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Laboratorio di ricerca bibliografica per gli studenti di farmacia

secondo modulo

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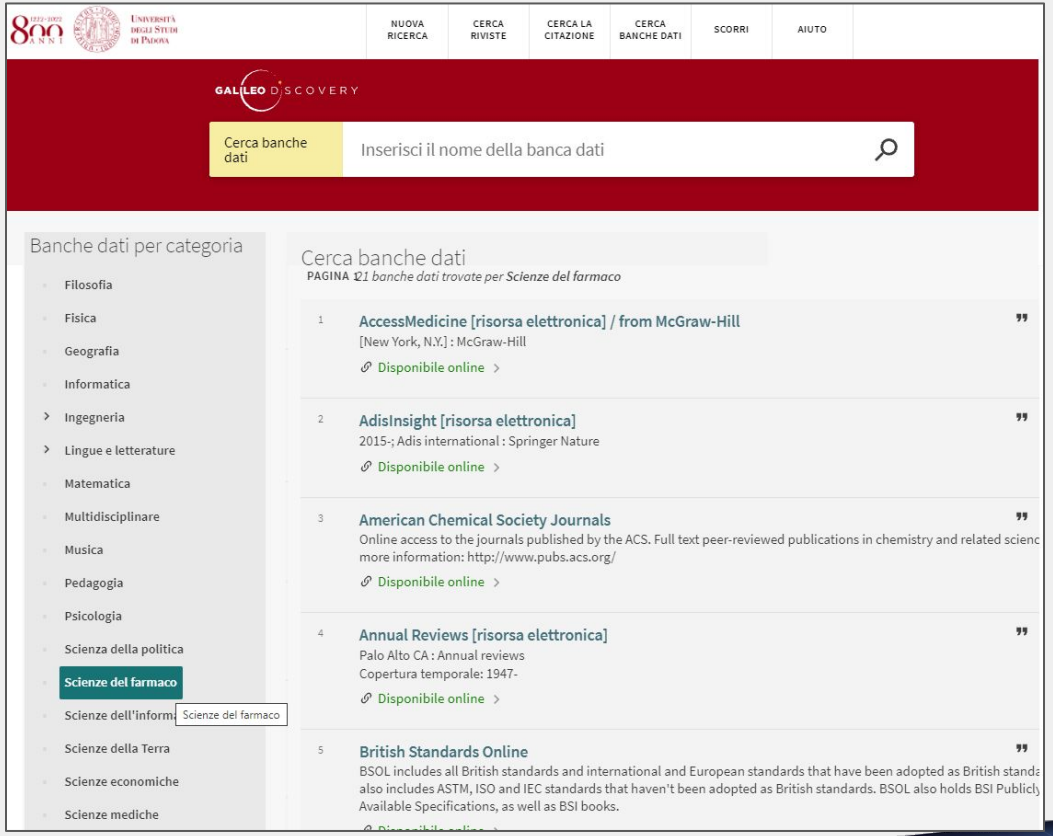

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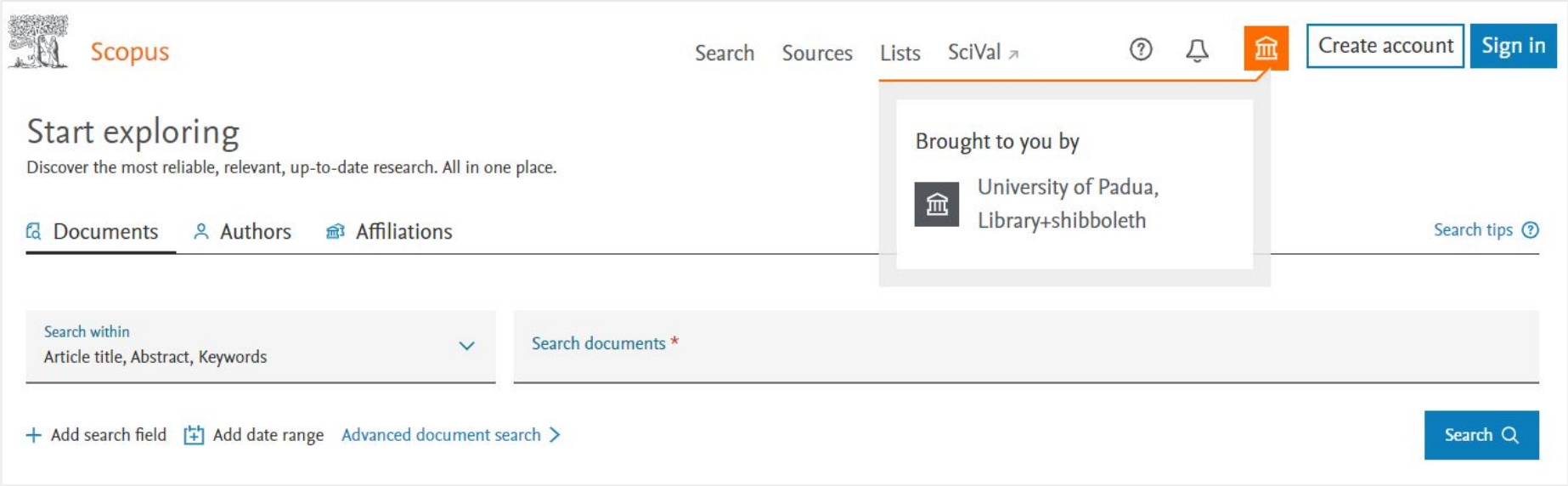
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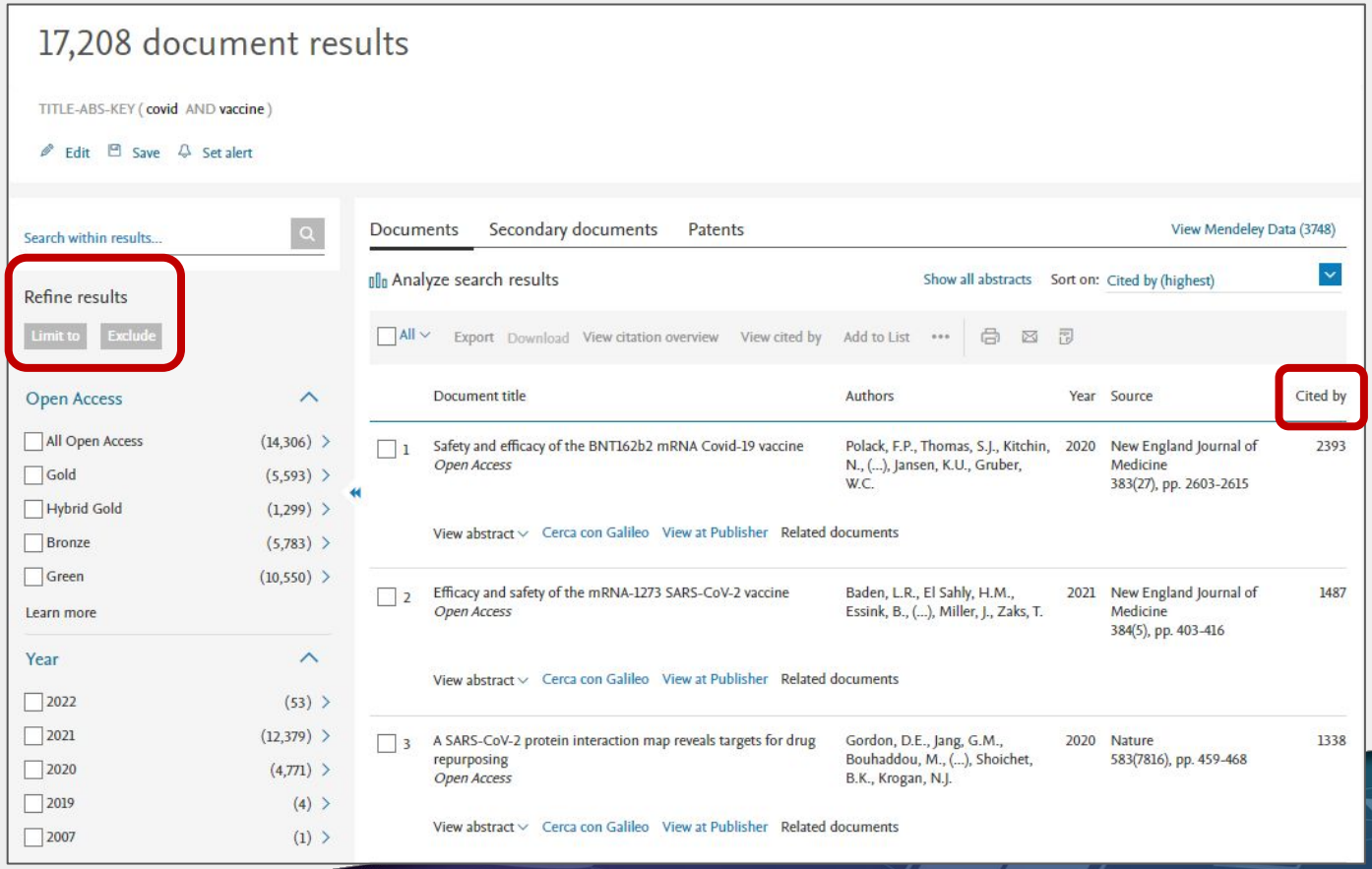
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Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine

