



# MALLIGE COLLEGE OF PHARMACY

## PHARMACIA RENOVATIO

THE QUATERLY NEWSLETTER- SEP 2022

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### FROM THE PATRON & ADVISORY COMMITTEE

*We are very happy and proud to witness the overwhelming responses from the Pharma community on our great initiatives and this gives us joy on serving quality information on quarterly basis every year. We would like to thank Almighty, Our Patrons, Principal, Teaching & Non-Teaching Staffs, Students and all the stakeholders for their immense support.*



**Dr. A C SREERAM**  
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*It is a matter of great pride and satisfaction for MALLIGE COLLEGE OF PHARMACY to bring out the News Letter 'PHARMACIA RENOVATIO' Released from the Department of Pharmacy Practice. The College has made tremendous progress in all areas-academic, non-academics, capacity Building relevant to staff and students. I am confident that this issue of Department News Letter will send a positive signal to everyone.*



**Dr. SHIVAKUMAR SWAMY**  
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*It gives me immense pleasure to note that response to this newsletter has been overwhelming. The wide-spectrum of articles in different sections gives me a sense of pride that our students and professors possess creative potential and original thinking in ample measures. Each article is entertaining, interesting and absorbing. I applaud the contributors for their stimulated thoughts and varied hues in articles contributed by them.*



**Dr. S V RAJENDRA**  
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# CELEBRATION OF AZADI KA AMRIT MAHOTSAV

## 75<sup>TH</sup> INDEPENDENCE DAY



We celebrated the Independence Day in our college with great pomp and grandeur on August 13th 2022. All the teachers and students assembled in our college premises at 10 a.m. The Principal Dr. Shivakumar Swamy and Vice Principal Dr. Rajendra were invited as the chief guest of the program. They were welcomed with flowers. The stage was decorated with flowers, festoons, and tricolor flags. Before hoisting Dr. Rajendra gave instructions for students in order to prepare an ambience for flag hoisting. Then Rajendra sir, gave a patriotic speech by highlighting on how to appreciate secularism at the times of adversity and not to spread hatred based on belief, but instead be patriotic and be soldiers in their own way and also gave inspiring speeches that awakened everyone's feelings towards the Mother Land. Later Dr. Rajendra sir hoisted the National flag and as soon as the flag was hoisted, everyone sang the National Anthem.

After the speech students sang the patriotic songs and gave speeches on Independence day and the program was ended by vote of thanks. At the end, the packets of sweets were distributed to the students.

On 15th of August, on the day of our 75th Independence day, all were invited to celebrate the independency day in our college. The flag area was decorated with flowers, fruits and with vibrant rangoli colours. The flag hoisting was done at 9.30am by our Principal and National anthem was sung with great enthusiasm. Thereafter, the Principal Sir highlighted the importance of celebrating the Independence day and not to forget the sacrifice and effort of our freedom fighters to free India from the hands of British. He also expressed his adoration and effort for the progress of this institution. He wished the institute to grow at a more rapid phase from hereafter as the stage was set. And by also mentioning being good students with academics and in research is the great contribution to the institution and to the country and by dedicating yourself to progress is the best patriotic contribution to your country. He concluded the speech by wishing Happy Independence Day for all. Then after it was proceeded with our Vice Principal's speech, he suggested the students to read the biography of our great national leaders and to get the glimpse of their sacrifice and great vision to build this country. After his speech students were allowed for singing and to give speech on Independence Day. The event was ended with vote of thanks and sweets were distributed to students, teaching and non-teaching staffs. Overall it was a successful program; Independence Day was celebrated with sincerity, dignity and great respect to our country. The feeling of patriotism, their contribution towards nation growth, and remembrance of our national leaders and to maintain integrity in adversity was imbibed in students' mind with great care. Vande Matharam and Bharat Matha ki Jai. ...



# PHOTO GALLERY





### DRUG UTILIZATION PATTERNS IN PATIENTS WITH ACUTE EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE AT TERTIARY CARE HOSPITAL

