

Editor's Desk

The encouraging response and wide acceptance of our last issue (Vol.1) of 'Drug Bulletin' has motivated us further to bring out the second issue with interesting snippets, a case study and drug information updates. Now, the bulletin has been made available online on the EHA website (www.eha-health.org/resources). The timely release of the bulletin has been made possible due to the support of a dedicated and devoted group of editorial members, well wishers and individuals from the hospitals.

We are hopeful that the information published in this issue will benefit all medical, nursing professionals and support staff of our hospitals. Lastly we invite suggestions from readers and well wishers to further improve the drug bulletin.

Vijay Roy | Editor

Low vitamin D may make kids' asthma worse

This study reported that Vitamin D deficiency, which can occur even in "sun-replete" areas of the world, may lead to more severe asthma and allergies in childhood. The authors found that lower levels of vitamin D were associated with increased odds of being hospitalized for asthma, increased airway "twitchiness," and more severe allergies. It is still unknown the role of vitamin D in the development of asthma, and whether vitamin D supplementation would be beneficial in the prevention or treatment of asthma.

- *American Journal of Respiratory and Critical Care Medicine, May' 2009.*

MediReviews-

Breast feeding Cuts Moms' Heart Risk

A recent study showed that breast feeding cuts a woman's risk of heart disease and diabetes long after her infant has grown up. "The longer women nursed babies, the less likely they were to develop diabetes, heart disease, or stroke," "The more pregnancies you have, the more risk of heart disease you have. But if you breastfeed longer in each pregnancy, you come out just fine". The author found that if women breastfed one or more months, they were less likely to have diabetes, high blood pressure, or high cholesterol. If they breastfed for more than six months during their lifetime, they were less likely to have a heart attack or stroke. "Any breastfeeding was good, but more was better".

- *Obstetrics & Gynecology, May' 2009.*

Acid-Suppressing Meds May Boost Pneumonia Risks

A recent research study reported that, instead of helping them get better faster, giving acid-suppressing medications to many hospital patients actually increases their risk of developing pneumonia while in the hospital.

In critically ill hospital patients, the medications have been shown to prevent serious gastrointestinal problems like peptic ulcer bleeding caused by the physical stress of illness. And, because the potential for benefit seemed clear and the risk of side effects appeared low, use of the drugs also became commonplace in patients who were not in intensive or critical care. Two different classes of medications can reduce acid in the stomach. One class, called proton pump inhibitors (PPIs) e.g. Omeprazole - blocks acid from being pumped into the stomach and the other class, commonly referred to as H2 blockers, also decreases acid in the stomach but is not as effective at reducing acid as a proton pump inhibitor. Both classes of medications are sold as prescription drugs and over-the-counter medicines. After adjusting the data to account for numerous factors -- including the severity and type of illness, whether the hospitalization was for an elective procedure or an urgent condition, and more -- the researchers found that the risk of developing pneumonia in the hospital was 30 percent higher for those on acid suppressive medication

- *Journal of the American Medical Association, May' 2009*

Cyclosporine Eye Drops a Good Deal for Dry Eye

A new study suggested that an Eye drops that contain the immunosuppressant drug cyclosporine may be a cost-effective treatment for dry eye syndrome that doesn't respond to other therapies. Dry eye occurs in 15 percent to 34 percent of older people, according to the study.

The researchers used eye drops containing a 0.5 percent emulsion of cyclosporine to patients with moderate to severe dry eye syndrome that didn't respond to conventional therapy. In terms of quality of life, the cyclosporine drops offered 4.3 percent more improvement than eye drops containing only lubricant and 7.1 percent more improvement than no treatment.

- *The Archives of Ophthalmology, February' 2009*



New Drugs Approval

Loteprednol etabonate - Nasal spray 0.1% w/v - For prophylaxis and treatment of the nasal symptoms of seasonal allergic rhinitis.

Lornoxicam 4mg + Paracetamol 500mg tablets - For the short term use in acute painful & inflammatory conditions in adults.

Doripenem (as monohydrate) Injection 250mg/500mg - For the treatment of nosocomial pneumonia in adults.

Ropivacaine HCl Inj. 2/5/7.5/10mg - For the production of local or regional anesthesia for surgery and for acute pain management.

MediWatch-

DRESS Syndrome Reported (Drug Rash with Eosinophilia and Systemic Symptoms)

A 45 year old gentleman presented to us with a generalized skin rash, jaundice and fever for 6 days. He had been on treatment for Hansen's disease with Dapsone, Clofazimine and Rifampicin for the past 4 weeks. On examination he was febrile, had mild generalized edema, prominent icterus and an exfoliative rash over the face, trunk, back and upper limbs.



