



ENFEKSİYON HASTALIKLARINDA SEMPTOMLARIN YÖNETİMİ

SOLUNUM YOLU ENFEKSİYONLARI

DR SİNAN ÇETİN

GİRESUN ÜNİVERSİTESİ TIP FAKÜLTESİ

ENFEKSİYON HASTALIKLARI VE KLİNİK MİKROBİYOLOJİ ANABİLİM DALI

SUNUM PLANI

Solunum yolu enfeksiyonları ve semptomları

Üst solunum yolu enfeksiyonlarında kullanılan semptomatik tedaviler

Alt solunum yolu enfeksiyonlarında kullanılan semptomatik tedaviler

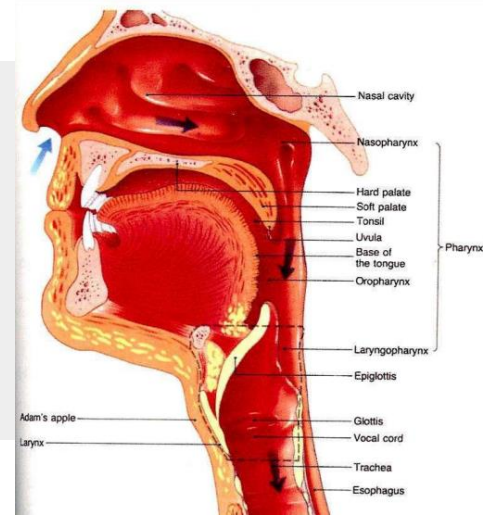
Kortikosteroidlerin yeri

Üst solunum yolu

Nezle
Soğuk algınlığı
Akut farenjit
Akut larenjit
Sinüzit

"common cold"

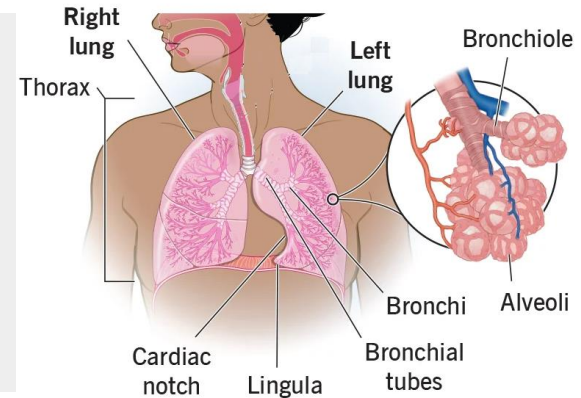
- Boğaz ağrısı
- Burun akıntısı - tıkanıklığı
- Hapşırma
- Öksürük
- Baş ağrısı
- Ses kısıklığı
- Ateş



Alt solunum yolu

Akut bronşit
KOAH akut alevlenme
Pnömoni
Akciğer absesi
Ampiyem

- Öksürük
- Balgam
- Ateş
- Nefes darlığı
- Göğüs ağrısı
- Hemoptizi



griptedavisi

atom serum uygulaması

Yüksek ateş, baş ağrısı gibi, belirtileri göstermeniz durumunda iletişim numaralarımızdan bizlere ulaşarak **evde sağlık hizmeti talep ediniz!**

içindekiler

- ☑ Ağrı kesici
- ☑ Antibiyotik
- ☑ Vitaminler

İçine katılan B vitamininden ötürü sarı renkli. Halk arasında 'sarı serum' veya 'renkli serum' diye isimlendiriliyor.

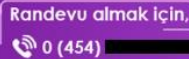
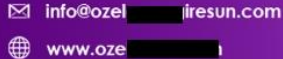
Diğeri ise ağrı kesici, antibiyotik, sakinleştirici ve vitamin katılarak hazırlanıyor.

Şimdi
Randevu oluştur



atom serum içindekiler?
atom serum içindekiler ile ilgili son 3 yılda çok fazla yapılmaya başlandı. Serum aslında hayatımızda beri hep vardı. Ancak 2019 sonrasında tüm dünyada algin hastalıklardan sonra serum kavramının önemi biraz e çıkmaya başladı. Bir de serum hastalığına ait rinde farklı almak

Fiyatı:
ne
arı g
Ü
ne
arı g
ne
arı g
nerce



yorum ekie...

Window
Windows'u
Paylaş

Hekimler arası durum farklı mı?

Bir **non-hekim Tıp fakültesi öğretim üyesi (TFÖÜ)**, bir **enfeksiyon hastalıkları uzmanına (EHU)** viral ÜSVE ile gider...

non-hekim TFÖÜ: Grip oldum.

EHU: NSAİ, istirahat ile destek tedavisi öneririm, şikayetler geçmezse tekrar görüşelim.

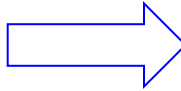
non-hekim TFÖÜ **ertesi gün** şikayetleri geçmeyince bir de yakın dostu **nöroloji uzmanına (NU)** sorar...

non-hekim TFÖÜ: Grip oldum.

NU: Hocam ben de geçen olmuşum. Antibiyotik, steroid ne varsa **ÇAKTIM**. Ancak düzeldim. Hemen sana reçete edeyim.

non-hekim TFÖÜ: Tamam

Bütün bu olanları sonradan öğrenen **EHU (temsili)**



Patogenez

Enfekte damlacık inhalasyonu, üst solunum yolu mukozasına direkt invazyon

Nazal mukozal enfeksiyon ve konakçının inflamatuvar yanıtı,
vazodilatasyona ve artmış vasküler geçirgenliğe neden olur.


Bu olaylar burun tıkanıklığı ve burun akıntısına neden olurken,

Kolinerjik uyarı mukus üretimine ve hapşırmaya neden olur.

ÜST SOLUNUM YOLU ENFEKSİYONU TEDAVİLER

- Parasetamol ve NSAİ
 - Baş ağrısı, kulak ağrısı, kas-eklem ağrısı, halsizlik yönetiminde etkin
 - Ateş yüksekliğinde etkin

RESEARCH

Ibuprofen, paracetamol, and steam for patients with respiratory tract infections in primary care: pragmatic randomised factorial trial OPEN ACCESS

Paul Little *general practitioner and professor of primary care research*, Michael Moore *general practitioner and reader in primary care*, Joanne Kelly *senior trial manager*, Ian Williamson *general practitioner and senior lecturer in primary care*, Geraldine Leydon *social scientist, principal research fellow*, Lisa McDermott *research fellow*, Mark Mullee *statistician, director research design service*, Beth Stuart *research fellow*, on behalf of the PIPS investigators

University of Southampton, Aldermoor Health Centre, Southampton SO16 5ST, UK

889 hasta randomize edilmiş

analjezi önerisi (parasetamol veya ibuprofen kullanımı)

doz konusunda (düzenli kullanım veya gerektiğinde kullanım)

buhar inhalasyonu konusunda (var veya yok)


Primer sonuç: 2-4. gündeki semptom şiddeti (0-7 arası)

Sekonder sonuç: Ateş, antibiyotik kullanımı, yeniden başvuru

Doz ve buhar inhalasyonunun sonuçlar üzerine etkisi yok

İbuprofen, parasetamole göre semptom şiddeti üzerine bir miktar daha etkili bulunmuş

Nonsteroidal anti-inflammatory drugs in acute viral respiratory tract infections: An updated systematic review

Nima Azh¹  | Farzaneh Barzkar² | Nogol Motamed-Gorji¹ |
Parmida Pourvali-Talatappeh¹ | Yousef Moradi³ | Roya Vesal Azad⁴ | Mitra Ranjbar⁵ |
Hamid Reza Baradaran^{6,7}

34 RCT içeren sistematik derleme

Ibuprofen, naproksen, diklofenak, ASA gibi NSAİ değerlendirilmiş

Ateş düşürücü etkinlik yüksek

Öksürüğü azaltmada etkinlik belirsiz

Boğaz ağrısına etkinlik yeterli

Yan etkilerde GİS yakınmaları çocuklarda mevcut, ancak erişkin grupta önemsiz olarak değerlendirilmiş

Ayaktan hastalarda yakınmaların yönetilmesinde hem erişkin hem çocuk yaş grubunda etkili olarak belirtilmiş

ÜST SOLUNUM YOLU ENFEKSİYONU TEDAVİLER

Asetaminofen + fenilefrin + Klorfeniramin
(*Cetaflu fort®*)

Psödoefedrin + desloratidin (*Aerius D-12®*)

- Antihistaminik/dekonjestan kombinasyonu
 - Tek başına kullanımlarına göre semptomları azaltmada daha etkin

Dekonjestanlar, burundaki vazodilatasyonu azaltarak tıkanıklık ve konjesyonu azaltırlar.

- Psödoefedrin
- Fenilefrin
- Oksimetazolin

Antihistaminikler, alerjik yakınmalarda kullanılan H1 reseptör blokerleridir.