Mr. SUFAIR MOOPANDAKATH

Dr. SHAILESH YADAV

Dr. MANIKANTA BD

Dr. MD. ATTAULLAH KHAN



Chronic obstructive pulmonary disease (COPD) has a worldwide prevalence of 10% and is among the first four causes of global mortality. 3-16% of patients with exacerbation must be hospitalized. Objectives of study are Primary objective; Evaluation of drug utilization patterns in patient with acute exacerbation of COPD in tertiary care hospital and Secondary objective: To correlate association of chronic obstructive pulmonary Disease with demographic details of patients, To assess the prescribing pattern of standard drugs in patients with exacerbation of chronic obstructive pulmonary Disease and To assess the health related quality of life (HRQOL) of the patients. The study was conducted at Mallige Hospital. Mallige Hospital is a multispecialty tertiary care hospital with over 126 beds, conveniently located in the heart of Bangalore. The study was conducted in the Inpatient department of the Hospital. A Hospital based prospective observational study was conducted. The study was done for six months with data collection duration for three months. Study population include patients admitted in Inpatient department of the Hospital. Inclusion criteria: Patients who are diagnosed as suffering from chronic obstructive pulmonary disease along with co-morbidities and who visited the hospital for acute exacerbation of the disease was included using diagnostic criteria such as ICD-10. Admitted for acute exacerbation of COPD of various etiologies and with or without co morbidities. Exclusion criteria: Patients in the IP ward admitted with diagnosis of COPD who are not willing to participate in the study. Patients who are admitted in comatose and unconscious condition and in an aggressive treatments. Patients who are under other chronic steroid use conditions. Prescriptions from pregnant women and with insufficient data are excluded. Out of 110 patients included in

study, 26 (23.63%) were females and 84 (76.36%) were males. majority 53 (48.18%) of them were found in the age group between 41-60 years, followed by 42 (38.18%) in the age group between 61-80 years, 11 (10%) in the age group between 18-40 years, then 4 (3.63%) were found between 61-80. Among 206 drugs prescribed for COPD patients 3 drugs were inappropriately prescribed. It was observed that Hypertension 66 (29.07%) followed by Diabetes mellitus 45 (19.82%), and Anemia in 32 (14.09%). Majority of the patients were of a low socioeconomic status. Most of the patients came under Types I and II grade of exacerbation (61.81% and 29.09%, respectively) as per the grading scale for exacerbation of COPD. This result showed tendency of polypharmacy with maximum number of prescriptions were having 6 drugs (37.2%). Intravenous were the major formulations used for administration of drugs in this study (36.98%). The present study represents the current prescribing trend for anti COPD agents. Despite the use of drugs according to the availability and physician's preference, it was found in the analysis that majority were in accordance with GOLD criteria recommendations. Most of the patients were only taking the medications offered at the hospital, and not buying the drugs from outside pharmacies, which were unavailable in the hospital. By including these drugs in the central purchase committee list of government, the treatment can be more effective and economy. Several guidelines have been developed worldwide for the management of exacerbation of chronic obstructive pulmonary disease, and these serve as reference standards for clinical practitioners. However, many clinicians practice their own prescribing pattern in treating COPD patients according to their clinical experience. Primary care physicians need to be empowered in appropriate and evidence-based management of exacerbation of COPD. A review of these prescribing patterns and guideline-based use of anti-COPD medications can give better insights into the concept of personalized, yet cost-effective pharmacological management of COPD.



## CONCLUSION:

The present study represents the current prescribing trend for anti COPD agents. Despite the use of drugs according to the availability and physician's preference, it was found in the analysis that majority were in accordance with GOLD criteria recommendations. Most of the patients were only taking the medications offered at the hospital, and not buying the drugs from outside pharmacies, which were unavailable in the hospital. By including these drugs in the central purchase committee list of government, the treatment can be more effective and economy. Several guidelines have been developed worldwide for the management of exacerbation of chronic obstructive pulmonary disease, and these serve as reference standards for clinical practitioners. However, many clinicians practice their own prescribing pattern in treating COPD patients according to their clinical experience. Primary care physicians need to be empowered in appropriate and evidence-based management of exacerbation of COPD. A review of these prescribing patterns and guideline-based use of anti-COPD medications can give

guideline-based use of anti-COPD medications can give better insights into the concept of personalized, yet cost-effective pharmacological management of COPD.

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## NEWLY REPORTED ADVERSE DRUG REACTIONS

SL.no	Drug Name	ADR Detected	Release Date
1	CHLOROQUINE	SJS-TEN	30/01/2020
2	LAMIVUDINE	Hearing Loss	13/01/2020
3	PROTON PUMP INHIBITOR	Acute Kidney Injury	04/11/2019
4	DICLOFENAC	Nicolaus syndrome	24/07/2019
5	CARBAMAZEPINE	Drug Rash with Eosinophilia and Systemic Symptom (DRESS)t	19/07/2019



## IMPACT ON MENTAL HEALTH OF STUDENTS DUE TO RESTRICTION CAUSED BY COVID-19 PANDEMIC: CROSSECTIONAL STUDY

**MR. AMAR PRASHAD CHAUDHARY**  
(PHARM.D)

**Mr. NARAYAN SAH SONAR**

**Mrs. JAMUNA TR**

**Mrs. MOMITA BANERJEE**

**Dr. SHAILESH YADAV**



### BACKGROUND:

Covid-19 pandemic have created panic among the students due to restrictions, rise of infection in society, death of people around them, etc. This panic have led to the strong mental impact on them, showing the symptoms of fear, anxiety and depression.

