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UNIVERSITÀ
DEGLI STUDI
DI PADOVA

Laboratorio di ricerca bibliografica per gli studenti di farmacia secondo modulo

Le banche dati per le Scienze del Farmaco



Tra le risorse più importanti e utili che l'Ateneo mette a disposizione per la ricerca scientifica troviamo le banche dati.

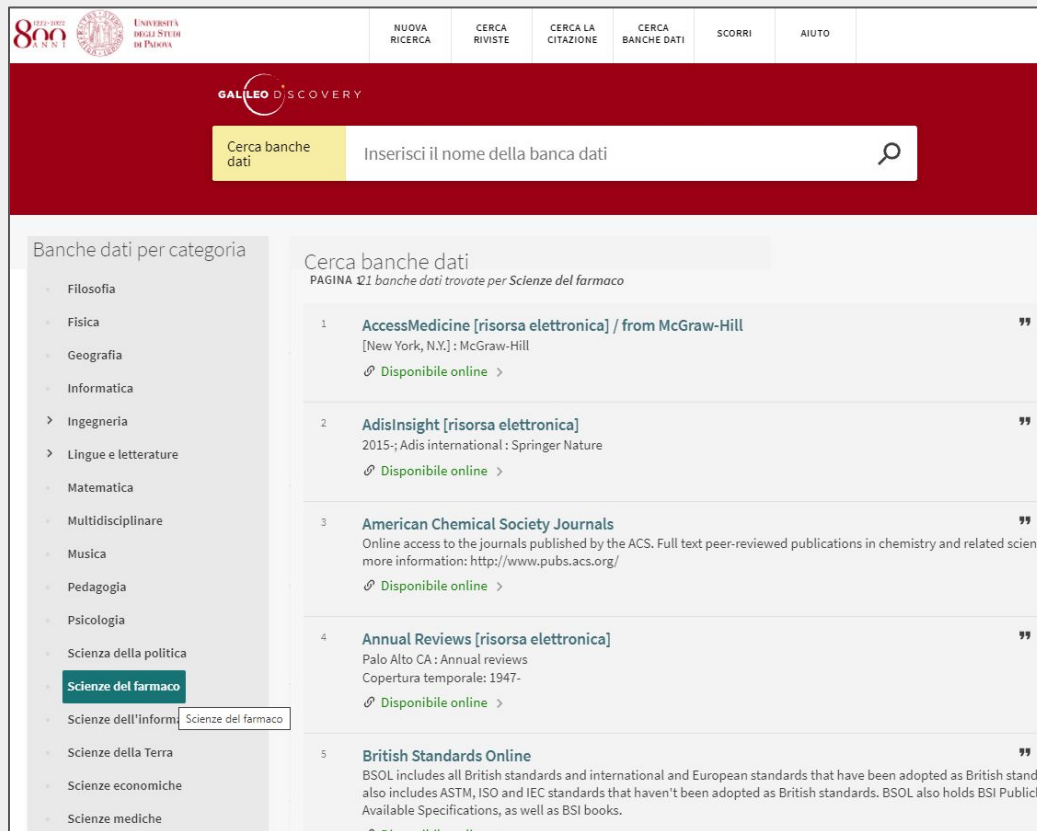
Le banche dati si possono occupare di una o più aree disciplinari e soprattutto forniscono informazioni bibliografiche e fattuali.

Come trovarle? Utilizzando GalileoDiscovery!



The screenshot shows the GalileoDiscovery search interface. At the top, there is a navigation bar with the following elements from left to right: the University of Padua logo and name, a menu with options 'NUOVA RICERCA', 'CERCA RIVISTE', 'CERCA LA CITAZIONE', 'CERCA BANCHE DATI' (highlighted with a red box), 'SCORRI', and 'AIUTO', and a 'Autenticati' button with a user icon. Below the navigation bar is a large red search bar with the 'GALILEO DISCOVERY' logo on the left. Inside the search bar, there is a white input field containing the text 'Cerca tutto'. To the right of the input field, there is a dropdown menu labeled 'Catalogo delle biblioteche', a microphone icon, and a magnifying glass icon. Further to the right, the text 'RICERCA AVANZATA' is visible.

https://galileodiscovery.unipd.it/discovery/search?vid=39UPD_INST:VU1



The screenshot shows the SBA website interface. At the top, there are navigation tabs: NUOVA RICERCA, CERCA RIVISTE, CERCA LA CITAZIONE, CERCA BANCHE DATI, SCORRI, and AIUTO. Below these is a search bar with the text 'Cerca banche dati' and a search icon. The search results are displayed under the heading 'Cerca banche dati' and 'PAGINA 121 banche dati trovate per Scienze del farmaco'. The results list five items:

- AccessMedicine [risorsa elettronica] / from McGraw-Hill**
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On the left side, there is a sidebar with 'Banche dati per categoria' and a list of categories. 'Scienze del farmaco' is highlighted in green.

Posso fare una ricerca per
Categoria > selezionando
Scienze del Farmaco trovo in
elenco ben 28 banche dati
specifiche

Banca dati bibliografica e citazionale:

archivio digitale aggiornato di letteratura scientifica (articoli di riviste scientifiche, atti di congressi, monografie etc.,)

Dotata di sistemi di interrogazione più o meno raffinati, forniscono anche dati bibliometrici come le citazioni

Banca dati fattuale:

archivio digitale di schede tecniche e informative più schematizzate e riassuntive. Queste banche dati forniscono informazioni fattuali, quali dati, definizioni, formule, indicatori, normativa ed altro di una o più aree disciplinari.

