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(ACCREDITED WITH "A" GRADE BY NAAC)
DEPARTMENT OF PHARMACY



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IN THIS ISSUE

Editors' Desk	1	Alert	3
Quote	1	Medicines to Avoid	3
Clopidogrel	2	Training	3
Conferences	2	News	4
Website of Interest	2	Resources	4

Editors' Desk

21st June 2016 is all set to observe the Second International Day of Yoga (IDY). International Yoga Day aims to raise the awareness worldwide on the various benefits of Yoga. Though Yoga has gained global popularity as a form of exercise with general life-style benefits, one of the recent studies have shown moderate quality evidence that yoga exercise reduces the impact of asthma on people's quality of life. However, Cochrane review conservatively observed the uncertainty on the effects of yoga on lung function and use of asthma medication.

Maharishi Patanjali has been recognized as "Father of Yoga" and there have been many spiritual Yogis beginning with Adi Shankaracharya Vivekananda Swami who had through their exemplary work promoted the benefits of practicing Yoga, though an ancient physical, mental and spiritual practice of our country, the resolution in United

Nation Assembly in 2014 adopting to celebrate International Day of Yoga worldwide gave the final recognition. "By Proclaiming 21st June as IDY, the UN General Assembly has recognized the holistic benefits of this timeless practice and its inherent compatibility with the principles and values of UN", observed Ban Ki Moon, Secretary General.

As physical inactivity is found to be the one of the ten leading causes of death worldwide, practicing Yoga would perhaps provide some solutions.

The entire editorial team acknowledges the encouragement and support of our Former Head, Dr. K. Kannan, retired on superannuation. We wish him continuing healthy and productive life.

In addition to the usual features: courses, conferences, alerts, the current issue focuses on clopidogrel and problematic analgesics. Hope you would find this issue interesting and we welcome your feedback for improving further.

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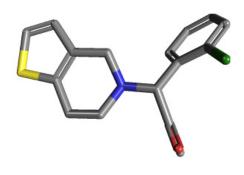
Quote

I firmly believe that if the whole of the materia medica, as now used, could be sunk to the bottom of the sea, it would be all better for mankind and all the worse for the fishes.

-Oliver Wendell Holmes, 1860



Clopidogrel



Clopidogrel, an antiplatelet medicine, has been recommended either alone or with aspirin to prevent serious or life threatening problems with the heart and blood vessels in people who have had a stroke, heart attack, or severe chest pain and peripheral arterial disease. The latest US FDA review finds that long-term use of this blood-thinning drug does not increase or decrease overall risk of death in patients with, or at risk for, heart disease.

Analysis suggests that long term (>12 months) dual antiplatelet therapy [clopidogrel + aspirin] does not appear to change the overall risk of death when compared to short term (<6 months) clopidogrel and aspirin, or aspirin alone. The review does not

suggest that clopidogrel increases the risk of cancer or death from cancer.

Availability and Dose: Oral Tablet of 75 mg or 300 mg and to be taken once a day preferably at the same time of the day before or after meals.

Caution: Clopidogrel increases the risk of bleeding especially if taken in combination with aspirin, NSAIDs like ibuprofen and naproxen, warfarin, selective serotonin reuptake inhibitors and serotonin norepinephrine reuptake inhibitors. The medicine has to be stopped before dental procedures.

Contraindicated in pregnancy or breast feeding, liver and kidney dysfunction.

Adverse effects: The most frequent adverse effects are bruising and bleeding, such as nose bleeds or less commonly, blood in the urine or faeces. Diarrhoea and abdominal pain are also fairly common. Rare adverse effects include nausea, vomiting, headache, dizziness, constipation, rash, itching, sore throat, or fever or shortness of breath.

Conferences

5th International Society for Evidence Based Healthcare Congress (ISEHC-2016): ISEHC 2016 event is scheduled during December 7-9, 2016 at Kish Island, Iran. The Congress aims to bring together top experts and academics in the constantly evolving field of EBHC from around the world to exchange ideas, discover novel opportunities to connecting the dots between research evidences and health policy. The last date of abstract submission is 30th July 2016. The more details can be accessed at http://isehc2016.com/en/

26th FAPA Congress 2016: The Federation of Asian Pharmaceutical Associations (FAPA) together with the Pharmaceutical Association of Thailand under Royal Patronage (PAT) organises 26th FAPA Congress during 19-13 November 2016 at Bangkok, Thailand. The theme of the congress is "Integrating Asian Pharmacy Wisdom for Better Global Health." The last day for abstract submission is: 15th June 2016. More details are available at: http://www.fapa2016.com/15321415/abstracts.