Polack F.P.[a], Thomas S.J.[c], Kitchin N.[a], Absalon J.[d], Gurtman A.[d], Lockhart S.[a], Perez J.L.[f], Marc G.P.[b], Moreira E.D.[h], Zerbini C.[i], Bailey R.[a], Swanson K.A.[d]

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[a] Fundacion INFANT, Buenos Aires, Argentina
[b] ITrials-Hospital Militar Central, Buenos Aires, Argentina
[c] State University of New York, Upstate Medical University, Syracuse, NY, United States
[d] Vaccine Research and Development, Pfizer, Pearl River, NY, United States

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Abstract

BACKGROUND Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and the resulting coronavirus disease 2019 (Covid-19) have afflicted tens of millions of people in a worldwide pandemic. Safe and effective vaccines are needed urgently. METHODS In an ongoing multinational, placebo-controlled, observer-blinded, pivotal efficacy trial, we randomly assigned persons 16 years of age or older in a 1:1 ratio to receive two doses, 21 days apart, of either placebo or the BNT162b2 vaccine candidate (30 μg per dose). BNT162b2 is a lipid nanoparticle-formulated, nucleoside-modified RNA vaccine that encodes a prefusion stabilized, membrane-anchored SARS-CoV-2 fulllength spike protein. The primary end points were efficacy of the vaccine against laboratory-confirmed Covid-19 and safety. RESULTS A total of 43, 548 participants underwent randomization, of whom 43, 448 received injections: 21, 720 with BNT162b2 and 21, 728 with placebo. There were 8 cases of Covid-19 with onset at least 7 days after the second dose among participants assigned to receive BNT162b2 and 162 cases among those assigned to placebo; BNT162b2 was 95% effective in preventing Covid-19 (95% credible interval, 90.3 to 97.6). Similar vaccine efficacy (generally 90 to 100%) was observed across subgroups defined by age, sex, race, ethnicity, baseline body-mass index, and the presence of coexisting conditions. Among 10 cases of severe Covid-19 with onset after the first dose, 9

(2022) Food Control

The behavioral immune system and vaccination intentions during the coronavirus pandemic
Karlsson, L.C. , Soveri, A. , Lewandowsky, S.
(2022) Personality and Individual Differences

Novel nucleocapsid protein-targeting phenanthridine inhibitors of SARS-CoV-2
Wang, Y.-T. , Long, X.-Y. , Ding, X.
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Li, J. , Hui, A. , Zhang, X.
(2021) Nature Medicine

Neutralization of SARS-CoV-2 spike 69/70 deletion, E484K and N501Y variants by BNT162b2 vaccine-elicited sera
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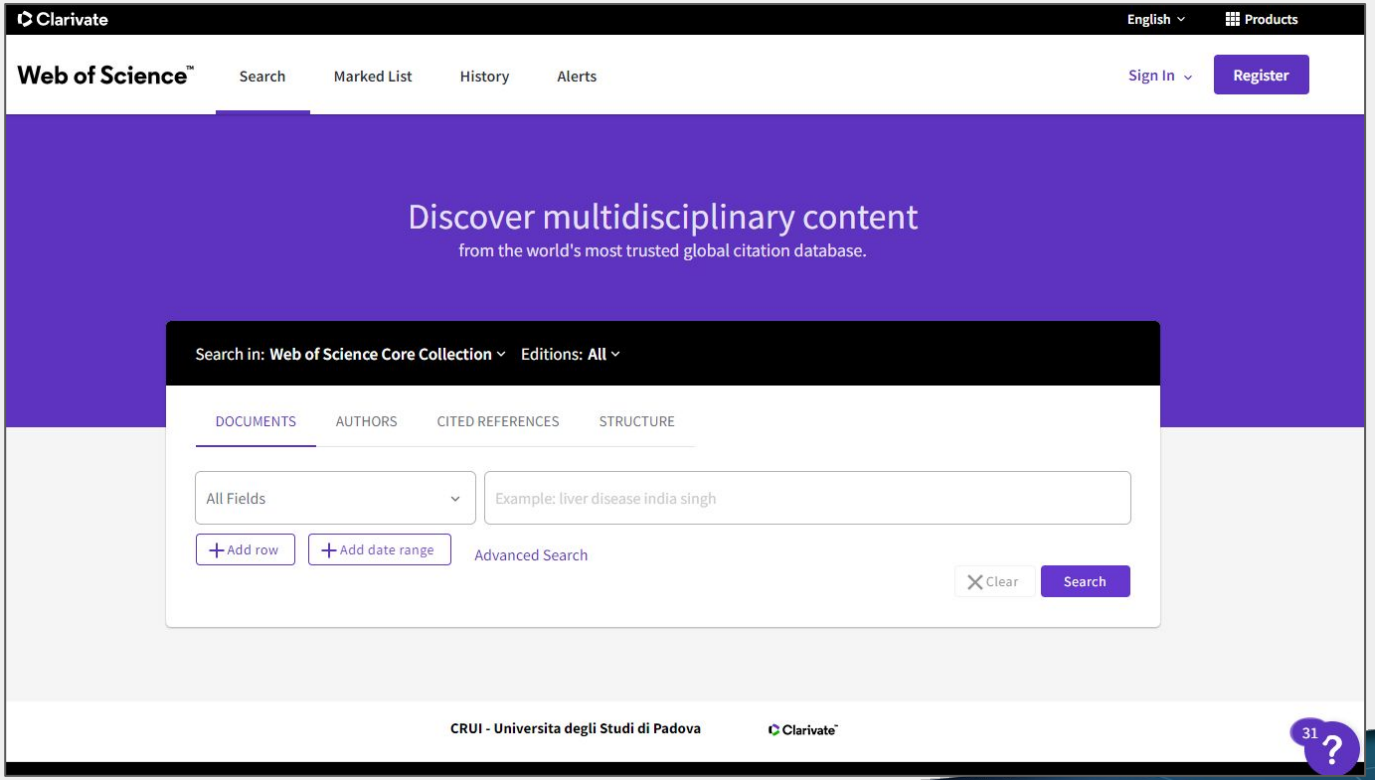
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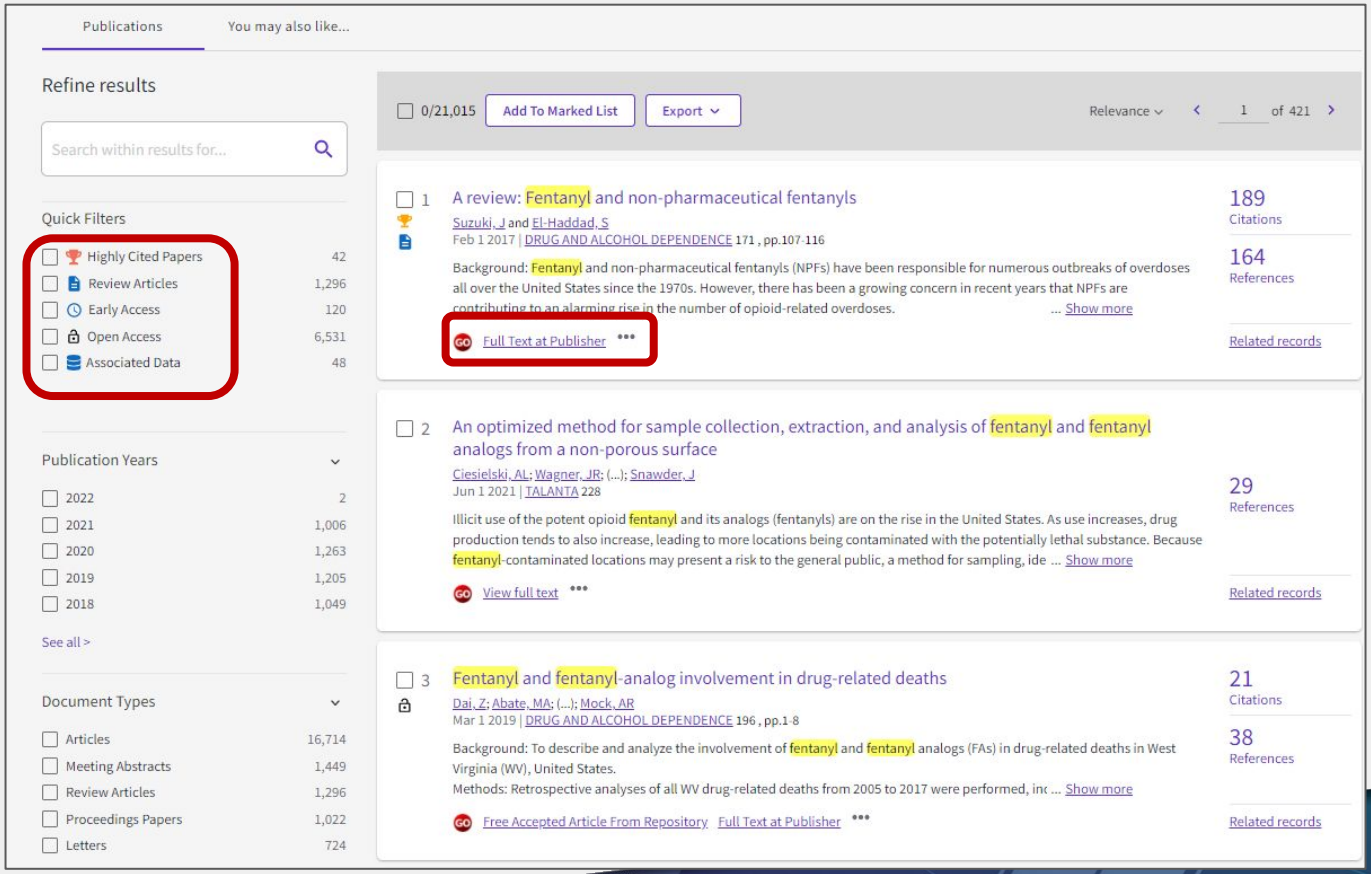
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1 A review: Fentanyl and non-pharmaceutical fentanyls
Suzuki, J and El-Haddad, S
Feb 1 2017 | DRUG AND ALCOHOL DEPENDENCE 171 , pp.107-116
Background: Fentanyl and non-pharmaceutical fentanyls (NPFs) have been responsible for numerous outbreaks of overdoses all over the United States since the 1970s. However, there has been a growing concern in recent years that NPFs are contributing to an alarming rise in the number of opioid-related overdoses. ... Show more
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2 An optimized method for sample collection, extraction, and analysis of fentanyl and fentanyl analogs from a non-porous surface
Ciesielski, AL; Wagner, JR; (...); Snawder, J
Jun 1 2021 | TALANTA 228
Illicit use of the potent opioid fentanyl and its analogs (fentanyls) are on the rise in the United States. As use increases, drug production tends to also increase, leading to more locations being contaminated with the potentially lethal substance. Because fentanyl-contaminated locations may present a risk to the general public, a method for sampling, ide ... Show more
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3 Fentanyl and fentanyl-analog involvement in drug-related deaths
Dai, Z; Abate, MA; (...); Mock, AR
Mar 1 2019 | DRUG AND ALCOHOL DEPENDENCE 196 , pp.1-8
Background: To describe and analyze the involvement of fentanyl and fentanyl analogs (FAs) in drug-related deaths in West Virginia (WV), United States.
Methods: Retrospective analyses of all WV drug-related deaths from 2005 to 2017 were performed, inc ... Show more
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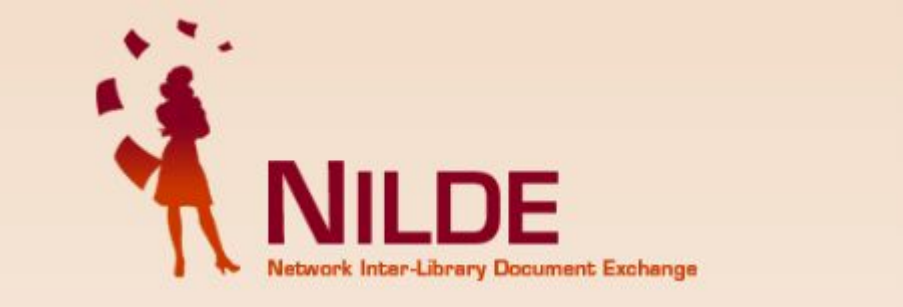

