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PHARMACY COLLEGE FOR WOMEN

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PHARMA BEACON - VPCW EDITION

EXPERT DESK

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Tiruchengode & Sankagiri.

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Whats App : 9443734672

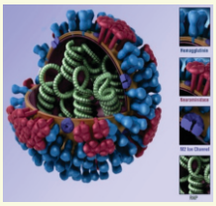
H1N1

H1N1 swine flu is a form of influenza A virus (a communicable viral disease) that can cause respiratory infections in humans and animals. H1N1 swine flu is a common infection in pigs worldwide. Sometimes, people who are closely associated with pigs or in the proximity of pigs have developed swine flu (zoonotic). H1N1 has been involved in two major pandemics (1918 Spanish flu and 2009 swine flu) [1]. The 1918 pandemic was the deadliest in history, infected approximately 500 million people and resulted in the deaths of 50 – 100 million people worldwide. In 2009, a new strain H1N1 swine flu spread fast around the world among humans. However, the 2009 H1N1 virus was not zoonotic swine flu because it was not transferred from pigs to humans. Instead, it spread through airborne droplets from human to human, and potentially, through human contact with inanimate objects contaminated with the virus and transferred to the eyes or nose [2][3]. More recently in 2015, a mutant strain of H1N1 which caused the global pandemic in 2009, spread across India with over 10,000 reported cases and 774 deaths [1]. The known incubation period for H1N1 swine flu ranges from 1 to 4 days, with the average around 2 days in most individuals, but some individuals, it may be as long as 7 days.

The contagious period for adults starts about 1 day before symptoms develop and lasts around 5 to 7 days after the person develops symptoms. The contagious period may be longer in individuals with weakened immune systems and children (e.g., 10 to 14 days) [4].

The pathological manifestations linked to swine flu comprise multiple focal losses and possible desquamation of pseudo- and columnar epithelial cells, along with potentially noticeable hyperemia and oedema in the submucosa. Additionally, thrombus formation at the bronchiolar level might occur. Acute inflammation can be severe, as evidenced by desquamative bronchiolitis and hemorrhagic tracheobronchitis, which can lead to bronchiolar wall necrosis. Polymorphs and mononuclear cells infiltrate the affected area once necrosis has occurred. These alterations are typical of diffuse alveolar destruction and the fibroproliferative stage of acute respiratory distress syndrome. It is advised that the afflicted patient be isolated for approximately five days. H1N1 symptoms are similar to seasonal flu, such as fever and chills, cough, sore throat, congested eyes, myalgia, shortness of breath, weight loss, chills, sneezing, headache, rhinorrhea, coughing, dizziness, abdominal pain, decreased appetite, and fatigue. Respiratory failure was the most common cause of death in severe cases. Other causes included high fever (causing neurological problems),

pneumonia (causing sepsis), dehydration and severe hypotension (from vomiting and diarrhea), electrolyte imbalance associated complications, and kidney failure. Routine investigations should be performed for the patient who presents with these symptoms. These usually include hematological, microbiological, biochemical, and radiologic tests. A respiratory sample (simple nose or throat swab) is required for a confirmed diagnosis of swine flu. In humans, these tests include the Reverse Transcriptase - Polymerase Chain Reaction test (RT-PCR) and virus isolation test [1].



The management for infected patients depends on the severity of symptoms of influenza, mild to moderate influenza can be treated at home with rest, oral hydration, and symptomatic treatment with antipyretics like paracetamol, antihistamines for nasal congestion and rhinitis and NSAIDS or Paracetamol for headaches and body aches. Patients with progressive or severe symptoms should be admitted to hospitals and preferably in intensive care units (ICU). The antiviral medications: zanamivir, oseltamivir, and peramivir have been documented to help reduce, or possibly prevent, the effects of swine flu if the medication is taken within 48 hours of the onset of symptoms [1]. H1N1 can be prevented by getting vaccinated, practicing good hygiene, and avoiding contact with sick people [2]. Recently, Germany reported to WHO on May 11, 2022, that one human case of influenza A(H1N1) infection with swine origin had been laboratory confirmed in the German state of North Rhine-Westphalia.