Birinci jenerasyon (sedatif)

- Klorfeniramin
- Difenhidramin
- Hidroksizin

İkinci jenerasyon (non-sedatif)

- Setirizin
- Desloratidin

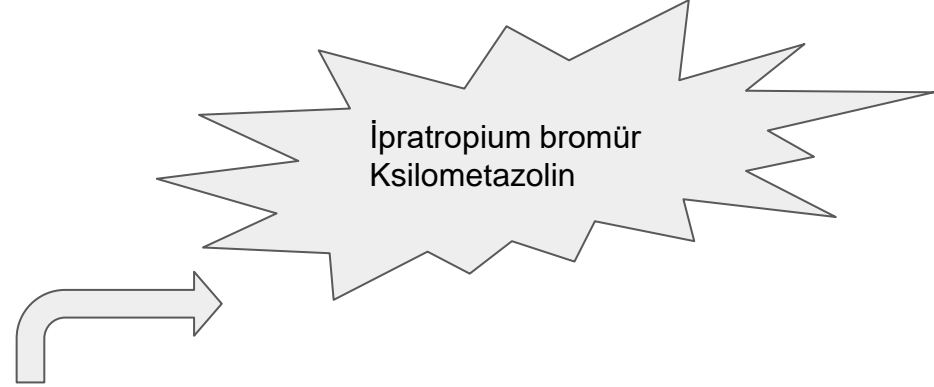
ÜST SOLUNUM YOLU ENFEKSİYONU TEDAVİLER

- İntranazal kromolin sodyum - *Rynacrom sprej*®

Mast hücre stabilizatörü

Histamin üzerinden etki gösterir

Nazal semptomların yönetiminde faydalı



- İntranazal ipratropium bromür - *Nasovine duo*® / *İprazolin duo*® burun spreji

Nazal şikayetlere etkin ancak, nazal kuruluk, burun kanaması gibi yan etkiler

ÜST SOLUNUM YOLU ENFEKSİYONU TEDAVİLER

Review > BMJ Evid Based Med. 2021 Apr;26(2):57-64. doi: 10.1136/bmjebm-2020-111336.

Epub 2020 Aug 18.

Effectiveness of honey for symptomatic relief in upper respiratory tract infections: a systematic review and meta-analysis

Hibatullah Abuelgasim¹, Charlotte Albury², Joseph Lee²

Affiliations + expand

PMID: 32817011 DOI: 10.1136/bmjebm-2020-111336

Abstract

Background: Antibiotic over prescription for upper respiratory tract infections (URTIs) in primary care exacerbates antimicrobial resistance. There is a need for effective alternatives to antibiotic prescribing. Honey is a lay remedy for URTIs, and has an emerging evidence base for its use. Honey has antimicrobial properties, and guidelines recommended honey for acute cough in children.

Objectives: To evaluate the effectiveness of honey for symptomatic relief in URTIs.

Methods: A systematic review and meta-analysis. We searched Pubmed, Embase, Web of Science, AMED, Cab abstracts, Cochrane Library, LILACS, and CINAHL with a combination of keywords and MeSH terms.

Results: We identified 1345 unique records, and 14 studies were included. Overall risk of bias was moderate. Compared with usual care, honey improved combined symptom score (three studies, mean difference -3.96, 95% CI -5.42 to -2.51, $I^2=0\%$), cough frequency (eight studies, standardised mean difference (SMD) -0.36, 95% CI -0.50 to -0.21, $I^2=0\%$) and cough severity (five studies, SMD -0.44, 95% CI -0.64 to -0.25, $I^2=20\%$). We combined two studies comparing honey with placebo for relieving combined symptoms (SMD -0.63, 95% CI -1.44 to 0.18, $I^2=91\%$).

Conclusions: Honey was superior to usual care for the improvement of symptoms of upper respiratory tract infections. It provides a widely available and cheap alternative to antibiotics. Honey could help efforts to slow the spread of antimicrobial resistance, but further high quality, placebo controlled trials are needed.

BAL

14 RCT

9 saf bal

2 bal içeren ticari preperat (Grintuss, Honitus)

2 kahve bal kombinasyonu

1 süt bal kombinasyonu

> Open Respir Med J. 20

Zinc lozenges: systematic review and meta-analysis of randomized controlled trials

Zinc for the treatment of the common cold: a systematic review and meta-analysis of randomized controlled trials

Michelle Science¹, Jennie Johnstone, Daniel E Roth, Gordon Guyatt, Mark Loeb

Harri Hemilä¹

Affiliations + expand

Affiliations + expand

PMID: 22566526 PMCID: PMC3394849 DOI: 10.1503/cmaj.111990

PMID: 21769305 PMCID

Free PMC article

Free PMC article

Abstract

Abstract

Background: A number of studies have shown that zinc lozenges might be effective for the common cold but the findings have been conflicting. We conducted a systematic review and meta-analysis to evaluate the efficacy and safety of zinc for such use.

Background: Results of randomized controlled trials evaluating zinc for the treatment of the common cold are conflicting. We conducted a systematic review and meta-analysis to evaluate the efficacy and safety of zinc for such use.

Methods: The Medline, Scopus, and Cochrane databases were searched for placebo-controlled trials. Two methods were used to assess the quality of the studies and the results of the meta-analysis were compared with those of the individual studies.

Methods: We searched electronic databases and other sources for studies published through to Sept. 30, 2011. We included all randomized controlled trials comparing orally administered zinc with placebo or no treatment. Assessment for study inclusion, data extraction and risk-of-bias analyses were performed in duplicate. We conducted meta-analyses using a random-effects model.

Results: Thirteen placebo-controlled trials used zinc salts other than zinc lozenges on common cold. The pooled result indicated a 20% reduction in the duration of symptoms.

Results: We included 17 trials involving a total of 2121 participants. Compared with patients given placebo, those receiving zinc had a shorter duration of cold symptoms (mean difference -1.65 days, 95% confidence interval [CI] -2.50 to -0.81); however, heterogeneity was high ($I^2 = 95\%$). Zinc shortened the duration of cold symptoms in adults (mean difference -2.63, 95% CI -3.69 to -1.58), but no significant effect was seen among children (mean difference -0.26, 95% CI -0.78 to 0.25). Heterogeneity remained high in all subgroup analyses, including by age, dose of ionized zinc and zinc formulation. The occurrence of any adverse event (risk ratio [RR] 1.24, 95% CI 1.05 to 1.46), bad taste (RR 1.65, 95% CI 1.27 to 2.16) and nausea (RR 1.64, 95% CI 1.19 to 2.27) were more common in the zinc group than in the placebo group.

Conclusions: This study shows that zinc lozenges are effective for the common cold. However, large high-quality trials are needed before definitive recommendations for clinical practice can be made. Adverse effects were common and should be the point of future study, because a good safety and tolerance profile is essential when treating this generally mild illness.

Interpretation: The results of our meta-analysis showed that oral zinc formulations may shorten the duration of symptoms of the common cold. However, large high-quality trials are needed before definitive recommendations for clinical practice can be made. Adverse effects were common and should be the point of future study, because a good safety and tolerance profile is essential when treating this generally mild illness.

Çinko

Intranazal çinko formları kalıcı anosmi sebebiyle FDA tarafından önerilmiyor

Şurup ve pastil (lozenge) formu, tabletten daha iyi tolere ediliyor

Ülkemizde kapsül, şurup, tablet ve efervesan tablet formları mevcut

ÜST SOLUNUM YOLU ENFEKSİYONU TEDAVİLER

Tedavi etkinliği minimal veya belirsiz olanlar

- Dekonjestanlar
 - Tek başına kullanım plasebodan çok farklı değil
 - Oral formlar antihistaminikle kombine kullanım
 - Oral psödoefedrin ABD de kısıtlanmış, amfetamin türü madde üretimi
- Nazal formların 3 günden uzun kullanım rebound rinit yapabilir
 - “Rhinitis medicamentosa”

Oral
Psödoefedrin
Fenilefrin

Nazal/topikal
Oksimetazolin (İliadin)
Ksilometazolin (Otrivine)

ÜST SOLUNUM YOLU ENFEKSİYONLU TEDAVİLER

Tedavi etkinliği minimize

- Nazal salin sprej

- Semptomatik rahatlatıcı

Distile, steril veya kaynatılmış su ~250ml
1 çay kaşığı tuz
1 çay kaşığı karbonat
Enjektör

- Mukolitik-ekspektoran

- Sinüzit dahil

Salin irrigasyonu (fizyolojik veya hipertonic) özellikle sinüzit tedavisinde semptomların azaltılmasında belirgin yan etki göstermeksizin

Hazırlanacak solüsyonun steril veya kaynatılmış olması önem



ÜST SOLUNUM YOLU ENFEKSİYONU TEDAVİLER

Soğuk algınlığı/nezlede etkinliği gösterilmemiş tedaviler

- Antibiyotik
 - Yan etkiden başka katkı yok
- Antiviral tedavi
 - Hangi virüse karşı?
 - Ne kadar etkin?