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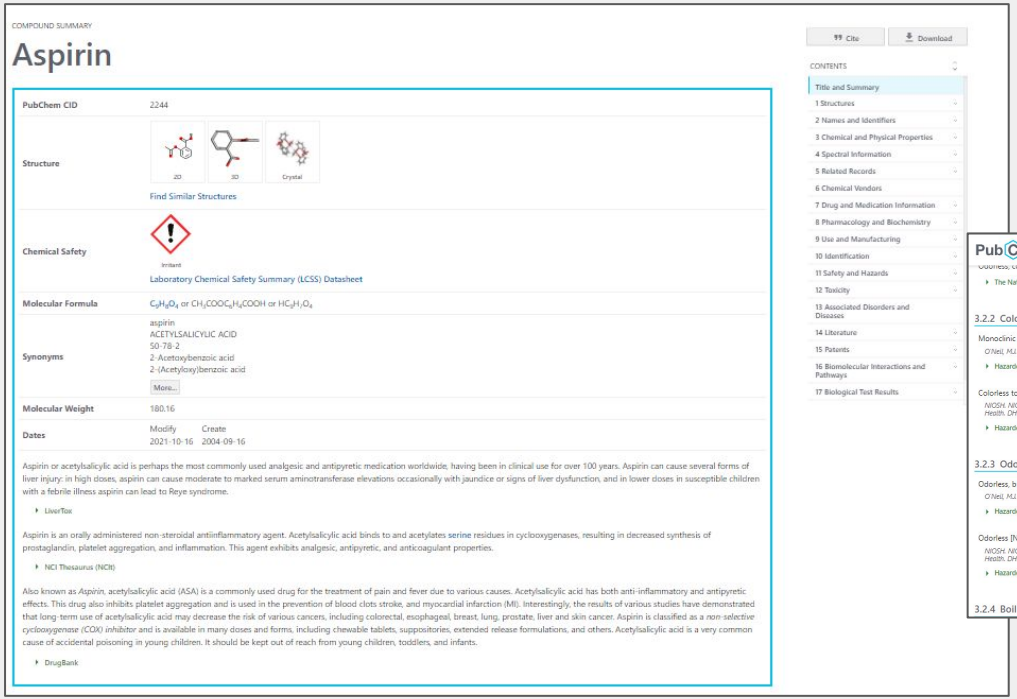

COMPOUND SUMMARY

Aspirin

PubChem CID	2244
Structure	2D 3D Crystal Find Similar Structures
Chemical Safety	Irritant Laboratory Chemical Safety Summary (LCSS) Datasheet
Molecular Formula	$C_9H_8O_4$ or $CH_3COOC_6H_4COOH$ or $HC_9H_7O_4$
Synonyms	aspirin ACETYLSALICYLIC ACID 50-78-2 2-Acetoxybenzoic acid 2-(Acetyloxy)benzoic acid More...
Molecular Weight	180.16
Dates	Modify 2021-10-16 Create 2004-09-16

Aspirin or acetylsalicylic acid is perhaps the most commonly used analgesic and antipyretic medication worldwide, having been in clinical use for over 100 years. Aspirin can cause several forms of liver injury; in high doses, aspirin can cause moderate to marked serum aminotransferase elevations occasionally with jaundice or signs of liver dysfunction, and in lower doses in susceptible children with a febrile illness aspirin can lead to Reye syndrome.

LiverTox

Aspirin is an orally administered non-steroidal antiinflammatory agent. Acetylsalicylic acid binds to and acetylates serine residues in cyclooxygenases, resulting in decreased synthesis of prostaglandin, platelet aggregation, and inflammation. This agent exhibits analgesic, antipyretic, and anticoagulant properties.

NCI Thesaurus (NCIt)

Also known as *Aspirin*, acetylsalicylic acid (ASA) is a commonly used drug for the treatment of pain and fever due to various causes. Acetylsalicylic acid has both anti-inflammatory and antipyretic effects. This drug also inhibits platelet aggregation and is used in the prevention of blood clots stroke, and myocardial infarction (MI). Interestingly, the results of various studies have demonstrated that long-term use of acetylsalicylic acid may decrease the risk of various cancers, including colorectal, esophageal, breast, lung, prostate, liver and skin cancer. Aspirin is classified as a *non-selective cyclooxygenase (COX) inhibitor* and is available in many doses and forms, including chewable tablets, suppositories, extended release formulations, and others. Acetylsalicylic acid is a very common cause of accidental poisoning in young children. It should be kept out of reach from young children, toddlers, and infants.