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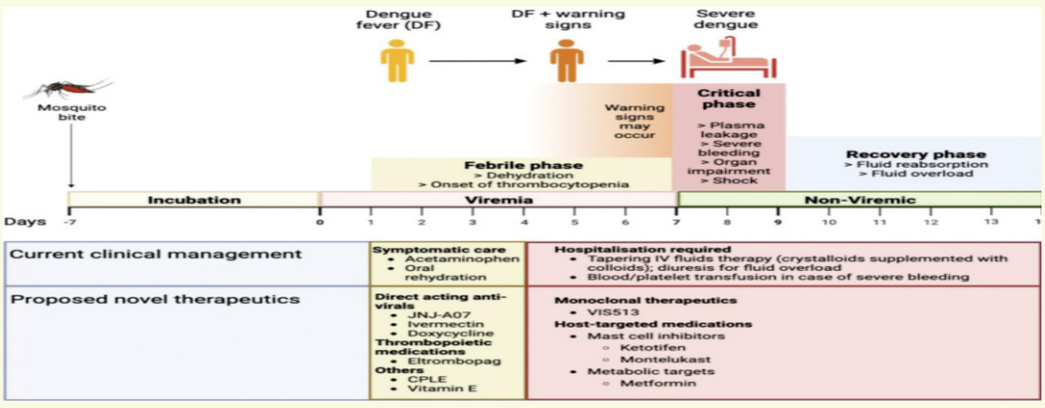
1. Kshatriya RM, Khara NV, Ganjiwale J, Lote SD, Patel SN, Paliwal RP. Lessons learnt from the Indian H1N1 (swine flu) epidemic: Predictors of outcome based on epidemiological and clinical profile. Journal of family medicine and primary care. 2018 Nov;7(6):1506.
2. Rewar S, Mirdha D, Rewar P. Treatment and prevention of pandemic H1N1 influenza. Annals of global health. 2015 Sep 1;81(5):645-53.
3. Keenliside J. Pandemic influenza A H1N1 in Swine and other animals. Swine Influenza. 2012 Dec 21:259-71.
4. Calore EE, Uip DE, Perez NM. Pathology of the swine-origin influenza A (H1N1) flu. Pathology-Research and Practice. 2011 Feb 15;207(2): 86-90.

DENGUE : UPDATE ON CLINICALLY RELEVANT THERAPEUTIC STRATEGIES AND VACCINES

Dengue fever (DF), caused by the **dengue virus** (DENV), is the world's most prevalent and important arboviral infection. DENV belongs to the genus Flavi virus. The virus is spread by an infected **mosquito bite** during a blood meal and exists in both sylvatic and urban ecosystems. The sylvatic cycle of DENV involves virus transmission between non-human primates (NHP) and mosquitos prevalent in the forest while in the urban cycle of transmission, the virus is maintained within human population aided by urban dwelling mosquitos such as ***Aedes aegypti***

Clinical management and possible treatment options for Dengue fever



JNJ-A07 is a direct-acting dengue therapeutic with promising preclinical data. It functions as an NS4B inhibitor, effectively inhibiting the formation of the DENV replication complex by disrupting the interaction between the NS4B protein, a multi transmembrane protein located at the endoplasmic reticulum and NS3, a serine protease-helicase. In vitro studies have demonstrated that JNJ-A07 exhibits antiviral activity against all four dengue serotypes, as well as 21 clinical isolates.

IVERMECTIN : A broad-spectrum antiparasitic drug against helminthic infection has been previously shown to inhibit all four dengue serotypes in-vitro by inhibiting the host nuclear import proteins that were important for nuclear localization of the dengue NS5 protein with RNA-dependent RNA polymerase (RdRp) function.

