

Block K quick revision points

Only Cimetidine: all the below is in cimetidine

1. CYT-P450 inhibition → ↓ metabolism of warfarin, phenytoin, benzodiazepines
2. Endocrine effects:
 - Galactorrhea (Hyperprolactinemia)
 - Antiandrogenic actions (gynecomastia–impotence) due to inhibition of dihydrotestosterone binding to androgen Receptors

Incubation period

HAV: 2-6 weeks

HEV: 4-8 weeks

HBV: 2-4 months (10-12 weeks)

H Pylori triple therapy

LAC

- * Lansoprazole
- * Amoxicillin
- * Clarithromycin

H Pylori Quadruple therapy

COMT

- * CBS (bismuth)
- * omeprazole
- * metronidazole
- * tetracycline

In H2 blockers most adverse reactions seen with cimetidine.

They include

- * CYT P450 inhibition - decrease metabolism of warfarin, phenytoin, benzodiazepenes
- * hyper prolactinemia
- * anti androgenic actions

* Metoclopramide - cross BBB - extrapyramidal symptoms

* Domperidone - do not cross BBB - used in Levodopa induced vomiting

- * chemotherapy induced vomiting - ondansetron
- * laxative for a patient of IBS with spastic constipation - dietary fiber
- * Emetine - cardiac arrhythmias
- * Metronidazole - disulfuram like reaction
- * DOC for all tapeworms - praziquantel
- EXCEPT
- * tenia solium (neurocysticercosis) - Albendazole
- * Albendazole contraindicated in ocular cysticercosis
- * albendazole DOC for hydatid cyst
- * hydatid cyst - echinococcus
- * Bismuth subsalicylate and sucralfate - mucosal protective action
- * Selective M1 blockers - Pirenzepine, Telenzepine - inhibit acid secretion
- * Interferon + Ribavirin - HCV
- * Interferon + Lamivudine - HBV
- * Ribavirin - inhibit viral RNA polymerase
- * Neurocysticercosis can be treated by albendazole but not by mebendazole
- * Lubiprostone - stimulates type 2 chloride in small intestine
- * IBS Diarrhea - Alosetron
- * IBS Constipation - Tegaserod
- * constipation in pregnant woman - docusate
- * Ondansetron inhibit 5 HT3 Receptors in nucleus of tractus solitarius in CTZ
- * To eliminate toxic enteric products in hepatic cirrhosis - lactulose
- * Bismuth subsalicylate also an anti diarrheal drug
- * opioid drugs i.e. Codeine, loperamide, diphenoxylate activate mu receptors in myenteric plexus
- * lactulose - osmotic laxative
- * PPIs block Proton pumps irreversibly
- * magnesium containing antacids cause diarrhea
- * Sulfasalazine - has both anti inflammatory and anti bacterial properties
- * diarrhea due to opioid withdrawal - clonidine
- * diarrhea in diabetics - clonidine
- * diarrhea in AIDs - octreotide
- * NSAID induced peptic ulcer - pantoprazole
- * Traveller's diarrhea - bismuth subsalicylate
- * aluminium salts cause constipation and magnesium salts cause diarrhea
- * sucralfate - a complex of aluminium hydroxide and sulphated sucrose
- * h2 blockers (cimetidine, ranitidine) mostly effective in suppressing nocturnal acid secretion
- * omeprazole can inhibit metabolism of phenytoin, warfarin and diazepam
- * long term use of PPIs can decrease B12 absorption
- * omeprazole - gynecomastia and erectile dysfunction
- * Zollinger ellison syndrome - hypergastrinemia with multiple peptic ulcers
- * PPIs preferred for Zollinger ellison syndrome
- * anti emetics - H1 blockers
- * peptic ulcer disease - H2 blockers

- * constipation in children and pregnant women - lactulose
- * saline laxatives - those osmotic laxatives having magnesium or phosphate
- * in drug poisoning to wash out poisonous material from gut - saline laxatives
- * to expel worm segments (tenia solium) - saline laxatives
- * pre operatively in bowel surgery, colonoscopy and abdominal X Ray - osmotic laxatives or bisacodyl
- * lactulose is used in hepatic coma to reduce blood ammonia levels
- * anti motility drugs i.e. Opioid agonists should be avoided in IBD
- * HBV - tenofovir
- * Ribavirin contraindicated in pregnancy
- * Cimetidine - most adverse reactions
- * Famotidine - most potent
- * Praziquantel MOA - influx of Calcium into tegument
- * Mebendazole MOA - binds to beta tubulin, inhibit microtubule polymerization

Contraindicated in pregnancy

- * stimulant laxatives
- * praziquantel
- * ivermectin

Enteric fever TREATMENT

- * Ceftriaxone or Ciprofloxacin

If resistant

- * Azithromycin

HCV drug combinations

LS - Ledipasvir and sofosbuvir

SV - Sofosbuvir and velpatasvir

GP - Glecaprevir and pibrentasvir

Interferon adverse effects

- * myalgia
- * skin rashes
- * alopecia
- * bone marrow suppression
- * cardiotoxicity
- * neurotoxicity

* thyroid dysfunction

Plummer Vinson syndrome

- Severe iron deficiency anemia
- Esophageal web
- Beefy red tongue due to atrophic glossitis