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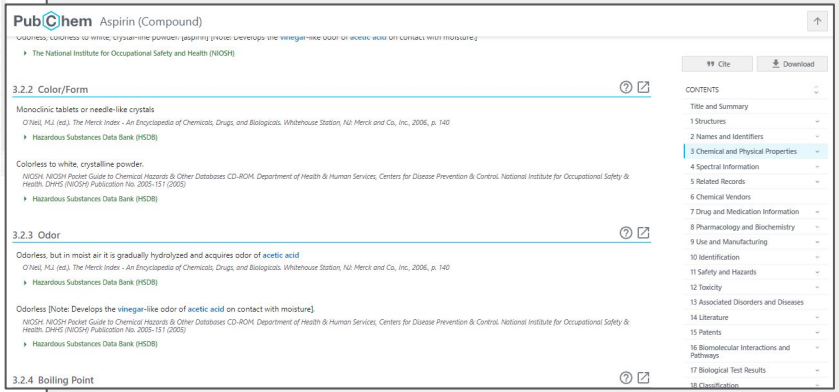

PubChem Aspirin (Compound)

Odorless, colorless to white, crystalline powder; [aspirin] [Note: Develops the vinegar-like odor of acetic acid on contact with moisture.]

The National Institute for Occupational Safety and Health (NIOSH)

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- 14 Literature
- 15 Patents
- 16 Biomolecular Interactions and Pathways
- 17 Biological Test Results
- 18 Classification

3.2.2 Color/Form

Monoclinic tablets or needle-like crystals

O'Neil, M.J. (ed.). The Merck Index - An Encyclopedia of Chemicals, Drugs, and Biologicals. Whitehouse Station, NJ: Merck and Co., Inc., 2006, p. 140

Hazardous Substances Data Bank (HSDB)

Colorless to white, crystalline powder.

NIOSH. NIOSH Pocket Guide to Chemical Hazards & Other Databases CD-ROM. Department of Health & Human Services, Centers for Disease Prevention & Control, National Institute for Occupational Safety & Health. DHHS (NIOSH) Publication No. 2005-151 (2005)

Hazardous Substances Data Bank (HSDB)

3.2.3 Odor

Odorless, but in moist air it is gradually hydrolyzed and acquires odor of acetic acid

O'Neil, M.J. (ed.). The Merck Index - An Encyclopedia of Chemicals, Drugs, and Biologicals. Whitehouse Station, NJ: Merck and Co., Inc., 2006, p. 140

Hazardous Substances Data Bank (HSDB)

Odorless [Note: Develops the vinegar-like odor of acetic acid on contact with moisture].

NIOSH. NIOSH Pocket Guide to Chemical Hazards & Other Databases CD-ROM. Department of Health & Human Services, Centers for Disease Prevention & Control, National Institute for Occupational Safety & Health. DHHS (NIOSH) Publication No. 2005-151 (2005)

Hazardous Substances Data Bank (HSDB)

3.2.4 Boiling Point

Informatore farmaceutico (Codifa)

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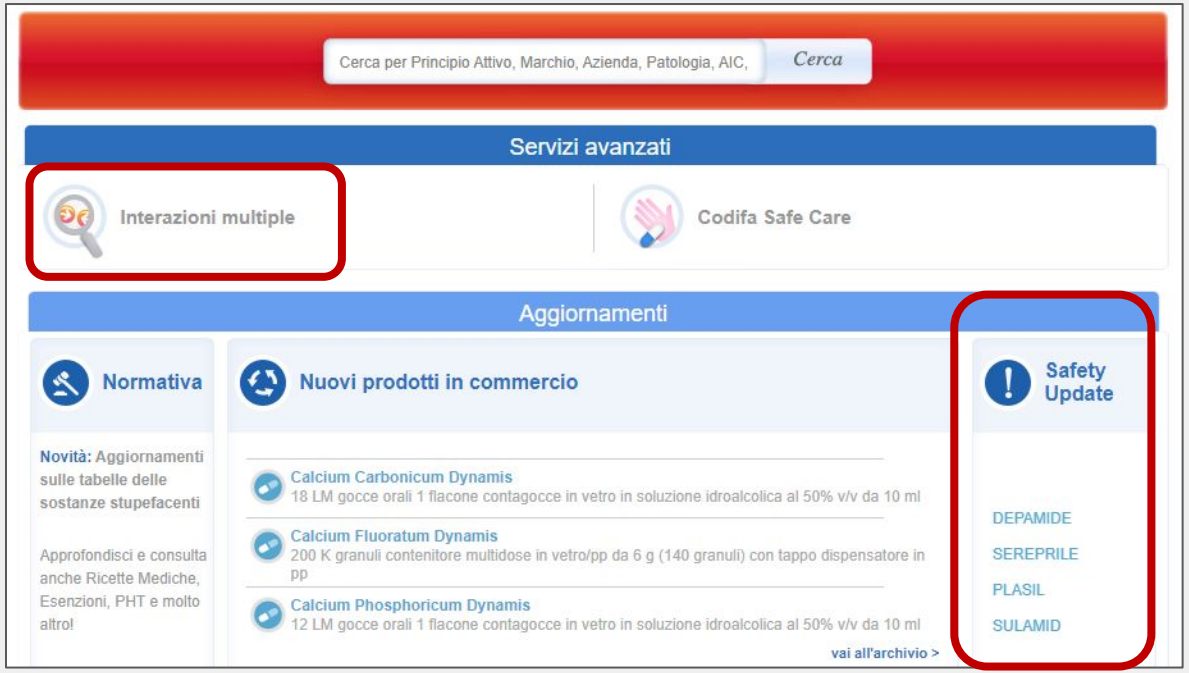

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ASPIRINA

Bayer S.p.A.
325 mg 10 compresse

Ultimo aggiornamento il: 20/07/2021

Stampa

Precauzioni da valutare

I simboli sono da interpretarsi come segnalazione di precauzione nell'uso, di valutazione del prodotto e dell'eventuale rapporto rischio beneficio

N° INTERAZIONI TOTALI:276

17 Interazione clinicamente rilevante

136 Interazione rilevante gestibile con aggiustamento del dosaggio

AIC	004763254
TITOLARE	Bayer S.p.A.
CLASSE	C
RICETTA	OTC - medicinale di automedicazione
ATC	N02BA01 - Acido acetilsalicilico
PRINCIPIO ATTIVO	acido acetilsalicilico
GRUPPO TERAP.	Antiaggreganti piastrinici, Antipiretici, Analgesici FANS
PREZZO	€ 6,3
FORMA FARMACEUTICA	compressa
PIANO TERAPEUTICO	No
PHT	No