Piccola guida alle principali e più utilizzate banche dati per le scienze del farmaco

Banche dati di varie tipologie: bibliografiche, citazionali e banche dati fattuali

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Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine

Polack F.P.^a, Thomas S.J.^c, Kitchin N.^a, Absalon J.^d, Gurtman A.^d,Lockhart S.^a, Perez J.L.^f, Marc G.P.^b, Moreira E.D.^h, Zerbini C.ⁱ,Bailey R.^a, Swanson K.A.^d

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^a Fundacion INFANT, Buenos Aires, Argentina^b ITRIals-Hospital Militar Central, Buenos Aires, Argentina^c State University of New York, Upstate Medical University, Syracuse, NY, United States^d Vaccine Research and Development, Pfizer, Pearl River, NY, United States

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Abstract

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Abstract

BACKGROUND Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and the resulting coronavirus disease 2019 (Covid-19) have afflicted tens of millions of people in a worldwide pandemic. Safe and effective vaccines are needed urgently. **METHODS** In an ongoing multinational, placebo-controlled, observer-blinded, pivotal efficacy trial, we randomly assigned persons 16 years of age or older in a 1:1 ratio to receive two doses, 21 days apart, of either placebo or the BNT162b2 vaccine candidate (30 µg per dose). BNT162b2 is a lipid nanoparticle-formulated, nucleoside-modified RNA vaccine that encodes a prefusion stabilized, membrane-anchored SARS-CoV-2 fulllength spike protein. The primary end points were efficacy of the vaccine against laboratory-confirmed Covid-19 and safety. **RESULTS** A total of 43, 548 participants underwent randomization, of whom 43, 448 received injections: 21, 720 with BNT162b2 and 21, 728 with placebo. There were 8 cases of Covid-19 with onset at least 7 days after the second dose among participants assigned to receive BNT162b2 and 162 cases among those assigned to placebo; BNT162b2 was 95% effective in preventing Covid-19 (95% credible interval, 90.3 to 97.6). Similar vaccine efficacy (generally 90 to 100%) was observed across subgroups defined by age, sex, race, ethnicity, baseline body-mass index, and the presence of coexisting conditions. Among 10 cases of severe Covid-19 with onset after the first dose, 9

(2022) Food Control

The behavioral immune system and vaccination intentions during the coronavirus pandemic

Karlsson, L.C., Soveri, A., Lewandowsky, S. (2022) *Personality and Individual Differences*

Novel nucleocapsid protein-targeting phenanthridine inhibitors of SARS-CoV-2

Wang, Y.-T., Long, X.-Y., Ding, X. (2022) *European Journal of Medicinal Chemistry*

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Safety and immunogenicity of the SARS-CoV-2 BNT162b1 mRNA vaccine in younger and older Chinese adults: a randomized, placebo-controlled, double-blind phase 1 study

Li, J., Hui, A., Zhang, X. (2021) *Nature Medicine*

Neutralization of SARS-CoV-2 spike 69/70 deletion, E484K and N501Y variants by BNT162b2 vaccine-elicited sera

Xie, X., Liu, Y., Liu, J. (2021) *Nature Medicine*

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- 1 Determination of fentanyl in human plasma and fentanyl and norfentanyl in human urine using LC-MS/MS

54
Citations

Semantic search result

[Huynh_NH](#); [Tyrefors_N](#); (...); [Johansson_M](#)

15th International Symposium on Pharmaceutical and Biomedical Analysis

Apr 29 2005 | [JOURNAL OF PHARMACEUTICAL AND BIOMEDICAL ANALYSIS](#) 37 (5) , pp.1095-1100

Fentanyl, a potent analgesic drug, has traditionally been used intravenously in surgical or diagnostic operations. Formulations with fentanyl in oral transmucosal delivery system and in transdermal depot-patch have also been developed against breakthrough pain in cancer patients. In this report, LC-MS/MS methods to determine fentanyl in human plasma as well as fentanyl and its main metabolite, ... Show more

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- 2 Fentanyl concentrations in 23 postmortem cases from the Hennepin County Medical Examiner's Office

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COMPOUND SUMMARY

Aspirin

| | |
|-------------------|---|
| PubChem CID | 2244 |
| Structure | <p>Find Similar Structures</p> |
| Chemical Safety | <p>Irritant Laboratory Chemical Safety Summary (LCSS) Datasheet</p> |
| Molecular Formula | $C_9H_8O_4$ or $CH_3COOC_6H_4COOH$ or $HC_9H_7O_4$ |
| Synonyms | <p>aspirin ACETYSALICYLIC ACID 50-78-2 2-Acetoxybenzoic acid 2-(Acetoxy)benzoic acid</p> <p>More...</p> |
| Molecular Weight | 180.16 |
| Dates | <p>Modify Create 2021-10-16 2004-09-16</p> |

Aspirin or acetylsalicylic acid is perhaps the most commonly used analgesic and antipyretic medication worldwide, having been in clinical use for over 100 years. Aspirin can cause several forms of liver injury. In high doses, aspirin can cause moderate to marked serum aminotransferase elevations occasionally with jaundice or signs of liver dysfunction, and in lower doses in susceptible children with a febrile illness aspirin can lead to Reye syndrome.