### OBJECTIVE:

The aim of the study was to investigate fear, depression and anxiety symptoms among students of India due to covid-19 pandemic and its restriction.

### METHOD:

The cross-sectional web-based research was conducted between mid-november and mid december 2020 with the objective of understanding the psychological and behavioral consequences of the covid-19 pandemic effect on students due to the constraint of forced control. The questionnaire included a) socio-demographic questions and b) psychometric scales evaluating the psychological and behavioral impact caused by covid-19 pandemic and restrictions.

### RESULTS:

Total number of 324 students participated in this study in which 44.4% were male and 55.6% were female. Fear of covid-19 scale showed 68.8% of students had high fear, 24.4% had moderate to severe depression and 51.5% had moderate to severe anxiety. The correlation of fear of covid-19 scale (fcv-19s) with generalized anxiety scale (gad-7) and brief patient health questionnaire scale (phq-9) was found to be 0.492 and 0.474 respectively.

### CONCLUSION:

This research concludes that there is a very strong fear of COVID-19 among students, along with anxiety and depression symptoms. This study also concludes that the fear of the COVID19 scale has strong positive correlation with the anxiety (GAD-7) and depression (PHQ-9) scales.

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## PRESCRIBING PATTERNS OF ANTIHYPERTENSIVE DRUGS IN TERTIARY CARE HOSPITAL

Mr. SAGAR DAS (PHARM.D)  
Dr. SHAILESH YADAV



### BACKGROUND:

Hypertension is globally considered to be the greatest mortality risk factor for both men and women and is regarded as a modifiable risk factor of the non-communicable diseases (NCDs) of lifestyle. The goal of the present study was to describe the antihypertensive medication prescribing patterns for inpatients with hypertension at a University teaching hospital in order to better understand the patterns of care for inpatients.

### OBJECTIVES:

Primary objective: To evaluate the Prescribing Pattern in Hypertension. potential opportunities for improvement in hypertension management. Secondary objective: To find the Association of Hypertension with Type 2 DM. To Associate the Age with Hypertension.

### METHODOLOGY:

This study was conducted at Mallige hospital. Mallige hospital is a multispecialty tertiary care hospital with over 126 beds conveniently located in the Bengaluru, Karnataka state of India. Mallige hospital consist of inpatient department with consist of General ward, Male ward, Female ward, Intensive care unit, Surgical ward, etc. The study involves both Prospective and Retrospective Observational Study. Study was conducted for 6 months in which data collection period for 3 months. Inclusion criteria: Patient having the age of 18 years and above. Patient known to be on antihypertensive medication one or more. Exclusion criteria: Patient not willing to sign the consent form. Patient data not available completely. Pregnant and lactating women. The study was conducted by randomly collecting the prescriptions containing antihypertensive drugs of patients who are visiting the department. Prescriptions containing antihypertensive drugs were evaluated for the category of antihypertensive prescribed and indication for use.

### RESULTS:

A total number of 110 patients were enrolled in the study of which 68 (61.81%) were male patients and 42 (38.18%) were female patients. The incidence of hypertension was more common in male compared to female. The maximum percentage of male and females with hypertension was found at the age group of 61-80 years (51.81%). This result showed most of the patients were diagnosed with pre-hypertension 58 (52.72%), stage 1 hypertension 24 (21.81%) and stage 2 hypertension 18 (16.36%). Various co-morbid conditions like diabetes mellitus, cardiovascular disease, Arthritis, dyslipidemia was seen among patients and many of these were found to be risk factors of Hypertension. Diabetes mellitus (34.54%) and cardiovascular disease (17.27%) were the two most common co-morbid conditions found in most of the patients which increase the risk of Hypertension. The family history of the patients revealed that majority of the patients (74.54%) does have family history of hypertension, followed by (25.45%) in whom there was no family history of Hypertension. In the study of 110 hypertension patients I observed that Amlodipine utilization was high as monotherapy (25.5%). Telmisartan + Hydrochlorothiazide was used most widely (19.46%) as a combination therapy. Total number of drugs prescribed were 512. Average number of drugs per prescription were 4.65. Number of appropriate prescriptions were 102 (92.72%) and Number of inappropriate prescriptions were 8 (7.27%).

