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Effects of nalbuphine as an adjuvant on levobupivacaine induced caudal analgesia in children undergoing lower abdominal surgeries: Randomized controlled double blinded study

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Aim: This double-blinded, randomized, controlled study was designed to explore and compare the possible effects of nalbuphine on the clinical profile of levobupivacaine-induced caudal block in children undergoing lower abdominal surgeries.

Materials & Methods: The study included 40 patients (1–9 years) randomised to receive 1ml/ kg levobupivacaine 0.25% plus 0.5 ml normal saline (control(L) group n=20) or 1ml/ kg levobupivacaine 0.25% plus 0.5 ml nalbuphine (0.1 mg/kg) (nalbuphine (LN) group n=20) after induction of anaesthesia. All patients received a standard anaesthetic including: sevoflurane induction, Isoflurane maintenance, and patients were breathing spontaneously. The primary outcome was time to first request for rescue postoperative analgesia. Haemodynamic changes, objective sedation score based on eye-opening and AIIMS pain discomfort scale (All India Institute of Medical Sciences); were recorded at predetermined intervals.

Results: Patients characteristics were comparable in the two groups. The time to first request to rescue analgesic was longer in the nalbuphine group compared to the control; 11.2 (1.6), 5.9 (1.0) h, respectively (P<0.01). AIIMS pain score was significantly higher in the control group at 4, 6 and 12 hours postoperatively; while the nalbuphine group had higher sedation scores at 30 min and 1 hour post-operatively. Haemodynamics were comparable in the two groups and nalbuphine use was not associated with any observed side effects.

Conclusion(s): Nalbuphine as adjuvant to levobupivacaine induced caudal analgesia is safe in children undergoing lower abdominal surgeries and prolongs duration of postoperative analgesia. However it may cause early postoperative sedation, yet without respiratory depression.

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Frequency and causes of discontinuation of methotrexat in a cohort of Egyptian patients

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Aim: To evaluate frequency and causes of discontinuation of methotrexate (MTX) in a group of Egyptian patients and to identify factors that may increase the incidence of methotrexate discontinuation.

Patients & Methods: 157 rheumatoid arthritis (RA) patients with disease duration of at least one year, using or were using methotrexate, were included in this study. All patients were subjected to full history taking, including the cause of discontinuation of methotrexate for those who stopped methotrexate, full detailed clinical examination, laboratory assessment, x-ray hands and assessment of disease activity score (28 joints) (DAS 28) for all RA patients, patients were divided into two groups according to the current status of MTX use, to identify factors which may increase the incidence of methotrexate discontinuation.

Results: 46 (29.3%) of the patients stopped MTX due to different causes, hepatic and gastrointestinal side effects were the most common causes of discontinuation, representing together 69.5% of causes of discontinuation. We found significant statistical difference between the two groups regarding disease duration, erythrocyte sedimentation rate (ESR), corticosteroid and non steroidal-anti-inflammatory drugs (NSAIDs) use.

Conclusion: MTX is a safe and effective drug for RA patients and usually well tolerated, however the use of NSAIDs and corticosteroid may be associated with increased risk of discontinuation of methotrexate especially in patients with long standing disease.

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