



The Medical **Bulletin**

GI. Infection

REF: Cureus: April 14, 2022

Rifaximin Therapy is effective for Patients of Clostridium difficile Infection (CDI) not responding to metronidazole in more than 65% of the cases. Though other therapy

like microbiota transplantation, antibiotics, and immunotherapy are developed, rifaximin is contemplated to be a treatment of choice for patients with metronidazole non-responsive CDI.

REF: Irculation: 8 Apr 2022

Hyperkalemic state increases the risk of cardiac arrhythmias and death and restricts the prescription of renin-angiotensin-aldosterone system (RAAS) inhibitors and mineralocorticoid receptor antagonists (MRAs), which improve clinical outcomes in patients with chronic kidney disease (CKD) and/or systolic heart failure. But SGLT2 inhibitors reduce the risk of serious hyperkalemia in

DMT2 patients at high CV (cardiovascular) risk and/or with CKD, without increasing the risk of hypokalemia.

REF: Dialectological: 19 February 2022

High ACR. (Urinary albumin/creatinine ratio) predicts risk of diabetic retinopathy progression. Thus High ACR is associated with greater risk of 3DR (three-step diabetic retinopathy progression) in adolescents, providing a target for further studies.

REF: American Academy of Neurology: March 08, 2022

This study shows Class II evidence that for patients with acute noncardioembolic stroke taking either aspirin or clopidogrel, the addition of cilostazol 15–180 days after stroke onset compared to therapy started 8–14 days after onset decreases the risk of recurrent ischemic stroke than monotherapy without increasing hemorrhage risk.



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REF: European Heart Journal: 16 February 2022

Statin intolerance (SI) presents a vital public health problem for which comprehensive assessment of its prevalence is very much required. Statin intolerance poses an obvious clinical challenge, and it is associated with an increased risk of cardiovascular events. The overall prevalence of SI is 9.1% and even lower using the international definitions: National Lipid Association, International Lipid Expert Panel, European Atherosclerosis Society (7.0, 6.7, 5.9%).

The following causes increase the risk of SI.

1. Female gender, 2.hypothyroidism,3. high statin dose, 4.advanced age , 5.antiarrhythmics, and 6.obesity

So Doctors have to analyse these causes and motivate the patients to stick to statin treatment.

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