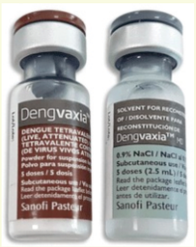
AT-752 is a recently developed orally available guanosine nucleotide analog by Atea Pharmaceuticals. It operates by targeting the RdRp (RdRp stands for RNA-dependent RNA polymerase is an essential enzyme for the replication of RNA viruses. RdRp plays a crucial role in the transcription and replication of the viral genome, making it an attractive target for antiviral drugs) function of the NS5 protein. The drug undergoes metabolism within cells to form an active triphosphate metabolite called AT - 9010. This metabolite functions as a GTP analog, getting incorporated into RNA by RdRp. This incorporation ultimately leads to the inhibition of viral replication.

DOXYCYCLINE : A broad-spectrum tetracycline-class antibiotic and antimalarial, has shown some efficacy as an antiviral against DENV1-4 in-vitro by inhibiting NS2B-NS3 protease activity, resulting in reduced viral entry and replication.

ELTROMBOPAG : Administration of 25 mg of eltrombopag, a thrombopoietin receptor agonist that stimulates megakaryopoiesis, in a short regimen for three days, was shown to significantly augment platelet recovery and increase platelet count to above the lower normal limit (LNL) (150×109/L) in 91% of patients on day-7 post enrollment, compared to 55% in the control group. Eltrombopag also had a favourable safety profile with no thrombosis and no increase in adverse events (vomiting, diarrhea) compared to the control group. These results suggest that eltrombopag may be a therapeutic option for thrombocytopenia and for abating bleeding manifestations in dengue patients.

OTHER SUPPLEMENTS : Clinical trials showed reduction in liver derangements and increased platelet recovery upon vitamin E supplementation in addition to supportive therapy in dengue patients when compared to the control group. Other smaller RCTs with vitamin D and zinc supplementation showed reduced relative risk of DHF and decreased duration of hospital stay respectively. A retrospective observational study investigating the effect of vitamin C supplementation in dengue fever reported increased platelet recovery and reduced hospitalization duration in patients receiving vitamin C. Currently, two phase-II clinical trials have been registered to study the efficacy of vitamin C alone and vitamin C and B1 combination in reducing morbidity in dengue patients.

VACCINES IN DENGUE



CYD-TDV (Chimeric Yellow Fever Virus–DENV–Tetravalent Dengue Vaccine), also known as Dengvaxia, was developed by Sanofi Pasteur. It was the first dengue vaccine to receive licensing, based on three clinical trials. While it has been approved in certain countries, its use is limited **TAK-003 (QDENGA®)** by Takeda Pharmaceuticals is another live-attenuated tetravalent dengue vaccine that has recently received licensing for use in Indonesia, targeting individuals aged 6 to 45. Moreover, it has obtained marketing authorization in the European Union for individuals aged 4 and above. The vaccine is administered subcutaneously as a 0.5 mL dose in a two-dose regimen scheduled three months apart. **TV003/TV005**, developed by the National Institute of Allergy and Infectious Diseases (NIAID), is a live attenuated virus vaccine currently undergoing clinical testing.

There are promising drugs and vaccines for the control of dengue at various stages of clinical trials.

REFERENCE :

1. Palanichamy Kala M, St. John AL, Rathore AP. Dengue: Update on Clinically Relevant Therapeutic Strategies and Vaccines. Current Treatment Options in Infectious Diseases. 2023 Apr 18:1-26.

