



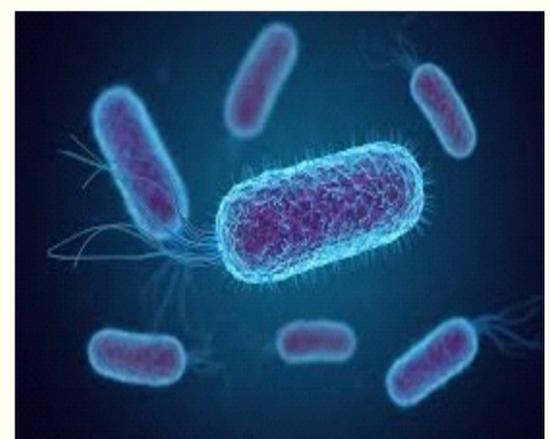
# NANDHA PHARMA ALERT

An Exclusive Newsletter from Drug Information Center,  
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**Table-1. Peritoneal fluid analysis during the first and second peritonitis episodes**

	Reference range	February	February	April	April
colour	Yellow	Light yellow	Light yellow	Colour less	Light yellow
Appearance	Clear	Cloudy	Clear	Clear	cloudy
Nucleated cells	<300/micL	2694	630	214	7251
Redblood cells	<2000/micL	<2000	<2000	<2000	<2000
Neutrophils	<25%	78	52	49	95
Lymphocytes	22-80%	3	4	14	1
Monocytes /macrophages	20-80%	15	43	35	3
Eosinophils	<25%	1	1	1	1
Mesothelial cells	20-80%	3	1	1	1
Culture sensitivity	No growth	Capnocytophaga	No growth	E cloacae complex	E cloacae complex



**Conclusions:**  
As far as we are aware, this is the first case report of anti-biomania in a peritoneal dialysis patient caused by the antibiotic ceftazidime. This case report highlights the importance of recognizing the psychiatric side effects of antibiotics early and formulating effective management options to prevent detrimental effects patient's clinical condition. Anti-biomania should be strongly considered as a differential diagnosis in patients presenting with manic symptoms after the initiation of ceftazidime.

**Mr.N.Praveen, III B.Pharm**

**Interesting medical facts:**

1. The heart pumps about 2,000 gallons (7,571 liters) of blood each day.
2. Your taste buds have a lifespan of about 10 to 14 days, and new ones are constantly replacing old ones
3. The strongest muscle in the human body is the masseter muscle, which is responsible for chewing.
4. Your skin is the body's largest organ and can weigh up to 20 pounds (9 kilograms).
5. The human body can produce enough saliva in a lifetime to fill two swimming pools.
6. The average person will produce about 25,000 quarts (23,658 liters) of saliva in a lifetime.
7. The human brain is composed of about 75% water.
8. An adult human is made up of approximately octillion) atoms.
9. Your eyes are the only part of your brain visible from the outside.
10. Your body has more than 600 muscles, making up about 40% of your total body weight

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**IN THE HIGHLIGHTS:**

- First Drug for Friedreich 's Ataxia
- The First Case of Ceftazitime-Induced Anti Biomania Acaserepot
- Intresting Medical Facts

## FIRST DRUG FOR FRIEDREICH'S ATAXIA



FDA has approved skyclarys(omaveloxolone) as the first treatment for friedreich's ataxia a rare ,inherited ,degenerative disease that damages the nervous system,characterized by impaired coordination and waking .

**Disease or condition**

Friedreich,s ataxia causes progressive damage to the spinal cord ,peripheral nerves and the brain , resuting in uncoordinated muscle movement poor balance, difficulty waking,changes in speech and swallowing, and a shortened lifes span .The condition can also cause heart disease . The disease tends to develop in children and teenages and gradually worsens over time .

Although rare ,Friedreich’s ataxia is the most common from of here diatary ataxia in the united states ,affecting about one is every 50000 people.

**EFFECTIVENESS**

The efficacy and safety of skyclarys to treat friedrich’s ataxia was evaluated in randomized , placebo-controlled , double –blind study (NCT02255435) and an open – label extension .