Review > Cochrane Database Syst Rev. 2013 Jun 4;2013(6):CD000247.

doi: 10.1002/14651858.CD000247.pub3.

Antibiotics for the common cold and acute purulent rhinitis

Tim Kenealy¹, Bruce Arroll

ÜST SOLUNUM YOLU ENFEKSİYONU TEDAVİLER

Soğuk algınlığı/nezlede etkinliği gösterilmemiş tedaviler

Review > Cochrane Database Syst Rev. 2015 Nov 29;2015(11):CD009345.

doi: 10.1002/14651858.CD009345.pub2.

Antihistamines for the common cold

An I M De Sutter¹, Avadhesh Saraswat, Mieke L van Driel

Authors' conclusions: Antihistamines have a limited short-term (days one and two of treatment) beneficial effect on severity of overall symptoms but not in the mid to long term. There is no clinically significant effect on nasal obstruction, rhinorrhoea or sneezing. Although side effects are more common with sedating antihistamines, the difference is not statistically significant. There is no evidence of effectiveness of antihistamines in children.

Tek başına antihistaminik

- Yalnızca ilk iki günlük erken dönemde şikayetlerin şiddeti üzerine etki
- Belirgin yan etki
- Burun tıkanıklığı, akıntısı ve hapşırma üzerine etkisi yok
- Yan etkiler göz önüne alındığında tek başına kullanımı önerilmiyor

ÜST SOLUNUM YOLU ENFEKSİYONU TEDAVİLER

Soğuk algınlığı/nezlede etkinliği gösterilmemiş te

Hindawi
BioMed Research International
Volume 2020, Article ID 8573742, 9 pages
<https://doi.org/10.1155/2020/8573742>

Vitamin C

Research Article

Vitamin C as a Supplementary Therapy in Relieve the Common Cold: A Meta-Analysis of 10 Randomized Controlled Trials

Li Ran,^{1,2} Wenli Zhao,³ Hongwu Wang,⁴ Ye Zhao ,⁵ and Huaie

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²Department of Occupational and Environmental Health, School of Health Sciences, Wuhan U

³Liver Center, Saga University Hospital, Saga University, 849-8501, Japan

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⁵Qingdao Academy of Traditional Chinese Medicine, Shandong University of Traditional Chinese

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Aim. To investigate whether vitamin C performs well as a supplemental treatment for common cold. **Methods.** We searched through the National Library of Medicine (PubMed), Cochrane Library, Elsevier (MEDLINE), VIP databases, and Wanfang databases, 10 randomized controlled trials were selected for our meta-analysis with RevMan 5.3 software. Published in China, all 10 studies evaluated the effect of combined vitamin C and antiviral therapy for the treatment of common cold. **Results.** The total efficacy (RR = 1.27, 95% CI (1.08, 1.48), $P = 0.003$), the time for symptom amelioration (MD = -15.84, 95% CI (-17.02, -14.66), $P < 0.00001$), and the time for healing (I , 95% CI (-14.98, -4.22), $P = 0.0005$) were better with vitamin C supplementation than with antiviral therapy alone. **Conclusions.** Vitamin C could be used as a supplementary therapy along with antiviral regimens to relieve patients from the symptoms of common cold.

Review > Medwave. 2018 Oct 3;18(6):e7261. doi: 10.5867/medwave.2018.06.7260.

What are the effects of vitamin C on the duration and severity of the common cold?

[Article in Spanish, English]

Sebastián Quidel ¹, Evelyn Gómez ¹, Gonzalo Bravo-Soto ², Ángela Ortigoza ³

Affiliations + expand

PMID: 30339136 DOI: 10.5867/medwave.2018.06.7260

Abstract in English, Spanish

Introduction: The common cold causes great morbidity throughout the world and there are no effective therapeutic agents against it. There is a belief that consuming vitamin C during a cold episode would help reduce duration and severity of symptoms. However, there is controversy about this claim.

Methods: To answer this question we used Epistemonikos, the largest database of systematic reviews in health, which is maintained by screening multiple information sources, including MEDLINE, EMBASE, Cochrane, among others. We extracted data from the systematic reviews, reanalyzed data of primary studies, conducted a meta-analysis and generated a summary of findings table using the GRADE approach.

Results and conclusions: We identified four systematic reviews that included eight primary studies overall, of which seven were randomized trials. We concluded vitamin C has minimal or no impact on the duration of common cold or in the number of days at home or out of work.

ÜST SOLUNUM YOLU ENFEKSİYONU TEDAVİLER

Soğuk algınlığı/nezlede etkinliği gösterilmemiş tedaviler

Ekinezya



Kodein

Review > Cochrane Database Syst Rev. 2014 Feb 20;2014(2):CD000530.
doi: 10.1002/14651858.CD000530.pub3.

Echinacea for preventing and treating the common cold

Marlies Karsch-Völk¹, Bruce Barrett, David Kiefer, Rudolf Bauer, Karin Ardjomand-Woelkart, Klaus Linde

- Soğuk algınlığına bağlı akut öksürükte plaseboya göre yararı gösterilmemiş

İntranazal kortikosteroid

- Sinüzitin tedavisinde altta yatan **alerjik** komponenti olanlarda faydalı olabilir
- Mukozal inflamasyon ve obstrüksiyonu azaltarak

Sıcak-nemlendirilmiş hava/buhar

- Sinüzit dahil ÜSYE'de faydalı olduğuna ait veri yok

ÜSYE TEDAVİ ÖZET

Semptomatik tedavi belirgin viral etiyoloji sebebiyle ön planda

Şikayetler geniş yelpazede ve değişkenlik gösterebiliyor

Semptomatik tedavi, aynı kişideki farklı atakta dahi değişebileceği için bireyselleştirilmeli

Yan etkiler göz ardı edilmemeli

Hastanın konforu gözetilerek mümkün olan en az ilaçla tedavi

Hekimler arası durum farklı mı?

Bir **non-hekim Tıp fakültesi öğretim üyesi (TFÖÜ)**, bir **enfeksiyon hastalıkları uzmanına (EHU)** viral ÜSYE ile gider...

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non-hekim TFÖÜ: Tamam

Bütün bu olanları sonradan öğrenen **EHU (temsili)**



ALT SOLUNUM YOLU ENFEKSİYONU SEMPTOMATİK TEDAVİLER

ÖKSÜRÜK

Normal ve gerekli bir solunum refleksi

Baskılamak veya baskılamamak

-Yaşam kalitesini bozuyorsa,

-Altta yatan sebep tedavi edilemeyecekse*

*Leach RM. Palliative medicine and non-malignant, end-stage respiratory disease. Oxford Textbook of Palliative Medicine. 2005.



“ To be, or not to be, that is the Question ”

William Shakespeare (Hamlet)

Çalışmaların çoğu kronik öksürük olan hastalarda !
Enfeksiyon hastalıkları gibi akut öksürükte kullanımları ???

Antitusif

Öksürük refleksini santral (öksürük merkezi) veya periferik (akciğer reseptör düzeyinde) olarak inhibe ederler

Prodüktif öksürükte kullanımı faydadan çok zarar getirebilir !

SANTRAL

- Opiyatlar - Kodein, Dionin, Hidrokodon, Butorfanol
- Opiyat derivelere - Dekstrometorfan
- Oksolamin

PERİFERİK

- Antihistaminik - Difenhidramin
- Levodropropizin
- Butamirat

Mukolitik

Mukus içindeki proteinlerin yapısını bozarak balgamı akışkan hale getirir.

- Asetilsistein
- Karbosistein
- Erdostein

Ekspektoran

Solunum yolunda birikmiş balgamı sulandırarak yapışkanlığını azaltır. Öksürükle balgamın atılmasını kolaylaştırır.

Bol sıvı alımı ilacın etkinliğini artırır.