Dr. K. ANANDAKUMAR, M.Pharm., Ph.D.,
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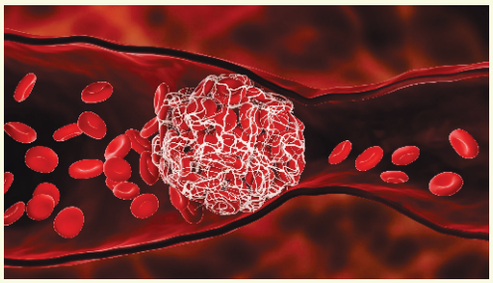
KNOW YOUR DRUG !
NEWER ORAL ANTI - COAGULANTS (NOAC's)



Thromboembolic diseases are of major clinical concern due to their high prevalence and consequences, which are often fatal. Treatment of venous and arterial thrombotic phenomena represents a major medical challenge, and the development of anticoagulant drugs represents a revolution in medicine. New substances with anticoagulants effects, referred to as new oral anticoagulants, have recently been discovered.

Example: **Dabigatran, Rivaroxaban, Edoxaban, Apixaban, Betrixaban**.

ADVANTAGES :

- Predictable pharmacokinetic and pharmacodynamics
- Low drug-drug, drug-food interactions
- No dietary restrictions
- Rapid onset and offset
- Short half-life
- No need of laboratory monitoring
- Wide therapeutic window

DISADVANTAGES :

- Do not exist standardized test for monitoring of NOAC's
- Sometimes rapid offset and shorter half - life
- High cost

SUMMARY OF CURRENTLY AVAILABLE DIRECT ORAL ANTI - COAGULANTS

Drug and FDA Approval	Target	FDA approved Indication	Available Strengths	Half life	Dosing frequency	Renal Dosing	Reversal Agent
Dabigatran (Oct 2010)	Thrombin	NVAF, Treatment and secondary prevention of DVT and PE, VTE prevention after hip replacement	75mg 100mg 150mg	12-17hrs	BID	Contra-indication if CrCl<30ml/min	Idarucizumab
Rivaroxaban (July 2011)	Factor Xa	NVAF, Treatment and secondary prevention of DVT and PE, VTE prevention after hip and knee replacement	10mg 15mg 20mg	9hrs	OD	Avoid use if CrCl<30ml/min	Andex Xa
Apixaban (Dec 2012)	Factor Xa	NVAF, Treatment and secondary prevention of DVT and PE, VTE prevention after hip and knee replacement	2.5mg 5mg	12hrs	BID	-	Andex Xa
Edoxaban (Jan 2015)	Factor Xa	NVAF, Treatment of DVT and PEor Xa	15mg 30mg 60mg	10-14hrs	OD	CrCl>15ml/min 30mg OD CrCl<15ml/min Not recommended	Under development

Betrixaban (June 2017)	Factor Xa	Prevention of DVT and PE in hospitalized and critically ill patients	40mg 80mg	20hrs	OD	Not reported	Under development

NOTE : Non-Valvular Atrial Fibrillation - NVAF ; Deep Vein Thrombosis - DVT; Pulmonary Embolism - PE, Venous Thromboembolism - VTE

FXI and FXIa seem to be new targets of interest as antithrombotic therapies since observational studies in humans supported an effect of inhibiting FXI pathway in thrombosis without impairing hemostasis. Phase II and controlled phase III studies showed promising results in TKA but which remain to be evaluated in further larger scale studies with VTE and AF patients. Oral FXI inhibitors may be suitable for long-term prevention of VTE or stroke (e.g., Milrexian, Asundedian)

REFERENCE :

1. Biswas S, Bahar Y, Bahar AR, Safiriyu I, Mathai SV, Hajra A, Gupta R, Aronow WS. Present Knowledge on Direct Oral Anticoagulant and Novel Oral Anti Coagulants and their specific antidotes: a comprehensive review article. Current Problems in Cardiology. 2022 Nov 3:101483.

Dr. M. SENTHIL KUMAR, M.Pharm,Ph.D.,
Professor and Head, Department of Pharmacognosy, VPCW.

MONTHLY DRUG SAFETY ALERT

The preliminary analysis of Adverse Drug Reactions (ADRs) from the PvPI data base 2023, revealed that the following suspected drugs areas associated with the ADRs as given below.