### CONCLUSION:

The present study represents the current prescribing trend for antihypertensive agents. It implies that in hypertensive patients using the monotherapy is more common than combination therapy. Each of the antihypertensive therapy classes is roughly equally effective in lowering the blood pressure, producing a good antihypertensive response in 30 to 50 percent of patients. There is, however, wide interpatient variability as many patients will respond well to one drug but not to another. In developing countries like India, more systematic studies are required on the evaluation of prescribing patterns and guideline based antihypertensive medications' use, which can be tailored to suit the patients' requirements.



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## NOVEL FDA APPROVED DRUGS

SL NO	DRUG	ACTIVE INGREDIENT	APPROVAL DATE	DOSE	INDICATION
1	Tab. QUVIVIQ	DARIDOREXANT	07/01/2022	25-50mg	It is an orexin receptor antagonist indicated for the treatment of insomnia.
2	Inj. KIMMTRAK	TEBENTAFUSP-tebn	25/01/2022	20mcg	It is bispecific GP 100 peptide- HLA directed CD3 T-cell engager indicated for treatment of HLA-A.
3	Inj. VABYSMO	FABRICIMAB-jome	28/01/2022	6mg	It is a vascular endothelial growth factor and angiopoietin-2 inhibitor used for treatment of neovascular age related macular degeneration and diabetic macular edema.
4	Inj. ENJAYMO	SUTIMLIMAB	04/02/2022	6.5- 7.5mg	It is classical complement inhibitor indicated to decrease the need of RBC transfusion due to haemolysis in adults with cold agglutination disease (CAD).
5	Tab. PYRUKYND	MITAPIVAT	17/02/2022	5, 20, 50mg	It is a pyruvate kinase activator indicated for the treatment of haemolytic anaemia in adults with pyruvate kinase deficiency.

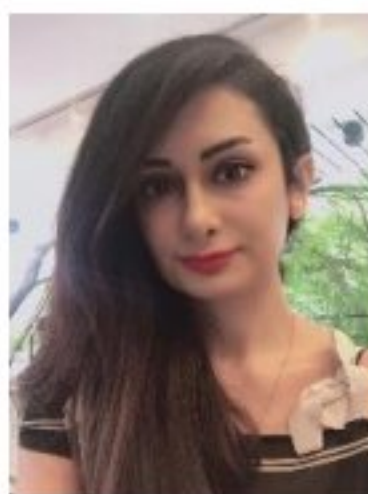


6	Cap. VONJO	PACRITINIB	28/02/2022	100mg	It is a kinase inhibitor indicated for treatment of adults with intermediate or high risk primary and secondary myelofibrosis with the platelet count below 5 lakh/L
7	Oral suspension. ZTALMY	GANAXOLONE	18/03/2022	50mg/mL	It is a neuroactive steroid gamma-aminobutyric acid receptor positive modulator indicated for the treatment of seizures associated with cyclin – dependent kinase – link 5 deficiency disorder in patients 2 years of age and older.
8	Inj.OPDUALAG	NIVOLUMAB AND RELATIMAB- RMBW	18/03/2022	12mg of nivolumab and 80mg of relatimab per 20 mL	It is a combination of nivolumab, a programmed death receptor-1 blocking antibody and relatimab, a lymphocyte activation gene-3 blocking antibody indicated for the treatment of adult and pediatric patients 12 years of age or older with unresectable or metastatic melanoma
9	Cap. VIVJOA	OTESECONAZOLE	26/4/2022	150mg	It is an azole antifungal indicated to reduce the incidence of recurrent vulvovaginal candidiasis in females.
10	Cap. CAMZYOS	MAVACAMTEN	28/04/2022	2.5mg , 5mg , 10mg and 15mg	It is cardiac myosin inhibitor indicated for the treatment of adults with symptomatic New York Heart Association(NYHA) class II-III obstructive hypertrophic cardiomyopathy to improve functional capacity and symptoms.



## A STUDY ON PRESCRIBING PATTERNS OF DRUGS IN GERIATRIC PATIENTS ATTENDING A TERTIARY CARE HOSPITAL

Mrs. YALDA HASHEMZADEH BONEH  
(PHARM.D)  
Dr. SHAILESH YADAV



### BACKGROUND:

The population of geriatric patients is increasing as a result of increased life expectancy. India is ageing fast and currently the Geriatric population is about 7% of the total population. Geriatric medicine is the branch of gerontology which deals with clinical or medical aspect of gerontology. Objectives: Primary objective: To evaluate the prescribing pattern in Geriatric Patients. Secondary objective: To determine the occurrence of Polypharmacy according to Beer's criteria. To check the Drug – Drug interaction of the common OTC Drugs.

