

Batch 17/18
Therapeutics in Pharmacology

Date
17.11.2022 (Thursday)

Time
02.30 p.m. – 03.30 p.m.

Groups

Venue

Lecturer

**M/17/163 – M/17/205
M/15/FQ/06, M/15/FQ/07
M/16/018, M/16/050,
M/16/058, M/16/080,
M/16/FQ/003, M/16/FQ/004
M/16/FQ/005, M/16/FQ/008**

Pharmacology Auditorium

Dr. UD

M/17/110 – M/17/162

Psychiatry Tute Room 1

Dr. SF

M/17/001 – M/17/054

Psychiatry Tute Room 2

Dr. TS

M/17/055 – M/17/109

Physiology Lab 1

Dr. YI

2017/18 Batch
Therapeutics in Pharmacology
17.11.2022 – 2.30 p.m. – 3.30 p.m.
Dr. U. Dangahadeniya

A 65-year-old man is admitted to the emergency treatment unit with a history of sudden weakness of right arm and leg and difficulty in speaking 4 hours ago. The symptoms have completely resolved in 10 minutes. He has been on treatment for hypertension and dyslipidaemia for past 10 years. He has no history of smoking or ethanol consumption.

On examination, his pulse rate is 74 beats/min and regular, blood pressure 172 / 94 mm Hg, respiratory rate 14 breaths/min. The heart sounds are normal. The nervous system examination is unremarkable.

His current medications are losartan 50 mg B.D. and atorvastatin 10 mg nocte.

The results of investigations performed 3 weeks ago are as follows:

Fasting lipids – Total cholesterol	216 mg/dl
LDL cholesterol	118 mg/dl
HDL cholesterol	43 mg/dl
Triglycerides	186 mg/dl

Fasting plasma glucose 92 mg/dl

ALT 30 IU/l

An urgent non-contrast CT scan of the head is reported as normal.

Discuss the immediate and long-term drug treatment of this patient.

2017/18 Batch
Therapeutics in Pharmacology
17.11.2022 – 2.30 p.m. – 3.30 p.m.
Dr. S.Fonseka

A 35-year-old woman diagnosed to have mild systemic lupus erythematosus without renal involvement presented to the out-patient clinic with a flare up of the disease. She is currently on hydroxychloroquine 200mg daily, prednisolone 5mg mane. Discuss the short term and long term management of this patient.

2017/18 Batch
Therapeutics in Pharmacology
17.11.2022 – 2.30 p.m. – 3.30 p.m.
Dr. Thilanka Seneviratne

1. Six year-old girl presented to the paediatric clinic with frequent episodes of wheezing.
What long term drug treatment you would start for this patient?

2. After three months she presented to the ETU with wheezing, cough and breathlessness for twelve hours. On examination she had a temperature of 37°C, respiratory rate of 40 breaths per minute, pulse rate of 130 beats per minutes, BP 110/70, SpO₂ 90% , and bilateral diffuse rhonchi.
 - 2.1 Discuss the immediate management of this patient.
 - 2.2 What factors you would assess in the long term management of this patient?
 - 2.3 What is the long term drug treatment you would choose for this patient?

2017/18 Batch
Therapeutics in Pharmacology
17.11.2022 – 2.30 p.m. – 3.30 p.m.
Dr. Y. Illangasekera

A 47-year-old male with 5 year history of T2DM is referred to the diabetic clinic with poorly controlled blood sugar levels. His past medical history includes hypertension and dyslipidaemia. He says he has gained 4 kg weight over the last 6 months since commencing a new drug for his diabetes and also complains of frequent episodes of hunger, sweating and palpitations. His BMI is 28 Kg/m². Blood pressure is 140/85. His most recent investigations reveal an FBS of 210 and HbA1c of 7.8%

Drug history

Metformin 500mg BD

Gliclazide MR 120 mg mane

Losartan 25mg BD

Atorvastatin 20mg nocte

Discuss the modification you would make to his drug treatment to optimize his diabetic control.

4 years later he presents with FBS of 320 mg and HbA1c of 8. Discuss how you would proceed to optimize his treatment.

Reading – available free on web

1. American Diabetes Association Guidelines 2020 – Pharmacologic approaches to glycemic treatments
2. Ceylon College of Physicians Clinical Practice Guidelines by Sri Lanka College of Endocrinologists – Diabetes Management Guidelines (Jan 2018) <http://shri.lk/wp-content/uploads/2019/03/diabetes-guidelines.pdf>