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# Diploma in Pharmacy 2<sup>nd</sup> Year

## Pharmacotherapeutics

### Experiment

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Hyperlipidemia ( real / hypothetical )

#### Aim:

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Hyperlipidemia ( real / hypothetical )

#### Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, “Practical Manual of Pharmacotherapeutics” Published by Nirali Prakashan, Page no 15 - 18

#### Theory :

### 1. Hyperlipidemia

#### i) Case I

##### a. Subjective:

- **Name:** MLP      **Age:** 63 yrs      **Sex:** Female
- **Unit:** MED II
- **DOA:** 13/09/2015
- **Reason for Admission:** She reports that she "didn't feel good" on atorvastatin, 40 mg/d, and is hesitant to try a 3rd statin.
- **Past Medical History:** Mixed dyslipidemia
- **Past Medication History:** amlodipine 5 mg/d, pravastatin, 20 mg/d, atorvastatin, 40 mg/d.
- **Family History:** Both parents developed type 2 diabetes mellitus (T<sub>2</sub>DM) and ASCVD in their early 60s.
- **Allergies and Social History:** Nil

## **b. Objective:**

- **Height:** 5'1"
- **Weight:** 72 Kg
- **BP:** 142/86 mmHg
- **PR:** 88 bpm
- **RS:** 22/min
- **Temperature:** 37.3°C
- **Oxygen Saturation:** 97%

## **c. Assessment:**

- **Laboratory Finding:**

- Fasting blood glucose (FBG) 101 mg/dL.,
- A1C 5.9%,
- serum creatinine (SCr) 1 mg/dL;
- Urinary analysis and hepatic transaminases are within normal limits
- LDL-C of 110 mg/dL,
- high-density lipoprotein cholesterol (HDL-C) of 49 mg/dL, and
- Triglycerides of 185 mg/dL,

- **ACC/AHA:** 10-year ASCVD risk score is 78%.

## **d. Plan:**

Balance the need for more intensive therapy without reintroducing previously experienced statin AEs or aggravating the patient's already impaired glucose. Currently prescribed lipid therapy pravastatin, 20 mg/d. Later, if recommended switch to titrating to pravastatin 80 mg/d, or switching to pitavastatin, 2 to 4 mg/d, or rosuvastatin, 5 to 10 mg/d.

## ii) Case II

### a) Subjective:

- **Name:** MLP
- **Age:** 44 yrs
- **Sex:** Male
- **Unit:** MED II
- **DOA:** 13/09/2018
- **Reason for Admission:** Patient reports of uneasiness and extreme discomfort.
- **Past Medical History:** DVT 3 months ago
- **Past Medication History:** (NKDA) warfarin 5 mg po daily, hydrochlorothiazide 25 mg po daily, multivitamin with minerals daily.
- **Family History:** Father has lipid disorder, Mother had MI at age 50
- **Allergies and Social History:** Nil

### b) Objective:

- **Height:** 5'3"
- **BP:** 145/101 mmHg
- **Weight:** 302 pounds
- **PR:** 84 bpm
- **RS:** 16/min
- **Temperature:** 37.3°C
- **Oxygen Saturation:** 95%

**c) Assessment:** Laboratory findings of blood glucose level

• **Laboratory Findings:**

1. Total cholesterol	255 mg/dl
2. Triglycerides	350 mg/dl
3. LDL-C	143 mg/dl
4. HDL-C	42 mg/dl
• glucose (fasting)	120 mg/dl
• <b>Fasting Glucose Test:</b> 8 mmol/l.	42 (0-34 U/L)
• ALT	45 (7-42 U/L)
• AST	0.9 (0.1-1.0 mg/dl)
• Total bilirubin	95 (25-125 IU/L)
• Amylase	2.7

**d) Plan:**

- Lifestyle modification (diet and exercise)
- Lipid profile results, 10-year cardiac risk (see Framingham estimate of 10-year risk) and cholesterol goals
- CHD risk factors
- Gemfibrozil 600 mg po twice daily

**Result :**

Notes on subjective, objective, assessment and plan for Hyperlipidemia (real/ hypothetical) disease conditions was prepared and discussed.

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