### METHODOLOGY:

This study was conducted at Mallige hospital. Mallige hospital is a multispecialty tertiary care hospital with over 126 beds conveniently located in the heart of Bengaluru, the capital of Karnataka state of India. Mallige hospital consist of many departments like Nephrology, Cardiology, Radiology, General Medicine, Surgical, Paediatrics, Obstetrics & Gynaecology, etc. The study involves retrospective observational study. Study was conducted for 6 months in which data collection period for 3 months. Inclusion criteria: Patients above 65 years of either sex. Exclusion criteria: Patient who aren't willing to sign the consent form. Statistical analysis was performed using MS-excel and the result will be statistically analysed using appropriate statistical method.

### RESULTS:

Out of 100 patients enrolled in the study from inpatient department, Majority of patients (42%) belonged to age group of 65-75 years. 52(52%) patients were males and 48 (48%) patients were females. Maximum number of prescriptions were having seven drugs (33%). Intravenous injections were the major formulations used for administration of drugs in geriatric patients (86.66%). The average number of days in the hospital was found to be between 6-10 days. It was observed that Diabetes mellitus in 22 (22%) followed

hypertension 16 (16%), and Ischemic heart disease in 12 (12%). Out of 557 drugs prescribed in the study, it was observed that Gastrointestinal drugs in 132 (23.69%).

### CONCLUSION:

The current study could assess the prescribing pattern of medicines in the geriatrics according to Beer's criteria 2015. The study report shows that the prevalence of PIMs is steadily increasing. In this study prescription pattern was not rational as there is polypharmacy, overuse and inappropriate use of drugs in geriatrics. The use of inappropriate medications can be avoided using the Beers criteria 2015, which is one of the important clinical tools which can be wisely used by physicians, pharmacists and health care providers. Polypharmacy and the prescription of PIMs constitute a major problem, especially when dealing with the elderly

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### EFFECT OF PYRAZINAMIDE INDUCED HYPERURICEMIA ON PATIENT COMPLIANCE UNDERGOING DOTS THERAPY FOR TUBERCULOSIS.

**Mr. Hanumantharayappa Bylappa**  
(Associate Editor)

Associate. Prof. Dept of  
Pharmacology



Hyperuricemia, with or without arthralgia, is the main adverse effects of pyrazinamide, a first line anti-TB drug. Hyperuricemia may lead to non-compliance to therapy, monitoring of uric acid and symptoms of arthralgia are necessary for patient compliance. A prospective open study was conducted on patients diagnosed with TB and were initiated with intensive phase of anti-tubercular treatment. Blood was withdrawn at 0, 2, and at 8th week to estimate serum uric acid level. Arthralgia was assessed and recorded during the same period. Uric acid levels were increased by the end of 2nd week. The observed mean serum uric acid at 0th week was 5.1 mg/dl which increased to 6.8 mg/dl and 6.6 mg/dl at 2nd and 8th week, respectively. 48.72% patients showed 25-50% increase in the uric acid level. 41.02% patients showed an increase in serum uric acid level beyond normal range ( $>7$  mg/dl) and increased uric acid levels in 41.02% patients from 2nd and 8th week was non-significant. Despite an increase in serum uric acid levels beyond the normal range, arthralgia was not seen in TB patients who were on DOTS. thus, it is concluded that thrice weekly regimen of pyrazinamide is safe and effective therapy for treatment of TB.

#### DISCUSSION:

The issue of patient's tolerance of anti-tuberculosis drugs is extremely important for the treatment outcomes and as a consequence for tuberculosis control in general. There is much debate therefore concerning the frequency and severity of adverse symptoms in patients with tuberculosis chemotherapy. It has been suggested that only a minority of patients successfully complete their full course of anti-TB chemotherapy without significant

