Oral Exam Prep

Medicines to know

Category: Ones I know these medicines by

Antidepressants	**Anticonvulsants**	**Antipsychotics**	**Mood Stabiliser**	**Thyroid**
Amitriptyline	**Carbamazepine**	**Haloperidol**	**Lithium carbonate**	**Thyroxine**
Mirtazapine	Phenytoin	**Risperidone**		
Sertraline				
	Valproate	**Anovulants**	**Antiparkinson**	
Oral hypoglycaemics	**Gastrointestinal**	**Insulin**	**Ethinyloestradiol**	**Levodopa +**
Gliclazide	**Hepatogamic**	**Intermediate**	**Levonorgestrel**	**Benserazide/Carbidopa**
Metformin		**Long**	**Norethisterone**	
		Short/Ultra short	**Bone density**	**Hypnotics/Anxiolytics**
			Alendronate	**Diazepam**
			Calcium	
			Vitamin D3	

Includes:

Acid Suppressants
Esomeprazole (Y2S1-Cat1)
Omeprazole
Ranitidine
Pantoprazole (Y2S2-Cat2)
Misprostol (Y2S2-Cat3)

Guide

- Introduce self to patient as the pharmacist
- Establish identity of the patient (What is the script for)
- Confirm patient details
  - Name
  - Age
  - Weight
  - Gender
    - If female of childbearing age, inform the patient that you must ask every female patient this: are you currently pregnant or is it possible you could be pregnant? Are you currently breastfeeding?
- Inform patient that you need to ask them a few more questions to ensure that you are able to dispense the medication
  - Is this initial or ongoing therapy or have they used the medication before?
  - Do they know what the medication will be used for?
  - Confirm the current medication
  - Ask patient what type of symptoms they are experiencing
    - Duration of symptoms
  - Any other medical conditions
    - How is that being treated?
    - Is it being controlled or regulated?
  - Any other prescription medicines
    - If yes are they taking it as they should?

- Any OTC medicines or medicines that can be purchased at a health food store like supplements?
    - Have they had any adverse reaction to medications or drug allergies?
    - Do they have any other allergies?
- Let the patient know that you will now go and dispense the medication and if it is ok if they wait a few moments
- Thank the patient for waiting, you have now dispensed the medication
- Counseling
    - Discuss with the patient briefly of their condition
    - Discuss the purpose and benefits of the treatment prescribed
    - Dose & how to take medication
    - How long to use the medication for
    - Onset of action
    - Possible adverse reactions of the medications
        - Reassure patients that it is a normal side effect
        - Discuss with patients how to manage the side effects
        - Inform patients of more severe reactions and what to do in those cases
    - Discuss any common interactions or issues relevant to the patient
        - i.e. if the medication they are currently taking interact or if not, inform the patient if its safe to take together or if must take separately (& how far apart)
    - Discuss with patient what to do if they miss a dose
    - Future appointments with doctor
        - i.e. monitoring that may be done
            - reassure patient that it is just precaution to ensure everything is OK and that is to check if the medication is working
    - Lifestyle advice/management of disease especially if lifelong
    - Groups that the patient can join
        - I.e. diabetes: NDSS
    - CMI for the medication that are currently taking
    - Provide websites that the patient can go to for more information on their condition or medications etc.
    - Ask patient if they have any other questions

Sertraline

MOA	SSRI – selectively inhibit presynaptic reuptake of serotonin
Indications	Major depression Anxiety – OCD, Panic disorder, Social phobia PMS
Precaution	• Bipolar disorder – can cause mania (especially those with bipolar, but does not indicate patient has bipolar) • Patients with high risk of bleeding • Glaucoma (rarely precipitates) • Hyponatraemia – can occur in Tx with drugs that cause this – additive effect • Serotonin toxicity • Hepatic – decrease dose due to impairment • Children – efficacy is weak, high suicidal ideation (thoughts & behavior) in younger patients (monitor closely) – fluoxetine 1st line, paroxetine is avoided • Pregnancy—monitor, may require increased doses in late pregnancy, may consider decreasing dose weeks before delivery to reduce neonatal withdrawal. Does not appear to be associated with increased malformations, but can be associated with premature delivery. Neonatal toxic Sx include pulmonary hypertension (esp with paroxetine) • Breastfeeding—considered safe, some can cross into milk but sertraline is preferred (monitor baby for drowsiness and irritability)
ADEs	Nausea, diarrhea, agitation, insomnia, drowsiness, tremor, dry mouth, dizziness, headache, sweating, weakness, anxiety, weight gain/loss, sexual dysfunction, rhinitis, myalgia, rash Dyskinesia, dystonia, sedation, confusion, palpitations, tachycardia, hyponatraemia, increased bleeds
Dose	Depression • Adult: oral 50mg OD, gradually increase dose to max 200mg OD (maintenance dose >20mg not necessary – not shown to improve condition) OCD • >12yo: 50 mg OD, gradually increase dose to max 200mg OD • 6-12yo: 25mg OD, if required, increase to 50mg OD after a week. After [illegible] weeks increase dose by 25-50mg OD depending on response & tolerance (max 200mg OD) Panic/Social Phobia • 25 mg OD, increase if necessary to 50mg OD. Maintenance dose of >50mg not necessary Consider hepatic impairment especially in elderly (may want to start with half normal initial dose)
Onset of Action	3-6 weeks for full effect
Counseling	• Drowsiness/mental alertness affected – care when operating vehicle or heavy machinery • Do not stop taking medicine abruptly • Notify healthcare professionals you are taking medications • Take in the morning to prevent insomnia

