully, at the lowest possible dose and for the shortest possible period.

Prucalopride: This neuroleptic is authorized for chronic constipation but with modest efficacy (one in six patients). Its adverse effect profile is poorly documented particularly with respect to cardiovascular disorders (palpitations, ischemic cardiovascular events, possible QT prolongation) and teratogenicity. There is no justification for exposing patients with simple constipations to such risks. If dietary measures are ineffective, then bulk-forming laxatives, osmotic laxatives or, very occasionally other laxatives (lubricants, stimulants or rectal preparations) are safer than Prucalopride.

PROBIOTICS IN ANTIBIOTIC ASSOCIATED DIARRHOEA

The recent Cochrane review suggests that the probiotics may be effective in preventing diarrhea in children caused by antibiotics. Antibiotics' use disturb the natural balance of "good" and "bad" bacteria in the intestinal tract, causing harmful bacteria to multiply beyond their normal numbers. This causes diarrhoea and is known as antibiotic associated diarrhoea. The symptoms include frequent watery bowel movements and crampy abdominal pain.

Probiotics are found in dietary supplements or yogurts and contain potentially beneficial

bacteria or yeast. Probiotics may restore the natural balance of bacteria in the intestinal tract. *Lactobacillus rhamnosus* or *Saccharomyces boulardii* at a dosage of 5 to 40 billion colony forming units per day may be appropriate for preventing this type of diarrhoea. However, probiotic use should be avoided in pediatric populations at risk for side effects including severely debilitated or immuno-compromised children.

[Cochrane, 14 January 2016]

WEBSITES OF INTEREST

<http://www.indianamericanpharmacist.com/>.

This website is managed by The Indian American Pharmacist, a non-profit organisation. The organization aims to promote the optimal medication use that improves health, wellness and quality of life. It provides opportunity to PharmD students to avail free book loaner library with books like American textbooks of Applied Therapeutics and Drug Facts and Comparison. The interested students may register in the website to avail the benefit.

E-drug: E-drug is an international email based discussion forum established to promote the concept of essential drugs. Unlike many other discussion groups, E-drug is moderated. The moderation is done to ensure quality and filter unwanted messages. Anyone is free to subscribe to E-drug and to contribute to the discussions. To subscribe one needs to send an e-mail to:

e-drug-join@healthnet.org .
The archives can be accessed at

<http://lists.healthnet.org/archive/html/e-drug/>

Fixed Dose Combinations Banned

The Government of India has just prohibited 344 Fixed Dose Combinations of Drugs for Human Use vide gazette notification on 10.3.2016. They are likely to cause risk to human beings and safer alternatives are available. The physicians and the patients should take note of this notification. The list is available at <http://drugscontrol.org/pdf/SO%20705%20%28E%29%20to%201048%20%28E%29%20dtd%2010.3.16.pdf>.

ZIKA VIRUS DISEASE

Key Facts:

- Zika virus disease is caused by a virus transmitted by Aedes mosquitoes.
- People with Zika virus disease usually have symptoms (after an exposure of few days) that can include mild fever, skin rashes, conjunctivitis, muscle and joint pain, malaise or headache. These symptoms normally last for 2-7 days.
- There is no specific treatment or vaccine currently available.
- The best form of prevention is protection against mosquito bites.
- The virus is known to circulate in Africa, the Americas, Asia and the Pacific.

Do's:

For preventing/ controlling mosquito breeding

Cover all water tanks and containers with tight lids.

- Dispose & destroy all unused containers, junk materials, tyres, coconut shells etc.
- Empty, scrub & dry desert coolers every week before refilling.
- Use larvivorous fish in ornamental tanks at houses and hotels
- Observe weekly dry day- empty and scrub all containers holding water for a week like bird bath, flower vase, ant-trappers etc

For Personal Protection

- Use bed-net at home and hospital during Dengue/ Zika Virus fever to prevent mosquito bite so as to interrupt transmission.
- To avoid mosquito bite during day time wear full sleeved clothing and apply mosquito repellent.

For managing fever

Use paracetamol for fever.

Don'ts

- Don't allow water to stagnate in and around your house in coolers, buckets barrels, flower pots, bird baths, freeze trays, coconut shells etc.
- Don't throw broken utensils, unused bottles, tins, old tyres and other junk materials here and there as Aedes mosquitoes breed in these objects during rainy season.
- Don't use Aspirin to treat fever.
- There is no specific medicine for Zika Virus disease. Self-medication should be avoided, consult your doctor



24X7 Control Room Numbers:
011- 23061469 / 23063205

WHO Pocketbook for Hospital Care for Children:

The WHO has released the android version of the “WHO e-Pocketbook for hospital care for children.” It can be downloaded for free from either the Apple or Google play store using the following links:

1) Android phones: <https://play.google.com/store/apps/details?id=au.org.rch.hospitalCareForChildren>

2) iTunes, iPhone and iPads: <http://appshopper.com/medical/who-e-pocketbook-of-hospital-care-for-children>

This is the electronic version of the widely used pocket book of Hospital Care for Children (Blue Pocketbook). The guidelines focus on the management of major causes of childhood mortality, including Neonatal illness, Pneumonia and other breathing problems, Diarrhoea, Fever, Severe acute malnutrition, HIV/AIDS, Surgical problems etc.

[Pharmabridge Club]

ALERT:

Proton Pump Inhibitors' Use Linked to Kidney Disease:

A recent research report published in prestigious JAMA Internal Medicine cautioned that the proton pump inhibitors (PPIs) appear to significantly elevate the chances of developing chronic kidney disease. Earlier it has already been reported that the use of these drugs increase the risk of variety of problems including bone fractures, infections

and possibly even heart problems. The PPIs are popular medicines for heartburn, indigestion and acid reflux. Health professionals and the consumers are advised to use them only when needed.

Piperacillin and Tazobactam Fixed Dose Combination linked to Hypokalaemia and Bronchospasm:

Finding strong association between

these two adverse effects and use of Piperacillin and Tazobactam combination, the Drugs Controller General of India instructed to mention of these two adverse effects in package inserts as well as in other promotional literatures. The health professionals should take note of it and be watchful while prescribing this FDC.

CONFERENCES:

76th FIP World Congress of Pharmacy and Pharmaceutical Sciences 2016 is scheduled at Buenos Aires, Argentina during 28 August - 1 September 2016. The theme of the conference is 'Rising to the challenge: reducing the global burden of disease'. Abstracts for review need to be submitted before: 1 April 2016.

The more details can be accessed at: <http://buenosaires2016.fip.org/>

ISPOR 19th Annual Congress is scheduled during 29th October to 2nd November 2016 at Vienna, Austria. ISPOR is recognized globally as the leading scientific and educational organization for outcomes research and its use in health care decisions. The abstract submission opens on 21st March 2016 and closes on 21st June 2016. The more details can be seen at

<http://www.ispor.org/Event/Index/2016Vienna>

DISCLAIMER

The Newsletter intends to provide updated and reliable information on medicines and other related issues in an attempt to equip healthcare professionals to take informed decision in recommending medicines to the patients. However, they are encouraged to validate the contents. None of the people associated with the publication of the Newsletter nor the University shall be responsible for any liability for any damage incurred as a result of use of contents of this publication. The brand names of medicines, if mentioned, are for illustration only and the Newsletter does not endorse them.