↳ LiverTox

Aspirin is an orally administered non-steroidal antiinflammatory agent. Acetylsalicylic acid binds to and acetylates serine residues in cyclooxygenases, resulting in decreased synthesis of prostaglandins, platelet aggregation, and inflammation. This agent exhibits analgesic, antipyretic, and anticoagulant properties.

↳ NCI Thesaurus (NCI)

Also known as Aspirin, acetylsalicylic acid (ASA) is a commonly used drug for the treatment of pain and fever due to various causes. Acetylsalicylic acid has both anti-inflammatory and antipyretic effects. This drug also inhibits platelet aggregation and is used in the prevention of blood clots, stroke, and myocardial infarction (MI). Interestingly, the results of various studies have demonstrated that long term use of acetylsalicylic acid may decrease the risk of various cancers, including colorectal, esophageal, breast, lung, prostate, liver and skin cancer. Aspirin is classified as a non-selective cyclooxygenase (COX) inhibitor and is available in many doses and forms, including chewable tablets, suppositories, extended release formulations, and others. Acetylsalicylic acid is a very common cause of accidental poisoning in young children. It should be kept out of reach from young children, toddlers, and infants.

↳ DrugBank

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- Title and Summary
- 1 Structures
- 2 Names and Identifiers
- 3 Chemical and Physical Properties
- 4 Spectral Information
- 5 Related Records
- 6 Chemical Vendors
- 7 Drug and Medication Information
- 8 Pharmacology and Biochemistry
- 9 Use and Manufacturing
- 10 Identification
- 11 Safety and Hazards
- 12 Toxicity
- 13 Associated Disorders and Diseases
- 14 Literature
- 15 Patents
- 16 Biomolecular Interactions and Pathways
- 17 Biological Test Results

PubChem Aspirin (Compound)

Warning: Avoidance of water, styrene, pyrimidine powder; aspirin powder develops the vinegar-like odor on contact with moisture.
 ↳ The National Institute for Occupational Safety and Health (NIOSH)

3.2.2 Color/Form

Monoclinic tablets or needle-like crystals
 O'Neil, M.J. (Ed). *The Merck Index - An Encyclopedia of Chemicals, Drugs, and Biologicals*. Whitehouse Station, NJ: Merck and Co., Inc., 2006, p. 140
 ↳ Hazardous Substances Data Bank (HSDB)

Colorless to white, crystalline powder.
 NIOSH. *NIOSH Pocket Guide to Chemical Hazards & Other Databases*. CD-ROM. Department of Health & Human Services, Centers for Disease Prevention & Control, National Institute for Occupational Safety & Health. DHHS (NIOSH) Publication No. 2005-151 (2005)
 ↳ Hazardous Substances Data Bank (HSDB)

3.2.3 Odor

Odorless, but in moist air it is gradually hydrolyzed and acquires odor of acetic acid
 O'Neil, M.J. (Ed). *The Merck Index - An Encyclopedia of Chemicals, Drugs, and Biologicals*. Whitehouse Station, NJ: Merck and Co., Inc., 2006, p. 140
 ↳ Hazardous Substances Data Bank (HSDB)

Odorless [Note: Develops the vinegar-like odor of acetic acid on contact with moisture].
 NIOSH. *NIOSH Pocket Guide to Chemical Hazards & Other Databases*. CD-ROM. Department of Health & Human Services, Centers for Disease Prevention & Control, National Institute for Occupational Safety & Health. DHHS (NIOSH) Publication No. 2005-151 (2005)
 ↳ Hazardous Substances Data Bank (HSDB)

3.2.4 Boiling Point

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Aggiornamenti

Normativa

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Safety Update

Novità: Aggiornamenti sulle tabelle delle sostanze stupefacenti

Approfondisci e consulta anche Ricette Mediche, Esenzioni, PHT e molto altro!

Calcium Carbonicum Dynamis
18 LM gocce orali 1 flacone contagocce in vetro in soluzione idroalcolica al 50% v/v da 10 ml

Calcium Fluoratum Dynamis
200 K granuli contenitore multidose in vetro/pp da 6 g (140 granuli) con tappo dispensatore in PP

Calcium Phosphoricum Dynamis
12 LM gocce orali 1 flacone contagocce in vetro in soluzione idroalcolica al 50% v/v da 10 ml

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PLASIL
SULAMID

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ASPIRINA

Bayer S.p.A.
325 mg 10 compresse

Ultimo aggiornamento il: 20/07/2021



Stampa

Precauzioni da valutare


I simboli sono da interpretarsi come segnalazione di precauzione nell'uso, di valutazione del prodotto e dell'eventuale rapporto rischio/beneficio

