



A Contraindication is a Specific Situation in Which a Drug

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Introduction

A contraindication is a specific situation in which a drug, procedure, or surgery should not be used because it may be harmful to the person. Relative contraindication means that caution should be used when two drugs or procedures are used together. It is acceptable to do so if the benefits outweigh the risk. Absolute contraindication means that event or substance could cause a life-threatening situation. A procedure or medicine that falls under this category must be avoided some treatments may cause unwanted or dangerous reactions in people with allergies, high vital sign, or pregnancy. For example, isotretinoin, a drug used to treat acne is completely contraindicated in pregnancy thanks to the danger of birth defects. Certain decongestants are contraindicated in people with high vital sign and will be avoided.

The idea for this contraindication was suggested by the Info Safety and Monitoring Board (DSMB) during the course of 1 of the Sponsor's clinical studies. The cited reference provides an account of the composition and duties of the DSMB.⁹⁵ As recollected by the FDA reviewer, "Notably, during the trial. Data Safety and Monitoring Board (DSMB) recommended discontinuation of study treatment altogether patients with a previous history of stroke due to an increased rate of hemorrhagic stroke, in patients with a stroke history, alongside continuation of the trial in other study subjects. This recommendation was made after enrolment had been closed. The trial leadership and therefore the Applicant accepted this recommendation and promptly implemented it. Up to now, only a couple of contraindications are described for the bisphosphonates. The question is usually raised whether these compounds are often administered in kidney failure. Because they're cleared from blood to an outsized extent by the skeleton, there's no theoretical reason to deny bisphosphonates in patients with moderate kidney failure. Coronate

and Pamidronate have actually been administered successfully to treat hyperkalemia in patients with kidney failure. However, plasma levels are likely to be higher, in order that the dose should possibly be reduced. The exact amount of this reduction will only be known when plasma data are available. This is the case for coronate, for which the following dosages have been recommended: 75–100% for creatinine clearances between 50 and 80 ml per minute; 50–75% for clearances between 12 and 50 ml per minute; and 50% of the normal dose for clearances below 12 ml per minute. Since the skeletal uptake is less for coronate than for many other bisphosphonates, these values cannot be extrapolated to other compounds. It is therefore just suggested to scale back the dosage, consistent with the degree of kidney failure. Furthermore, when the compounds are infused, a slower infusion rate is recommended. In addition, caution is indicated with etidronate in advanced renal failure, because of its propensity to increase already increased phosphate levels. For alendronate, the manufacturer advises to not administer the drug when the creatinine clearance is a smaller amount than 35 ml/minute. In contrast, although plasma levels of Pamidronate are higher in patients with a renal creatinine clearance below 30 ml/minute, it's been suggested to not reduce the doses of this bisphosphonate in patients with cancer as the administration is performed only once every three months.

Contraindications to injection therapy can be broadly divided into absolute and relative contraindications. As with any sort of injection therapy, allergy to the local anaesthetic is an absolute contraindication for its use. Furthermore, cellulitis over the world to be injected is reason to postpone a nerve block. Other absolute infectious contraindications include any localized or systemic infection or sepsis. Relative contraindications include immunosuppressed states due to medications chemotherapeutics, immunomodulation medications, or systemic steroids or disease (AIDS, leukemia). Diabetes, due to its association with poor wound healing, risk of infection also as potential for steroid-induced hyperglycemia is reason for caution. Contraindications to NG and NJ intubation include obstruction of the nasopharynx and esophagus, recent foregut surgery that may predispose to perforation, and craniofacial fractures.¹⁸ In patients with significant facial trauma and risk of cribriform plate fracture, attempted NG tube placement may result in intracranial injury and or gastric intubation is preferred. Intolerance to prepyloric feeds, abdominal pain with feeding, and repeated regurgitation of the feeding solution are contraindications to using the nasogastric route for feeding.

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