side effects. The main adverse effects of anti-TB drugs usually occur during the first two to three weeks of treatment. The timely strict monitoring for and management of notified adverse effects are therefore essential. If these side effects are not recognized in time and managed properly they can lead to treatment interruption or can even be life threatening. Proper monitoring has to be carried out during the whole treatment course, including patient education, clinical examination, laboratory tests, etc. Despite the development of potent regimen, the treatment for tuberculosis continues to be a problem in patients who do not tolerate these drugs. The objective was to study the effect of pyrazinamide on serum uric acid levels in patients with tuberculosis on intensive phase of DOTS therapy and to document any symptoms of hyperuricemia like arthralgia or gout. Usual dosage of pyrazinamide for use in conjunction with other antituberculosis agents for the treatment of active TB is 15-30 mg/kg (up to 3 g) once daily or 50-70 mg/kg twice weekly. One of the main adverse effect of pyrazinamide is hyperuricemia with or without gout. Hyperuricemia during therapy with pyrazinamide due to inhibition of uric acid excretion by pyrazinoic acid the main metabolite of pyrazinamide, the occurrence of clinical gout in patients receiving chemotherapy for tuberculosis led us to investigate the possibility of an association between symptomatic hyperuricemia with pyrazinamide therapy. As previously reported in literature that the serum uric acid was elevated in patients receiving pyrazinamide but not in patients being treated with other anti-TB drugs. The reason which promoted us to take up the monitoring of serum uric acid level and symptoms on pyrazinamide therapy because, of its hyperuricemia associated with arthralgia, articular pain and swelling, which may lead to non-compliance to therapy. Thus the present study was proposed to monitor hyperuricemic effect of pyrazinamide in TB patients in India at St. Martha's Hospital, Bangalore, when given in a dose of 1.5 g thrice weekly. Despite documenting an increase in serum uric acid with pyrazinamide including beyond the normal range, no subject was symptomatic with joint pains



All the patients completed two months intensive phase of DOTS therapy, indicating that pyrazinamide therapy does not cause arthralgia in TB patients on DOTS. Hyperuricemia was documented to an extent of 25% to >50% increase over base line, but no patient was symptomatic with joint pain. Concomitant administration of rifampicin may have attributed to this effect. Hence findings suggested that degree of hyperuricemia and its symptoms in patients treated with pyrazinamide could be reduced by giving pyrazinamide intermittently and along with rifampicin. Thus, it is concluded that thrice weekly regimen of pyrazinamide is safe and effective therapy for treatment of TB.

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## CROSSWORD

### Hints

#### Across

13. Live bacteria contains in yoghurt or by consuming pre-biotic dietary fibers found in foods like onion , garlic , banana.
2. Catabolic process of large food molecules into small water soluble molecules in body.
4. Undesirable reaction produced by immune system including allergies ( IgE )
6. Protein derivative injected intradermally, rash spots are seen to detect whether specified acid fast bacteria is present.
9. Hormone of adrenal cortex which helps in controlling sugar and curbing inflammation.
12. A type cranial nerve which controls or co-ordinates digestion.

#### Down

14. Anti-viral drug which competitively inhibits viral DNA polymerase by acting as analogue to deoxyguanosine triphosphate.
10. Most heat producing organ in the body.
5. Plant drug contains anti-malarial properties.
7. First-line drug used as anti-diabetic, mainly prescribed for obese and polycystic ovary disorder (PCOD).
11. Ancient breath technique that originates from yogic practice in India for treatment of Asthma or other respiratory problems.
3. Anti-convulsant which have side-effects of sedation, drowsy , nervous , unsteady and constipative.
1. Anti-platelet drug comes under class of NSAIDS.
15. Route of administration which have bioavailability around 35% and directly enter into systemic circulation.
8. Category of atropine and cyanide which mitigate muscarinic effect of poison.



