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Diploma in Pharmacy 2nd Year
Pharmacotherapeutics
Important Questions
Chapter 2 (b) : RESPIRATORY SYSTEM DISORDERS

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Chapter 2 (b)

RESPIRATORY SYSTEM DISORDERS

IMPORTANT Questions

Q1. Define Asthma ? Write etiopathogenesis, clinical manifestations, pharmacological management, and non-pharmacological management.

Ans. Asthma

→ Asthma is a chronic, inflammatory disorder in which the bronchial Airways become swollen in narrowed and cause difficulty in airflow or Obstruction in airflow .

Types of Asthma

- **Atopic / Extrinsic Asthma** : This type of asthma occurs due to Allergens like dust , feathers , food , Pollen or infections etc. this is occur due to immune mechanism . (Hyper Responsiveness) .
- **Non Atopic or Intrinsic Asthma** : This type of asthma occurs due to a irritant like air pollution , cold heat, smoke , room deodorant , stress , anger etc.
- **Drug Induced Asthma** : This type of asthma occurs due to drug like Aspirin .
- **Occupational Asthma** : This type of asthma is caused by fumes (epoxy resins and plastics), organic and chemical dusts (wood, cotton, and platinum), gases (toluene), and other chemicals.

Etiology

- Indoor allergens (house dust, carpets and stuffed furniture pollution,)
- Outdoor allergens (Pollens and moulds),
- Tobacco smoke,
- Chemical irritants in the workplace, and
- Air pollution.

Pathogenesis

Exposure to Allergens (entry of allergens in bronchi)

Recognised by Immune System (produce T Helper cell , then Produce Plasma cell)

plasma cell makes Antibodies (IGE and loaded with Mast cells and present in bronchial muscles) .

When next time any the antigen come into , and in contact of antibodies , they activate the mast cells and mast cells produce Histamine , Prostaglandin , Leukotrienes .

Now Prostaglandin Causes Blood vessels dilation , inflammation , (due to it fluid increased in that area)

Leukotrienes, Histamine cause excess production of mucus and constriction of smooth muscles .

↓
Obstruction In Airflow

Clinical Manifestations

- ✚ Coughing (severe at night)
- ✚ Difficulty in breathing
- ✚ Tightness, and pain in chest
- ✚ Wheezing
- ✚ Shortness of breath

Non Pharmacological management

- ❖ The patient should avoid smoking
- ❖ He should avoid allergens
- ❖ He should irritants
- ❖ He should avoid β blocker , and NSAIDs .

Pharmacological management

◆ Long Term Asthma Medications

- **Inhaled Corticosteroids** : Fluticasone , Budesonide , ciclesonide.
- **leukotriene Modifiers** : Montelukast , Zafirlukast.
- **Long Acting β Agonist** : Salmeterol , Formoterol.
- **Theophyllin** : It is used daily for bronchodilation.

◆ Quick - Relief Asthma Medications

- Inhaled short acting β Agonist : Albuterol
- Ipratopium

◆ Allergy medication

- **Omalizumab Injection** : It is used in severe asthma . It alters the immune system .

Q2. What is Chronic Obstructive Pulmonary Disorder (COPD) ? Give etiopathogenesis, clinical manifestations, pharmacological management, and non-pharmacological management.

Ans.

Chronic Obstructive Pulmonary Disorder (COPD)

- Chronic Obstructive Pulmonary Disease (COPD) is also known as
 - Chronic Obstructive Lung Disease (COLD).
 - Chronic Obstructive Airway Disease (COAD)
 - Chronic Airflow Limitation (CAL),
 - Chronic Obstructive Respiratory Disease (CORD).
- It is characterised by inflamed lungs and obstruction in airflow.
- Thus, a patient affected with this disease faces difficulty in breathing (shortness of breath) due to constriction (narrowing) of the airway.
- According to WHO COPD is a lung disease and defined as chronic obstruction of lung Airflows that interfere with normal breathing and it is not fully reversible .

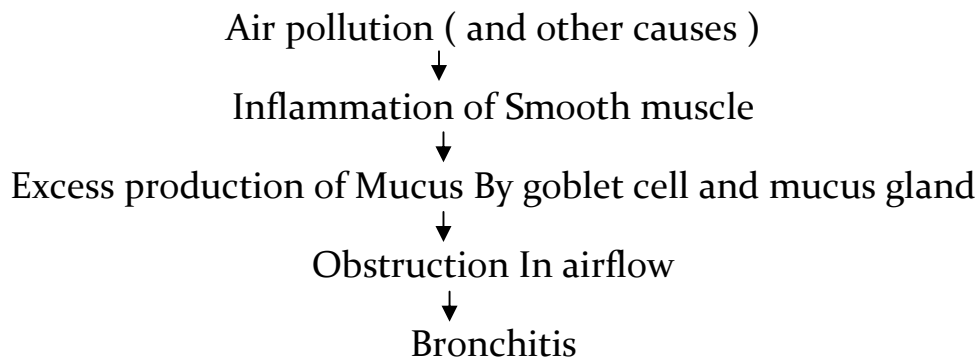
Types of COPD

- Chronic Bronchitis
 - Emphysema
- 1) **Chronic Bronchitis** : It refers to inflammation of respiratory tract and formation of thick mucus, and with the passes of time this mucus blocks the respiratory tract and cause difficulty in breathing .

Etiology

- Air pollution
- Smoking
- Aging
- Repeated exposure to infection
- Other respiratory diseases
- Genetic factor

Pathogenesis



- 2) **Emphysema** : It refers to damage of alveoli (air sacs) in which elasticity of alveoli destroyed , and it enlarged and some time burst , air is trapped in it . which increases the concentration of carbon dioxide and causes difficulty in breathing .

Etiology

- Air pollution
- Genetic factor (α 1 Antitrypsin deficiency (AAT))
- Smoking
- Earlier Infection (like TB , Pneumonia and other respiratory diseases)
- Age

Clinical Manifestation

- ✚ Chronic Cough (severe at night)
- ✚ Difficulty in breathing
- ✚ Tightness, and pain in chest
- ✚ Wheezing
- ✚ Shortness of breath
- ✚ lack of energy

Non Pharmacological managements

- ❖ The patient should avoid smoking
- ❖ He should avoid β blocker , and NSAIDs .
- ❖ He should avoid air pollution
- ❖ Oxygen Therapy (in case of concentration of oxygen decrease in blood)

Pharmacological managements

- ❖ **Inhaled Corticosteroids** : Fluticasone , Budesonide , ciclesonide .
- ❖ **Long Acting β Agonist** : Salmeterol , Formoterol .
- ❖ **Theophyllin** : It is most popular and cheap drug used for bronchodilation .
- ❖ **Antibiotics** : In case of infection

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