Sl. No.	Suspected Drugs	Indications	Adverse Drug Reactions
1.	Teneligliptin	For the treatment of Type-2 Diabetes Mellitus as a monotherapy adjunct to diet and exercise.	Bullous Pemphigoid
2.	Colistimethate Sodium	For the treatment of some serious infections caused by Gram-negative bacteria, including those of the lower respiratory tract and urinary tract, when more commonly used systemic antibacterial agents may be contraindicated or may be ineffective because of bacterial resistance.	Bartter's like Syndrome
3.	Levonorgestrel	❖ Used as emergency Contraceptive. ❖ For Control of Fertility. ❖ For the treatment of Contraception, Menorrhagia & Endometrial Hyperplasia during Estrogen Replacement Therapy (ERT) in women.	Deep Vein Thrombosis

Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of the above ADRs associated with the use of above suspected drugs. If, such reactions are encountered, please report to the nearby ADR monitoring centre or send mail to our ADR Montoring Centre **svcpvmchamc@gmail.com** or NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form / Medicines Side Effect Reporting Form for Consumer **(http://www.ipc.gov.in)**, through Android Mobile App **"ADRPvPI"**and **PvPI Helpline No. 1800 - 180-3024.**

Dr. T. SUDHAMANI, M.Pharm., Ph.D.,
Professor and Head, Department of Pharmaceutics, VPCW.

INJECTABLE POLYMERIC NANOPARTICLE HYDROGEL SYSTEM FOR LONG-TERM ANTI-INFLAMMATORY EFFECT TO TREAT OSTEOARTHRITIS

Osteoarthritis is the most common form of arthritis, affecting approximately 237 million people. It is a chronic orthopaedic disease caused by hyperostosis and articular cartilage degeneration. Clinical manifestations include knee joint pain, frictional sounds during movement, limited joint activity, joint swelling, and joint deformity. Some patients even experience symptoms such as lameness and knee varus deformity, seriously impacting their health and quality of life.

The treatment of osteoarthritis (OA) through the administration of corticosteroids is a commonly used method in clinics employing anti-inflammatory medicine. Oral administration or intra-articular injection of corticosteroids can reduce pain and slow the progression of cartilage degeneration, but they are often insufficient in demonstrating local and long-term anti inflammatory effects due to their rapid clearance from the body.

In the study, we propose an injectable anti-OA drug depot system for sustained drug release, offering long-term therapeutic advantages. Amphiphilic poly (organophosphazene), which exhibits temperature-dependent nanoparticle forming and sol-gel transition behaviors when dissolved in an aqueous solution, was synthesized for the delivery of Triamcinolone Acetonide (TCA). Because the hydrophobic parts of the polymer can interact with the hydrophobic parts of the TCA, the TCA was encapsulated within the self-assembled polymeric nanoparticles. The TCA-encapsulated polymeric nanoparticles (TePNs) were well-dispersed in an aqueous solution below room temperature, allowing for easy injection in a sol state into the intra articular region.

However, the TePNs solution immediately transforms into a viscous 3D hydrogel resembling synovial fluid in the intra articular region upon exposure to body temperature. An in-vitro TCA release study demonstrated sustained TCA release for six weeks. A one-time injection of the TePN hydrogel system in the early stage of an OA-induced rat model exhibited a significant inhibitory effect against further OA progression. The OA-induced knees made a complete recovery, displaying healthy cartilage without any abnormal symptoms.

