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Toxicity of nicotine replacement in patient with coronary artery disease

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Bheart rate acutely and thereby increasing blood pressure. Nicotine can produce similar effects; these effects increases myocardial oxygen demand. In addition, smoking may induce coronary vasoconstriction in the presence of coronary artery disease. Nicotine itself may also decrease coronary blood flow, perhaps by activity of an ALPH adrenergic mediated process. Taken together, these effects could impair myocardial oxygen delivery and lead to symptoms in smokers with coronary artery disease. Since coronary artery disease might be relatively common in smokers, such toxicity could be important clinically during nicotine replacement therapy.

Biography

Mohammed Abdelhafiz Mohammed Alhassan has completed his BPharm from the University of Sciences and Technology and post graduation study from University of Khartoum, and has participated in the national program for HIV, TB patients as clinical pharmacist in Darfour state. He has more than 10 contributions in relevant conferences, also has about 13 publications on awareness and prevention.

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