Yüksek dozda bulantı-kusma

- Guaifenesin
- Ambroksol
- Bromheksin
- Nebulize salin

Dekstrometorfan

Santral öksürük impulsunun kesilmesi

Respiratuar öksürük reseptörleri duyarlılığının azaltılması

Akut astım gibi solunum yetmezliği riski taşıyan hastalarda kullanımı önerilmez

Doz: 60-120 mg/gün

Yan etki: Konfüzyon, irritabilite, bulantı, kusma, baş ağrısı, öfori, disosiyatif etki

Actidem şurup®

Triprolidin, psödoefedrin, dekstrometorfan (10 mg)

Benical Cold tablet®

Parasetamol, psödoefedrin, dekstrometorfan (20 mg)

Defeks şurup®

Difenhidramin, efedrin, dekstrometorfan (25 mg)

Gudef şurup®

Guaifenesin, psödoefedrin, dekstrometorfan (10 mg)

Vicks vapodry®

Klorfeniramin, psödoefedrin, dekstrometorfan (10 mg)

Key Words: dextromethorphan, psychosis, cold preparations, phencyclidine, delusions, hallucinations, and paranoia, DXM

Dextromethorphan in Cough Syrup: The Poor Man's Psychosis

By Bridgette Martinak, Ramy A. Bolis, Jeffrey Ryne
Black, Rachel E. Fargason, Badari Birur

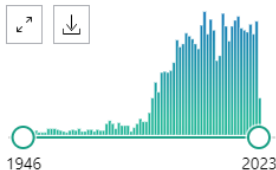
ABSTRACT ~ Dextromethorphan (3-methoxy-N-methylmorphinan), also known as "DXM" and "the poor man's PCP," is a synthetically produced drug that is available in more than 140 over-the-counter cough and cold preparations. Dextromethorphan (DXM) has overtaken codeine as the most widely used cough suppressant due to its availability, efficacy, and safety profile at directed doses. However, DXM is subject to abuse. When consumed at inappropriately high doses (over 1500 mg/day), DXM can induce a state of psychosis characterized by Phencyclidine (PCP)-like psychological symptoms, including delusions, hallucinations, and paranoia. We report a noteworthy case of severe dextromethorphan use disorder with dextromethorphan-induced psychotic disorder in a 40-year-old Caucasian female, whose symptoms remitted only following treatment with a combination of an antipsychotic and mood stabilizer. While some states have begun to limit the quantity of DXM sold or restrict sales to individuals over 18-years of age, there is currently no federal ban or restriction on DXM. Abuse of DXM, a readily available and typically inexpensive agent that is not detected on a standard urine drug screen, may be an under-recognized cause of substance-induced psychosis. It is imperative that clinicians are aware of the potential psychiatric sequelae of recreational DXM use. Psychopharmacology Bulletin. 2017;47(4):59-63.

MY NCBI FILTERS

3,162 results

Page 1 of 317

RESULTS BY YEAR



TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

ARTICLE ATTRIBUTE

- Associated data

ARTICLE TYPE

- Books and Documents
- Clinical Trial
- Meta-Analysis

Dextromethorphan/Bupropion: First Approval.

1 Keam SJ.

Cite CNS Drugs. 2022 Nov;36(11):1229-1238. doi: 10.1007/s40263-022-00968-4.

PMID: 36301443 Review.

Share

An oral, fixed-dose combination of **dextromethorphan** hydrobromide [an uncompetitive N-methyl-D-aspartate (NMDA) receptor antagonist and sigma-1 receptor agonist] and the antidepressant bupropion hydrochloride (an aminoketone and CYP2D6 inhibitor that increases **dextrometh** ...

Efficacy and Safety of AXS-05 (Dextromethorphan-Bupropion) in Patients With Major Depressive Disorder: A Phase 3 Randomized Clinical Trial (GEMINI).

2

Cite Iosifescu DV, Jones A, O'Gorman C, Streicher C, Feliz S, Fava M, Tabuteau H.

J Clin Psychiatry. 2022 May 30;83(4):21m14345. doi: 10.4088/JCP.21m14345.

Share

PMID: 35649167 Free article. Clinical Trial.

Results: A total of 327 patients were randomized: 163 patients to **dextromethorphan**-bupropion and 164 patients to placebo. Mean baseline MADRS total scores were 33.6 and 33.2 in the **dextromethorphan**-bupropion and placebo groups, respectively. ...**Dextromethorphan** ...

Dextromethorphan/Bupropion: A Novel Oral NMDA (N-methyl-d-aspartate) Receptor Antagonist with Multimodal Activity.

3

Cite Stahl SM.

CNS Spectr. 2019 Oct;24(5):461-466. doi: 10.1017/S1092852919001470.

Share

PMID: 31566163 Review.

The recent approval of the NMDA (N-methyl-d-aspartate) antagonist esketamine given intranasally for

Bupropiyon ile kombine preparat

-major depresyon

-Alzheimer ajtasyonları

-Sigara bırakılmasında kullanımı

Kodein

Opiyat türevi antitussif ve analjezik

Doz 30 mg 4-6 saatte bir

Yan etki: Konstipasyon, sedasyon, yüksek dozda solunum depresyonu

Fenokodin® tablet

Dionin, kodein (20 mg)

Geralgine plus® tablet

Parasetamol, kodein (30 mg)

Geralgine-K® tablet / *A-ferin*® kapsül

Parasetamol, kafein ve kodein (10 mg)

Apranax plus® tablet

Naproksen, kodein (30 mg)

Levodropropizin

Periferik etkili antitussif

Opiyat yan etkileri olmaması avantaj

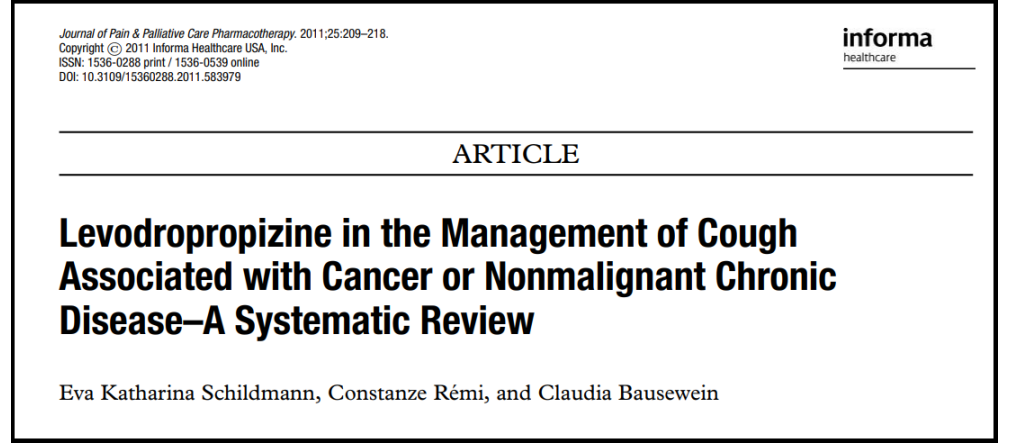
Levosol®

Levopront®

Dropolev®

...

Doz 3x1 ölçek (3x60 mg)



Plaseboya göre daha etkin, opioid antitussiflere benzer etkinlik

Opiyat kullanımına alternatif

Oksolamin

Santral etkili antitussif

ABD de kullanımı yok

Oksabron®

Perebron®

...

The screenshot shows the PubMed search interface for the term "oxolamine". At the top, the NIH National Library of Medicine logo is visible. The search bar contains "oxolamine" and the search button is labeled "Search". Below the search bar, there are options for "Advanced", "Create alert", and "Create RSS". The search results section shows "62 results" in a red box. Below this, there is a "RESULTS BY YEAR" section with a bar chart showing the number of results per year from 1960 to 2023. The chart shows a significant peak in the early 1970s. The first result is highlighted, showing the title "Gender difference in the pharmacokinetic interaction between oral warfarin and oxolamine in rats: inhibition of CYP2B1 by oxolamine in male rats." by Zhu X, Lee DY, Shin WG. The abstract mentions that phenytoin, torasemide, and clarithromycin were administered to male rats with or without oral oxolamine.

Butamirat

Periferik etkili antitussif

ABD de kullanımı yok

Kreval®

Notuss®

Butamcod®

...

NIH National Library of Medicine
National Center for Biotechnology Information

PubMed®

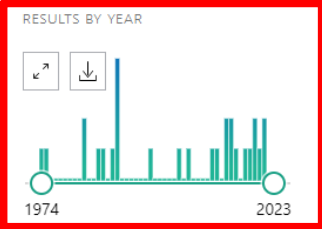
butamirate

Advanced Create alert Create RSS Search User Guide

Save Email Send to Sorted by: Best match Display options

MY NCBI FILTERS 27 results

RESULTS BY YEAR



Year	Number of Results
1974	1
1975	1
1976	1
1977	1
1978	1
1979	1
1980	1
1981	1
1982	1
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2012	1
2013	1
2014	1
2015	1
2016	1
2017	25
2018	1
2019	1
2020	1
2021	1
2022	1
2023	1

1 [Butamirate citrate in control of cough in respiratory tract inflammation].
Plusa T.
Cite Pol Merkur Lekarski. 2017 Aug 21;43(254):69-74.
PMID: 28875973 Review. Polish.
Share Drugs used to treat cough differ in both mechanism of action and pharmacokinetic activity. **Butamirate** citrate belongs to a new class of cough suppressants acting centrally through the receptors in the brainstem. ...An important asset of this group of drugs is peripheral ac ...

Antihistaminikler

Alt solunum yolu patolojilerine sekonder öksürükten ziyade ÜSYE sonrası persistan öksürükte faydalı

Symptoms
Cough

Basics In-depth Resources **Expert Answers**

Products and services

The Mayo Clinic Diet

What is your weight-loss goal?

