



# MEDICINE INFORMATION NEWSLETTER

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## Editors' Desk

On the eve of Republic Day, Government of India announced the list of a series of civilian awardees. This year is special for pharmacy profession and pharmaceutical education as one of the Pharmacy Educator is identified for the fourth highest civilian award, Padma Shri. Professor Harkishan Singh, Professor Emeritus, Panjab University, by making it to this list of awardees made the pharmaceutical fraternity proud. He has made many significant contributions, perhaps following two are most significant: successfully designing a clinically usable medicine, candocuronium iodide, a potent neuro-muscular blocker with short duration of action, in an academic setup; and documenting the History of Pharmacy. He received the global recognition as a historian. We wish he would continue to be the inspiration for both pharmaceutical educators and the professionals. Congratulation Sir!

The Pharmacovigilance Programme of India has rapidly expanded over the years since launching of the programme in 2010. It has received even the WHO's attention and appreciation

during the assessment of National Drug Regulatory Authority. We welcome two notable initiatives: engaging community pharmacists in pharmacovigilance programme and appointment of district level pharmacovigilance officers. It is reported to have plan to appoint 300 such officers by the end of next financial year (2017-2018). Both are welcome move of the Government to improve patient safety.

For the first time, the Government of India issued orders capping the price of coronary stents benefiting millions of heart patients. This along with price control of all essential medicines would go in a long way improving the access to medical care.

With this current issue we have planned to have a new feature: "Did You know?" giving interesting facts. Hope you would continue your patronage offering your feedback to improve the quality and contents of the newsletter.

Happy Reading!

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Dr. V. P. Maheshkumar

## Contact Us

The Editors,  
Medicine Information Newsletter,  
Department of Pharmacy,  
Annamalai University,  
Annamalai Nagar - 608 002,  
Tamil Nadu, India.  
Email: dicpharmd@gmail.com

## Quote

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

# Courses

**Master of Science in Global Urban Health (MSc GUH) at the University of Freiburg, Germany** -The Master of Science Global Urban Health (MSc GUH) is an interdisciplinary modular and fulltime course for graduates in the fields of social sciences, medicine and in similar backgrounds with professional experience in health sciences, environmental health, urban planning or migration and social work. Applications are due 15 April 2017 for classes to commence in October 2017.

More information can be accessed at: <https://www.zmg.uni-freiburg.de/training/mscglobalhealth/master>

**IDF online interactive module: Understanding Diabetic Kidney Disease** - A free online course for health care professionals who wish to enhance their knowledge of diabetic kidney disease (DKD) and its management in people with diabetes. For registration visit: [d-net.idf.org](http://d-net.idf.org)

## Diet for Diabetic Patients

Diets have been known to have significance effects on the management illness and promoting good health. Diet and exercise programmes are highly effective in preventing Type 2 diabetes among persons with high risk for diabetes. Life style modification (diet and exercise) should be considered as an option before starting medications in Type 2 diabetes. The basic philosophy: limit carbohydrate intake especially those coming from sugar and include protein and healthy fat. The diet plan and exercise programmes for both types of diabetes are almost same. The Type 2 diabetics may have additional goal of reducing calories and losing weight. Type 2 diabetics do not need to eat extra calories before exercise unless their blood glucose levels drops below normal.

Fruits and vegetables are high in water and fibre content and therefore low in energy density. They tend to lower postprandial glucose response. Consumption of at least three servings of whole grains per day can reduce the risk of diabetes and coronary heart diseases.

- Limit the consumption of beverages containing sugar or any caloric sweetener (including high-fructose corn syrup and sucrose) energy drinks and vitamin waters, fruit drinks, soft drinks, iced tea, and lemonade.
- Avoid processed foods which do have often added fat, sugar, and sodium. Instead, prefer high-fibre, nutrient-dense sources of carbohydrates. If on insulin, keep carbohydrate intake consistent with respect to time of day and amounts.
- Reduce salt intake (sodium).
- Eat two servings of fatty fish at least twice per week.
- Prefer liquid fats instead of saturated or trans-fat varieties, and consume leaner sources of protein (poultry, nuts, beans, and fish).