RCP

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- 3 - FORMA FARMACEUTICA
- 4 - INFORMAZIONI CLINICHE
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- 4.2 - Posologia e modo di somministrazione
- 4.3 - Controindicazioni
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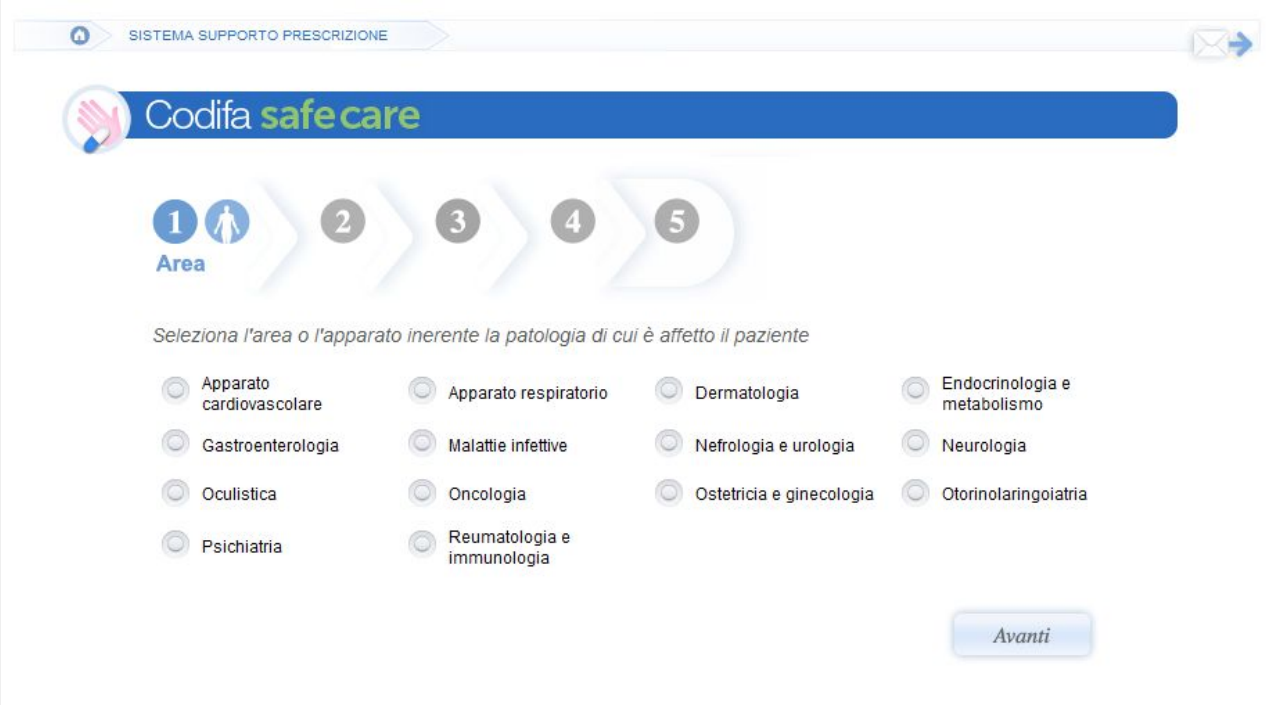
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Apparato respiratorio
Dermatologia
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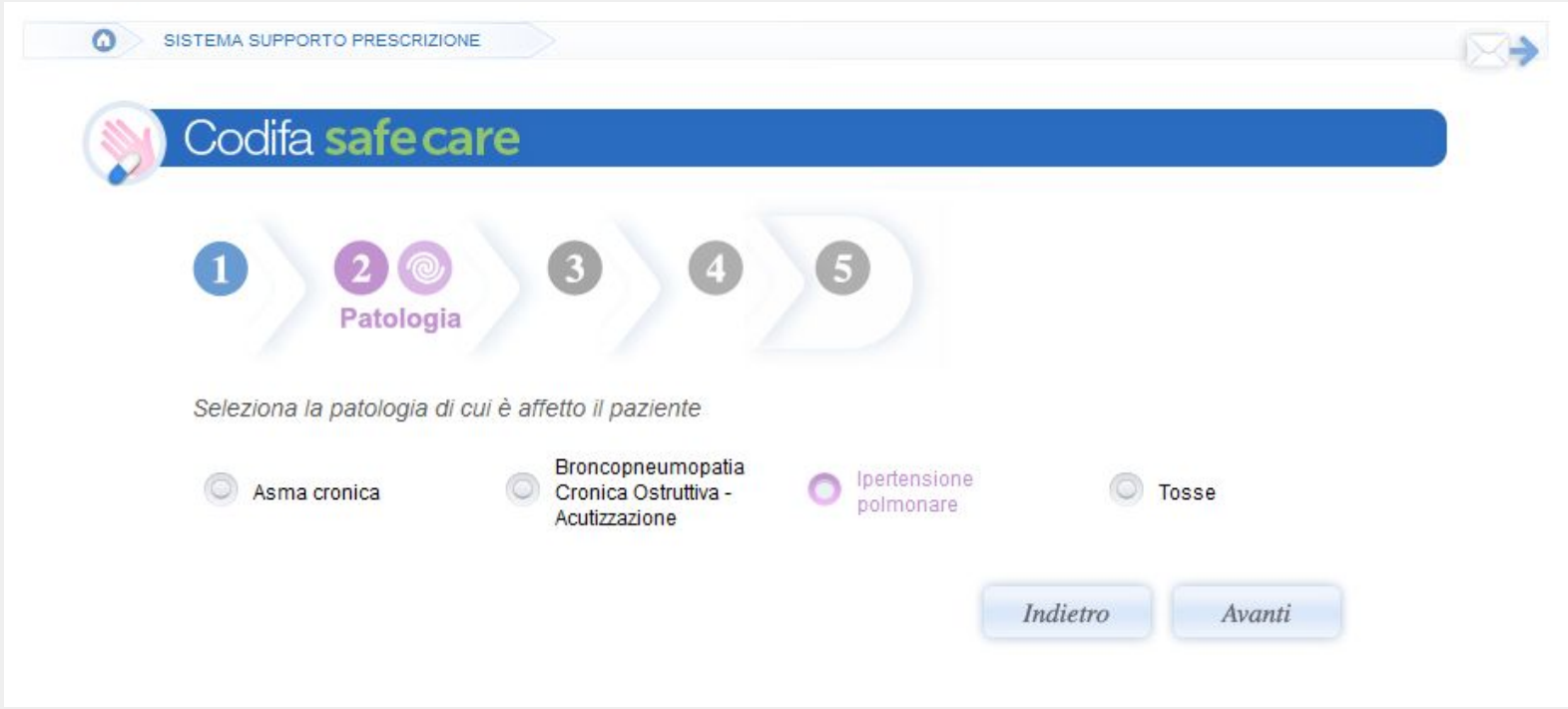
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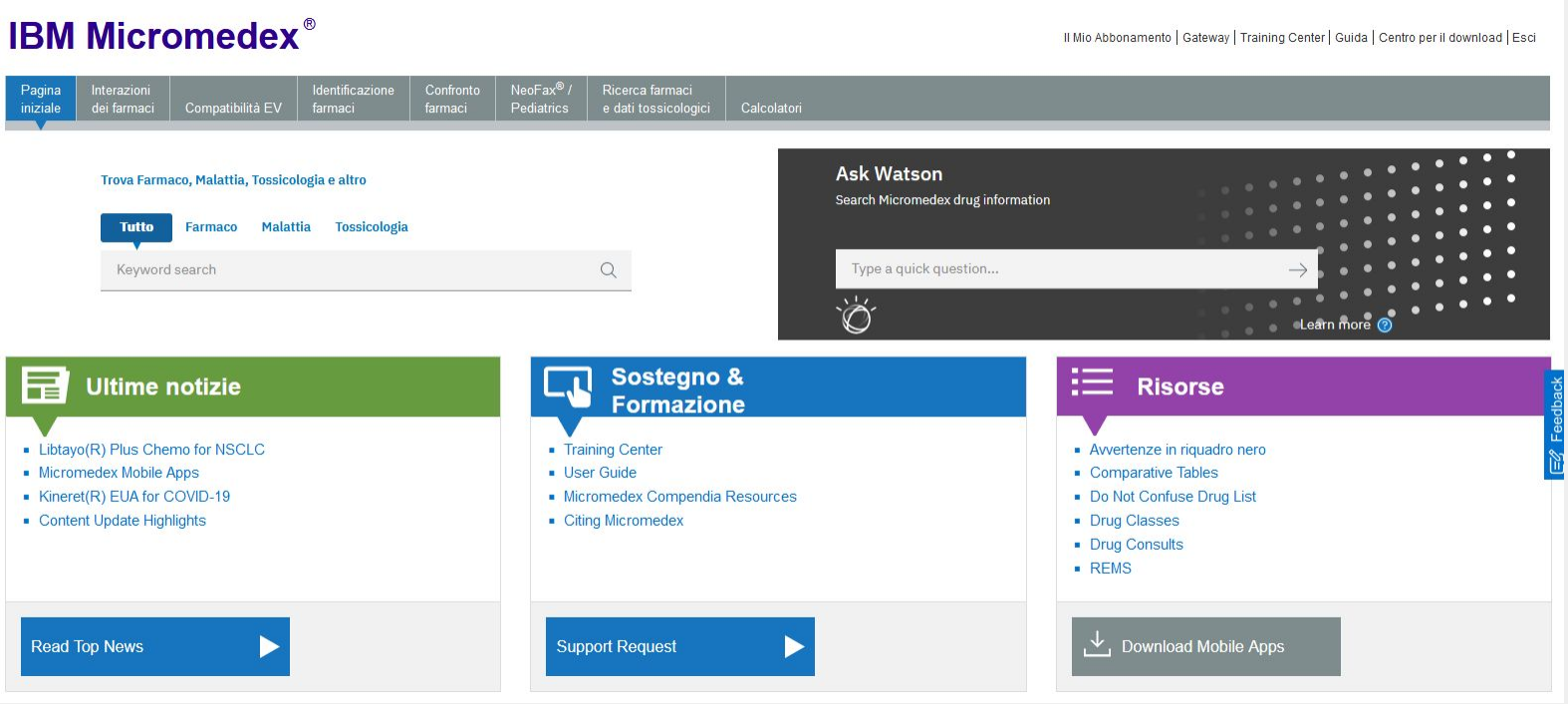
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  - Adult Dosing
  - Pediatric Dosing
  - FDA Uses
  - Non-FDA Uses
  - Dose Adjustments
  - Administration
  - Comparative Efficacy
  - Place In Therapy
- Medication Safety
  - Contraindications
  - Precautions
  - Adverse Effects
  - Black Box Warning
  - REMS
  - Drug Interactions (single)
  - IV Compatibility (single)
  - Pregnancy & Lactation
  - Monitoring

Dosing/Administration

Adult Dosing

Stampa

Vedere 'Risposte approfondite' per i risultati dettagliati.

Important Note

- The Emergency Use Authorization for hydroxychloroquine sulfate in hospitalized adult and adolescent patients weighing 50 kg or more for suspected or confirmed COVID-19 was revoked on June 15, 2020. The FDA concluded hydroxychloroquine sulfate is unlikely to be effective in the treatment of COVID-19 and the risks of therapy (ie, serious cardiac adverse events and methemoglobinemia) do not justify continued use [2].