The possibility of DRESS syndrome related to use of Dapsone was considered. The lab tests revealed Hb 12.2gm%; Total WBC count-16500; Neut. 82%; Lymph. 18%; Ser Creatinine 0.9mg% and mildly elevated liver enzymes. However eosinophilia was not reported in this patient. The

patient improved after stopping medication for Hansen's disease and initiation of glucocorticoid therapy. Oral prednisolone 30 mg once daily was given for two weeks and his jaundice and skin rash settled down. After a month, when he needed to be re-started on antileprosy medications, Ofloxacin was used instead of Dapsone in the regime.

DRESS syndrome was previously called Drug hypersensitivity syndrome (DHS). The clinical features were first introduced in 1996 by Bocquet et al. The main features reported were fever, rash, lymphadenopathy, internal organ involvement and eosinophilia. The most frequently involved organ is the liver, followed by the kidney and lungs. The common drugs implicated in causation are anticonvulsants, sulfonamides, dapsone, allopurinol, minocycline, gold salts, ACE inhibitors and Beta blockers. The pathophysiology is probably related to a defect in the detoxification of the causative drug, immunological imbalance and HHV-6 co-infection. The clinical course is that it usually takes 2-6 weeks for the rash to appear after the drug intake. It is often under-diagnosed. The mainstay of management is withdrawal of the potential culprit drugs. Systemic corticosteroids are often used (0.5 to 1 mg/kg) if internal organs are involved. Topical steroids help for skin manifestations. Documenting drug administration timing and its temporal relationship helps in preventing recurrence.



- *Dr. Philip Finny, Duncan Hospital, Raxaul*

Rationale of drug use-

Taking an Antacid - What you should know before you use

An over-the-counter antacid can help relieve mild cases of heartburn or acid reflux. And even though you don't need a doctor's prescription to obtain one, but still need to understand the rationale of taking

The American Academy of Family Physicians offers this information about taking an antacids:

- Talk to your doctor before you take one, since there are different types of antacids that work in different ways.
- To manage an ulcer, an antacid may need to be taken in conjunction with an antibiotic. Again, consult with your doctor.
- If you need more calcium to help strengthen bones, consider an antacid that contains calcium carbonate.
- In some users, antacids may have minor side effects such as nausea, headache, diarrhea or constipation.
- Read the label carefully to make sure you're not allergic to any of the ingredients.
- People with kidney disease may not be able to take all types of antacids. Consult with your doctor about what's safe for you.
- An antacid may interact with other medications, so talk to your doctor before you take one to make sure you're not at risk.

- HealthDay, Medline Plus, May'2009

DRUGtoon

"Do you mind telling me why you ran away from the operating room?" the hospital administrator asked the patient.

"Because the nurse said, 'Don't be afraid! An appendectomy is quite simple.'"

"So...."

"So?" exclaimed the man... "She was talking to the doctor!!!!"



Warnings

Ceftriaxone sodium - Do not use diluents containing calcium, such as Ringer's solution or Hartmann's solution, to reconstitute ceftriaxone sodium vials...

Seminar / Conferences

NABH Awareness Workshop

EHA organized a two-day workshop "NABH Accreditation Awareness" on 17th and 18th April 2009 in New Delhi. The workshop was organized along with the NABH (National Accreditation Board for Hospitals and Health Care Providers) and QCI (Quality Council of India). A total of 35 participants from different EHA hospitals attended the workshop, comprising doctors, nurses, administrators, managers and management team. The objective of the workshop was to sensitize us on NABH standards and processes and also to see hospitals putting in required standards, processes and protocols, which will help in improving documentation, patient satisfaction, employee satisfaction and overall quality of services.

Dr. Praneet Kumar and Co..Dr. S.K.M Rao were the resource persons from NABH who led the sessions covering all the 10 chapters of NABH standards. The workshop was very practical and helped all the participants in understanding the quality standards with a right perspective. The participants made a commitment to improve the quality of services by putting things in place as per NABH standards. As an organization we are looking at 5 hospitals going in for NABH accreditation in the next 1-2 years and we are piloting at Baptist Christian Hospital, Tezpur. Tezpur has already been working on NABH and pre assessment will be done by the end of May.

The Executive Director has emphasized the need for our hospitals to focus more on quality. This will only happen by putting in proper standards, processes and protocols in place. Providing quality service is one of our core values. We should strive to see that the communities we serve receive best quality service.

- Victor Emmanuel, EHA Central Office.



DRUG *bulletin*

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