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SRI VENKATESWARA COLLEGE OF PHARMACY

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FARMACIA PRACTIA LETTRE JULY – DECEMBER 2020, VOL IV ISSUE II NEWS LETTER FROM DEPARTMENT OF PHARMACY PRACTICE

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Principal's Message

It gives me immense pleasure that our department of pharmacy practice, Sri Venkateswara College of Pharmacy is releasing its news letter. The clinical pharmacy activity of our pharmacy practice department has gained strength in the last couple of years with the start of Pharm.D programme and our faculty and students are involved in patient services activities in clinical departments of RVS hospitals, a tertiary care super specialty hospital. It is indeed a matter of great pride and pleasure to share some of our experiences in patient care with everyone of you. Practice directions and other documents will be drafted and approved with the assistance of the standards of practice committee. The mandate of the college is to train high caliber health care professionals, offer specialized pharma services to the community, conduct research, offer consultancy services and participate in health policy formulation. The college has adequate and modern facilities to execute its mandate. The faculty and student editorial team deserve special appreciations and offer this news letter to our beloved chairman and vice chairman.

Dr.S.K.Sridhar
Principal
Sri Venkateswara College of Pharmacy

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DRUG PROFILE

SOGROYA

FDA approval date: 28August2020

Active ingredient: somapacitanbeco

Strength: 10 mg/1.5 ml

Dosage form: Parentral

Route of administration: Intravenous

Mechanism of action:

Somapacitan-beco binds to a dimeric GH receptor in the cell membrane of target cells resulting in intracellular signal transduction and a host of pharmacodynamic effects. Some of these pharmacodynamic effects are primarily mediated by insulin-like growth factor I (IGF-1) produced in the liver, while others are primarily a consequence of the direct effects of somapacitan-beco.

Adverse drug reaction:

Increased mortality in patients with acute critical illness

- Neoplasms
- Glucose intolerance and diabetes mellitus
- Intracranial hypertension
- Severe hypersensitivity
- Fluid retention

AYVAKIT

FDA approval date: 1 September 2020

Active ingredient : Avapritinib

Strength: 100mg,200mg,300mg

Dosage form: Tablet

Route of administration: Paraoral

Mechanism of action:

Avapritinib is a tyrosine kinase inhibitor that targets KIT D816V, PDGFRA and PDGFRA D842 mutants as well as multiple KIT exon 11, 11/17 and 17 mutants with half maximal inhibitory concentrations (IC50s) less than 25 nM in biochemical assays. Certain mutations in PDGFRA and KIT can result in the autophosphorylation and constitutive activation of these receptors which can contribute to tumor and mast cell proliferation. Other potential targets for avapritinib include wild type KIT, PDGFRB, and CSFR1

Adverse drug reaction:

Avoid coadministration of AYVAKIT with strong and moderate CYP3A inhibitors. If coadministration of AYVAKIT with a moderate inhibitor cannot be avoided, reduce dose of AYVAK

DISEASE BASED INFORMATION MOST IMPACTFUL INFECTIOUS DISEASE OUTBREAKS OF 2020

While COVID-19 has dominated the media this year and rightfully so, it is not the only outbreak that's been causing concern. In this blog, GIDEON recounts the ten most impactful Infectious Diseases of 2020. The year 2020 has proven to be one of the most important years for medicine and for disease awareness in general. While COVID-19 has dominated all forms of media throughout the year, it is not the only outbreak causing great concern. The GIDEON database follows more than 360 Infectious Diseases worldwide on a daily basis. These are the 10 most impactful outbreaks the world encountered in 2020.

Monkeypox:

An ongoing outbreak of Monkeypox has persisted well throughout the COVID-19 pandemic.

Its signs and symptoms are similar to those of Smallpox; following a three-day prodrome of fever, headache, myalgia, and back pain, patients develop a papular rash in the face, extremities, and genitals. The rash then spreads outward, with lesions evolving into umbilicated pustules. Unlike Smallpox, death from Monkeypox is relatively uncommon, representing five to ten percent of cases.

The viruses of Monkeypox and Smallpox are biologically similar. Indeed, an attack of one will immunize the patient against the other. Thus, rates of Monkeypox were low during the period that Smallpox vaccination was widely used in Africa; and discontinuation of the Smallpox vaccine has been followed by a resurgence of Monkeypox cases. Between January and September, roughly 4,500 cases (171 fatal) were reported in the Democratic Republic of Congo.

Lassa Fever:

Lassa Fever is the most common cause of acquired deafness in West Africa. The virus is contracted from African rodents and their secretions, or from contact with infected patients. Illness is characterized by fever, pharyngitis, headache, chest pain, and diarrhea, frequently accompanied by a permanent loss of hearing.

Hand, Foot and Mouth Disease (Enterovirus Infection):

Hand, Foot, and Mouth Disease (HFMD) is highly contagious and common in young children. The most common causes are Coxsackievirus A16 and Enterovirus 71, and the condition is often associated with viral meningitis and encephalitis.

Zika virus:

Zika virus is primarily acquired from mosquitos but can also be transmitted sexually. Illness is characterized by fever, rash, joint pain, and headache. The disease is particularly risky for pregnant women as it may lead to fetal death or microcephaly in the newborn infant.

Hepatitis A:

Hepatitis A, largely under control in the United States until three years ago, can be easily prevented through the use of a safe and effective vaccine.

Chikungunya:

This year, Chikungunya outbreaks have been recorded in Bolivia, Brazil, Cambodia, Kenya, Malaysia, and Thailand. Of these six countries, Brazil is currently experiencing the largest outbreak, with 78,000 cases and 14 deaths reported to October.

Dengue:

Dengue is a mosquito-borne disease that causes a distinctive skin rash, high fever, headaches, vomiting, and pains in the muscles and joints. The disease has been widespread since WWII and common throughout Asia and South America, with an average of 390 million infections and 40,000 deaths each year. Annual peaks in illness are not uncommon and there have already been no fewer than 49 separate outbreaks this year, the largest in Brazil, with more than 1.3 million reported cases and 500 deaths.

Cholera:

One might be forgiven for lack of attention to the ongoing Cholera pandemic, as this is not a recent occurrence. The current (and seventh) declared pandemic actually started in South Asia in 1961 before spreading to Africa in 1971 then the Americas in 1991. Cholera spreads through contaminated water and food, and good personal and culinary hygiene are critical elements of control and prevention. Vaccines are available, but with relatively limited effectiveness and presence in the worst-hit regions. Those unfortunate enough to contract the disease will suffer severe diarrhea of clear or white fluid. If untreated, the disease is fatal in 50 percent of cases.

COVID-19 (SARS-CoV-2):

SARS-CoV-2, the virus that causes COVID-19, has been at the forefront of mainstream media and medical journals throughout 2020. The pandemic has now reached more than 37 million cases worldwide, leading to more than one million deaths. The United States has been one of the worst-hit countries, with nearly eight million reported cases to-date. Persistent cough, loss of taste or smell, fever, and shortness of breath are the most common symptoms; and anyone who experiences even one of these findings should self-isolate and seek medical advice. COVID-19 is highly infectious and is primarily transmitted through inhalation of infectious droplets.



Suggestions and comments may kindly be sent to Editorial Board, Department of Pharmacy Practice, SVCOP, Chittoor.

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