Study1 enrolled 103 individuals with friedrich’s ataxia who received placebo (52 individuals) or skyclarys 150mg (51 individuals ) for 48 weeks . Of the research participants ,53% were male, 97% were white ,and the meanage was 24 years at study entry .nine (18% ) patients were younger then age 18 .

The primary objective was to evaluate the changes in the modified friedreich’s ataxia rate in scale (Mfars) score compared to placebo at week 48. The Mfars is a clinical assesement that measures disease progression, namely is following and speech bulbar upper limb coordination, lower limb coordination, and upright stability. Individuals receiving sky clarys performed better on the mFARS then people receiving placebo.

In a post hoc analysis, individuals who continued with treatment skyclary in an open-label extension for upto three years performed better on the mFARS compared to a matched set of untreated patients from a natural history study.

**SAFETY INFORMATION**

The most common side effects of skyclarys were an increase in alanine transaminase and an increase of aspartate amino transferase, which can be signs of liver damage, headache , nausea,abdominal pain,fatigue, diarrhea and musculoskeletal pain.

References : <https://www.fda.gov/drugs/news-events-human-drugs/fda-approves-first-treatment-friedreichs-ataxia>.



Ms.S.Haripriya, III B.Pharm

**THE FIRST CASE OF CEFTAZIDINE- INDUCED ANTIBIOMANIA; A CASE REPORT**

The antibiomania is a term first induced in 2002 it is a type of secondary mania induced by antibiotic and a relatively care condition given the wide spread use of antibiotic and the few reported cases. Mania can occurs with different somatic condition or the use of medications in patient with or without a history of affective disorder . the world wide use of antibiotic as increased by 36 % between 2000 and 2010 with broad spectrum penicillin being the most used antibiotic in 2010, followed by cephalosporin, macrolides and quinolones. To date, macrolides ( such as clarithromycin), quinolones ( such as ciprofloxacin and ofloxacin), and anti tubercular drugs are themost common causative agents off antibiomania reported . A few cases are associated with several other antibiotics .

**Case presentation**

A 55 years –old male with a past medical history off end –stage kidney disease(ESKD)due to diabetes and hypertension on peritoneal dialysis (PD) and a history of stable depression without medications for over a year with no other psychiatric illness presented to the PD clinic with abdominal pain , and the work up revealed PD –related peritonitis (Table-1).He was started on intra peritoneal (IP) ceftazidime for gram-negative rods as culture showed capnocytophaga , and his peritonitis improved with a reduction in white blood cell count. On day 12 of treatment,changes in his behavior were noted ,including agitation ,anxiety, and tearfulness . psychiatry was consulted and recommended starting sertraline for depression . the patient was sent home to finish the three weeks of ceftazidime

He was readmitted four weeks later due to distrutive behavior with delusions , agitation ,elevated mood,reduced sleeping hours , and increased energy psychiatry diagnosed him with mania due to ceftazidime and started him on diavalproex sodium .PD fluid showed a recurrence of peritonitis with 7251 WBCs ,95%neutrophillis,and enterobacter cloacae on culture. He was treated with cefepime ,but due to abdominal pain and increasing WBC ,the PD catheter was removed. He transitioned to haemodialysis and completed to two weeks of IV cefebime. His mental status was mointered while on divalproex sodium. After year of therapy with antipsychotics, his mood remind stable, and he was switched back to PD

**DISCUSSION:**

The patient presented here had developed symptoms of mania after the administration of the antibiotic IP ceftazidime for PD-related peritonitis. Peritonitis is a common complication in peritoneal dialysis patients that is associated with significant morbidity [3]. His symptoms are characterized by disruptive behavior with delusions, irritability, and agitation. In antibiomania, a close temporal relationship is usually present between the initiation of the antibiotic and the onset of manic symptoms, as witnessed in this case. The underlying psychiatric condition may or may not always be present. Remission of manic symptoms with discontinuation of the causative agent has only been reported in one-third of cases; hence, treatment with antipsychotics may be required.