**N° INTERAZIONI TOTALI:276**

17

Interazione clinicamente rilevante



136

Interazione rilevante gestibile con aggiustamento del dosaggio


| | |
|--------------------|---|
| AIC | 004763254 |
| TITOLARE | Bayer S.p.A. |
| CLASSE | C |
| RICETTA | OTC - medicinale di automedicazione |
| ATC | N02BA01 - Acido acetilsalilico |
| PRINCIPIO ATTIVO | acido acetilsalilico |
| GRUPPO TERAP. | Antiaggreganti piastrinici, Antipiretici, Analgesici FANS |
| PREZZO | € 6,3 |
| FORMA FARMACEUTICA | compressa |
| PIANO TERAPEUTICO | No |
| PHT | No |

RCP

- ▶ 1 - DENOMINAZIONE DEL MEDICINALE
- ▶ 2 - COMPOSIZIONE QUALITATIVA E QUANTITATIVA
- ▶ 3 - FORMA FARMACEUTICA
- ▶ 4 - INFORMAZIONI CLINICHE
 - ▶ 4.1 - Indicazioni terapeutiche
 - ▶ 4.2 - Posologia e modo di somministrazione
 - ▶ 4.3 - Controindicazioni
 - ▶ 4.4 - Avvertenze speciali e precauzioni d'impiego
 - ▶ 4.5 - Interazioni con altri medicinali ed altre forme d'interazione
 - ▶ 4.6 - Fertilità, gravidanza e allattamento
 - ▶ 4.7 - Effetti sulla capacità di guidare veicoli e sull'uso di macchinari
 - ▶ 4.8 - Effetti indesiderati
 - ▶ 4.9 - Sovradosaggio
- ▶ 5 - PROPRIETA' FARMACOLOGICHE
 - ▶ 5.1 - Proprietà farmacodinamiche
 - ▶ 5.2 - Proprietà farmacocinetiche
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- ▶ 6 - INFORMAZIONI FARMACEUTICHE
 - ▶ 6.1 - Elenco degli eccipienti
 - ▶ 6.2 - Incompatibilità
 - ▶ 6.3 - Periodo di validità
 - ▶ 6.4 - Precauzioni particolari per la conservazione
 - ▶ 6.5 - Natura e contenuto del contenitore
 - ▶ 6.6 - Precauzioni particolari per lo smaltimento e la manipolazione
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- ▶ 10 - DATA DI REVISIONE DEL TESTO
- ▶ 11 - DO SIMETRIA
- ▶ 12 - ISTRUZIONI PER LA PREPARAZIONE DI RADIOFARMACI

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Codifica **safe care**

1  2 3 4 5

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Seleziona l'area o l'apparato inerente la patologia di cui è affetto il paziente

| | | | |
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| <input type="radio"/> Apparato cardiovascolare | <input type="radio"/> Apparato respiratorio | <input type="radio"/> Dermatologia | <input type="radio"/> Endocrinologia e metabolismo |
| <input type="radio"/> Gastroenterologia | <input type="radio"/> Malattie infettive | <input type="radio"/> Nefrologia e urologia | <input type="radio"/> Neurologia |
| <input type="radio"/> Oculistica | <input type="radio"/> Oncologia | <input type="radio"/> Ostetricia e ginecologia | <input type="radio"/> Otorinolaringoiatria |
| <input type="radio"/> Psichiatria | <input type="radio"/> Reumatologia e immunologia | | |

Avanti



SISTEMA SUPPORTO PRESCRIZIONE



Codifa **safe care**

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Patologia

3

4

5

Seleziona la patologia di cui è affetto il paziente



Asma cronica



Broncopneumopatia
Cronica Ostruttiva -
Acutizzazione



Iperensione
polmonare



Tosse

Indietro

Avanti

8

BOSENTAN



DA VALUTARE

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Black Box Warning

REMS

Drug Interactions (single)

IV Compatibility (single)

Pregnancy & Lactation

Monitorina

Dosing/Administration

Adult Dosing  StampaVedere ['Risposte approfondite'](#) per i risultati dettagliati.

Important Note

- The Emergency Use Authorization for hydroxychloroquine sulfate in hospitalized adult and adolescent patients weighing 50 kg or more for suspected or confirmed COVID-19 was revoked on June 15, 2020. The FDA concluded hydroxychloroquine sulfate is unlikely to be effective in the treatment of COVID-19 and the risks of therapy (ie, serious cardiac adverse events and methemoglobinemia) do not justify continued use [2].

General Dosage Information

- Each 200-mg tablet of hydroxychloroquine sulfate is equivalent to 155 mg base [3]

Lupus erythematosus

- 200 to 400 mg orally once daily or divided twice daily [3]

Malaria

- Initial, 800 mg orally for 1 dose followed by 400 mg at 6, 24, and 48 hours after the initial dose (FDA dosage) [3]
- (Weighing greater than 31 kg) Weight-based dosage: 13 mg/kg (MAX, 800 mg) orally for 1 dose, followed by 6.5 mg/kg (MAX, 400 mg) orally at 6, 24, and 48 hours after the first dose (FDA dosage) [3]
- Concomitant medication (Plasmodium vivax or P ovale malaria), give in combination with primaquine phosphate 52.6 mg orally daily for 14 days (guideline dosage) [4]

Malaria; Prophylaxis

- 400 mg orally once weekly on the same day each week beginning 2 weeks prior to travel to malarious area, continue on same day each week while in area and for 4 weeks after leaving area (FDA dosage) [3]

Mechanism of Action

Mechanism of Action

Vedere ['Risposte rapide'](#) per i risultati riassuntivi.