# ACTIVITIES

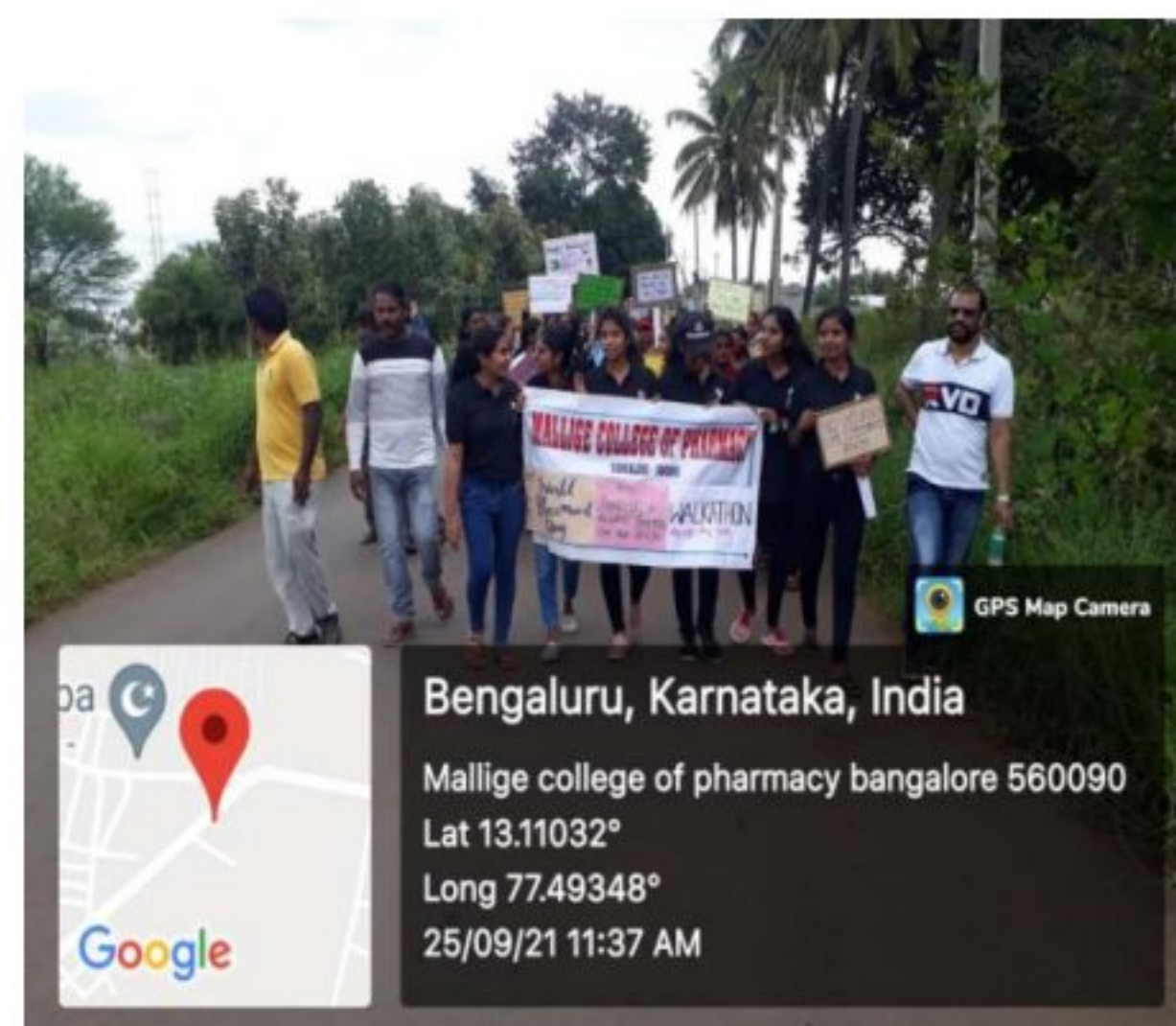
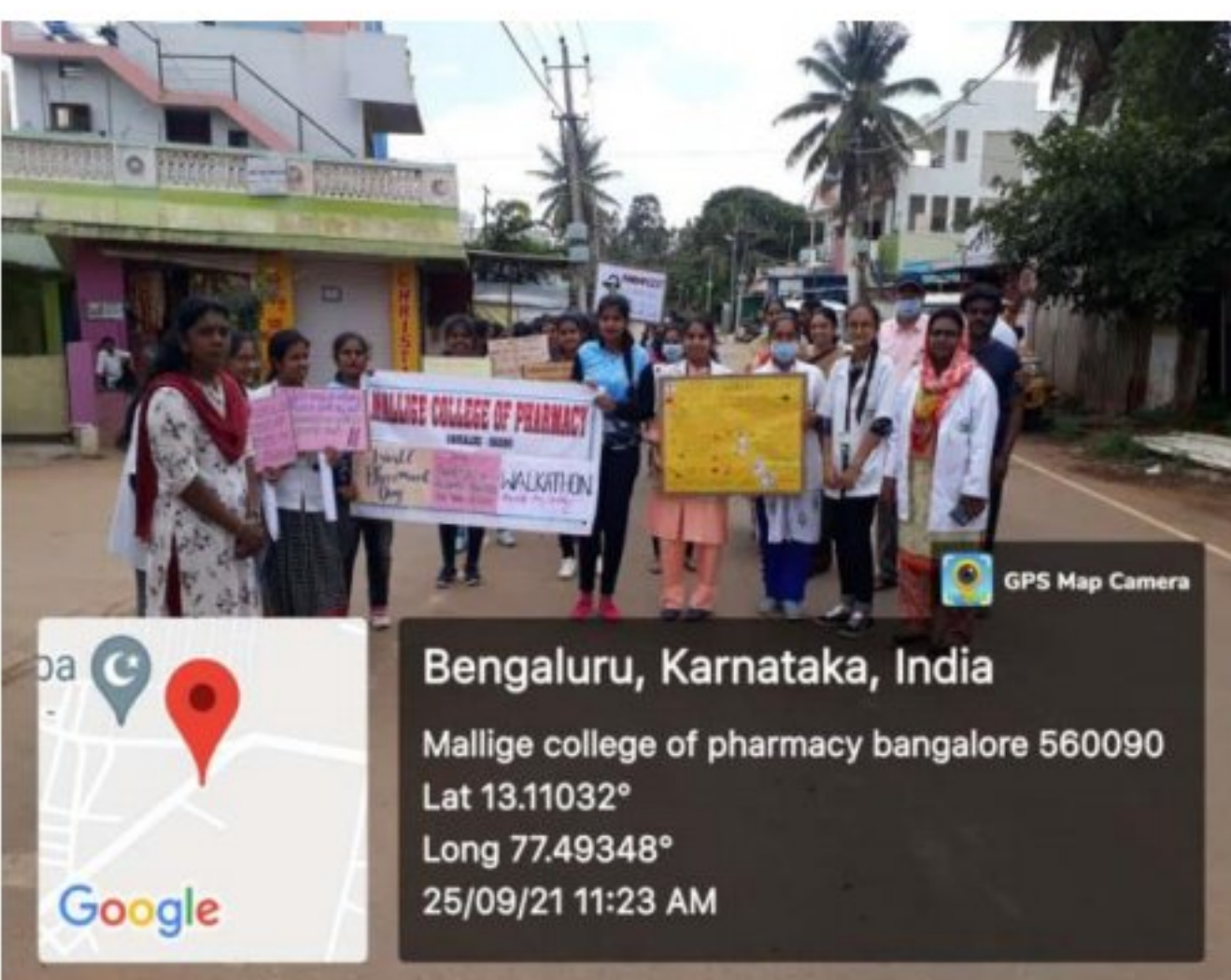
## GRADUATION OF THE FIRST BATCH OF PHARM.D(2015-21) ON 04<sup>TH</sup> MAY 2022