General Dosage Information

- Each 200-mg tablet of hydroxychloroquine sulfate is equivalent to 155 mg base [3]

Lupus erythematosus

- 200 to 400 mg orally once daily or divided twice daily [3]

Malaria

- Initial, 800 mg orally for 1 dose followed by 400 mg at 6, 24, and 48 hours after the initial dose (FDA dosage) [3]
- (Weighing greater than 31 kg) Weight-based dosage: 13 mg/kg (MAX, 800 mg) orally for 1 dose, followed by 6.5 mg/kg (MAX, 400 mg) orally at 6, 24, and 48 hours after the first dose (FDA dosage) [3]
- Concomitant medication (Plasmodium vivax or P ovale malaria), give in combination with primaquine phosphate 52.6 mg orally daily for 14 days (guideline dosage) [4]

Malaria; Prophylaxis

- 400 mg orally once weekly on the same day each week beginning 2 weeks prior to travel to malarious area, continue on same day each week while in area and for 4 weeks after leaving area (FDA dosage) [3]

Inflammatory bowel disease; Crohn's disease

Risposte rapide | Risposte approfondite | Tutti i risultati

Background

Epidemiology

Visualizza documento completo
Stampa

Incidence and Prevalence

The incidence of Crohn disease in the United States is about 5 per 100,000 persons and the prevalence is about 50 per 100,000 persons [2].

Age

Crohn disease can affect any age group [2], but has a peak onset in persons between the ages of 15 to 30 years [3].

Race and Ethnicity

In North America, the highest prevalence rates of Crohn disease are found in whites (about 44 per 100,000) and African-Americans (about 30 per 100,000) with the lowest rates found in Asians (about 6 per 100,000) and Hispanics (about 4 per 100,000) [4].

Crohn disease is more common in persons with Ashkenazi Jewish ancestry. The children of North American Ashkenazi Jews with Crohn disease appear to have an earlier onset of the disease [4].

Geography

The incidence of Crohn disease varies according to geographic location with higher rates occurring in more developed countries such as the United Kingdom, northern Europe, and North America, and lower rates occurring in developing countries. Southeast Asia, Africa, South America, and Australia have the lowest incidence rates [4]; however, the incidence is rising in less-developed countries with the expansion of industrialization [5].

Medication Safety

Drug Interactions (single)

Stampa

Vedere 'Risposte approfondite' per i risultati dettagliati.

Visualizza interazioni multiple del

Migliora in base a: Gravità: All Documentazione: All

Passa a: Drug-Drug (2) | ALLERGIA (0) | CIBO (0) | ETANOLO (0) | LAB (0) | TABACCO (0) | GRAVIDANZA (1) | ALLATTAMENTO (1)

Drug-Drug Interazioni (2)

Farmaci:	Gravità:	Documentazione:	Riepilogo:
CHLOROQUINE [Systemic] -- REMDESIVIR [Systemic]	Major	Fair	Concurrent use of CHLOROQUINE and REMDESIVIR may result in risk of reduced antiviral activity of remdesivir.
HYDROXYCHLOROQUINE [Systemic] -- REMDESIVIR [Systemic]	Major	Fair	Concurrent use of HYDROXYCHLOROQUINE and REMDESIVIR may result in risk of reduced antiviral activity of remdesivir.

Drug-ALLERGIA Interazioni (Nessuna trovata)

Drug-CIBO Interazioni (Nessuna trovata)

Drug-TABACCO Interazioni (Nessuna trovata)

Drug-GRAVIDANZA Interazioni (1)

Farmaci:	Gravità:	Documentazione:	Riepilogo:
PREGNANCY -- REMDESIVIR [Systemic]	Moderate	Unknown	Available evidence is inconclusive or inadequate for determining fetal risk when used in pregnant women.

Drug-ALLATTAMENTO Interazioni (1)

Farmaci:	Gravità:	Documentazione:	Riepilogo:
LACTATION -- REMDESIVIR [Systemic]	Major	Unknown	Infant risk cannot be ruled out: Available evidence and/or expert consensus is inconclusive or is inadequate for determining infant risk when Remdesivir is used during breast-feeding. Weigh the potential benefits of treatment against potential risks before prescribing Remdesivir during breast-feeding.

Definizioni

Gravità:	Controindicato	Di grande entità	Moderata	Di lieve entità	Sconosciuta
Documentazione:	Eccellente	Buona	Discreta	Sconosciuta	

Mechanism of Action

Mechanism of Action

Visualizza documento completo

Stampa

Vedere 'Risposte rapide' per i risultati riassuntivi.

A) Hydroxychloroquine Sulfate

1) Mechanism of Action

a) Hydroxychloroquine is a 4-aminoquinoline antimalarial and antirheumatic agent. The precise mechanism by which hydroxychloroquine exhibits activity against Plasmodium is not known. Hydroxychloroquine is a weak base and may exert its effect by concentrating in the acid vesicles of the parasite and inhibiting polymerization of heme. It can also inhibit certain enzymes by its interaction with DNA. The mechanisms underlying the anti-inflammatory and immunomodulatory effects of hydroxychloroquine in the treatment of rheumatoid arthritis, chronic discoid lupus erythematosus and systemic lupus erythematosus are not fully known [1]. In rheumatoid arthritis, it is thought to act as a mild immunosuppressant, inhibiting the production of rheumatoid factor and acute phase reactants. It also accumulates in white blood cells, stabilizing lysosomal membranes and inhibiting the activity of many enzymes, including collagenase and the proteases that cause cartilage breakdown [153].

2) Spectrum of Activity

a) Hydroxychloroquine is active against the erythrocytic forms of chloroquine sensitive strains of Plasmodium falciparum, Plasmodium malariae, Plasmodium ovale, and Plasmodium vivax. Hydroxychloroquine is not active against the gametocytes and exoerythrocytic forms including the hypnozoite stage (P vivax and P ovale) of the Plasmodium parasites [17].

3) Resistance Patterns

a) Plasmodium falciparum strains exhibiting reduced susceptibility to chloroquine also show reduced susceptibility to hydroxychloroquine. Resistance of Plasmodium parasites to chloroquine is widespread. Patients in whom chloroquine or hydroxychloroquine have failed to prevent or cure clinical malaria or parasitemia, or patients who acquired malaria in a geographic area where chloroquine resistance is known to occur should be treated with another form of antimalarial therapy [17].

Pharmacokinetics

Pharmacokinetics

Visualizza documento completo
Stampa

Vedere 'Risposte rapide' per i risultati riassuntivi.

Drug Concentration Levels
ADME

Drug Concentration Levels

A) Hydroxychloroquine Sulfate

1) Therapeutic Drug Concentration

a) Systemic lupus erythematosus: 910 nanograms (ng)/mL [148]

1) In a multicenter, prospective study of patients with chronic or subacute systemic lupus erythematosus (n=300), complete remission occurred with significantly higher median hydroxychloroquine levels (910 ng/mL (range, less than 50 to 3057 ng/mL)) compared with partial remission (692 ng/mL (range less than 50 to 2843 ng/mL)) and treatment failure (569 ng/mL (range, less than 50 to 2242 ng/mL) [148].

2) Peak Concentration

a) Oral, single-dose, 400 mg: 1.22 nanomoles (nmol)/mL [146]

1) Mean plasma Cmax was 1.22 +/- 0.4 nmol/mL following a single 400-mg dose of hydroxychloroquine sulfate (equivalent to 310 mg hydroxychloroquine base) in 6 healthy patients [146].

b) Oral, single-dose, 200 mg; 129.6 to 244 nanograms (ng)/mL (blood); 46 to 50.3 ng/mL (plasma) [17]

1) Following a single oral dose of hydroxychloroquine sulfate 200 mg (equivalent to 155 mg hydroxychloroquine base) in healthy male volunteers, the mean whole blood Cmax was 129.6 ng/mL and the mean plasma Cmax was 50.3 ng/mL [17].

2) Mean plasma Cmax was 46 ng/mL (range, 34 to 79 ng/mL) following a single 200-mg dose of oral hydroxychloroquine sulfate (equivalent to 155 mg hydroxychloroquine base) in 5 healthy patients; while mean whole blood Cmax was 244 ng/mL (range, 188 to 427 ng/mL) [147].