5 - 10 lbs »

11 - 25 lbs »

25+ lbs »

Is it true that honey calms coughs better than cough medicine does?

Answer From Prithish K. Tosh, M.D.

Drinking tea or warm lemon water mixed with honey is a time-honored way to soothe a sore throat. But honey alone may be an effective cough suppressant, too.

In one study, children ages 1 to 5 with upper respiratory tract infections were given up to 2 teaspoons (10 milliliters) of honey at bedtime. The honey seemed to reduce nighttime coughing and improve sleep.

In fact, in the study, honey appeared to be as effective as a common cough suppressant ingredient, dextromethorphan, in typical over-the-counter doses. Since honey is low-cost and widely available, it might be worth a try.

However, due to the risk of infant botulism, a rare but serious form of food poisoning, never give honey to a child younger than age 1.

And remember: Coughing isn't all bad. It helps clear mucus from your airway. If you or your child is otherwise healthy, there's usually no reason to suppress a cough.

With
Prithish K. Tosh, M.D.



Öksürük uyku kalitesini bozuyorsa

Uyku öncesi 2 çay kaşığı bal uyku kalitesini artırıyor

Cohen HA. Effect of honey on nocturnal cough and sleep quality: a double-blind, randomized, placebo-controlled study. Pediatrics. 2012;130(3):465-71.

N-asetilsistein

Mukolitik ve içerdiği serbest tiyol grupları sebebiyle **antioksidan**

Mukosilyer klirensi artırır

Oral yoldan verildiğinde havayollarında yeterli konsantrasyona ulaşamadığı için etkisi zayıf kalabilir

KOAH hastalarında günlük düzenli kullanım alevlenme riskini azaltıyor*

KOAH alevlenmelerinde faydası gösterilmediği gibi, bronkospazmı artırabileceği için önerilmiyor

Nadiren dispepsi, bulantı gibi yakınmalara yol açabilir

Doz 1200 mg ve üzerinde etkinlik daha belirgin*

Asist®

Mucinac®

Muconex®

Mucoplus®

Mucovit®

Nac®

*Cazzola M. Influence of N-acetylcysteine on chronic bronchitis or COPD exacerbations: a meta-analysis. Eur Respir Rev. 2015

Erdosteine

Mukolitik

Antioksidan

Anti-inflamatuvar

Bakteri adheransını önleyici etki

Antibiyotiğin biyofilm içine etkinliğini artırıcı etki (*S.aureus*)*

Doz: 300 mg günde iki kez

Erdostin®

Evosten®

Drugs (2020) 80:1799–1809
<https://doi.org/10.1007/s40265-020-01412-x>

REVIEW ARTICLE



Multifaceted Beneficial Effects of Erdosteine: More than a Mucolytic Agent

Mario Cazzola¹ · Clive Page² · Paola Rogliani¹ · Luigino Calzetta³ · Maria Gabriella Matera⁴

Declarations

Conflict of interest Mario Cazzola, Paola Rogliani, Luigino Calzetta and Clive Page are consultants to Recipharm, which manufactures erdosteine.

*Pani A. Erdosteine enhances antibiotic activity against bacteria within biofilm. Int J Antimicrob Agents. 2022

Karbosistein

Mukolitik

Mukosilyer aktiviteyi artırır

Antioksidan, antiinflamatuvar ve sitoprotektif etki

Viral ICAM-1 ekspresyonu azaltma, RSV enfeksiyonunda sitokin sentezini azaltma *

Bakteriyel bağlanmayı azaltıcı etki (*M.catarrhalis*, *H.influenzae*, *S.pneumoniae*) **

Bronş sekresyonlarında antibiyotik seviyesini artırıcı etki ***

Doz: Başlangıç 3x750 mg, idame 3x500 mg

Mukotik®

Mukoliz®

*Yasuda H. Carbocysteine inhibits rhinovirus infection in human tracheal epithelial cells. Eur. Respir. J. 2006
Asada M. l-carbocysteine inhibits respiratory syncytial virus infection in human tracheal epithelial cells. Respir. Physiol. Neurobiol. 2012.

**Ndour CT. Modulating effects of mucoregulating drugs on the attachment of Haemophilus influenzae. Microb. Pathog. 2001.
Cakan G. S-carboxymethyl cysteine inhibits the attachment of Streptococcus pneumoniae to human pharyngeal epithelial cells. Microb. Pathog. 2003

***Braga PC. Comparison between penetration of amoxicillin combined with carbocysteine and amoxicillin alone in pathological bronchial secretions and pulmonary tissue. Int. J. Clin. Pharm. Res. 1985



pharmaceutics



Review

Clinical Efficacy of Carbocysteine in COPD: Beyond the Mucolytic Action

Elisabetta Pace ¹, Isa Cerveri ², Donato Lacedonia ³, Gregorino Paone ⁴, Alessandro Sanduzzi Zamparelli ⁵, Rossella Sorbo ⁶, Marcello Allegretti ⁶, Luigi Lanata ⁶ and Francesco Scaglione ^{7,*}

Pharmaceutics 2022, 14, 1261. <https://doi.org/10.3390/pharmaceutics14061261>

Hangisi?

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2020 erdostein, karbosistein ve NAC inhaler KS almayan hastalarda kullanılabilir. KOAH akut alevlenme sıklığını azaltıyorlar.
Ancak rehber ayırım yapmıyor.*

*GOLD. Global strategy for the diagnosis, management and prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD). 2020 report.

Efficacy and safety profile of mucolytic/antioxidant agents in chronic obstructive pulmonary disease: a comparative analysis across erdosteine, carbocysteine, and N-acetylcysteine



Paola Rogliani^{1*}, Maria Gabriella Matera², Clive Page³, Ermanno Puxeddu¹, Mario Cazzola¹ and Luigino Calzetta¹

7 RCT, 2753 KOAH hastası

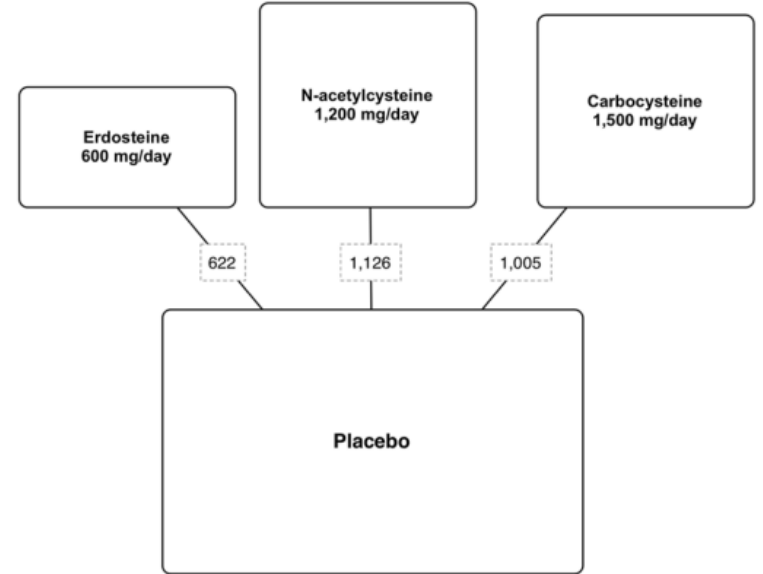
Her biri anlamlı olarak KOAH alevlenme sıklığını azaltıyor

Meta-analiz sonucu etkinlik **erdosteine>karbosistein>NAC** şeklinde

KOAH alevlenme sebebiyle hastane yatış gereğini sadece erdosteine azaltıyor

KOAH alevlenme süresini erdosteine ve NAC azaltıyor, karbosistein için veri yok

Yan etki profillerinde sorun yok



Bromheksin

Ekspektoran

Literatür COVID19 zamanı hareketlenmiş

Yaygın kullanım?

Bromek® tb şurup

Bromeksin® tb şurup

Ambroksol

Bromheksinin aktif metaboliti

Ekspektoran ilaç

Trakeobronşit, bronşektazi, KOAH alevlenme

Doz: 3x 30 mg (1 ölçek)

Sekrol® şurup

Mukoral® şurup

Clinical Trial > BMC Neurol. 2019 Feb 9;19(1):20. doi: 10.1186/s12883-019-1252-3.

Ambroxol as a novel disease-modifying treatment for Parkinson's disease dementia: protocol for a single-centre, randomized, double-blind, placebo-controlled trial

C R A Silveira ^{1 2}, J MacKinley ^{1 2}, K Coleman ^{1 2}, Z Li ^{1 2}, E Finger ^{1 2 3}, R Bartha ^{4 5},

Clinical Trial > JAMA Neurol. 2020 Apr 1;77(4):427-434. doi: 10.1001/jamaneurol.2019.4611.

