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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

Clinical

Manifestations

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

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

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

Clinical

Manifestations

ns

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

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

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

Clinical

Manifestations

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

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)

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 →

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

Any Factor
irritation to Cells
Inflammation or Ulceration
IBD

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