 [Visualizza documento completo](#)

 [Stampa](#)

A) Hydroxychloroquine Sulfate

1) Mechanism of Action

a) Hydroxychloroquine is a 4-aminoquinoline antimalarial and antirheumatic agent. The precise mechanism by which hydroxychloroquine exhibits activity against Plasmodium is not known. Hydroxychloroquine is a weak base and may exert its effect by concentrating in the acid vesicles of the parasite and inhibiting polymerization of heme. It can also inhibit certain enzymes by its interaction with DNA. The mechanisms underlying the anti-inflammatory and immunomodulatory effects of hydroxychloroquine in the treatment of rheumatoid arthritis, chronic discoid lupus erythematosus and systemic lupus erythematosus are not fully known [1]. In rheumatoid arthritis, it is thought to act as a mild immunosuppressant, inhibiting the production of rheumatoid factor and acute phase reactants. It also accumulates in white blood cells, stabilizing lysosomal membranes and inhibiting the activity of many enzymes, including collagenase and the proteases that cause cartilage breakdown [153].

2) Spectrum of Activity

a) Hydroxychloroquine is active against the erythrocytic forms of chloroquine sensitive strains of Plasmodium falciparum, Plasmodium malariae, Plasmodium ovale, and Plasmodium vivax. Hydroxychloroquine is not active against the gametocytes and exoerythrocytic forms including the hypnozoite stage (P vivax and P ovale) of the Plasmodium parasites [17].

3) Resistance Patterns

a) Plasmodium falciparum strains exhibiting reduced susceptibility to chloroquine also show reduced susceptibility to hydroxychloroquine. Resistance of Plasmodium parasites to chloroquine is widespread. Patients in whom chloroquine or hydroxychloroquine have failed to prevent or cure clinical malaria or parasitemia, or patients who acquired malaria in a geographic area where chloroquine resistance is known to occur should be treated with another form of antimalarial therapy [17].

Pharmacokinetics

Pharmacokinetics

Vedere 'Risposte rapide' per i risultati riassuntivi.

Drug Concentration Levels

ADME

Drug Concentration Levels

A) Hydroxychloroquine Sulfate

1) Therapeutic Drug Concentration

a) Systemic lupus erythematosus: 910 nanograms (ng)/mL [148]

1) In a multicenter, prospective study of patients with chronic or subacute systemic lupus erythematosus (n=300), complete remission occurred with significantly higher median hydroxychloroquine levels (910 ng/mL (range, less than 50 to 3057 ng/mL)) compared with partial remission (692 ng/mL (range less than 50 to 2843 ng/mL)) and treatment failure (569 ng/mL (range, less than 50 to 2242 ng/mL) [148].

2) Peak Concentration

a) Oral, single-dose, 400 mg: 1.22 nanomoles (nmol)/mL [146]

1) Mean plasma C_{max} was 1.22 +/- 0.4 nmol/mL following a single 400-mg dose of hydroxychloroquine sulfate (equivalent to 310 mg hydroxychloroquine base) in 6 healthy patients [146].

b) Oral, single-dose, 200 mg; 129.6 to 244 nanograms (ng)/mL (blood); 46 to 50.3 ng/mL (plasma) [17]

1) Following a single oral dose of hydroxychloroquine sulfate 200 mg (equivalent to 155 mg hydroxychloroquine base) in healthy male volunteers, the mean whole blood C_{max} was 129.6 ng/mL and the mean plasma C_{max} was 50.3 ng/mL [17].

2) Mean plasma C_{max} was 46 ng/mL (range, 34 to 79 ng/mL) following a single 200-mg dose of oral hydroxychloroquine sulfate (equivalent to 155 mg hydroxychloroquine base) in 5 healthy patients; while mean whole blood C_{max} was 244 ng/mL (range, 188 to 427 ng/mL) [147].

3) Time to Peak Concentration

a) Oral: 2.4 to 3.74 hours [17][146][147]; 3 to 4 hours (chronic use) [17]

 [Visualizza documento completo](#)

 [Stampa](#)

Toxicology

Clinical Effects



ACETAMINOPHEN-ACUTE

- **USES:** Acetaminophen is a mild analgesic and antipyretic. It is available as a non-prescription single ingredient product, in many non-prescription combination products, and in prescription combination products (usually with an opioid). **PHARMACOLOGY:** The exact mechanism of action is not known. Acetaminophen inhibits cyclooxygenase and this is likely responsible for at least some clinical effects. **TOXICOLOGY:** In overdose, the usual metabolic pathways are overwhelmed, and acetaminophen is metabolized by CYP2E1 to a reactive metabolite. This metabolite can be detoxified by conjugation with glutathione, but when hepatic glutathione stores are depleted, the metabolite binds to macromolecules in the hepatocyte causing cell death and hepatic necrosis. **EPIDEMIOLOGY:** Acetaminophen overdose is very common, and there are several hundred deaths from acetaminophen poisoning annually in the United States. **MILD TO MODERATE TOXICITY:** For the first day after ingestion, patients may be asymptomatic, or only develop nausea, vomiting and abdominal pain. Elevation of serum transaminase (ALT, AST) may begin to develop as soon as 12 hours after ingestion and can range from mild to marked (greater than 10,000 International Units/L) with few other signs or symptoms. Aminotransferase elevations generally peak 2 to 3 days after ingestion. **SEVERE TOXICITY:** Liver failure, including coagulopathy and hepatic encephalopathy, will occur. Patients may also have renal injury. Massive overdose (initial serum concentration greater than 500 mcg/mL) can produce coma, hyperglycemia, methemoglobinemia, and lactic acidosis. In patients who survive the overdose, both hepatic and renal function usually return to normal. **ADVERSE EFFECTS:** Generally rare. Some patients may have gastrointestinal upset.

