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Diploma in Pharmacy 2nd Year Pharmacotherapeutics Important Questions Chapter 2 (f): Haematological Disorders

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| Q1. Define Iron Deficiency Anaemia ? Write 3 etiopathogenesis, clinical manifestations, pharmacological management, and non-pharmacological management. | |
| Q2. Define Megaloblastic Anaemia? Write etiopathogenesis, clinical manifestations, pharmacological management, and non-pharmacological management. | 4 |

Chapter 2 (f) **Haematological Disorders IMPORTANT Questions**

Q1. Define Iron Deficiency Anaemia? Write etiopathogenesis, clinical manifestations, pharmacological management, and non-pharmacological management.

Ans. Iron Deficiency Anaemia (Microcytic Anaemia) M.A

→ A condition in which blood doesn't have enough healthy RBCs is called Anaemia, and if it is due to lack of iron it is called Iron deficiency Anaemia or M.A

Etiology

- Lack of Iron
- lack of iron in diet
- Inability to absorb iron
- Pregnancy (in this condition iron demand increased)
- Genetics
- Heavy blood loss due to any reason

Pathogenesis

Clinical Manifestations

- Weakness
- **Line Straigue**
- Pale Skin
- Chest pain
- ♣ Shortness of Breath, Increased heart rate
- Headache, Dizziness
- Brittle nails
- Inflammation in tongue

Non Pharmacological Management

- Increase in diet :
 - Vitamin C
 - Red meat
 - Dark Green leafy vegetables
 - Nuts
 - **Dry Fruits**
 - Iron fortified Cereals.

Pharmacological Managements

- ♦ **Oral iron :** Ferrous sulphate, ferrous aminoate, ferrous gluconate, ferrous succinate, carbonyl iron, iron calcium complex.
- ♦ **Parenteral iron**: Iron sucrose, iron dextran, iron isomaltoside, ferric carboxy maltose, ferric pyrophosphate citrate.

lack of Iron in body (due to any reason) Affected haemoglobine production Unhealthy RBCs

Iron deficiency Anaemia

Q2. Define Megaloblastic Anaemia? Write etiopathogenesis, clinical manifestations, pharmacological management, and non-pharmacological management.

Ans. Megaloblastic Anaemia

→ Megaloblastic Anaemia is a condition in which Bone marrow makes large structurally abnormal and immature RBCs, Due to lack of Vitamin B 1 2 and B9.

Etiology

- Lake of Folic Acid
- Lack of Cobalamin

Pathogenesis

Clinical Manifestations

- Weakness
- **Lesson** Extreme Fatigue
- ♣ Pale Skin
- Chest pain
- Shortness of Breath
- Increased heart rate
- headache
- Dizziness
- Diarrhoea
- Loss of appetite

Blood Formation lack of Vitamin B12 and B9 Abnormal Formation of RBCs Magaloblastic Anaemia

Non Pharmacological Management

❖ For Vitamin B₁₂ Eggs , red meat , bran , Milk , liver . for Vitamin B₉ liver , kidney , eggs , Dark green Veg.

Pharmacological Management

- **Oral iron :** Ferrous sulphate, ferrous aminoate, ferrous gluconate, ferrous succinate, carbonyl iron, iron calcium complex.
- **Parenteral iron :** Iron sucrose, iron dextran, iron isomaltoside, ferric carboxy maltose, ferric pyrophosphate citrate.
- **Maturation factors:** Hydroxocobalamin, methyl cobalamin, cyanocobalamin, folinic acid/leucovorin.



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