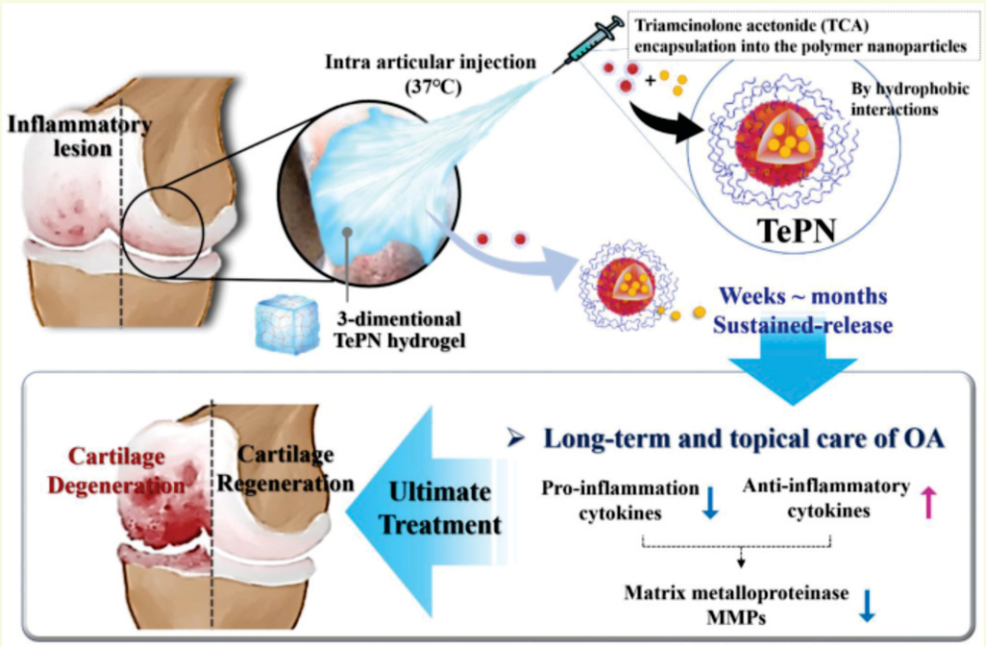


Figure : Long Term Care of Osteoarthritis

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STEROID DOSE EQUIVALENCY

The term ***steroid*** applies to a wide range of molecules with varying physiological effects. More specifically, corticosteroids are a class of chemicals encompassing both laboratory-synthesized and naturally produced hormones. Glucocorticoids, in general, regulate metabolism and inflammation; mineralocorticoids regulate sodium and water levels.

CORTICOSTEROID CONVERSION CHART			
Sl. No.	**Glucocorticoid**	**Approximate equivalent dose (mg)**	**Biological Half life (hours)**
SHORT - ACTING			
1.	Cortisone	25	8-12
2.	Hydrocortisone	20	8-12
INTERMEDIATE - ACTING			
3.	Methyl Prednisolone	4	18-36
4.	Prednisolone	5	18-36
5.	Prednisone	5	18-36
LONG-ACTING			
6.	Dexamethasone	0.75	36-54

REFERENCES :

1. Wolverton SE. Systemic corticosteroids. Comprehensive dermatologic drug therapy. 2012 Oct 18;3:143-68.
2. Corticosteroid dose equivalency. Medscape.
   Available at : https://emedicine.medscape.com/article/2172042-overview

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SEMAGLUTIDE EFFECTS ACCORDING TO EJECTION FRACTION IN HEART FAILURE WITH PRESERVED EJECTION FRACTION AND OBESITY

HF results from structural and functional cardiac disorders. It impairs the ventricles' ability to fill and/or eject blood.

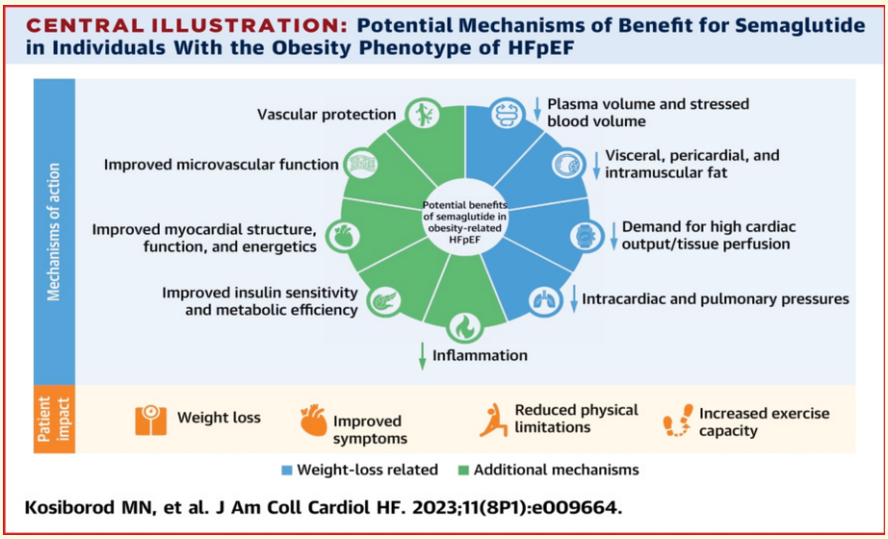
Classification of HF Based on Ejection Fraction (EF) :

