

Manage peptic ulcer

1. Antacids

1st line. Neutralize acid & raise gastric pH.

Uses: PU, gastritis, reflux esophagitis

Rapid acting: MgOH, MgO & CaCO₃

Intermediate acting: Magalderate & MgCO₃

Slow acting: Mg silicate & Al compounds.

CaCO₃: non-systemic Ca that causes **acid rebound**.

Bismuth subsalicylates:

MOA: glycoprotein-bismuth complex with mucus (protective barrier)

Stimulates epidermal growth factor which enhances ulcer healing.

NaHCO₃: systemic antacid.

Gastric antacid mixtures benefits:

1. combine rapid & slow acting components to get rapid onset with sustained action.
2. Decreases dose and SE of single agents
3. Use agents that antagonize each other.

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2. H₂ receptor antagonist

MOA: inhibits acid and gastrin stimulated secretions.

Cimetidine

has many SE: impotence, gynecomastia, headache, diarrhea, muscle pain, short acting and CYP 450 inhibitor (D-D interactions)

Ranitidine

more potent than cimetidine.

has furan ring.

Famotidine-Nizatidine-Roxatidine

Endogenous substances stimulating gastric acid secretion: ACh-Gastrin-Histamine-Calcium

Uses of H₂RB:

1. PU
2. Benign gastric ulcer
3. Reflux esophagitis
4. Hypersecretory conditions.

Manage peptic ulcer 3. PPI

Omeprazole

Lansoprazole

Esomeprazole

Enteric-coated granules.

S-enantiomer of omeprazole. found in racemic omeprazole.

ttt of gastric & duodenal ulcers.

More active due decreased interindividual variation in bioavailability.

Prodrugs.

Irreversibly (covalently) inhibit the proton pump (H/K ATPase) which stops proton pumping into gastric lumen.

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4. Sucralfate (chemical complex)	5. Prostaglandins cytoprotective drugs
Adjuvant therapy with only local action in GIT.	Inhibit gastric acid & pepsin secretions.
MOA: forms a protective barrier around ulcer site.	Misoprostil Semisynthetic deriv. from PGE1 , but more stable & selective due to 16-methyl and 16-hydroxy gp.
	- increase GI mucus and bicarbonates.
	- Used with NSAIDs for gastric and duodenal ulcer ttt.
	Misoprostol anti-secretory & cytoprotective.



By **sam219**
cheatography.com/sam219/

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 Page 1 of 4.

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Laxatives

Stimulant laxatives	Saline laxatives	Bulk-forming laxatives	Fecal softners
Increase peristalsis & effect on water reabsorption and secretion.	Mg, sulfates, phosphates and tartrates salts. -Mg citrate-Mg sulfate-Dibasic sodium phosphate.	Polysaccharides that are only partially hydrolyzed. (Plantago seed, Polycarbophil)	Surfactants or wetting agents. (Docusate sodium)
Anthraquinone laxatives: Senna, Cascara	MOA: (work by hyperosmolarity) Cations and anions that are not absorbed from GIT and in a hypertonic solution, draw water from tissue into intestine-> peristalsis-> watery stool.	MOA: The undigested portions of the polymer are hydrophilic, so they swell and form a viscous solution or gel-> peristalsis-> soft gelatinous stool	Non-absorbable & non-toxic.
Diphenylmethane: Bisacodyl, phenolphthalein			MOA: lower surface tension of stool to allow intestinal fluid penetration--> soft stool. uses: for geriatrics.

Anti-diarrheal agents

Loperamide HCl	Diphenoxylate HCl
Synthetic .	Synthetic congener of meperidine (opioid analog).
For acute non-specific diarrhea.	Slows intestinal motility.
MOA: works on opioid receptors	
Uses: travellers diarrhea.	

Antiemetics

Anti-psychotics	Antihistamines	Anticholinergics	Cannabinoids (THC)	Metoclopramide blocks D receptor of CTZ.	Domperidone increases gastric motility which decreases nausea.
Phenthiazines & butyrophenones	Diphenhydramine	combined with scopolamine and amphetamine.	Dronabinol	Diphenidol Depresses vestibular apparatus.	Ondansetron 5-HT3 antagonist. used for CINV.
Act on CTZ.	treat motion and morning sickness.	Treat motion sickness.	for N/V in cancer chemotherapy.		



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Adsorbants

Activated charcoal	Kaolin	Pectin
Treated residue to increase adsorptive power.	hydrated aluminium silicate	Natural purified carbohydrate. Consists of partially methoxylated polygalacturonic acid.
Uses: Antiflatulence and antidote	Alone or a mixture with pectin.	Uses: protectant agent for diarrhea in infants and children
Uses: for food poisoning diarrhoea or dysentery.		
Inert powders that adsorb gas, toxins & bacteria.		

Miscellaneous GI compounds

Cholestyramine resin	Lactulose	Simethicone
Strong basic anion exchange resin with styrene-divinyl benzene copolymer with a quaternary ammonium.	Syrup to reduce blood ammonia levels.	Mix of fully methylated linear siloxane polymer of repeating units.
MOA: Bile acid sequesterant.	MOA: its poorly absorbed and converted in GIT into acids that neutralize ammonia.	Uses: antifoaming agent for distention, anti-spasmodic, antiflatulence (for kids).
Chelating agent so D-D interactions occur and affects ADEK vit. absorption.	Uses: Laxative, Portal-systemic encephalopathy.	
Uses: high cholesterol management		

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