Drug Intoxication & Detoxication: Novel Approaches

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Drug Target Interaction Prediction Methods : A Retrospective Study

Reza Hassanzadeh*

Department of Drugs and Narcotics, University of Mohaghegh, Iran

INTRODUCTION

Patients with comorbidities are helpless in the face of coronavirus-induced illness and mortality. Therefore, many patients with coronavirus face a situation where different drugs are treated with hydroxychloroquine at the same time. Not rated by the lack of fair evidence on the risk of prolongation caused prompts two physicians and administrators to make correct coronavirus treatment decisions. Considering her game of prolongation with DDI in terms of verifiable information requires many Electro Cardiogram (ECG) results and drug records. Medication information is typically disclosed in Electronic Medical Records (EMRs), but the removal of stretch data from ECG results stored in clinical data frames presents a barrier to conducting large-scale studies using ECG information. In recent years, serious efforts have been made to collect compact ECG results from hospitalized and short-term patients. In this data set, her ECG boundaries such as the segments have been removed from the raw her ECG signal. ECG datasets allowed us to conduct a review to provide direct evidence of DDI-induced QT prolongation of hydroxychloroquine and other concomitant medications.

DESCRIPTION

EMRs obtained in a tertiary care clinic were used to examine the DDIs of hydroxychloroquine and 118 drugs. Large DDIs were observed for 12 drugs. Among them, piperacillin/tazobactam, clarithromycin, and furosemide showed concordance between individual treatments and QT prolongation, and DDI towards increased risk of QT prolongation was also observed. Nonetheless, although the probability of QT prolongation for individual drugs was not very high, the DDI compared eight drugs trimebutine, tramadol, rosuvastatin, cyclosporine, sulfasalazine, rofecoxib, diltiazem, and isoniazid to the risk of QT prolongation. It is worth noting that hydroxychloroquine can cause his QT prolongation. In any event, existing research focuses specifically on the DDI between hydroxychloroquine and several drugs that are being considered by clinicians, such as immune-suppressants and antitoxins. These drugs are co-administered or recommended to reduce side effects in patients without obvious indications. Although known, there is evidence that DDIs, including hydroxychloroquine, implicitly prolong his QT prolongation. To address this issue, we performed DDI concentrates for selected drugs and all drugs co-formulated with hydroxychloroquine during the selected time period. Subsequently, concordance of QT prolongation with DDI was observed with 11 drugs, whereas concordance of QT prolongation with one solution was observed with only 3 drugs. As can be seen from the useful classes of these agents, three antimicrobials (clarithromycin, piperacillin, and isoniazid) exhibited DDIs, and the composition of these three antitoxins also differed. Like azithromycin, clarithromycin is a macrolide.

CONCLUSION

Results can be processed using the drug similarity grid, but this improvement depends on the type of computation, the size and type of dataset, and the type of technique used to obtain the comparability grid. This means that while this improvement is small for one strategy of his, it is very attractive for another. It may work well on some datasets and poorly on others. If a technology wishes to use drug similarity to address outcomes, it will need to extend the effectiveness of the similarity framework with some means of its computation. Otherwise, you may not get ideal results. As an idea, reference is usually made to the fact that each of the investigations made here should be capable of objective similarity. Perhaps a unique, better more worthwhile conversation and ending about it.

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Corresponding author Reza Hassanzadeh, Department of Drugs and Narcotics, University of Mohaghegh, Iran, E-mail: hassan@ac.ir

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