

## Info. Notes

- \*Diagnosis of myasthenia= edrophonium
- \* treatment of myasthenia=physiostigmine & neostigmine

- \*prophylaxis= proguanil then mefloquine then chloroquine then doxycyclin
- \* treatment=Chloroquine then primaquine .

- \*Rifampicin= make discoloration to : urin + sweat
- \*tetracycline=make discoloration to : teeth + mucus membrane & nails ..
- \*lipitor= cause black tarry stool .
- \*celebrex= cause dark colour stool .

Grape fruit juice C.I in :

- 1- CCB eg. Amlodipine , felodipine
- 2- Cyclosporine
- 3- Statin drugs
- 4-Buspirone
- 5- Carbamazepine
- 6- Amiodarone

9ppm means 9mg/L

- Hypotonic Solutions = less than 0.9%
- Hypertonic Solutions = more than 0.9%
- Isotonic Solutions = equal to 0.9%

$F(\text{bioavailability}) = \text{AUC}(\text{dosage form}) / \text{AUC IV}$

- \*ACEI main side effect = Dry cough
- \*ARBs main side effect = Dizziness

- need adj. In renal impairment : gentamycin + furosemide
- need adj. In hepatic impairment : B blockers specially propranolol

In ttt of Asthma : First take B-agonist THEN corticosteroids .

Max. Wt for rectal supp is 2 g

Max. Wt For vaginal supp is 5g

**late menopause is not risk factor of Breast cancer , early menopause is not risk factor of osteoporosis**

ephedrin : ia weak electrolyte

urea & glucose : not electrolyte

Vitamin C protects stomach from aspirin .. thats it .. 3ashan kida beyeta7'ado sawa .. law fe harmful effect, ma kano 7ayeta7'ado sawa

**\*Acute Gout:**

**NSAIDs +indomethacin+colchicine..**

**\*Chronic Gout:**

**Allopurinol +uricosuric agents ..**

**\*All about Sumatriptan:**

**Sumatriptan 5HT1 agonist**

**Treatment only**

**Dose 50\_100mg..max 300mg daily**

**Oral and nasaly**

**Cant give as iv**

**Meningitis the causative organism: If it said +ve answer is mycobacterium  
BUT if -ve answer is h.influenza**

**\*The optimum BP for hypertensive patient:  
<140/90 mg/dl if hypertensive patient and less than <130/80 if diabetic but  
if normal without complication 120/80 mg/dl**

**all triptans used for treatment of migraine**

**To change from Fluoxetine to Amitriptyline wait for ----- 5 weeks  
To change from Sertaline to MAOi wait for ----- 2 weeks**

**Isophane insulin composed of (Solu. Insulin + protaine )**

**\*Drugs cause Photosensitivity :**

**Diuretics      -Fluoroquinolones      -Amidarone      -Aciclovir  
-Doxacycline      -Thiazide**

**ttt of Anaphylactic Shock-----epinephrin=adrinaline**

**ttt of Shock-----Dopamine**

**1 Grain = 0.065 Gram = 65 miligram**

**10mg diazepam =0.5mg alprazolam =1mg lorazepam(equav.)**

ttt of motion sickness DOC is : Scopolamine THEN Meclizin THEN Cyclizine ..

**Hypoparathyroidism cause of hypocalcemia need vit d and ca .**

**5 mg prednisolone = 20 mg hydrocortisone (equive.)**

\* eczema : grey patches on hands

\*scabies: grey borrows

\*warts: grey node a round finger

\* psoriasis: silvery grey scales

**Accidification of the urine ..by ammonium chloride or ascorbic acid**

pharmacopia is relate to purity ..strength..quality

**Acute gout =NSAID+indomethacin+colchicine**

**Chronic gout= allopurinol+uricosuric agents**

crcl normal level:

**Men 97-137**

**Women 88-128**

Otitis media ttt >>>>analgesics

Otitis externa ttt >>>fluxacillin

Buprenorphine 200 microgram tablets and 500 microgram injection >> **CDA**

Buprenorphine ( $\geq 2$ mg tab) >> **Narcotic**

journal -----primary ,  
Abstract----- secondary ,  
Medline----- for drug information

(bioavailability) = amount absorbed /total amount

**MSSA=naflxcilln ----- MRSA= vancomycin**

**MRSA** = methacillin **resistance** staphylococcus aureus ....

**MSSA** = methacillin **sensitive** staphylococcus aureus ....

Vaccines record kept for min.-----2 years

Narcotics record kept for min.-----5 years

Horizontal laminar flow for -----antibiotic

vertical laminar flow for -----cytotoxic

Na. benzoate mainly as preservative at food and can also be used in drugs ...  
methylparaben has antimicrobial effect so used as preservative ...