3) Time to Peak Concentration

a) Oral: 2.4 to 3.74 hours [17][146][147]; 3 to 4 hours (chronic use) [17]

Toxicology

Clinical Effects

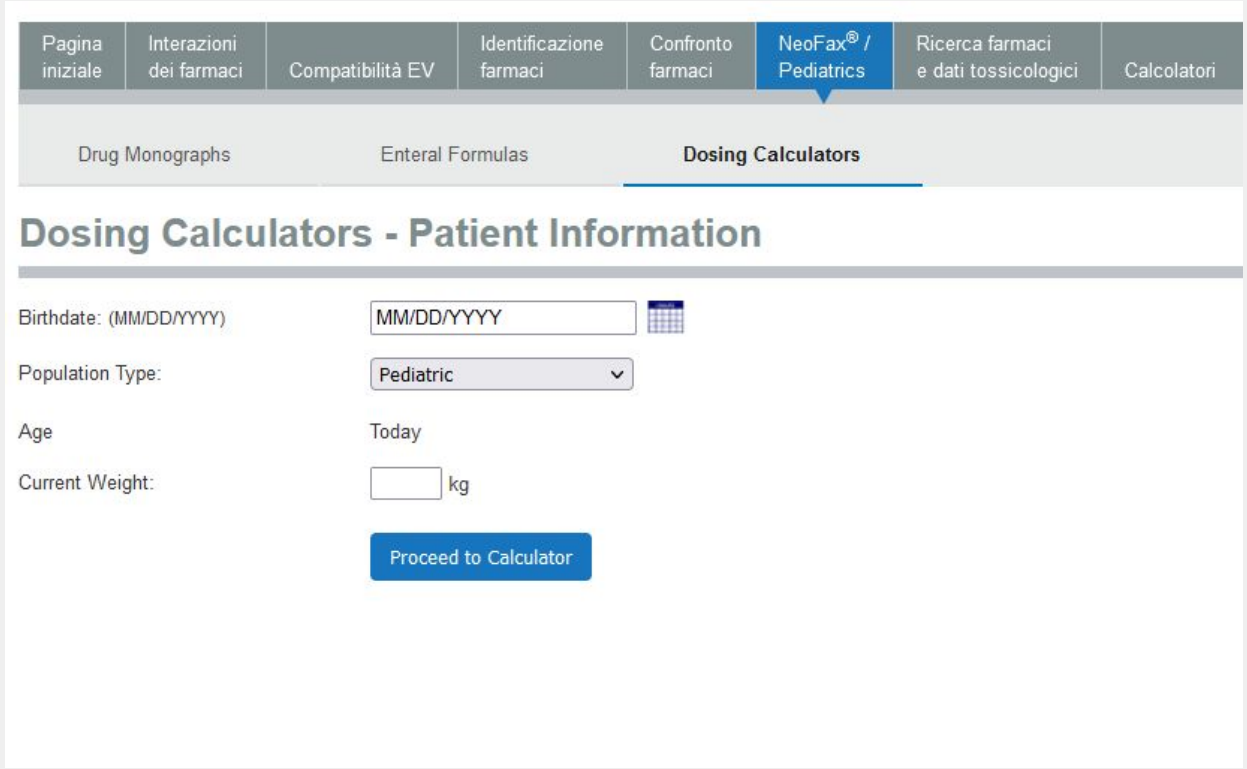
Stampa

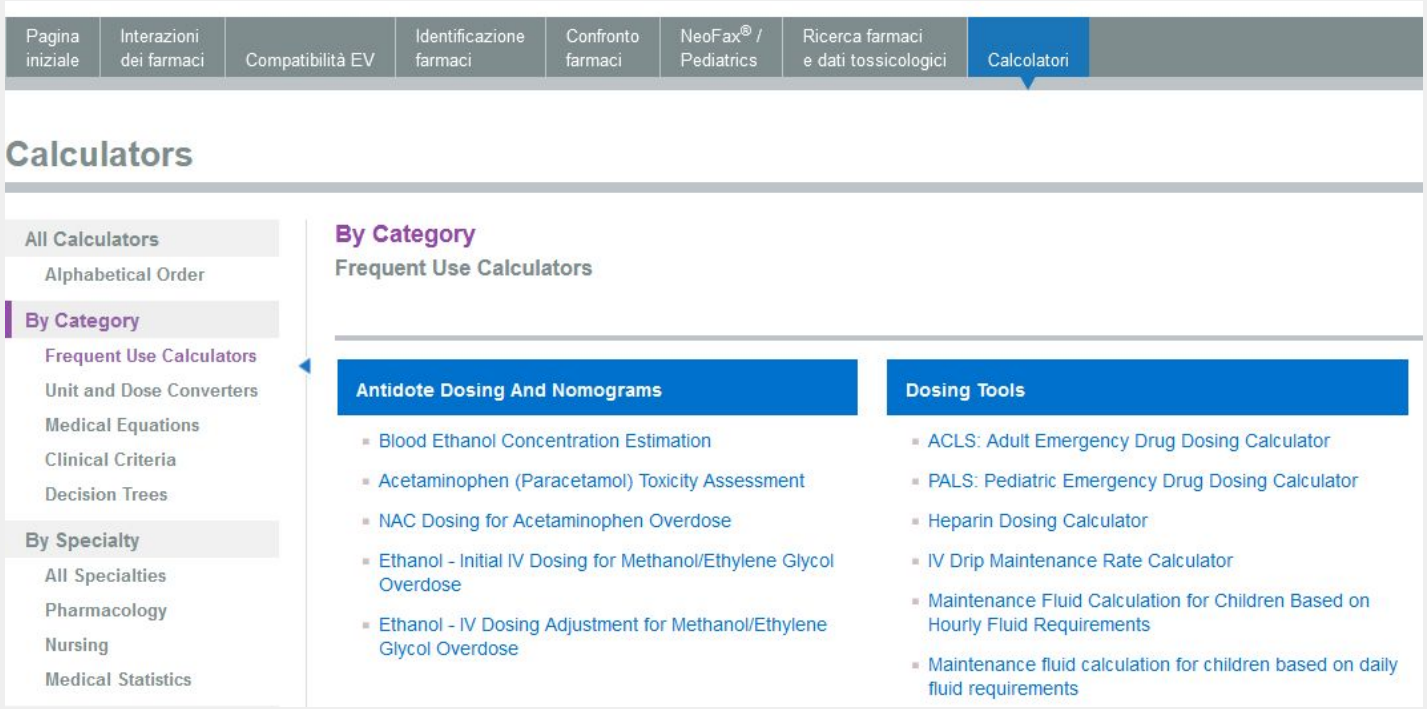
ACETAMINOPHEN-ACUTE

- USES: Acetaminophen is a mild analgesic and antipyretic. It is available as a non-prescription single ingredient product, in many non-prescription combination products, and in prescription combination products (usually with an opioid). PHARMACOLOGY: The exact mechanism of action is not known. Acetaminophen inhibits cyclooxygenase and this likely is responsible for at least some clinical effects. TOXICOLOGY: In overdose, the usual metabolic pathways are overwhelmed, and acetaminophen is metabolized by CYP2E1 to a reactive metabolite. This metabolite can be detoxified by conjugation with glutathione, but when hepatic glutathione stores are depleted, the metabolite binds to macromolecules in the hepatocyte causing cell death and hepatic necrosis. EPIDEMIOLOGY: Acetaminophen overdose is very common, and there are several hundred deaths from acetaminophen poisoning annually in the United States. MILD TO MODERATE TOXICITY: For the first day after ingestion, patients may be asymptomatic, or only develop nausea, vomiting and abdominal pain. Elevation of serum transaminase (ALT, AST) may begin to develop as soon as 12 hours after ingestion and can range from mild to marked (greater than 10,000 International Units/L) with few other signs or symptoms. Aminotransferase elevations generally peak 2 to 3 days after ingestion. SEVERE TOXICITY: Liver failure, including coagulopathy and hepatic encephalopathy, will occur. Patients may also have renal injury. Massive overdose (initial serum concentration greater than 500 mcg/mL) can produce coma, hyperglycemia, methemoglobinemia, and lactic acidosis In patients who survive the overdose, both hepatic and renal function usually return to normal. ADVERSE EFFECTS: Generally rare. Some patients may have gastrointestinal upset.