ISPOR 19th European Congress 2016: International Society for Pharmacoeconomics and Outcome Research (ISPOR) 19th European Congress is scheduled during 29th October to 2nd November 2016 at Vienna, Austria. The abstract submission deadline is 21st June 2016. More details can be accessed at: https://ispor.confex.com/ispor/euro19/cfp.cgi

Website of Interest



Pharmabridge is a voluntary initiative to strengthen pharmaceutical services and pharmacy education in developing and transitional countries through coordinated support from pharmacy establishments in developed and more advanced developing countries. The programme is supported by International Pharmaceutical Federation (FIP). The exposure training opportunities are available for pharmacy teachers. The interested persons need to register. More details are available at: http://fip.org/pharmabridge

O Alert

Restricting the use of Nicorandil:

The United Kingdom Drug Regulatory has advised Authority to Nicorandil as not the first choice but for second line drug for treatment of angina. It has advised healthcare professionals to use in patients who do not sufficiently respond or do not tolerate drugs like beta-blockers and / or calcium antagonists. Nicorandil can cause serious skin, mucosal, and eye ulceration including gastrointestinal ulcers which may progress to perforation, haemorrhage, fistula, or abscess. Treatment with nicorandil

should be stopped if ulceration occurs,

and alternative treatment or specialist

advice be considered if angina

symptoms worsen.

emerging pathogens: The WHO has identified the following top emerging pathogens: Crimean Congo haemorrhagic fever, Ebola virus disease and Marburg, Lassa fever, MERS and SARS coronavirus diseases, Nipah and Rift Valley fever, who may cause severe outbreaks in the near future. For these infections few or no medical counter measures exists at this moment. These infections need urgent research and development attention and other measures to increase preparedness.

[Source: WHO Drug Information Vol. 30, No. 1, 2016]

Medicines to Avoid

Analgesics to Avoid: Rev Prescrire, an independent medicine information resource, identified some drugs are more dangerous than beneficial.

Many non-steroidal antiinflammatory drugs [NSAIDS] should be avoided as alternatives with better benefit - harm balance are available. Paracetamol is the first choice analgesic: it is effective for moderate pain and poses little danger when taken at appropriate dosage. NSAIDS like Ibuprofen and Naproxen, used at the lowest effective dose and for the shortest possible time are the alternatives.

Cox-2 Inhibitors such as celecoxib, etoricoxib, and parecoxib have been linked to an excess of cardiovascular events (including myocardial infarction and thrombosis) and skin

reactions in comparison with equally effective NSAIDS.

Diclofenac and **Aceclofenac** cause more cardiovascular adverse effects (including myocardial infarction and heart failure) and cardiovascular deaths than other equally effective NSAIDs.

Ketoprofen Gel causes more photosensitivity reactions (eczema and bullous rash) than other equally effective topical NSAIDs.

Piroxicam, when used systemically, is associated with increased risk of gastrointestinal and cutaneous disorders [including toxic epidermal necrolysis (Lyell's syndrome)] but is not more effective than other NSAIDs.

[Source: Medicines to Avoid (Prescrire: 1 February 2016)]

Training

Post Graduate Training at James P Grant School of Public Health, BRAC University, Bangladesh: This is one of the seven universities TDR supports to provide PhD and Master Degrees focussed on implementation research in malaria, TB and neglected tropical diseases. The James P Grant School of Public Health is the International Centre for Diarrhoeal Disease Research. More details can be seen at: http://sph.bracu. ac.bd/ and http://www.who. int/tdr/capacity/strengthening/ postgraduate/en/

'Basic Workshop on Biostatistics' at SGPGI: Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGI), Lucknow, plans to organize Basic Biostatistics workshop for biomedical researchers during 26-28 August 2016 as a part of Indo-US collaboration. The National Institutes of Health, USA, provides funds to partially support the workshop. Those interested in attending the workshop(s) should fill the application form (which asks for a summary of experience and expertise in clinical research; available at https://sites.google. com/site/sgpgimsnihcourses/ and send it as an email attachment sgpgi.courses@gmail.com. The last dates for application is 30 June 2016.

NEWS

Centchroman in National Family Planning Programme:

indigenously An developed non-steroidal contraceptive pill, Centchroman, is included as a contraceptive pill in the National Family Planning Programme. This is popularly known as Saheli. This was developed in early 1990s by the country's premier Drug Research Organization, Central Drug Research Institute, Lucknow. This has the convenience of one dose a week. Soon, the Government would make its availability free.

Rota Virus Vaccine Introduced:

The Government of India proposes to introduce Rota Virus Vaccine into Country's Universal Immunization Programme. In the first phase, it is planned to cover four States -- Odisha, Himachal Pradesh, Haryana and Andhra Pradesh and Odisha has already launched the vaccine. Rota is a highly contagious virus that infects children causing severe diarrhoea leading to hospitalisation and death.



Resources

Oxygen therapy for children: This manual is an important resource for improving the quality of care for severely ill children in health facilities. It supports the improved use and availability of oxygen therapy in low resource settings. The manual addresses the need for appropriate detection of hypoxaemia and use of pulse oximetry, oxygen delivery systems and monitoring of patients on oxygen therapy. The manual addresses practical use of pulse oximetry, and oxygen concentrators and cylinders. The manual can be downloaded free from:

http://apps.who.int/iris/bitstream/10665/204584/1/9789241549554_eng.pdf

Educational Videos: The goal of these films is to accelerate implementation of the guideline by reinforcing the recognition of clinical signs and improving the skills needed for treatment among frontline health workers. Three videos—Managing Severe Infections, Critical Illnesses, and Fast Breathing as a Single Sign of Illness—feature live footage of sick babies to illustrate the important clinical signs. Four "how-to" videos cover: Preparing and Giving Oral Amoxicillin, Preparing Ampicillin and Gentamicin for Injection, Giving an Intramuscular Injection, and Home Visit for the Newborn. These are available for free down loading at: http://globalhealthmedia.org/videos/

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.