HFrEF (Heart Failure with Reduced Ejection Fraction)

HFmrEF (Heart Failure with Mid-Range Ejection Fraction)

HFpEF (Heart Failure with Preserved Ejection Fraction)

HFpEF has traditionally been defined as LVEF >40%, >45%, or ≥ 50%. The majority of patients with Heart Failure with preserved Ejection Fraction (HFpEF) have the obesity phenotype, but no therapies specifically targeting obesity in HFpEF exist. HFpEF is commonly a consequence of obesity and associated metabolic and hemodynamic derangements. **Glucagon Like Peptide-1 Receptor Agonist** (GLP-1 Agonist) are potent, long-acting drugs. Semaglutide is a specific type of GLP-1 Agonist. The emergence of potent long-acting Glucagon-Like Peptide-1 Receptor Agonists (GLP-1RAs) represents a unique opportunity to develop a novel treatment option for the obesity phenotype of HFpEF.



In the trial, participants were randomized 1:1 to receive either semaglutide 2.4 mg administered subcutaneously or matching placebo once weekly as an add-on to standard of care. In the Semaglutide Treatment Effect in People - Heart Failure with preserved Ejection Fraction (STEP-HFpEF) trial, semaglutide 2.4 mg produced statistically significant and clinically meaningful improvements in symptoms, physical limitations, exercise function and inflammation, and reduced body weight. Beyond weight loss, semaglutide has favourable effects on multiple metabolic and hemodynamic derangements common in the obesity phenotype of HFpEF, including insulin resistance, dysglycemia, inflammation, and hypertension, and in individuals with Type 2 Diabetes, semaglutide reduces the risk of Major Adverse Cardiovascular Events (MACE), demonstrating not just its cardiovascular safety but also its cardiovascular superiority. STEP-HFpEF is the first clinical trial program to specifically address obesity as a treatment target and, if successful, will likely change the therapeutic approach in this vulnerable patient group.

Available as : Solution Pen - Injector

Dose Available : 0.25mg / 0.5ml, 0.5mg / 0.5ml, 1mg / 0.5ml, 1.7mg / 0.75ml & 2.4mg / 0.75ml

REFERENCES :

1. Butler J, Abildstrøm SZ, Borlaug BA. Semaglutide Effects According to Ejection Fraction in Heart Failure with Preserved Ejection Fraction and Obesity. J Am Coll Cardiol. 2023;82(22):2087-2096.
2. Smits MM, Van Raalte DH. Safety of Semaglutide. Frontiers in endocrinology. 2021;12:645563.

Dr. K. KRISHNAVENI, M.Pharm., Ph.D.,
Professor and Head, Department of Pharmacy Practice, VPCW.

STUDENT OUTREACH ACTIVITIES

II.D Pharm students went for Educational tour to Ooty on 3rd May 2023

Pharmacy Practice department has conducted Webinar on the topic of "Pharmacy Graduates & Global Pharmaceutical Industry : Mastering the Skills for Success" on 12th May 2023 at VPCW Seminar hall at 11:00 AM.

We organized 9th International Yoga Day on 21st June 2023 at Sri Srinivasa Mahal at 10:00 AM.

