

A random collection of Pharmacology Snippets

- Compiled by @DrLindaDykes
- Several of these snippets were gleaned from #MedTwitter and other clinician communities on social media: thank you!

Tranexamic Acid

UK Emergency Physicians love TXA - how many of us were devastated by the (negative) results of the HALT-IT trial? However, specialty colleagues use it too... and not necessarily those you'd expect.

TXA can be used in the long-term management of **angioedema** (particularly "those without wheals") although the jury is still out on TXA's role in acute management. It's also used to treat **melasma** and other hyperpigmentation conditions!

Unintended consequences!

Scopolamine patches - most often used for travel sickness, but sometimes off-label for severe nausea and vomiting for other cases - are placed behind the ear. They can cause **unilateral mydriasis**.

Proton Pump Inhibitors can cause positive leukocyte esterase on urine dips (though I'm struggling to clarify if this is a false positive, or a true sterile pyuria - anyone know?)

Palliative Care Pearls

Methadone often works in **pancreatic cancer pain**, because it's often accompanied by celiac plexus invasion, producing a neuropathic component that methadone tackles better than other opioids... it's often useful combined with steroids¹.

Fentanyl patches and Fever are not a good combination - increased blood flow to the skin leads to increase absorption and can lead to toxicity and respiratory depression (local warmth, such as hot water bottles, can have same effect). This is particularly problematic in patients with cyclical pyrexia secondary to underlying malignancy².

Manky mouth? Chlorhexidine binds to nystatin, causing both agents to become inactive. So if using chlorhexidine mouthwash for oral thrush, either use it 30 minutes before nystatin suspension, or use a different anti-fungal... miconazole is first-line, with systemic fluconazole recommended in more severe cases³.

Old favourites get the boot...

Ah, **Actrapid**. How we loved every 6 units of you as junior docs covering the wards in the olden days. However, Actrapid has fallen out of favour and is no longer used in many places: multiple doses cause stacking and can result in hypoglycaemia. **Rapid-acting analogues (Novorapid/Humalog)** are increasingly used instead⁴.

Meanwhile, **hyaluronidase** tends to get wheeled out when something nasty has extravasated from a venous access device. However, you *don't* need it for extravasation of the radiological contrast media typically used these days. Elevation and ice-packs are in, heat/massage/manual expression or aspiration of the fluid are all out.

Random drug side effect of the season

Neratinib (a protein kinase inhibitor, used with capecitabine to treat some hormone receptor-positive breast cancers) can cause paronychia.