ACETAMINOPHEN-REPEATED SUPRATHERAPEUTIC

- **USES:** Acetaminophen is a non-opioid analgesic and antipyretic medication found in many over-the-counter and prescription products. Repeated supratherapeutic acetaminophen ingestion is defined as repetitive ingestion of more than the recommended maximum daily dose. These ingestions are usually unintentional occurring in patients with acute or chronic pain syndromes or repeated dosing in ill children. **PHARMACOLOGY:** Acetaminophen is used primarily as an antipyretic and analgesic. Its effects are mediated through the central nervous system. **TOXICOLOGY:** In therapeutic doses, about 90% of acetaminophen is conjugated in the liver to nontoxic metabolites (glucuronides and sulfates). A small portion (less than 5%) is conjugated by cytochrome P450 CYP2E1 to a toxic metabolite, N-acetyl-p-benzo-quinone imine (NAPQI). This metabolite is further conjugated by glutathione, and eliminated by the kidneys. In toxic doses, the usual metabolic pathways are overwhelmed; acetaminophen is shunted to the cytochrome P450 pathway, and glutathione stores are depleted. Cellular injury and hepatic necrosis occur as NAPQI accumulates. **EPIDEMIOLOGY:** Acetaminophen poisoning is very common and can be severe. However, the incidence of serious acetaminophen toxicity after repeated doses is negligible and appears to only follow massive dosing or prolonged excessive dosing. **MILD TO MODERATE TOXICITY:** Toxicity can range from asymptomatic ALT elevation to malaise, nausea, vomiting, abdominal pain, and hepatotoxicity. **SEVERE TOXICITY:** Jaundice, hypoglycemia, coagulopathy, renal failure,

Medication Safety

Drug Interactions (single)

[Stampa](#)

Vedere [Risposte approfondite](#) per i risultati dettagliati.

Visualizza interazioni multiple del:

Migliora in base a: Gravità:

Documentazione:

Passa a: [Drug-Drug \(2\)](#) | [ALLERGIA \(0\)](#) | [CIBO \(0\)](#) | [ETANOLO \(0\)](#) | [LAB \(0\)](#) | [TABACCO \(0\)](#) | [GRAVIDANZA \(1\)](#) | [ALLATTAMENTO \(1\)](#)

Drug-Drug Interazioni (2)

| Farmaci: | Gravità: | Documentazione: | Riepilogo: |
|--|---|-----------------|---|
| CHLOROQUINE [Systemic] -- REMDESIVIR [Systemic] |  Major | Fair | Concurrent use of CHLOROQUINE and REMDESIVIR may result in risk of reduced antiviral activity of remdesivir. |
| HYDROXYCHLOROQUINE [Systemic] -- REMDESIVIR [Systemic] |  Major | Fair | Concurrent use of HYDROXYCHLOROQUINE and REMDESIVIR may result in risk of reduced antiviral activity of remdesivir. |

Drug-ALLERGIA Interazioni (Nessuna trovata)

Drug-CIBO Interazioni (Nessuna trovata)

Drug-TABACCO Interazioni (Nessuna trovata)

Drug-GRAVIDANZA Interazioni (1)

| Farmaci: | Gravità: | Documentazione: | Riepilogo: |
|------------------------------------|----------|-----------------|--|
| PREGNANCY -- REMDESIVIR [Systemic] | Moderate | Unknown | Available evidence is inconclusive or inadequate for determining fetal risk when used in pregnant women. |

Drug-ALLATTAMENTO Interazioni (1)

| Farmaci: | Gravità: | Documentazione: | Riepilogo: |
|------------------------------------|----------|-----------------|--|
| LACTATION -- REMDESIVIR [Systemic] | Major | Unknown | Infant risk cannot be ruled out: Available evidence and/or expert consensus is inconclusive or is inadequate for determining infant risk when Remdesivir is used during breast-feeding. Weigh the potential benefits of treatment against potential risks before prescribing Remdesivir during breast-feeding. |

Definizioni

| | | | | | |
|------------------------|----------------|------------------|----------|-----------------|-------------|
| Gravità: | Controindicato | Di grande entità | Moderata | Di lieve entità | Sconosciuta |
| Documentazione: | Eccellente | Buona | Discreta | Sconosciuta | |

Inflammatory bowel disease; Crohn's disease

Risposte rapide

Risposte approfondite

Tutti i risultati

Background

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Etiology/ Pathophysiology

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Diagnostic Testing
Summary

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Incidence and Prevalence

The incidence of Crohn disease in the United States is about 5 per 100,000 persons and the prevalence is about 50 per 100,000 persons [2].

Age

Crohn disease can affect any age group [2], but has a peak onset in persons between the ages of 15 to 30 years [3].

