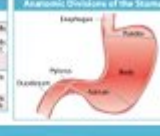


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# MemoCharts Pharmacology: Drug Therapy For Peptic Ulcers (Review Chart) (Paperback)

MemoCharts <sup>®</sup> Pharmacology An integrated approach			
DRUG THERAPY FOR PEPTIC ULCERS Howard Shen, MD, PhD			
<b>General Principles of Gastric Acid Secretion</b> Gastric acid secretion is controlled by a complex system of neural, hormonal, and paracrine factors. The primary stimulus for gastric acid secretion is the presence of food in the stomach, which triggers a series of events leading to the release of histamine from enterochromaffin-like (ECL) cells, which then stimulates the release of histamine from parietal cells, leading to the secretion of gastric acid.		<b>Anatomical Overview of the Stomach</b> 	
<b>Classification of Peptic Ulcers</b> Peptic ulcers are classified into two main types: gastric ulcers and duodenal ulcers. Gastric ulcers are located on the stomach wall, while duodenal ulcers are located in the first part of the small intestine (duodenum).		<b>Drug Therapy</b> The primary goal of drug therapy for peptic ulcers is to reduce gastric acid secretion, allowing the ulcer to heal. The most commonly used drugs are proton pump inhibitors (PPIs), H2-receptor antagonists, and antacids.	
Classification	Pharmacology	Therapeutic Indications	Drug Therapy
<b>Proton Pump Inhibitors (PPIs)</b> PPIs are the most potent and effective drugs for the treatment of peptic ulcers. They work by irreversibly inhibiting the H <sup>+</sup> /K <sup>+</sup> ATPase pump on the apical surface of parietal cells, which prevents the secretion of gastric acid.	<b>Histamine H<sub>2</sub>-Receptor Antagonists</b> H <sub>2</sub> -RAs are reversible inhibitors of the histamine H <sub>2</sub> receptor on parietal cells, which reduces the stimulation of gastric acid secretion.	<b>Gastric and duodenal ulcers</b> <b>Prevention of NSAID-induced ulcers</b> <b>Heartburn and acid reflux</b> <b>Prevention of ulcer recurrence</b>	<b>Antacids</b> Antacids provide rapid, temporary relief of symptoms by neutralizing gastric acid. They are most effective when taken on an empty stomach.
Drug Used in Peptic Ulcers	Mechanism of Action	Clinical Applications	Major Side Effects
<b>1. PPIs</b> (e.g., omeprazole, lansoprazole, pantoprazole, rabeprazole, esomeprazole)	Irreversible inhibition of the H <sup>+</sup> /K <sup>+</sup> ATPase pump on the apical surface of parietal cells, leading to a profound and sustained reduction in gastric acid secretion.	Treatment of gastric and duodenal ulcers Prevention of NSAID-induced ulcers Heartburn and acid reflux	Headache, diarrhea, nausea, constipation, abdominal pain, dizziness, fatigue, rash, and, rarely, liver dysfunction.
<b>2. H<sub>2</sub>-RAs</b> (e.g., ranitidine, famotidine, nizatidine, cimetidine)	Reversible inhibition of the histamine H <sub>2</sub> receptor on parietal cells, leading to a moderate reduction in gastric acid secretion.	Treatment of gastric and duodenal ulcers Prevention of NSAID-induced ulcers	Headache, dizziness, constipation, and, rarely, liver dysfunction.
<b>3. Antacids</b> (e.g., calcium hydroxide, magnesium hydroxide, aluminum hydroxide)	Neutralization of gastric acid by the formation of water and a salt.	Rapid relief of heartburn and acid reflux Symptomatic treatment of peptic ulcers	Constipation (aluminum hydroxide), diarrhea (magnesium hydroxide), and, rarely, alkalosis.
<b>4. Sucralfate</b> (e.g., Sucralfate)	Formation of a protective barrier over the ulcer site, which prevents further damage and promotes healing.	Treatment of gastric and duodenal ulcers	Constipation, headache, and, rarely, liver dysfunction.
<b>5. Misoprostol</b> (e.g., Misoprostol)	Inhibition of gastric acid secretion and stimulation of gastric mucosal blood flow, which promotes healing.	Prevention of NSAID-induced ulcers	Abortion, uterine cramps, and, rarely, liver dysfunction.
<b>6. Bismuth Compounds</b> (e.g., bismuth subcitrate, bismuth subsalicylate)	Formation of a protective barrier over the ulcer site, which prevents further damage and promotes healing.	Treatment of gastric and duodenal ulcers	Constipation, headache, and, rarely, liver dysfunction.
<b>7. Prostaglandin Synthetase Inhibitors (NSAIDs)</b> (e.g., aspirin, ibuprofen, naproxen)	Inhibition of prostaglandin synthesis, which leads to a reduction in gastric mucosal blood flow and increased risk of ulcer formation.	Pain relief, anti-inflammatory effects	Stomach ulcers, bleeding, and, rarely, liver dysfunction.



## Synopsis

An integrated mini review of the drug therapy for peptic ulcers, illustrated with visually appealing tables and diagrams. A quick visual aide for the course study and board review

## Book Information

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Im sure this is helpful to the medical profession. I bought for my dad as a quick reference and it only contains medical terms. Hard to understand.

Nice cards

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