ACETAMINOPHEN-REPEATED SUPRATHERAPEUTIC

- USES: Acetaminophen is a non-opioid analgesic and antipyretic medication found in many over-the-counter and prescription products. Repeated supratherapeutic acetaminophen ingestion is defined as repetitive ingestion of more than the recommended maximum daily dose. These ingestions are usually unintentional occurring in patients with acute or chronic pain syndromes or repeated dosing in ill children. PHARMACOLOGY: Acetaminophen is used primarily as an antipyretic and analgesic. Its effects are mediated through the central nervous system. TOXICOLOGY: In therapeutic doses, about 90% of acetaminophen is conjugated in the liver to nontoxic metabolites (glucuronides and sulfates). A small portion (less than 5%) is conjugated by cytochrome P450 CYP2E1 to a toxic metabolite, N-acetyl-p-benzo-quinone imine (NAPQI). This metabolite is further conjugated by glutathione, and eliminated by the kidneys. In toxic doses, the usual metabolic pathways are overwhelmed; acetaminophen is shunted to the cytochrome P450 pathway, and glutathione stores are depleted. Cellular injury and hepatic necrosis occur as NAPQI accumulates. EPIDEMIOLOGY: Acetaminophen poisoning is very common and can be severe. However, the incidence of serious acetaminophen toxicity after repeated doses is negligible and appears to only follow massive dosing or prolonged excessive dosing. MILD TO MODERATE TOXICITY: Toxicity can range from asymptomatic ALT elevation to malaise, nausea, vomiting, abdominal pain, and hepatotoxicity. SEVERE TOXICITY: Jaundice, hypoglycemia, coagulopathy, renal failure,


Pagina iniziale
Interazioni dei farmaci
Compatibilità EV
Identificazione farmaci
Confronto farmaci
NeoFax® / Pediatrics
Ricerca farmaci e dati tossicologici
Calcolatori
Drug Monographs
Enteral Formulas
Dosing Calculators
Dosing Calculators - Patient Information
Birthdate: (MM/DD/YYYY)
MM/DD/YYYY
Population Type:
Pediatric
Age
Today
Current Weight:
kg
Proceed to Calculator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Alphabetical Order
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Frequent Use Calculators
Antidote Dosing And Nomograms
Blood Ethanol Concentration Estimation
Acetaminophen (Paracetamol) Toxicity Assessment
NAC Dosing for Acetaminophen Overdose
Ethanol - Initial IV Dosing for Methanol/Ethylene Glycol Overdose
Ethanol - IV Dosing Adjustment for Methanol/Ethylene Glycol Overdose
Dosing Tools
ACLS: Adult Emergency Drug Dosing Calculator
PALS: Pediatric Emergency Drug Dosing Calculator
Heparin Dosing Calculator
IV Drip Maintenance Rate Calculator
Maintenance Fluid Calculation for Children Based on Hourly Fluid Requirements
Maintenance fluid calculation for children based on daily fluid requirements

AdisInsight

Banca dati a pagamento che raccoglie dati su farmaci in sviluppo a livello globale, relativi a studi clinici e a casi di reazioni avverse ai farmaci. Presenta il panorama completo a partire dagli stadi precoci di ricerca fino allo sviluppo clinico e agli aspetti di safety successivamente osservati dalla messa in commercio.

Accessibile dalle sedi universitarie e da casa solo via Auth Proxy

https://adisinsight.springer.com/

At a glance

Originator	Amgen
Developer	Amgen; Indiana University; Novartis; Rigshospitalet
Class	Antimigraines; Monoclonal antibodies
Mechanism of Action	Calcitonin gene-related peptide receptor antagonists
Orphan Drug Status	No
New Molecular Entity	Yes

Highest Development Phases

Marketed	Migraine
Phase II	Headache; Rosacea; Temporomandibular joint dysfunction syndrome; Trigeminal neuralgia
Discontinued	Hot flashes

Most Recent Events

02 Nov 2021	Phase-II clinical trials in Temporomandibular joint dysfunction syndrome (In adults) in USA (SC) (NCT04884763)
31 Oct 2021	Dansk Hovedpine Center completes its phase II clinical trials in Trigeminal neuralgia in Denmark (unspecified route) (NCT04054024)
28 Jun 2021	No recent reports of development identified for phase-I development in Migraine(In adolescents, In children) in USA

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Scopus	multidisciplinare	x		x	
Web of Science	multidisciplinare	x		x	
Pubmed	biomedico	bibliografica			x
Pubchem	chimico		x		x
Codifa	farmaceutico		x	x	
Micromedex	farmaceutico		x	x	
AdisInsight	farmaceutico		x	x	

Materiali ulteriori disponibili in biblioteca: repertori

MEDICAMENTA

È una fonte di informazione esauriente e in lingua italiana sui principi attivi e su ogni molecola impiegata in terapia: denominazione, caratteristiche chimico-fisiche, saggi di identificazione e purezza, tossicità, controindicazioni...

Formato cartaceo (versione online con pw accesso dalla biblioteca e dai laboratori)

MEDICAMENTA

http://www.medicamenta.com/it

MEDICAMENTA
Società Cooperativa Farmaceutica

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Ricerca:

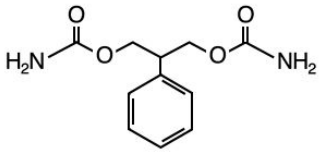
- Principi attivi
- Nomi commerciali
- Categorie terapeutiche
- Preparazioni
- Nomi e sinonimi
- CAS
- ATC
- HELP

A B C D E F G I J K L M N O P Q R S T U V W

FELBAMATO

2-Fenil-1,3-propandiolo dicarbammato

$C_{11}H_{14}N_2O_4$



pm 238,24

CAS 25451-15-4

Sinonimi : 2-feniltrimetilene estere dell'acido carbammico; AD-03055

DCI felbamate

INN felbamate

Brevetti : U.S., 2 884 444, 1959; U.S., 4 978 680, 1990

Proprietà chimico-fisiche - Polvere bianca, inodore. Moderatamente solubile in acqua, in metanolo, in etanolo, in acetone e in cloroformio; molto solubile in dimetilsulfossido e in dimetilformamide.

p.f. = 151-152 °C

Proprietà farmacologiche - Il felbamato è un farmaco anticonvulsivante strutturalmente correlato al meprobamato, ma differente dal punto di vista farmacologico. L'esatto meccanismo d'azione non è noto, anche se il farmaco sembra agire innalzando la soglia delle convulsioni e prevenendo la loro diffusione. Nell'animale da laboratorio il felbamato protegge dalle convulsioni indotte da stimolazione elettrica facendo presupporre una sua efficacia nel trattamento dell'epilessia tonico-clonica (grande male) e parziale. Sempre nell'animale, il farmaco previene le convulsioni indotte da pentilentetrazolo (e quindi può essere efficace nel trattamento delle crisi di assenza nel piccolo male), picrotossina, glutammato, mentre non riesce a prevenire le convulsioni indotte da bicucullina o stricnina.

Farmacocinetica - Il felbamato è ben assorbito dal tratto gastrointestinale e le concentrazioni plasmatiche massime vengono raggiunte 1-6 ore dopo la somministrazione orale. Alle dosi raccomandate la cinetica del felbamato è lineare e le concentrazioni plasmatiche terapeutiche sono comprese tra 20 e 100 mg/ml. Il legame con le proteine plasmatiche è del 22-36%, il volume di distribuzione è di 0,76-0,8 *l*/kg e l'emivita di eliminazione è compresa tra 14 e 23 ore. Il felbamato viene parzialmente metabolizzato nel fegato, per idrossilazione e coniugazione, dando luogo a prodotti inattivi. Viene escreto principalmente nelle urine dove si ritrova sia in forma immodificata (49%) che come metaboliti; l'escrezione nelle feci è inferiore al 4%. Nel ratto il felbamato attraversa la barriera placentare e viene escreto nel latte materno.

Tossicità - Nel topo il valore della DL_{50} per i.p. è di 4000 mg/kg.

Indicazioni terapeutiche - Nell'adulto il felbamato viene usato, sia in monoterapia che come farmaco aggiuntivo, nel trattamento delle convulsioni parziali resistenti, con o senza generalizzazione secondaria. Nel bambino il felbamato può essere usato come farmaco aggiuntivo per controllare le convulsioni associate alla sindrome di Lennox-Gastaut. A causa della sua tossicità il felbamato non deve essere considerato un farmaco di prima scelta e dovrebbe essere usato solo nel trattamento di pazienti che non rispondono ad altri farmaci o che siano intolleranti a essi.

EUROPEAN PHARMACOPOEIA

È il codice farmaceutico che armonizza i testi delle principali farmacopee ufficiali degli Stati Europei e individua norme comuni riconosciute sulla qualità dei medicinali.

Complesso di disposizioni tecnico/scientifiche ed amministrative, per il controllo della qualità dei medicamenti, delle sostanze e/o dei preparati finali, mediante l'indicazione di metodi di verifica chimico analitici e tecnologici delle specifiche di qualità, dei metodi di preparazione o della formulazione.

In formato cartaceo ma anche online con pw (solo per docenti e laureandi..)

https://pheur.edqm.eu/home

Cosa cerco e dove lo trovo

Tipo di ricerca	Dove cercare
Sostanza	Pubchem, Medicamenta, European Pharmacopoeia, Farmacopea italiana
Farmaco	Codifa, Medicamenta, Micromedex,AdisInsight
Tossicità ed effetti collaterali	Codifa, Micromedex, Pubchem
Farmacodinamica/cinetica	Pubmed, Micromedex, Codifa
Studi clinici	Pubmed, AdisInsight
Interazioni farmacologiche	Codifa, Micromedex, Pubmed
letteratura scientifica	Pubmed, Scopus e WOS

...e queste sono solo le principali, ce ne sono ancora molte altre.
Se hai bisogno chiedi aiuto in biblioteca!

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