Ambroxol for the Treatment of Patients With Parkinson Disease With and Without Glucocerebrosidase Gene Mutations: A Nonrandomized, Noncontrolled Trial

Stephen Mullin ^{1 2}, Laura Smith ¹, Katherine Lee ¹, Gayle D'Souza ³, Philip Woodgate ³, Josh Elflein ³, Jenny Hällqvist ⁴, Marco Toffoli ¹, Adam Streeter ⁵, Joanne Hosking ⁵, Wendy E Heywood ⁴, Rajeshree Khengar ³, Philip Campbell ¹, Jason Hehir ⁶, Sarah Cable ¹, Kevin Mills ⁴, Henrik Zetterberg ^{7 8 9 10}, Patricia Limousin ¹, Vincenzo Libri ³, Tom Foltynie ¹, Anthony H V Schapira ¹

Guaifenesin

Balgam ve sekresyonların viskozitesini azaltarak, atılımını kolaylaştırır

Maksimum etkinlik için yeterli hidrasyon sağlanmalıdır.

Kullanımı daha çok **kronik bronşitte**

- mukus sekresyonu artmış ÜSYE ve rinosinüzitte kullanılabileceğine yönelik veri mevcut
- pnömonide kullanımına yönelik veri yok denecek kadar az

Yan etki: Özellikle yüksek dozda, baş ağrısı, baş dönmesi, bulantı, kusma

600 - 1200 mg günlük doz, 4-6 saatlik aralıklarla

Vicks vaposyrup®

Bricanyl duo® (terbutalinle kombine)

Review

The Role of Guaifenesin in the Management of Chronic Mucus Hypersecretion Associated with Stable Chronic Bronchitis: A Comprehensive Review

Jill A. Ohar, MD¹ James F. Donohue, MD² Selwyn Spangenthal, MD³

Albrecht et al. *Multidisciplinary Respiratory Medicine* (2017) 12:31
DOI 10.1186/s40248-017-0113-4

Multidisciplinary
Respiratory Medicine

REVIEW

Open Access

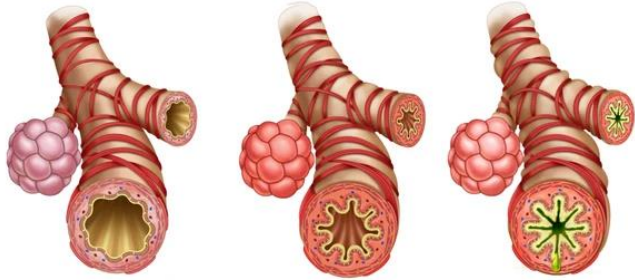
Role of guaifenesin in the management of chronic bronchitis and upper respiratory tract infections



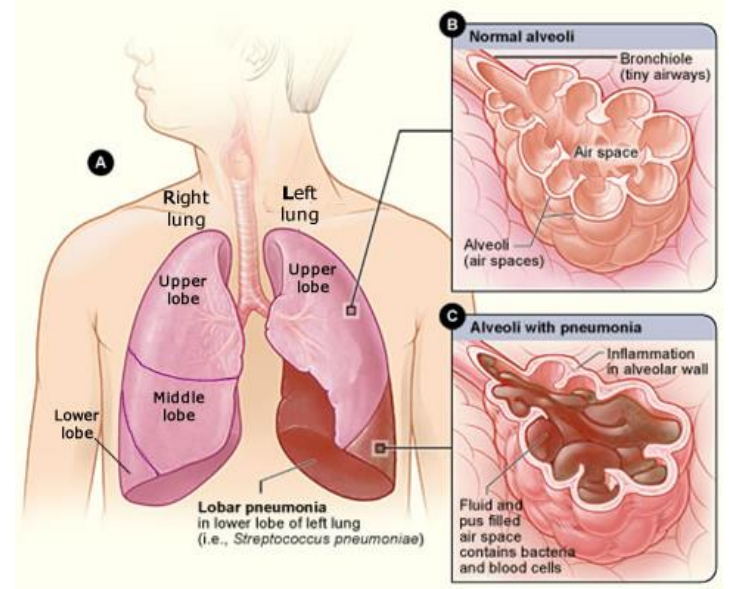
Helmut H. Albrecht¹, Peter V. Dicipingaitis² and Eric P. Guenin^{3*}

NEFES DARLIĞI

Bronkokonstrüksiyon - bronş düz kasındaki kasılma



Havalanacak parankimde inflamatuvar birikim



İnhaler Beta-2 agonist

Katekolamin türevi sempatomimetik

Havayolu düz kas hücreleri beta-2 adrenejik reseptöre bağlanır → cAMP düzeyi artar → Protein kinaz A aktivasyonu → Düz kas gevşemesi (bronkodilatasyon)

Mast hücrelerinden mediatör salınımı engellenmesi? antiinflamatuvar?

Kısa etkili

Salbutamol (albuterol), terbutalin

Uzun etkili

Formoterol, salmeterol, indikaterol

İnhaler Beta-2 agonist

Hızlı etkililer dakikalar içinde etki gösterir, maksimum etki 15-30 dk da, 4-6 saat sürer

Kısa etkili olanlar akut nefes darlığında 1-2 kez alınabilir.

Rahatlama olmadıysa 20 dk ara ile 3 kez kullanım tekrarlanabilir*

Yan etki

- Tremor, taşikardi ilk kullanımlarda sık, ancak hızla tolerans gelişir
- Kullanım miktarı arttıkça astım ağır atak ve astım ilişkili mortalite riski artıyor!**

*Türk Toraks Derneği. Astım Tanı ve Tedavi Rehberi Güncellemesi 2020

**Spitzer WO. The use of beta-agonists and the risk of death and near death from asthma. N Engl J Med. 1992;326(8):501-6

**Suissa S. A cohort analysis of excess mortality in asthma and the use of inhaled beta-agonists. Am J Respir Crit Care Med 1994;149:604-10.

İnhaler Beta-2 agonist

Ölçülü doz inhaler



Kuru toz inhaler



Nebulizer cihazlar



İnhaler antikolinergik ilaçlar

Asetilkolin muskarinik reseptörleri inhibe eder → BRONKODİLATASYON

İpratropium bromür

Tiotropium bromür

Beta-2 agonist yan etkisi varsa alternatif veya beta-2 agonistle kombine kullanım

Yan etki: Ağız kuruluğu, acı tat

Magnezyum sülfat

Kısa etkili inhaler bronkodilatörlere yanıtızs şiddetli KOAH alevlenmelerinde

2 gr - 20 dk infüzyon

Hava yolu düz kas hücrelerine Ca akışını engelleyerek bronkodilatasyon oluşturur

Nebulize verilmesi etkili bulunmamış

Edwards L. Use of nebulised magnesium sulphate as an adjuvant in the treatment of acute exacerbations of COPD in adults: a randomised double-blind placebo-controlled trial. Thorax. 2013

Metilksantinler

IV teofilin - aminofilin belirgin yan etki sebebiyle önerilmiyor !

-Bulantı-kusma, tremor, çarpıntı, aritmi

Barr RG, Rowe BH, Camargo CA, Jr. Methylxanthines for exacerbations of chronic obstructive pulmonary disease: metaanalysis of randomised trials. *BMJ* 2003; 327(7416): 643

Duffy N, Walker P, Diamantea F, Calverley PM, Davies L. Intravenous aminophylline in patients admitted to hospital with non-acidotic exacerbations of chronic obstructive pulmonary disease: a prospective randomised controlled trial. *Thorax* 2005; 60(9): 713-7

TATD/TTD. KOAH alevlenmesi yönetimi 2021. Klinik Uygulama Rehberi.



CORTICOSTEROIDS

KAR

İnflamatuvar yanıtın azaltılması?

Bronkodilatasyon?

Mineralokortikoid etki?

ZARAR

İmmunosupresyon

Hiperglisemi Hipertansiyon Adrenal yetmezlik

Venöz tromboemboli

Kemik metabolizması - Osteoporoz, Avasküler nekroz

Psikiyatrik - Depresyon, psikoz...



Erişkinlerde Toplumda Gelişen Pnömoniler Tanı ve Tedavi Uzlaşı Raporu

2021

“pnömoninin ayaktan veya hastaneye yatırılarak tedavisinde kortikosteroidlerin ve diğer ajanların rutin olarak eklenmeleri önerilmemektedir”

TTD bu uzlaşı raporunu AHEF, EKMUD, KLİMİK, KLİMUD ve TİHUD derneklerinin katılım ve katkılarıyla hazırlamıştır

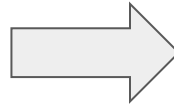
AMERICAN THORACIC SOCIETY DOCUMENTS

Diagnosis and Treatment of Adults with Community-acquired Pneumonia

An Official Clinical Practice Guideline of the American Thoracic Society and Infectious Diseases Society of America

© Joshua P. Metlay*, Grant W. Waterer*, Ann C. Long, Antonio Anzueto, Jan Brozek, Kristina Crothers, Laura A. Cooley, Nathan C. Dean, Michael J. Fine, Scott A. Flanders, Marie R. Griffin, Mark L. Metersky, Daniel M. Musher, Marcos I. Restrepo, and Cynthia G. Whitney; on behalf of the American Thoracic Society and Infectious Diseases Society of America

THIS OFFICIAL CLINICAL PRACTICE GUIDELINE WAS APPROVED BY THE AMERICAN THORACIC SOCIETY MAY 2019 AND THE INFECTIOUS DISEASES SOCIETY OF AMERICA AUGUST 2019



Question 12: In the Inpatient Setting, Should Adults with CAP Be Treated with Corticosteroids?