Race and Ethnicity

In North America, the highest prevalence rates of Crohn disease are found in whites (about 44 per 100,000) and African-Americans (about 30 per 100,000) with the lowest rates found in Asians (about 6 per 100,000) and Hispanics (about 4 per 100,000) [4].

Crohn disease is more common in persons with Ashkenazi Jewish ancestry. The children of North American Ashkenazi Jews with Crohn disease appear to have an earlier onset of the disease [4].

Geography


The incidence of Crohn disease varies according to geographic location with higher rates occurring in more developed countries such as the United Kingdom, northern Europe, and North America, and lower rates occurring in developing countries. Southeast Asia, Africa, South America, and Australia have the lowest incidence rates [4]; however, the incidence is rising in less-developed countries with the expansion of industrialization [5].

[Visualizza documento completo](#)[Stampa](#)

| | | | | | | | |
|-----------------|-------------------------|------------------|-------------------------|-------------------|----------------------|--------------------------------------|-------------|
| Pagina iniziale | Interazioni dei farmaci | Compatibilità EV | Identificazione farmaci | Confronto farmaci | NeoFax® / Pediatrics | Ricerca farmaci e dati tossicologici | Calcolatori |
|-----------------|-------------------------|------------------|-------------------------|-------------------|----------------------|--------------------------------------|-------------|

Drug Monographs Enteral Formulas **Dosing Calculators**

Dosing Calculators - Patient Information

Birthdate: (MM/DD/YYYY) 

Population Type: ▼

Age Today

Current Weight: kg

[Proceed to Calculator](#)

Calculators

All Calculators

Alphabetical Order

By Category

Frequent Use Calculators

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- Acetaminophen (Paracetamol) Toxicity Assessment
- NAC Dosing for Acetaminophen Overdose
- Ethanol - Initial IV Dosing for Methanol/Ethylene Glycol Overdose
- Ethanol - IV Dosing Adjustment for Methanol/Ethylene Glycol Overdose

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- ACLS: Adult Emergency Drug Dosing Calculator
- PALS: Pediatric Emergency Drug Dosing Calculator
- Heparin Dosing Calculator
- IV Drip Maintenance Rate Calculator
- Maintenance Fluid Calculation for Children Based on Hourly Fluid Requirements
- Maintenance fluid calculation for children based on daily fluid requirements

AdisInsight

Banca dati a pagamento che raccoglie dati su farmaci in sviluppo a livello globale, relativi a studi clinici e a casi di reazioni avverse ai farmaci. Presenta il panorama completo a partire dagli stadi precoci di ricerca fino allo sviluppo clinico e agli aspetti di safety successivamente osservati dalla messa in commercio.

Accessibile dalle sedi universitarie e da casa solo via Auth Proxy



<https://adisinsight.springer.com/>

At a glance

| | |
|-----------------------------|--|
| Originator | Amgen |
| Developer | Amgen; Indiana University; Novartis; Rigshospitalet |
| Class | Antimigraines; Monoclonal antibodies |
| Mechanism of Action | Calcitonin gene-related peptide receptor antagonists |
| Orphan Drug Status | No |
| New Molecular Entity | Yes |

Highest Development Phases

| | |
|---------------------|---|
| Marketed | Migraine |
| Phase II | Headache; Rosacea; Temporomandibular joint dysfunction syndrome; Trigeminal neuralgia |
| Discontinued | Hot flashes |

Most Recent Events

| | |
|--------------------|--|
| 02 Nov 2021 | Phase-II clinical trials in Temporomandibular joint dysfunction syndrome (In adults) in USA (SC) (NCT04884763) |
| 31 Oct 2021 | Dansk Hovedpine Center completes its phase II clinical trials in Trigeminal neuralgia in Denmark (unspecified route) (NCT04054024) |
| 28 Jun 2021 | No recent reports of development identified for phase-I development in Migraine(In adolescents, In children) in USA |

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- Patent information

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AdisInsight

argomento tesi: orphan drugs - Thalidomide

<https://adisinsight.springer.com/>



Materiali ulteriori disponibili in biblioteca: repertori

MEDICAMENTA

È una fonte di informazione esauriente e in lingua italiana sui principi attivi e su ogni molecola impiegata in terapia: denominazione, caratteristiche chimico-fisiche, saggi di identificazione e purezza, tossicità, controindicazioni...

Formato cartaceo (versione online con pw accesso dalla biblioteca e dai laboratori)



MEDICAMENTA

<http://www.medicamenta.com/it>

MEDICAMENTA
Società Cooperativa Farmaceutica[HOME](#) [LOGOUT](#)Ricerca:

Principi attivi

Nomi commerciali

Categorie terapeutiche

Preparazioni

Nomi e sinonimi

CAS

ATC

HELP

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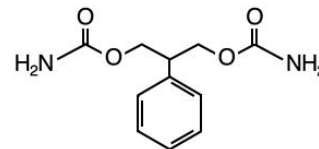
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FELBAMATO

2-Fenil-1,3-propandiolo dicarbammato

 $C_{11}H_{14}N_2O_4$ 

pm 238,24

CAS 25451-15-4

Sinonimi : 2-feniltrimetilene estere dell'acido carbammico; AD-03055

DCI felbamate

INN felbamate

Brevetti : U.S., 2 884 444, 1959; U.S., 4 978 680, 1990

Proprietà chimico-fisiche - Polvere bianca, inodore. Moderatamente solubile in acqua, in metanolo, in etanolo, in acetone e in cloroformio; molto solubile in dimetilsolfossido e in dimetilformamide.

