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Introduction

From September 2017 to April 2018, a prospective observational study was conducted in the inpatient units of the psychiatry department of Justice K.S. Hegde Charitable Hospital (1000 bedded tertiary care hospital), Mangalore, Karnataka. Before the study began, the NGSM Institute of Pharmaceutical Sciences' institutional ethics committee approved it Based on previous research, the minimum required sample size was 100 with a 5% con dence interval, 10% precision, and 53% population proportion. 9 A suitable data collection form was created. designed to record patient-related information such as age, gender,

According to the ndings, only (n = 15, 7.46 percent) were considered contraindicated due to the possibility of toxic reactions.

Discussion

e current study provides an overview of pDDIs and their potential outcomes in psychiatric patients. e majority of patients were men, and 112 patients' medication orders revealed a total of 201 potential drug-drug interactions. is nding was similar to the ndings of Ra M S et al., who identi ed a total of 181 pDDIs, with the majority of patients (66.9 percent) being males as opposed to their female counterparts. 10 e mean age of the patients in this study was 37.93 12.21, with the majority of them being between the ages of 30-39. As a result, the Potential drug-drug interactions were observed in a large number of patients of the same age group. Mezgebe HB et al. conducted a similar study with similar results, as the mean age of the studied population was 35.94 16.78 out of 205 patients. 6

Paranoid schizophrenia was found to be the most common psychiatric disorder in our study, followed by bipolar a ective disorder with psychotic symptoms and bipolar a ective disorder without psychotic symptoms. Mezgebe HB et al. and Jomo's studies both produced comparable resultsSM et al., who discovered a high prevalence of bipolar mood disorder and schizophrenia. e majority of the patients in this study were given olanzapine, followed by sodium valproate and trihexyphenidyl. ese ndings were similar to those of Guo JJ et alstudy, 's in which the most prescriptions were for olanzapine.

Two hundred one possible drug-drug interactions were observed from the medication orders of 112 patients. e most interacting pair was found to be olanzapine and sodium valproate, followed by olanzapine and lorazepam, then trihexyphenidyl and sodium valproate. e study report of Ismail et al., showed that the highest interacting combination was olanzapine with divalproex sodium, followed by haloperidol with promethazine.[8]

e majority of possible drug-drug interactions were identi ed as major, followed by moderate and minor. According to a similar study conducted by Nieuwstraten 52 percent of the interactions were moderate, 30 percent were major, and 14 percent were minor. e vast majority of drug interactions were discovered to be preventable in nature. Continuous monitoring of therapeutic outcomes, as well as the implementation of preventive measures such as a bagging system and timely clinical pharmacist interventions, can help to reduce the occurrence of drug-drug interactions, medication errors, and other drug-related issues- related issues. is study discovered a high rate of drug-drug interactions. ese interactions were natural and could have been avoided. To prevent and control the occurrence of unwanted drug-drug interactions, physicians and clinical pharmacists must plan ahead of time. is study was part of an academic project and was limited by the study's small sample size.

Clofazimine is an antimycobacterial medication used to treat non-tuberculous mycobacterium infections (NTM). e European Medicines Agency granted clofazimine orphan designation for the treatment of NTM lung disease in August 2019. Clofazimine has been shown to inhibit cytochrome P450 (CYP)3A4/5, 2C8, and 2D6 in vitro. An interaction between clofazimine and midazolam, a probe substrate for CYP3A4, was previously characterised in static and physiologically based pharmacokinetic (PBPK) modelling prediction studies. e area under the plasma concentration versus time curve (AUC) of midazolam was increased by a factor of 5.59 and 2.69 for When combined with 100 mg clofazimine, static and PBPK modelling were performed. At the time of writing, there is a scarcity of in vivo data describing the interaction pro le of clofazimine.

To treat NTM, a 16-year-old girl with cystic brosis (CF) was started on clofazimine 100 mg once daily for about a year as part of a quadruple therapy regimen that also included ethambutol, azithromycin, and amikacin. Tezaca or-ivaca or was used as a chronic CF medication in a regular dose of 100-150 mg once daily in the morning, combined. with once daily in the evening. Her Before beginning the NTM medication, the medication pro le was thoroughly screened for drug-drug interactions. Because no in vivo data describing the potential drug-drug interaction between clofazimine and CYP3A4 substrates were available, no immediate dose adjustments in tezaca or-ivaca or were made when clofazimine was started. Before beginning her NTM treatment, the patient was admitted to the hospital. Blood samples were I8coject mtquadruple

10. Buthayna Eilouti (2009) Knowledge modeling and processing in architectural designProceedings of the 3rd International Conference on Knowledge Generation