## WORKSHOP ON EMERGING CLINICAL PHARMACOLOGIST IN INDIAN HEALTH CARE SYSTEM ON 16<sup>TH</sup> MARCH 2022



## WALKATHON ON WORLD PHARMACIST DAY HIGHLIGHTING THE IMPORTANCE OF PHARMACIST





## SEMINAR ON CELL CULTURE AND ITS APPLICATION IN RESEARCH BY Dr.C N VISHNU PRASAD ON 12<sup>TH</sup> MARCH 2022



## SEMINAR ON PRE-PLACEMENT TRAINING BY NIHIL NAGAWANSHI ON 14<sup>TH</sup> MAY 2022



## GPAT QUALIFIERS 2022

878 <sup>th</sup> RANK	1361 <sup>th</sup> RANK	3870 <sup>th</sup> RANK	4077 <sup>th</sup> RANK	9508 <sup>th</sup> RANK
				
SHREYA UDUPA	POOJA R	PRAJAPATI ABHISHEK	USHA R	GIRIJA
98.26 %	97.30 %	92.33 %	91.92 %	81.57 %

*Heartiest Congratulations to the successful Rank Achievers*



# CONGRATULATIONS !

## STATE RANK HOLDERS

### IN RGUHS EXAMINATIONS-2021

#### PHARM.D

1<sup>ST</sup> RANK



**PRIYA T K**  
2<sup>ND</sup> PHARM.D  
84.33%

3<sup>RD</sup> RANK



**REMA RACHEL**  
2<sup>ND</sup> PHARM.D  
83.78%

2<sup>ND</sup> RANK



**MONIKA L**  
3<sup>RD</sup> PHARM.D  
88.09%

5<sup>TH</sup> RANK



**KARTHIK M**  
3<sup>RD</sup> PHARM.D  
85.91%

10<sup>TH</sup> RANK



**SPURTHI B S**  
3<sup>RD</sup> PHARM.D  
84.73%

5<sup>TH</sup> RANK



**SUMAYYA M**  
3<sup>RD</sup> PHARM.D  
86.80%

7<sup>TH</sup> RANK



**KAVERI KADOWADE**  
3<sup>RD</sup> PHARM.D  
86.40%

6<sup>TH</sup> RANK



**LUBNA FAIYZA**  
5<sup>TH</sup> PHARM.D  
87.60%

10<sup>TH</sup> RANK



**S MYDHILY**  
5<sup>TH</sup> PHARM.D  
86.40%

#### B.PHARM

2<sup>ND</sup> RANK



**SUPREETHA**  
VI SEM B.PHARM  
83.43%

10<sup>TH</sup> RANK



**YASHASWINI C**  
VI SEM B.PHARM  
81.20%

#### M.PHARM

6<sup>TH</sup> RANK



**SIBA KUBRAH**  
II SEM M.PHARM  
84.92%