MEDICAMENTA

Società Cooperativa Farmaceutica

Principi attivi

Nomi commerciali

Categorie terapeutiche

Preparazioni

Nomi e sinonimi

CAS

ATC

HELP

A
Y
Z

p.i. = 101-102 A C

Proprietà farmacologiche - Il felbamato è un farmaco anticonvulsivante strutturalmente correlato al meprobamato, ma differente dal punto di vista farmacologico. L'esatto meccanismo d'azione non è noto, anche se il farmaco sembra agire innalzando la soglia delle convulsioni e prevenendo la loro diffusione. Nell'animale da laboratorio il felbamato protegge dalle convulsioni indotte da stimolazione elettrica facendo presupporre una sua efficacia nel trattamento dell'epilessia tonico-clonica (grande male) e parziale. Sempre nell'animale, il farmaco previene le convulsioni indotte da pentilentetrazolo (e quindi può essere efficace nel trattamento delle crisi di assenza nel piccolo male), picrotossina, glutammato, mentre non riesce a prevenire le convulsioni indotte da bicucullina o stricnina.

Farmacocinetica - Il felbamato è ben assorbito dal tratto gastrointestinale e le concentrazioni plasmatiche massime vengono raggiunte 1-6 ore dopo la somministrazione orale. Alle dosi raccomandate la cinetica del felbamato è lineare e le concentrazioni plasmatiche terapeutiche sono comprese tra 20 e 100 mg/ml. Il legame con le proteine plasmatiche è del 22-36%, il volume di distribuzione è di 0,76-0,8 l/kg e l'emivita di eliminazione è compresa tra 14 e 23 ore. Il felbamato viene parzialmente metabolizzato nel fegato, per idrossilazione e coniugazione, dando luogo a prodotti inattivi. Viene escreto principalmente nelle urine dove si ritrova sia in forma immodificata (49%) che come metaboliti; l'escrezione nelle feci è inferiore al 4%. Nel ratto il felbamato attraversa la barriera placentare e viene escreto nel latte materno.

Tossicità - Nel topo il valore della DL₅₀ per i.p. è di 4000 mg/kg.

Indicazioni terapeutiche - Nell'adulto il felbamato viene usato, sia in monoterapia che come farmaco aggiuntivo, nel trattamento delle convulsioni parziali resistenti, con o senza generalizzazione secondaria. Nel bambino il felbamato può essere usato come farmaco aggiuntivo per controllare le convulsioni associate alla sindrome di Lennox-Gastaut. A causa della sua tossicità il felbamato non deve essere considerato un farmaco di prima scelta e dovrebbe essere usato solo nel trattamento di pazienti che non rispondono ad altri farmaci o che siano intolleranti a essi.

EUROPEAN PHARMACOPOEIA

È il codice farmaceutico che armonizza i testi delle principali farmacopee ufficiali degli Stati Europei e individua norme comuni riconosciute sulla qualità dei medicinali.

Complesso di disposizioni tecnico/scientifiche ed amministrative, per il controllo della qualità dei medicinali, delle sostanze e/o dei preparati finali, mediante l'indicazione di metodi di verifica chimico analitici e tecnologici delle specifiche di qualità, dei metodi di preparazione o della formulazione.

In formato cartaceo ma anche online con pw (solo per docenti e laureandi..)

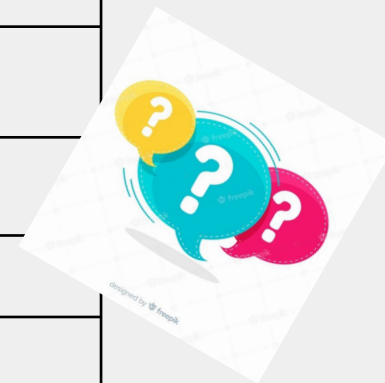


<https://pheur.edqm.eu/home>

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| Web of Science | multidisciplinare | x | | x | |
| Pubmed | biomedico | bibliografica | | | x |
| Pubchem | chimico | | x | | x |
| Codifa | farmaceutico | | x | x | |
| Micromedex | farmaceutico | | x | x | |
| AdisInsight | farmaceutico | | x | x | |

Cosa cerco e dove lo trovo

| Tipo di ricerca | Dove cercare |
|----------------------------------|---|
| Sostanza | Pubchem, Medicamenta, European Pharmacopoeia, Farmacopea italiana |
| Farmaco | Codifa, Medicamenta, Micromedex, AdisInsight |
| Tossicità ed effetti collaterali | Codifa, Micromedex, Pubchem |
| Farmacodinamica/cinetica | Pubmed, Micromedex, Codifa |
| Studi clinici | Pubmed, AdisInsight |
| Interazioni farmacologiche | Codifa, Micromedex, Pubmed |
| letteratura scientifica | Pubmed, Scopus e WOS |



...e queste sono solo le principali, ce ne sono ancora molte altre.
Se hai bisogno chiedi aiuto in biblioteca!



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