**Tetracycline take on empty stomach before food, at least 1 hour .. and after food with 2 hours**

**Isosorbide Take on empty stomach, 30 minutes before meals or 1 hour after meal**

**Promethazine (Avomine ) is is a neuroleptic medication and first-generation antihistamine of the phenothiazine family and its C.I in patient under 2 years**

**Respiratory depression in patients under age of two and in those with severely compromised pulmonary function**

1- Sterilization technique for paretrals????

Aseptic technique

**Autoclaving**

Filtration

If **thermolabile** .. filtration

If **thermostable** or didn't mention anything autoclaving ..

So here autoclaving

**Why do I need a flu vaccine every year?**

A flu vaccine is needed every season for two reasons. First, the body's immune response from vaccination declines over time, so an annual vaccine is needed for optimal protection. Second, because flu viruses are constantly changing, the formulation of the flu vaccine is reviewed each year and sometimes updated to keep up with changing flu viruses. For the best protection, everyone 6 months and older should get vaccinated annually

**Thyroid-stimulating hormone** (also known as **thyrotropin**, **TSH**, or **hTSH** for human TSH) is a pituitary hormone that stimulates the **thyroid** gland to produce **thyroxine** (T<sub>4</sub>), and then **triiodothyronine** (T<sub>3</sub>) which stimulates the metabolism of almost every tissue in the body.<sup>[1]</sup> It is a **glycoprotein** hormone synthesized and secreted by **thyrotrope** cells in the **anterior pituitary gland**, which regulates the endocrine function of the **thyroid**.<sup>[2][3]</sup>

### \*types of hypersensitivity reaction

**-They r 4 reactions :**

**-Type 1 also called immediate hypersensitivity reaction or allergic hypersensitivity reaction .... The immunoglobulin released in this type is IgE**

**-Type 2 also called cytotoxic hypersensitivity reaction .... The immunoglobulin released in this type is IgG and IgM**

**-Type 3 also called immun-complex hypersensitivity reaction ..... The immunoglobulin released is also IgG and IgM**

**-Type 4 also called delayed hypersensitivity reaction ..... In this type TH 1 and TH 2 are released which are called T lymphocytes that are activated due to the antigen .... They activate cytokines , macrophages to start killing the target antigen**

16- Match

i.	Diazepam	A- CDB	1- Schedule 3,1995
ii.	Procainamide	B- CDA	2- Schedule6&7,1995
iii.	Lithium .....	C- Narcotic	3- .....

- A- i-B-2, ii-A-1, iii-C-3  
 B- i-B-1, ii-A-3, iii-C-2  
 C- i-B-3, ii-A-2, iii-C-1  
 D- ...

17- Match

i.	Compliance	Patient take the augmentin for 3 days and discard the rest of the treatment
ii.	Adverse drug Reaction	Patient use .... Fluoride but still has cavities
iii.	Ineffective Dose	Patient use captopril for 1month, but still he has a high blood pressure.
iv.	.....	.....

**Q16**

**Diazepam>>>>>CDA**

**Lithium >>>>>CDB**

**procainamide>>>>Narcotic**

**Q17**

**captopril>>>>>ineffective dose**

**augmentine>>>>compliance**

**flouride>>>>>>adverse effect**



**Pharmaceutical Equivalents.** Drug products are considered pharmaceutical equivalents if they contain the same active ingredient(s), are of the same dosage form, route of administration and are identical in strength or concentration (e.g., chlordiazepoxide hydrochloride, 5mg capsules).

**Pharmaceutical Alternatives.** Drug products are considered pharmaceutical alternative if they contain the same therapeutic moiety, but are different salts, esters, or complexes of that moiety, or are different dosage forms or strengths (e.g., tetracycline hydrochloride, 250mg capsules vs. tetracycline phosphate complex, 250mg capsules; quinidine sulfate, 200mg tablets vs. quinidine sulfate, 200mg capsules)

**Therapeutic Equivalents.** Drug products are considered to be therapeutic equivalents only if they are pharmaceutical equivalents and if they can be expected to have the same clinical effect and safety profile when administered to patients under the conditions specified in the labeling

**The reference therapeutic ranges of theophylline are listed below.**

Reference ranges of theophylline in the treatment asthma vary by age, as follows:

Adults: 5-15  $\mu\text{g/mL}$

Children: 5-10  $\mu\text{g/mL}$

The reference range of theophylline in the treatment of acute bronchospasm in adults is 10-15  $\mu\text{g/mL}$ .

