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Cross-cultural adaptation of self-report measures

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A PRO is a measurement of any aspect of a patient's health status that is reported directly by the patient, free of interpretation by a physician, researcher, or other person. With increased international collaboration and the growing use of Health-related Quality of Life (HRQL) and Patient Reported Outcomes (PRO) evaluation in clinical research, the need for international measures has grown. As most are developed in English, they need to be culturally adapted to obtain equivalence between the source and target measures. In response to European regulators' concern about the methodology employed to achieve this, the European Regulatory Issues on Quality of Life Assessment (ERIQA) group and Mapi Research Institute are investigating current guidelines for cross-cultural adaptation of Health-related Quality of Life measures. The standard translation guidelines are needed to be followed for cultural adaptation. The use of original as well as translated version of HRQOL instruments is gaining more importance in multi-culture country like India and may demand few more instruments in Indian languages for the assessment of health status of patient. An attempt was made by our team was the translation and validation of KDQOL-SFTM1.2 instrument for use in Indian kidney disease patients. Face, discriminant and content validity was observed.

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The impact of β 2-adrenergic receptor polymorphism in asthma and congestive heart failure

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The β 2-Adrenergic Receptor (ADRB2) is a member of the G-protein-coupled adrenergic receptor family with seven transmembrane segments. Similar to other members of this receptor family, beta2-AR specifically binds and is activated by the endogenous class of ligands known as catecholamines, and epinephrine in particular. The gene encoding this receptor, ADRB2, was cloned by Kobilka et al. in 1987 and is localized to chromosome 5q31-q32, a region that has been linked with asthma and asthma related phenotypes. ADRB2 consists of a single exon of 2015 nucleotides, which encodes a 413 amino acid protein. This review highlights the genetic polymorphisms in ADRB2 and the pivotal role of beta2- AR in the regulation of the cardiac, pulmonary, vascular, endocrine, and central nervous systems. ADRB2 is abundantly expressed in bronchial smooth muscle cells and activation of the resulting receptor leads to bronchodilation. Beta2-AR is the target of clinically important drugs for asthma and cardiovascular conditions including hypertension and congestive heart failure (CHF). Beta-receptor agonists (e.g. albuterol, salmeterol) and antagonists (e.g. carvedilol and propranolol) are among the most commonly prescribed medications in the treatment of asthma and cardiovascular disease, respectively. A number of genetic polymorphisms in the ADRB2 gene have been described which affect gene expression, the function of the resulting receptor, and response to beta2-agonists.

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