Recommendation. We recommend not routinely using corticosteroids in adults with nonsevere CAP (strong recommendation, high quality of evidence).

We suggest not routinely using corticosteroids in adults with severe CAP (conditional recommendation, moderate quality of evidence).

We suggest not routinely using corticosteroids in adults with severe influenza pneumonia (conditional recommendation, low quality of evidence).

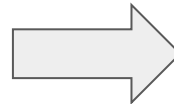
We endorse the Surviving Sepsis Campaign recommendations on the use of corticosteroids in patients with CAP and refractory septic shock (169).

Clinical Infectious Diseases

IDSA GUIDELINE



Management of Adults With Hospital-acquired and Ventilator-associated Pneumonia: 2016 Clinical Practice Guidelines by the Infectious Diseases Society of America and the American Thoracic Society



NO COMMENT

Effectiveness of a Bundled Intervention Including Adjunctive Corticosteroids on Outcomes of Hospitalized Patients With Community-Acquired Pneumonia

A Stepped-Wedge Randomized Clinical Trial

Melanie Lloyd, MPhySt; Amalia Karahalios, PhD; Edward Janus, MD, PhD; Elizabeth H. Skinner, PhD; Terry Haines, PhD; Anurika De Silva, PhD; Stephanie Lowe, MPH; Melina Shackell, BPhy; Soe Ko, MBBS; Lucy Desmond, MD; Harin Karunajeewa, MBBS, PhD; for the Improving Evidence-Based Treatment Gaps and Outcomes in Community-Acquired Pneumonia (IMPROVE-GAP) Implementation Team at Western Health

JAMA Intern Med. doi:10.1001/jamainternmed.2019.1438
Published online July 8, 2019.

816 hastanede yatan TKP hastası


Müdahale 50 mg/gün prednizolon 7 gün

yatış süresi, mortalite, yeniden başvuru arasında fark yok

GİS kanama steroid kullanan grupta fazla

Low-dose methylprednisolone treatment in critically ill patients with severe community-acquired pneumonia



G. Umberto Meduri^{1,2*} , Mei-Chiung Shih^{3,4}, Lisa Bridges^{1,2}, Thomas J. Martin^{5,6,7}, Ali El-Solh^{8,9}, Nitin Seam¹⁰, Anne Davis-Karim¹¹, Reba Umberger², Antonio Anzueto^{12,13}, Peruvemba Sriram¹⁴, Charlie Lan¹⁵, Marcos I. Restrepo^{12,13}, Juan J. Guardiola^{16,17}, Teresa Buck¹⁸, David P. Johnson¹⁸, Anthony Suffredini¹⁰, W. Andrew Bell¹⁹, Julia Lin³, Lan Zhao³, Lauren Uyeda³, Lori Nielsen³ and Grant D. Huang²⁰ on behalf of the ESCAPE Study Group

YBÜ ihtiyacı gereken 584 şiddetli TKP hastası

40mg/gün metilprednizolon 7 gün

60 günlük mortalitede fark yok (%16 vs. %18)

ARDS gelişmesinde fark yok, yeniden başvuruda fark yok, takipte 1 yıllık izlemde mortalitede fark yok

Hydrocortisone in Severe Community-Acquired Pneumonia

Pierre-François Dequin, M.D., Ph.D., Ferhat Meziani, M.D., Ph.D., Jean-Pierre Quenot, M.D., Ph.D., Toufik Kamel, M.D., Jean-Damien Ricard, M.D., Ph.D., Julio Badie, M.D., Jean Reignier, M.D., Ph.D., Nicholas Heming, M.D., Ph.D., Gaëtan Planteffève, M.D., Bertrand Souweine, M.D., Ph.D., Guillaume Voiriot, M.D., Ph.D., Gwenhaël Colin, M.D., [et al.](#), for the CRICS-TriGGERSep Network*

March 21, 2023

DOI: 10.1056/NEJMoa2215145

Faz 3, çok merkezli, çift-kör RCT

Yoğun bakım ihtiyacı gelişen şiddetli toplum kökenli pnömoniler

antibiyotik, standart destek tüm hastalara

200 mg hidrokortizon 4-8 gün vs plasebo

28 günlük mortalite hidrokortizon grubunda daha az

Entübasyon gereği, vazopressör tedavi gereği daha az

Ne zaman kullanalım?

ONLINE SPECIAL ARTICLE

Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2021

ADDITIONAL THERAPIES

Corticosteroids

Recommendation

58. For adults with septic shock and an ongoing requirement for vasopressor therapy we **suggest** using IV corticosteroids.

Weak recommendation; moderate quality of evidence.

Remarks:

The typical corticosteroid used in adults with septic shock is IV hydrocortisone at a dose of 200 mg/d given as 50 mg intravenously every 6 hours or as a continuous infusion. It is suggested that this is commenced at a dose of norepinephrine or epinephrine ≥ 0.25 mcg/kg/min at least 4 hours after initiation.

Refrakter septik şok

GUIDELINES

ERS/ESICM/ESCMID/ALAT guidelines for the management of severe community-acquired pneumonia



Ignacio Martin-Loeches^{1,2,3,4*}, Antoni Torres^{3,4}, Blin Nagavci⁵, Stefano Aliberti^{6,7}, Massimo Antonelli⁸, Matteo Bassetti⁹, Lieuwe Bos¹⁰, James Chalmers¹¹, Lennie Derde¹², Jan de Waele¹³, Jose Garnacho-Montero¹⁴, Marin Kollef¹⁵, Carlos Luna¹⁶, Rosario Menendez¹⁷, Michael Niederman¹⁷, Dmitry Ponomarev^{18,19}, Marcos Restrepo²⁰, David Rigau²¹, Marcus Schultz^{10,22,23}, Emmanuele Weiss²⁴, Tobias Welte²⁵ and Richard Wunderink²⁶

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04.04.2023

Question 6: Does the addition of steroids to antibiotic therapy in specific sCAP populations lead to better outcomes in comparison to when steroid therapy is not used?

Recommendation

In patients with sCAP, we **suggest** the use of corticosteroids if shock is present.
Conditional recommendation, low quality of evidence.

Remarks: Based on common exclusion criteria from clinical trials, this recommendation does not apply to patients with viral sCAP (influenza, SARS, and MERS), uncontrolled diabetes and corticosteroid treatment for other reasons. When corticosteroid therapy is considered, methylprednisolone (0.5 mg·kg⁻¹ every 12 h for 5 days) is a reasonable option.

KOAH alevlenmesi

Kortikosteroidler

- İyileşme süresi,
- Akciğer fonksiyonu (FEV1),
- Oksijenizasyon,
- Erken dönem relaps,
- Tedavi başarısızlığı üzerine olumlu etki gösteriyor.

Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for the Diagnosis, Management and Prevention of Chronic Obstructive Pulmonary Disease: 2023 Report.

KOAH alevlenmesi - ayaktan hasta

KOAH alevlenmesi sebebiyle günlük aktiviteleri kısıtlıyor ancak hastane yatış gereği yoksa

Oral **prednizon 40 mg eşdeğeri** 5-14 gün kullanılabilir



Global Initiative for Chronic Obstructive Lung Disease (GOLD).
Global Strategy for the Diagnosis, Management and Prevention of
Chronic Obstructive Pulmonary Disease: 2023 Report.

Wedzicha JA. Management of COPD exacerbations: a European Respiratory
Society/American Thoracic Society guideline. Eur Respir J. 2017

Daha uzun tedavinin ek katkısı yok

Bu sürelerde kullanımda adrenal yetmezlik açısından doz azaltımı gerekli değil

- Hidrokortizon
- Prednizon
- Prednizolon
- Metilprednizol
- Deksametazon

Steroid Conversion Calculator ☆

Converts steroid dosages using dosing equivalencies.

INSTRUCTIONS

These dose relationships only apply to oral or IV administration. Glucocorticoid potencies may differ greatly following intramuscular or intra-articular administration.

When to Use ▼ Pearls/Pitfalls ▼ Why Use ▼

Converting From:

- Betamethasone (IV)
- Cortisone (PO)
- Dexamethasone (IV or PO)
- Hydrocortisone (IV or PO)
- MethylPrednisolONE (IV or PO)
- PrednisolONE (PO)
- PredniSONE (PO)
- Triamcinolone (IV)

Drug Dosage in mg

Norm: 0 - 0 mg

Converting To:

- Betamethasone (IV)
- Cortisone (PO)
- Dexamethasone (IV or PO)
- Hydrocortisone (IV or PO)
- MethylPrednisolONE (IV or PO)
- PrednisolONE (PO)
- PredniSONE (PO)
- Triamcinolone (IV)

Result:

Please fill out required fields.