# Conferences

**The 6th World Congress of Clinical Safety**, Date: 6 (Wed) - 8 (Fri) September 2017, Rome, Italy. Abstract submission: From 1 February 2017 to 31 March 2017. More details are available at: <http://www.iarmm.org/6WCCS/>

**77th FIP World Congress of Pharmacy and Pharmaceutical Sciences**, Date: 10 September 2017- 14 September 2017, Seoul, Republic of Korea. The theme: Medicines and beyond! The soul of pharmacy. More details are available at [http://www.fip.org/seoul2017/FIP\\_2ndAnnouncement\\_Seoul\\_WEB.pdf](http://www.fip.org/seoul2017/FIP_2ndAnnouncement_Seoul_WEB.pdf).

The e-mail contact: [pswc@fip.org](mailto:pswc@fip.org).

**IDF Congress 2017**: 4-8 December 2017, Abu Dhabi. The theme of the Congress is 'Shape the future of diabetes.' The abstract submission is open from 01 February to 21 April 2017. More details can be accessed at: [www.idf.org/congress](http://www.idf.org/congress)

## Website of Interest



**Cochrane Library**

Trusted evidence.  
Informed decisions.  
Better health.

**Cochrane Library:** The Cochrane is a global independent network of researchers, professionals, patients, carers, and people interested in health. The contributors of Cochrane work together to produce credible, accessible health information that is free from commercial sponsorship and other conflict of interest. Its library, Cochrane Library, is a collection of databases that contain different types of high quality, independent evidence to inform healthcare decision making. In short, Cochrane Library is the site of evidence based medicine. It has free access in India. This can be accessed at: <http://www.cochranelibrary.com/>

# Alert

## Etoricoxib:

**Lower recommended dose:** The marketing authorization holder in UK has recommended a revised dosing for etoricoxib when used to treat rheumatoid arthritis or ankylosing spondylitis. The recommending starting dose has been lowered to 60 mg daily, with an option to increase to a maximum of 90 mg once daily if necessary. Once, the patient is clinically stabilized, down titration to 60 mg once daily may be appropriate. In the absence of therapeutic benefit, other treatment options should be considered. The cardiovascular and other important risks of Etoricoxib,

may increase with dose and duration of exposure. [WHO Drug Information, Vol 30, No. 4, 2016]

## NSAIDs:

**Increased risks of miscarriage:** The Therapeutic Good Administration of Australia's review confirms the potential increased risks of miscarriage with non-aspirin NSAIDs, particularly when the medicine is taken close to the time of conception. For aspirin, the evidence is not sufficient to confirm an association with the risk of miscarriage. [WHO Drug Information, Vol 30, No. 4, 2016]

## Did You Know?

### Pharmacists as Inventor!

Invention of Coca-Cola – Doctor John Pemberton, a pharmacist of Atlanta, Georgia, invented the popular soft drink Coca-Cola, often called simply Coke. The name of the drink was derived from two of its original ingredients: Kola nuts and Coca leaves. This was first sold to the public at the Soda Fountain in Jacob's Pharmacy on May 8, 1886. In the first year of its sale, Pemberton just earned about \$ 50 against an expense of \$70. Later ownership has changed to another pharmacist, 'Asa Griggs Candler' who bought at a price of \$ 2300. Asa was responsible for building up of its popularity.

## Medicines for Asthma

The choice of drug treatment of asthma is dependent on the severity of the symptoms. If the treatment fails, this could be attributed to the lack of adherence to medication, un-controlled co-morbid conditions like allergic rhinitis, or continued exposure to tobacco smoke, air borne pollutants, or irritants.