Pharmaceutical Chemistry department has conducted guest lecture on "Silico Drug Discovery Tools - An Overview" by Dr. A. Senthil Raja, Associate Professor, Pharmaceutical Engineering & Technology, IIT(BHU), Varanasi (UP) on 23rd June 2023 at VPCW Seminar hall.

We conducted a Soft Skill Development programme on "Communicative and Power Skills" for B.Pharm & Pharm.D students on 28th June 2023 at VPCW Seminar hall. The duration of the course was 40 hours.

Free Dental camp was conducted for our Pharmacy students on the occasion of our beloved Chairman sir Prof. Dr. M. Karunanithi, B. Pharm, M.S, Ph.D, D.Litt., birthday at our Seminar hall on 19th July 2023.

Pharmacy Practice department of VPCW has conducted guest lecture on the topic of "Novel Research Trends in Pharmaceuticals & Pharmacy Education" on 20th July 2023 at our Seminar hall.

III B.Pharm students of VPCW has attended one day CEP Programme on "Emerging Trends in Pharmaceutical Industry and Pharmacy Education" held on 25th July 2023 at The Erode College of Pharmacy, Erode.

II B.Pharm students had organized a Hepatitis awareness programme at Govt. Girls. Hr. Sec. School, Edappadi on the occasion of World Hepatitis Day on 28th July 2023.

III B.Pharm & I Pharm.D students had attended one day CEP Programme on "Revolutionizing Healthcare : Transforming Patient Care Through Personalized Medicine & Innovative Technologies" held on 28th July 2023 at JKKN college of Pharmacy.

IV B.Pharm students of VPCW have attended two days International Conference on "The Preclinical Research Paradigm for Revamped Infectious Diseases" held on 28th July 2023 at Sengundhar College of Pharmacy, Thiruchengode.

We celebrated "BATCH DAY" for D.Pharm, B.Pharm & Pharm.D students at VPCW Seminar hall on 2nd August 2023 at 10:00 AM.

We took Pledge against "DRUG ABUSE" on 11th August 2023 at VPCW campus.

Pharmacy Practice department of VPCW has conducted 1st National Seminar on "Innovative Breakthrough In Pharmacare - Nurturing the Future Pharmacists - 2023" (IBP-NFP 2023) explored the Captivating theme " Exploring the World of Pharmacotherapeutics: Molecule to Medicine" on 10th & 11th August 2023 at our college.

We celebrated 77th INDEPENDENCE DAY on 15th August 2023.

I.D.PHARM students went to Aavin Salem for Field visit on 17th Aug 2023.

We celebrated "ONAM"on 28th August 2023 at VPCW Seminar hall.

VIVEKANANDHA EDUCATIONAL INSTITUTIONS

"Vidhya Rathna"

Prof. Dr. M. KARUNANITHI, B.Pharm., M.S., Ph.D., D.Litt.,

Chairman & Secretary

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- ★ VIVEKANANDHA COLLEGE OF NURSING
- ★ VIVEKANANDHA SCHOOL OF ANM
- ★ SWAMY VIVEKANANDHA PHYSIOTHERAPY COLLEGE
- ★ VIVEKANANDHA ALLIED HEALTH SCIENCE COLLEGE (Co-Ed)
- ★ KRISHNA INSTITUTE OF OPTOMETRY AND RESEARCH
- ★ VIVEKANANDHA INSTITUTE OF HEALTH SCIENCE & RESEARCH (Boys)
- ★ KRISHNA INSTITUTE OF HEALTH SCIENCE (Boys)
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- ★ VIVEKANANDHA COLLEGE OF TECHNOLOGY FOR WOMEN
- ★ VIVEKANANDHA INSTITUTE OF INFORMATION AND MANAGEMENT STUDIES
- ★ VIVEKANANDHA COLLEGE OF ARTS AND SCIENCES FOR WOMEN (AUTONOMOUS)
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★★★

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