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Diploma in Pharmacy 2nd Year
Pharmacotherapeutics
Important Questions
Chapter 2 (e) : Gastro Intestinal System Disorders

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Chapter 2 (e)
Gastro Intestinal System Disorders
IMPORTANT Questions

Q1. Define Gastro Oesophageal Reflux Diseases (GERD) ? Write etiopathogenesis, clinical manifestations, pharmacological management, and non-pharmacological management.

Ans. Gastro Oesophageal Reflux Disease (GERD)

→ GERD is a disease in which gastric acid (stomach acid) moves up into the oesophagus and irritates the oesophageal lining.

Etiology

- Weakness of LES(lower oesophageal sphincter)
- Excessive abdominal pressure (pregnancy)
- Some foods (like spicy, dairy , fried foods)
- Some drugs like anti-asthmatic ,anti hypertensive , anti allergy , anti depressant and pain killers etc.
- Hiatal Hernia.
- Obesity

Pathogenesis

Oesophageal Hypersensitivity or other reason
Inflammation (due to cytokine)
Change in Oesophageal Sensitivity
weakness / relaxed LES
GERD

Clinical Manifestations

- Heartburn
- Chest Pain
- Difficulty in Swallowing
- Sensation of Lump in the Throat, Bad breath

Non Pharmacological Management

- To avoid Foods increase Gastric acidity . and foods or beverages can relax the LES (Chocolate , peppermint , Caffeine , alcohol etc.)
- Avoiding meals that slow down Peristaltic movement.
- Limiting the foods that take a long time in digestion.
- Avoiding heavy meals.
- leaving smoking
- Losing weight (overweight).

Pharmacological Management

- **Antacids :** Aluminium hydroxide. magnesium carbonate. ,magnesium trisilicate. magnesium hydroxide. calcium carbonate. sodium bicarbonate.
- **H2 Blocker :** Cimetidine (Tagamet) , ranitidine (Zantac)** nizatidine (Axid) famotidine (Pepsid).
- **PPI :** Omeprazole ,Esomeprazole ,Lansoprazole , Rabeprazole Pantoprazole.
- **Baclofen :** It reduces the relaxation of LES

Q2. What is Peptic Ulcer Diseases ? Give etiopathogenesis, clinical manifestations, pharmacological management, and non-pharmacological management.

Ans.

Peptic Ulcer Disease

→ Peptic Ulcer is a condition in which a wound / Sore developed on the lining of the Oesophagus , stomach , or small intestine (beginning part of intestine).

Etiology

- Helicobacter Pylori (it infects and causes inflammation).
- NSAIDs . (Inhibit COX 1)
- Smoking
- Alcoholism
- Radiotherapy

Pathogenesis

Helicobacter pylori release toxin	NSAIDs
Cause Inflammation	Inhibits COX 1
Damage the defense mechanism	Reduce PG Secretion
ulcer Developed	Decrease Defense Mechanism
	Ulceration Developed

Clinical Manifestations

- Pain in stomach
- Gastrointestinal Disorders
- Heartburn
- Appetite change
- Nausea , vomiting
- Dark or black stool due to bleeding
- Severe pain

Non Pharmacological Management

- Diet :
  - Avoiding the foods that take a long time in digestion.
  - If blood or water loss occurred due to Diarrhoea or vomiting , they should be recovered
- Cessation of NSAIDs.
- Quitting smoking.

Pharmacological Management

- **Antacids :** Aluminium hydroxide. magnesium carbonate. ,magnesium trisilicate. magnesium hydroxide. calcium carbonate. sodium bicarbonate.
- **H2 Blocker :** cimetidine (Tagamet) , ranitidine (Zantac)** nizatidine (Axid) famotidine (Pepsid)
- **PPI :** Omeprazole ,Esomeprazole ,Lansoprazole , Rabeprazol e Pantoprazole.
- **Protective Drugs :** Carafate (Sucralfate) Pepto- Bismol (Bismuth Subsalicylate). It covers the wound and prevent further damage)
- **Antibiotics :** Imidazole , azithromycine , amoxicillin etc.

Q3. What is Alcoholic liver Diseases ? Give etiopathogenesis, clinical manifestations, pharmacological management, and non-pharmacological management.

Ans.

Alcoholic Liver Disease (ALD)

- → The Structural and functional changes (damage) of liver due to overconsumption of alcohol is called ALD.
- → Consumption of 60-80 g/ day (about 75-100 ml/day) for 10 to 20 years for men.
- → 20 g /day (about 25 ml /day) for women . Women are at the double risk of getting ALD

Etiology

- Overconsumption of alcohol

Pathogenesis

Overconsumption of Alcohol
Acetaldehyde (toxic) it causes auto immune disorder , due to its toxic effect liver cells also damage
NAD reduced to NADH
Inhibits Gluconeogenesis , decrease fatty acid oxidation in liver , increase storage of extra fat in liver
Fatty liver (this is first stage of alcoholic Liver disease)

Clinical Manifestations

- Abdominal swelling.
- Jaundice
- Haematological disorders
- Indigestion and constipation
- Fainting and mental disturbance
- Renal disorders.

Non-Pharmacological Management

- ❖ Cessation of alcohol
- ❖ Taking healthy diet
- ❖ Low intake of salt

Pharmacological Management

- ◈ **In fatty liver :** It can be recover with stopping alcohol
- ◈ **In hepatitis :** Anti inflammatory drugs are used like steroids (prednisolone , pentoxifyline). Cholesterol medication.
- ◈ **In liver cirrhosis :** Diuretics , ammonia reducer , Beta blockers , antibiotics,
- ◈ Anti viral drugs and at last liver transplant.
- ◈ Vitamin k used according to needs

Q4. Define Inflammatory Bowel Diseases ? Write etiopathogenesis, clinical manifestations, pharmacological management, and non-pharmacological management.

Ans.

Inflammatory Bowel Disease

→ The prolonged Inflammation of GIT (specially in intestine) is called IBD.

Types

- **Crohn's Disease :** If there is inflammation in intestine it is called Crohn's disease.
- **Ulcerative Colitis :** If there are inflammation and ulceration in large intestine it is called Ulcerative Colitis.

Etiology

- Autoimmune disorder
- Genetics
- Bacteria and viruses
- Environmental factors (Smoking , alcohol , Diet , oral contraceptives etc.).

Pathogenesis ⟶

Any Factor
irritation to Cells
Inflammation or Ulceration
IBD

Clinical Manifestations

- Loss in Weight
- Fever
- Pain & tenderness in abdomen
- Rectal Bleeding etc,

Non Pharmacological Management

- Avoiding smoking
- Cessation of alcohol
- Avoiding NSAIDs
- Increasing fiber rich diet.
- Increasing the intake of Omega 3 fatty acids in diet . It reduce inflammation.
- Avoiding Spicy and fried foods.

Pharmacological Management

- Antibiotics
- Anti-inflammatory drugs
- Immune suppressive drugs
- Steroids
- Analgesic
- Janus kinase (JAK) Inhibitors : Tofacitinib . It blocks the enzyme causes inflammation .
- Anti-diarrheals : Loperamide