The reference range of theophylline in the treatment of neonatal apnea is 6-11  $\mu\text{g/mL}$ .

## Otitis externa

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**Burow's solution** is a very effective remedy against both bacterial and fungal external otitis. This is a buffered mixture of **aluminium sulfate** and **acetic acid**, and is available without prescription in the United States.

Effective medications include **ear drops** containing **antibiotics to fight infection**, and **corticosteroids to reduce itching and inflammation**. In painful cases a topical solution of antibiotics such as **aminoglycoside, polymyxin or fluoroquinolone** is usually prescribed. **Antifungal solutions** are used in the case of fungal infections. External otitis is almost always predominantly bacterial or predominantly fungal, so that only one type of medication is necessary and indicated.

## Otitis media

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Oral and topical **pain killers** are effective to treat the pain caused by otitis media. Oral agents include **ibuprofen, paracetamol** (acetaminophen), and **opiates**. Topical agents shown to be effective include **antipyrine and benzocaine ear drops**.<sup>[18]</sup> **Decongestants and antihistamines**, either nasal or oral, are not recommended due to the lack of benefit and concerns regarding side effects.<sup>[19]</sup> Half of cases of **ear pain** in children resolves without treatment in three days and 90% resolves in seven or eight days

## Antibiotics<sup>[edit]</sup>

It is important to weigh the benefits and harms before using antibiotics for acute otitis media. As over 80% of acute episodes settle without treatment, about 20 children must be treated to prevent one case of ear pain, 33 children to prevent one **perforation**, and 11 children to prevent one opposite side ear infection. The harms include, for every 14 children treated one child has an episode of either vomiting, diarrhea or a rash.<sup>[21]</sup> If pain is present, treatment to reduce it should be initiated.

## **\* Medication used for the treatment of glaucoma**

### **1-first-line drugs: Prostaglandin Analogs**

- These include latanoprost (Xalatan), bimatoprost (Lumigan), travoprost (Travatan), unoprostone (Rescula), and tafluprost (Zioptan)

.

### **2-second-line drugs: Beta adrenergic blockers**

- This group includes **timolol** (Timoptic Betimol, Istalol), levobunolol (Betagan, AKBeta), **betaxolol**(Betoptic), **carteolol** (Ocupress), and metipranolol (OptiPranolol).

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### **3-third-line drugs: Alpha agonists**

- These include various formulations of brimonidine (Alphagan, Alphagan-P).

-What is the role of medication management service???

pharmacists whose aim is to optimize drug therapy and improve therapeutic outcomes for patients. Eleven national pharmacy organizations adopted this definition in 2004. Medication therapy management includes a broad range of professional activities, including but not limited to performing patient assessment and/or a comprehensive medication review, formulating a medication treatment plan, monitoring efficacy and safety of medication therapy, enhancing medication adherence through patient empowerment and education, and documenting and communicating MTM services to prescribers in order to maintain comprehensive patient care.

**control**

هي دراسة تمت في الماضي لقروبين واحده فيهم المرض والتانيه لا  
يعني الكيس بيكون فيها البدايه مرض زي **pancertitis**

**corohot**

أما دراسه مستقبلية يعني الدراسة بتكون في  
القروب البشتغلو فيه مابيكون عنده مرض بس ريسك فاكترور **risk factor**  
بيكون بادي السؤال بالريسك وليس المرض ..ده الفهمتو بعد عناء في القصة دي **smoker** يعني

**Control**

قائمه على  
التحكم بظروف التجربه  
**placebo** اعطي مجموعته الدوا ومجموعه  
وطبعا مقارنه بينهم

**Cohort**

**risk factor** اشوف تأثير  
والي بتكون متلا التدخين او السمنه او الادويه على  
مرض معين

**cohort**

بحكي عطول **risk factor** ازن بالسؤال اذا بدأ بدراسه  
والعكس صحيح اذا عايز يدرس تأثير الضغط على السمنه بكون

ALL THE BEST FOR ALL OF YOU ..

