



Exercises

Therapeutics 2



Case I:

A 42-year-old woman is on long-term treatment with azathioprine 100 mg p.o. daily (q.d) and bendroflumethiazide 2.5 mg p.o. daily. The latter was discontinued after an episode of gout but she had three further episodes over the following year. Her doctor considers prescribing allopurinol as prophylaxis. Is this likely to cause a clinically significant interaction?



Case 2:

Mr KM is a fairly active 69-year-old. He has regularly presented his repeat prescription for atenolol 50 mg p.o. daily, aspirin 75 mg p.o. daily and simvastatin 40 mg p.o. noct daily to the same community pharmacy for several years. Last month diltiazem SR 60 mg b.i.d was added, as he had been getting increasing angina symptoms. He asks for a topical product to treat neck pain, which has developed in the last few days which he puts down to a 'frozen shoulder'.

Why did these symptoms develop? What is your advice



Case 3:

A 55-year-old woman of African Caribbean origin is found to have consistently elevated blood pressure over several weeks, her lowest reading being 155/98 mmHg. She is overweight and has diabetes, and is being treated with metformin. Her renal function and urinalysis are both normal.

If her hypertension was treated with drugs, which agents offer particular advantages, and which should be avoided?



Case 4:

Mr TP is a 58-year-old man who has been on methotrexate 20 mg weekly for the last 2 years for rheumatoid arthritis. He has been taking more regular NSAIDs and analgesia in the last month for pain relief.

Questions

I. How would you advise Mr TP about monitoring his treatment with methotrexate and about taking NSAIDs?