Amitriptyline

MOA	TCA – inhibit reuptake of NA & 5HT and ↑ its effect in synapse Many off targets: muscarinic, histaminergic, adrenergic & serotonergic
Indication	Depression
Precaution	• Urinary retention • Glaucoma—rarely leads to precipitation • Hyperthyroidism—may have enhanced response use with caution • Epilepsy—may ↑ risk of seizures, dose dependent & usually at start or at increased dose. Titrate slowly • Cardiovascular—CHD: tachycardia & reflex tachycardia, arrhythmia, prolonged QT interval (avoid if cant be corrected), monitor with ECG, orthostatic hypertension can be exacerbated • Suicidal ideation and be increase especially at high doses & younger individuals • Manic episodes can occur even in those with no bipolar D[illegible] • Elderly: responds more slowly & are at increased risk of ADEs, start low and go slow • Nortriptyline can be measure in blood serum thus can be used in those with hepatic impairment or in elderly (preferred) • Pregnancy: ↑ risk of premature delivery, some studies show congenital malformations some don't. Also show self limited withdrawal effects • Breastfeeding: respiratory depression reported in use with doxepin (sertraline as antidepressant is preferred)
ADEs	• Drowsiness, dry mouth, blurred vision, urinary retention, constipation, weight gain, orthostatic hypotension, tachycardia, ↓ GI motility, sexual dysfunction, decreased libido, tremor, dizziness, blood dyscarias, seizures, arrhythmias
Dose	Depression • Adult: 25-75mg daily, increase by 24-50mg q2-3d to 75-100mg daily (max 300mg daily)—dose can be divided or given single dose at night (maintenance usually at night) Adjuvant in pain • 10-25mg nocte initial, titrate up to max 75m nocte in migraine & 150mg nocte in pain management
Onset of Action	Full affect within 3-6 weeks
Counseling	• Side effects • Dizziness upon standing, gradually do so to avoid falling and minimize effects of dizziness—sit or lie down if become dizzy • Avoid operating machinery or driving until know how you respond to Tx • Can increase effect of alcohol • Do not stop taking medication abruptly

Valproate

Indication	All types of epilepsy Bipolar disorder Migraine if all other Tx failed
MOA	Multiple mechanisms to prevent repetitive neuronal discharge Block VG & use dependent Na+ channels Enhance GABAergic neuron activity (inhibitory effect on body) Inhibit glutaminergic activity Block T-type Ca2+ channels
Precaution	CI: hypersensitivity to valproate, pancreatic dysfunction, phorphyria, urea cycle disorders, mitochondrial disorders Risk of hyperammonaemic encephalopathy ↑ if taken with other AEs Diabetes: tablets or sugar free oral liquid Epilim Syrup **sucrose 3.6g/5ml Avoid in hepatic impairment Risk of valproate-induced liver failure if: child <3yo, child, congenital metabolic or degenerative disorders, severe Sz disorders, mental retardation, brain disease, multiple AEs regimen, family Hx with liver disease, starting valproate within 3 months of liver disease Not recommended in children Avoid in women of childbearing age with inadequate contraception ↑↑ teratogenic risk Avoid in pregnancy Breastfeeding—safe to use, monitor baby for rash
ADEs	VALPROOATTTTE Ataxia, liver toxicity, pancreatitis, reversible alopecia, osteoporosis, obesity (↑ appetite), amenorrhea (can still get pregnant), thrombocytopenia, teratogenicity, tremor, tired
Dose	Multifocal, initial 600mg daily in 2 doses; increase q3d by 200mg according to response CSW, initial oral 15mg/kg daily in 2 doses; increase to 5-10mg/kg weekly Migraine prevention: 200-500mg BD
Counseling	Take with food, to reduce stomach upset If EC tablet; swallow whole do not crush or chew Drowsiness Appetite increase, pay attention to diet to avoid weight gain Do not stop taking medication abruptly unless directed by doctor Development of fever, rash, abdominal pain, vomiting, jaundice, bruising or bleeding, tell doctor immediately Monitor: FBC, hepatic failure (aminotransferase concentrations), BMD Supplements (recommend): calcium & vitamin D