Severity	Regimens	Comments
Intermittent	Inhaled short acting beta2 agonists [Salbutamol and levsalbutamol]	Provides rapid relief. Adverse Effects: Paradoxical bronchospasm, tremor, tachycardia, QT interval prolongation, hyperglycemia, hypokalemia and hypomagnesemia, especially if used in high doses.
Mild Persistent	Inhaled Corticosteroids [Beclomethasone dipropionate, Budesonide, Ciclesonide, Flunisolide, Fluticasone propionate, Mometasone furoate]	Most effective long term treatment. Preferable to use the lowest dose which controls asthma. At usual dose, they are similar in efficacy. Adverse Effects: oral candidiasis (thrush), dysphonia, and reflex cough and bronchospasm. The patient is to be advised for mouth-rinsing after inhalation.
	Montelukast or Theophylline	Montelukast is less effective compared to inhaled corticosteroids. Monitoring of serum theophylline concentration may be necessary. Adverse effects are: nausea, vomiting, nervousness, headache and insomnia. At high serum concentrations, hypokalemia, hyperglycemia, tachycardia, cardiac arrhythmias, tremor, neuromuscular irritability, seizures and death can occur. May interact with other drugs.
Moderate Persistent	Combination of low dose inhaled corticosteroids and long acting beta2 agonists (Salmeterol, Formoterol)	Inhaled Corticosteroids – as described above. The addition of a long acting beta2 agonist improves lung function, decreases symptoms and exacerbations. Adverse effects: tremor, hypokalemia, tachycardia and other cardiac effects.
	Combination of low-dose inhaled corticosteroids + a leukotriene modifier or theophylline	Same as described above.
Severe Persistent	Medium- or high-dose inhaled corticosteroids + a long acting beta2 agonist	Same as described above for each category of medicines.
	Medium-dose inhaled corticosteroid + a leukotriene modifier or theophylline	

# NEWS

## **Measles – Rubella (MR) Vaccine Introduced in Universal Immunization Programme:**

The Government of India has introduced MR vaccine replacing the earlier measles vaccine used at 9-12 months and 16-24 months of age. The new combined vaccine is intended for single shot vaccine to all children aged between 9 months and less than 15 years irrespective of previous measles or rubella vaccination status. In the first phase of implementation, it plans to cover five states: Karnataka, Tamil Nadu, Puducherry, Goa and Lakshadweep.

## **Yoga is Beneficial in Chronic Non-Specific Lower Back Pain:**

The recent Cochrane review states that yoga exercise may reduce the symptoms of lower back pain by a small amount.

The study compared practicing yoga to no exercise and confirmed that yoga exercise might be able to improve back related function and reduce symptoms of lower back pain over the short term. The researchers advise that further studies are needed to provide information on long term effects.

## **Prices of Coronary Stents Capped:**

The Government of India capped the prices of coronary stents at Rs. 29,600/- for drug eluting stent and Rs.7,260/- for bare metal stent. There are reports of exorbitant overcharging the patients to the extent in the range 1000 to 2000 percent. This public health measure would benefit millions of the heart patients across the country.

## Resources

**WHO Guidelines for the Treatment of Genital Herpes Simplex Virus:** The publication provides updated treatment recommendations for genital Herpes Simplex Virus (HSV) infection. This can be accessed at: <https://www.ncbi.nlm.nih.gov/books/n/who250693/pdf/>

**Global Guidelines for the Prevention of Surgical Site Infection:** Surgical Site Infection is the most frequent type of healthcare associated infection especially in low and middle income countries. It affects up to one-third of patients who have undergone a surgical procedure. This publication of WHO provides a comprehensive range of evidence based recommendations to be followed during pre-, intra-, and post-operative periods for the prevention of surgical site infections. The guideline is available at: <http://apps.who.int/iris/bitstream/10665/250680/1/9789241549882-eng.pdf?ua=1>

**WHO recommendations on antenatal care for a positive pregnancy experience:** This provides a comprehensive guideline on routine antenatal care (ANC) for pregnant women and adolescent girls. The guidelines deal with the complex nature of the issues surrounding the practice and delivery of ANC, and to prioritize person-centred health and well-being – for the prevention of death and morbidity. The guidelines can be accessed at: <http://apps.who.int/iris/bitstream/10665/250796/1/9789241549912-eng.pdf?ua=1>

## **App on Pregnancy and Birth in English and Spanish:**

Hesperian's comprehensive app on pregnancy and birth contains a wealth of information on:

- how to stay healthy during pregnancy,
- how to recognize danger signs during pregnancy, birth, and after birth,
- what to do when a danger sign arises,
- when to refer a woman to emergency care ,
- instructions for community health workers with step-by-step explanations such as “How to take blood pressure,” “How to treat someone in shock,” “How to stop bleeding.” For iPhone, iPod Touch and iPad: Download the free English app for free from the iTunes store. For Android: Download the free English app for free from the Google Play app store.

## 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.



**Pharmacists' Day Activity on 25th September 2016: Students and Staff are on Out Reach Drive**



**Continuing Professional Development Programme for Community Pharmacists in Association with CPD, IPA, on 29 January 2017**