About the Creator



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Nadia Awad, PharmD

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- [Basal Energy Expenditure](#)

Content Contributors

- Bryan D. Hayes, PharmD

KOAH alevlenmesi

Düşük kan **eozinofil** seviyesinin, kortikosteroid tedavi etkinliğinde azalma gösterdiğine dair çalışmalar mevcut

Articles 

Eosinophil-guided corticosteroid therapy in patients admitted to hospital with COPD exacerbation (CORTICO-COP): a multicentre, randomised, controlled, open-label, non-inferiority trial



Pradeesh Sivapalan, Therese S Lapperre, Julie Janner, Rasmus R Laub, Mia Moberg, Charlotte S Bech, Josefin Eklof, Freja S Holm, Karin Amrbruster, Pralene Sivapalan, Christiane Mosbech, Aras K M Ali, Niels Seersholm, Jon T Wilcke, Eva Brandum, Tine P Sonne, Finn Ranholt, Helle F Andreassen, Charlotte S Ulrik, Jørgen Vestbo, Jens-Ulrik S Jensen

Lancet Respir Med 2019; 7: 699-709
Published Online
May 20, 2019

Blood Eosinophils to Direct Corticosteroid Treatment of Exacerbations of Chronic Obstructive Pulmonary Disease
A Randomized Placebo-Controlled Trial

Mona Bafadhel¹, Susan McKenna¹, Sarah Terry¹, Vijay Mistry¹, Mitesh Pancholi¹, Per Venge², David A. Lomas³, Michael R. Barer¹, Sebastian L. Johnston⁴, Ian D. Pavord¹, and Christopher E. Brightling¹

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Am J Respir Crit Care Med Vol 186, Iss. 1, pp 48-55, Jul 1, 2012
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Eozinofil sayısı ?
En az $0,3 \times 10^9$ /L
%2 üzerinde



Tedavi süresini belirlemede kullanılabileceğine dair görüşler mevcut

Sivapalan P. Eosinophil-guided corticosteroid therapy in patients admitted to hospital with COPD exacerbation (CORTICO-COP): a multicentre, randomised, controlled, open-label, non-inferiority trial. Lancet Respir Med. 2019

KOAH alevlenmesi - inhaler KS

Pulmicort / Cortair / Budecort / Inflacort ...
0,25 mg/ml - 0,5 mg/ml 2 ml amp

Budesonid

Yüksek dozda (4-8 mg/g), sistemik steroide benzer etkinlik gösterdiğine ait veriler mevcut

Respiratory Research



Research

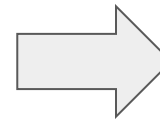
Open Access

Budesonide/formoterol as effective as prednisolone plus formoterol in acute exacerbations of COPD A double-blind, randomised, non-inferiority, parallel-group, multicentre study

Björn Stållberg¹, Olof Selroos^{*2}, Claus Vogelmeier³, Eva Andersson⁴, Tommy Ekström⁴ and Kjell Larsson⁵

Published: 19 February 2009

Respiratory Research 2009, 10:11 doi:10.1186/1465-9921-10-11




Budesonid/formoterol
vs.
Prednizon 30 mg +
formoterol

Non-inferior bulunmuş


KOAH alevlenmesi - inhaler KS

Respiratory Medicine 121 (2016) 39–47


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 **Respiratory Medicine**

journal homepage: www.elsevier.com/locate/rmed



A randomized, controlled multicentric study of inhaled budesonide and intravenous methylprednisolone in the treatment on acute exacerbation of chronic obstructive pulmonary disease



Zhen Ding ^{a,1}, Xiu Li ^{a,*,1}, Youjin Lu ^{b,1}, Guangsheng Rong ^{c,1}, Ruiqing Yang ^{d,1}, Ruixia Zhang ^{e,1}, Guiqin Wang ^{f,1}, Xiqiang Wei ^{g,1}, Yongqing Ye ^{h,1}, Zhaoxia Qian ^{i,1}, Hongyan Liu ^b, Daifeng Zhu ^c, Ruiqing Zhou ^d, Kun Zhu ^e, Rongping Ni ^f, Kui Xia ^g, Nan Luo ^h, Cong Pei ^j

İnhaler budesonid 3x2mg, IV metilprednizolon 40 mg ile karşılaştırılmış

Semptomlar, pulmoner fonksiyon, arter kan gazı analizi iki grup arasında benzer düzeyde iyileşme

İnhaler tedavi grubunda advers olay daha az

Hastanede tedavi gerektiren KOAH akut alevlenmelerinde systemik KS öneriliyor

Oral or IV Prednisolone in the Treatment of COPD Exacerbations*

A Randomized, Controlled, Double-blind Study

Ynze P. de Jong, MD; Steven M. Uil, MSc; Hans P. Grotjohan, MD, PhD;
Dirkje S. Postma, MD, PhD; Huib A.M. Kerstjens, MD, PhD; and
Jan W.K. van den Berg, MD, PhD, FCCP

Background: Treatment with systemic corticosteroids for exacerbations of COPD results in improvement in clinical outcomes. On hospitalization, corticosteroids are generally administered IV. It has not been established whether oral administration is equally effective. We conducted a study to demonstrate that therapy with oral prednisolone was not inferior to therapy with IV prednisolone using a double-blind, double-dummy design.

Methods: Patients hospitalized for an exacerbation of COPD were randomized to receive 5 days of therapy with prednisolone, 60 mg IV or orally. Treatment failure, the primary outcome, was defined as death, admission to the ICU, readmission to the ICU because of COPD, or the intensification of pharmacologic therapy during a 90-day follow-up period.

Results: A total of 435 patients were referred for a COPD exacerbation warranting hospitalization; 107 patients were randomized to receive IV therapy, and 103 to receive oral therapy. Overall treatment failure within 90 days was similar, as follows: IV prednisolone, 61.7%; oral prednisolone, 56.3% (one-sided lower bound of the 95% confidence interval [CI], -5.8%). There were also no differences in early (*ie*, within 2 weeks) treatment failure (17.8% and 18.4%, respectively; one-sided lower bound of the 95% CI, -9.4%), late (*ie*, after 2 weeks) treatment failure (54.0% and 47.0%, respectively; one-sided lower bound of the 95% CI, -5.6%), and mean (\pm SD) length of hospital stay (11.9 ± 8.6 and 11.2 ± 6.7 days, respectively). Over 1 week, clinically relevant improvements were found in spirometry and health-related quality of life, without significant differences between the two treatment groups.

Conclusion: Therapy with oral prednisolone is not inferior to IV treatment in the first 90 days after starting therapy. We suggest that the oral route is preferable in the treatment of COPD exacerbations.

Trial registration: Clinicaltrials.gov Identifier: NCT00311961.

(*CHEST* 2007; 132:1741-1747)

Key words: COPD; exacerbation; IV prednisolone; oral prednisolone

Abbreviations: CCQ = Clinical COPD Questionnaire; CI = confidence interval; GOLD = Global Initiative for Chronic Obstructive Lung Disease; MCID = minimal clinically important difference; SGRQ = St. George Respiratory Questionnaire

Oral vs IV

KOAH alevlenme

Yatan hastalar (210 hasta randomize)

IV / PO 60 mg prednizolon 5 gün

- Tedavi başarısızlığı,
- ölüm,
- YBÜ yatışı,
- 90 günlük dönemde tedavide yoğunlaştırma açısından fark yok

non-inferior bulunmuş

KOAH alevlenmesi - KS doz

Kortikosteroid doz konusunda kesinlik yok

Çeşitli çalışmalarda önerilen doz aralıkları alevlenmenin şiddetine göre;

- Prednizon 30 - 60 mg 1 kezden
- Metilprednizolon 60 - 125 mg 2-4 keze kadar değişiyor

NONFARMAKOLOJİK TEDAVİ

SİGARANIN BIRAKILMASI VE ÇEVRESEL TÜTÜN DUMANI MARUZİYETİNDEN KAÇINMA

- Diğer zararlı etkilerine ek olarak gebelikte annenin sigara içmesi çocuklarda astım ve alt solunum yolu enfeksiyonu riskini artırır.
- Astımlı hasta sigara dumanına maruz kaldığında hastaneye yatış riski artar ve astım kontrolü bozulur. Aktif sigara içiciliği de astımdan ölüm riskini artırabilir, solunum fonksiyonlarındaki azalma KOAH'a yol açabilir, inhale ve oral kortikosteroidlerin etkinliği azalır (1).



**STOP
THE OVERUSE OF
ANTIBIOTICS**

Teşekkürler