• ● Pharm AF ● •

bacteriostatic → stops bacteria from  
reproducing while not necessarily harming them

2 bactericide → Kill bacteria

MAY

مايو

bacteria usually start to grow again

Friday

26 Rabial 1429

26 ربيع الآخر 1429

الجمعة

## Adrenal gland

### Anterior

- 1) Adrenocorticotropic hormone.  
other name: corticotropin (ACTH).
- 2) Beta-endorphin
- 3) Thyroid-stimulating hormone  
other name: thyrotropin (TSH).
- 4) Follicle-stimulating hormone (FSH)
- 5) Luteinizing hormone (LH, ICSH)  
other name: Lutropin
- 6) Growth hormone (GH, STH)  
other name: Somatotropin
- 7) prolactin (PRL)  
other name: lactotropin.
- 8) leptin

### posterior secrete:

- 1) oxytocin.
- 2) vasopressin.

\* Anterior pituitary regulate: stress, growth,  
reproduction and lactation...

## Bacteriostatic (Test cc) :-

- T = tetracyclin
- E = Erythromycin
- S = ~~sulpha~~ sulfonamides
- T = Trimethoprine
- C = chloramphenicol
- G = Clindamycin

Which of the following is bacteriostatic :

- A) chloramphenicol
- B) Macrolides
- C) Aminoglycoside + cephalosporin

2008 Ans: A + B

## Enzyme inducers

- 1) Barbiturates expl: phenobarbital
- 2) Rifampin
- 3) alcohol
- 4) Smoking
- 5) carbamazepine
- 6) alcohol
- 7) Griseofulvin
- 8) phenytoin

## Enzyme inhibitors

- 1) Cimetidine
- 2) Ketoconazole
- 3) Fluconazole
- 4) chloramphenicol
- 5) Erythromycin
- 6) Fruit juice

3

MAY

cream o/w  
ointment w/o  
cold cream w/o  
ممايو

Saturday

27 Rabiul II 1429

الجمعة 27

\* Duration

# Insulin

rapid acting

short acting

intermediate acting

long acting

1) Lispro  
(Humalog)

\* 3-4h

2) Aspart  
(Novolog)

\* 3-5hr

3) Glulisine  
(Apidra)

\* 3-5

1) Regular

\* 5-8

1) NPH

\* 10-16h

2) Detemir  
(Levemir)

\* 12-18hr

1) Glargine  
(Lantus)

\* 20-24hr

\* Beta<sub>2</sub> - adrenergic agonist :-

used in asthma  
acute

- short acting
  - Salbutamol
  - Terbutaline
  - Fenoterol
  - Levasalbutamol

- ultra acting
  - indacaterol

- long acting
  - Salmeterol
  - formoterol

\* Beta blocker (beta antagonist)

non selective agent

- carvedilol (has additional  $\alpha$ -blocking activity)
- Labetalol (has additional  $\alpha$ -blocking activity)
- Nadolol
- Pindolol (has intrinsic sympathomimetic activity)
- Propranolol (has intrinsic sympathomimetic activity)
- Sotalol
- Timolol

B<sub>1</sub> - selective agent

- Acebutolol
- Atenolol
- Bisoprolol
- Esmolol
- Metoprolol
- Nebivolol

B<sub>2</sub> - selective agent

- Butaxamine (has weak  $\alpha$ -adrenergic agonist activity)

B<sub>3</sub> - selective agent

SR 59230A

2008



# amino acid

## essential

- Histidine
- Isoleucine
- Leucine
- Lysine
- Methionine
- phenylalanine
- Tryptophan
- valine
- threonine

H I L<sub>e</sub> L<sub>y</sub> M P T<sub>r</sub> V Th

H I L M P<sub>h</sub> T<sub>h</sub> V = 7

## non-essential

- Alanine
- Arginine
- Aspartic acid
- cysteine
- Glutamic acid
- Glutamine
- Glycine
- proline
- Serine
- Tyrosine
- Asparagine
- selenocystein

6 ← A C G S T P ← A A A C G G G P  
2008  
 S T A S  
l u l e t y

S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F

## \* Notes :-

\* in motion sickness :-

10.00 Avomine tab. Not give for child <sup>under</sup> < 2 years

11.00 pharengan elixir " " " " < 2 years

12.00 stugeron " " " " < 6 years

\* For stress test → doputamine ..

16.00 \* edorphines best described as: endogeneous opioid peptides ..

\* Second cause of hypertension in children: Kidney disease

15.00 \* insulin & pioglitazone .. in insulin resistant diabetes ..

\* OTC diarrhea = loframide