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SMART USE OF ANTIBIOTICS

The World Health Organization has just recently launched a program to build awareness on the use antibiotics, as infections related to antibiotic–resistant strains are on the rise worldwide.

The increase number of resistant strains is noted to be alarming. Several diseases such as pneumonia, tuberculosis, and certain sexually transmitted infections are becoming harder to treat with the use of conventional antibiotics.

Antibiotics are a group of drugs that are capable of treating and preventing bacterial infections; hence, also named antibacterial medications. These drugs are not used to treat viruses such as those that cause the common colds, flu and viral causes of sore throat.

Although increasing number of antibiotic-resistant strains are reported, several measures can be made to prevent its rise. Smart use of antibiotics by the general public as well as improved prescribing practices by practitioners are essential. Prescribed antibiotics need to be taken as recommended by the physician. Patients' compliance allows reductions of antibiotic resistant-strains. Additionally, patients should never self-medicate with left-over antibiotics. It is best to always consult your physician for appropriate management and treatment.

> *Antibiotics should **never** be used for treating viral infections like flu and common colds.*

Besides these, it is advised that the general public maintain preventive measures like regular handwashing, safe sexual practices, proper hygienic handling of food and drinks, and updating ones immunizations. These practices have been vital in reducing infections and are important to be continually practiced.

A collaborative effort between patient and their treating physicians, along with conventional health practices, are valuable actions in battling this growing health concern.

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SHOULD BLOOD-PRESSURE CONTROL BE LOWERED THAN THE USUAL STANDARD TARGET?

Hypertension has been an important risk factor for many cardiovascular diseases including the dreaded stroke and heart attack. It is, thus, essential that high blood pressure be lowered (systolic BP of less than 140 mm Hg) to help lessen the risk of outcomes associated with high blood pressure. However, there is uncertainty as to what level below 140 mm Hg should be the target to achieve a lesser cardiovascular risk.

A recent randomized controlled trial, known as SPRINT (Systolic Blood Pressure Intervention Trial) conducted in the US addresses this concern.[1] More than 9000 participants with high blood pressures were enrolled in the study. They were assigned to two different systolic BP targets – one group has a target of less than 120 mm Hg (intensive group), while the other has target of less than 140 mm Hg (standard group).

The results showed that the intensive group has a lesser rate of fatal and nonfatal cardiovascular outcomes compared to the standard group. With this result, it presented probable changes in the management of hypertension. However, it must be taken into consideration that the study is limited to patients who are 50 years old and above with uncomplicated hypertension, which means that patients with diabetes, and those that presented with other previous cardiovascular diseases such as stroke were excluded.

Having hypertension is an important risk factor for the development of other serious cardiovascular diseases, prompt management and treatment helps reduce this risk. Additionally, having a healthy lifestyle that includes a balanced and nutritious diet, regular exercise and avoid/quit smoking are valuable, not just in controlling blood pressure, but in reducing cardiovascular sequelae of high blood pressure. To further help in achieving better health outcomes for hypertensive patients, it is best to discuss management options with your health practitioner.

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APREMILAST: A NEW PROMISING DRUG OPTION FOR THE TREATMENT OF PSORIASIS

Psoriasis is one common skin condition that affects around 2-3% of people worldwide. It is a chronic, inflammatory condition that is in need of new, more tolerable and more effective drugs to control the more severe cases of skin lesions.

In a phase III, double-blind, randomized, controlled, clinical trial conducted in 72 sites, mostly in North America, have provided promising results on the efficacy of apremilast.[2] This drug is classified as a phosphodiesterase 4 inhibitor, which helps regulate the inflammatory responses within the epidermal and dermal layers of the skin that is a vital in the appearance of plaques in the skin of patients with psoriasis.

In this trial, more than 800 patients aged 18 years and above with chronic plaque psoriasis were randomized to either receive the apremilast or a placebo. Results presented that the drug, apremilast, has reduced disease severity of patients with moderate to severe chronic psoriasis. It showed significant improvement over 16 weeks on apremilast compared to placebo. It has also displayed that the efficacy can be maintained

up to 52 weeks when on the drug, with significant mild to moderate adverse effects.

PSORIASIS FAST FACTS

- *Psoriasis manifests as a chronic, multifactorial, inflammatory condition that often manifests with itchy plaques on the skin.*
- *Although, no drug has been developed yet to cure the disease, most are helpful in reducing disease flare-ups.*

With this promising study results on apremilast, treatment for moderate to severe chronic plaque psoriasis can be another therapeutic option that can be well tolerated by patients. However, patients are advised to discuss treatment options with your physician so that psoriasis management can be individualized.

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References:

1. Wright JT, Williamson JD, Whelton PK et.al. A randomized trial of intensive versus standard blood-pressure control. *N Engl J Med.* 2015.

2. Papp K, Reich K, Leonardi CL et.al. Apremilast, an oral phosphodiesterase 4 (PDE4) inhibitor, in patients with moderate to severe plaque psoriasis: Results of a phase III, randomized, controlled trial (Efficacy and safety trial evaluating the effects of apremilast in psoriasis [ESTEEM] 1). J Am Acad Dermatol. 2015. 73(1):37-49.