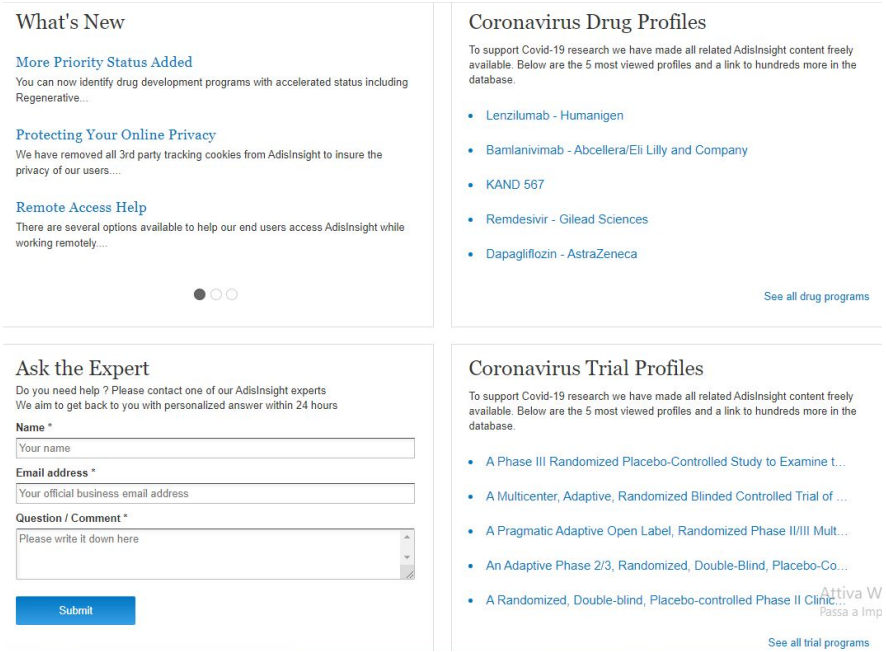
Cos'è AdisInsight?

Presenta il panorama completo dello sviluppo di nuovi farmaci, a partire dagli stadi precoci di ricerca fino allo sviluppo clinico e agli aspetti di *safety* osservati successivamente alla messa in commercio.

Home Page

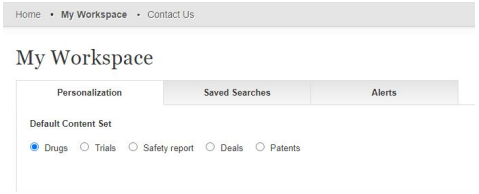


L'Home Page presenta una barra di ricerca al di sotto della quale è possibile accedere a vari contenuti:

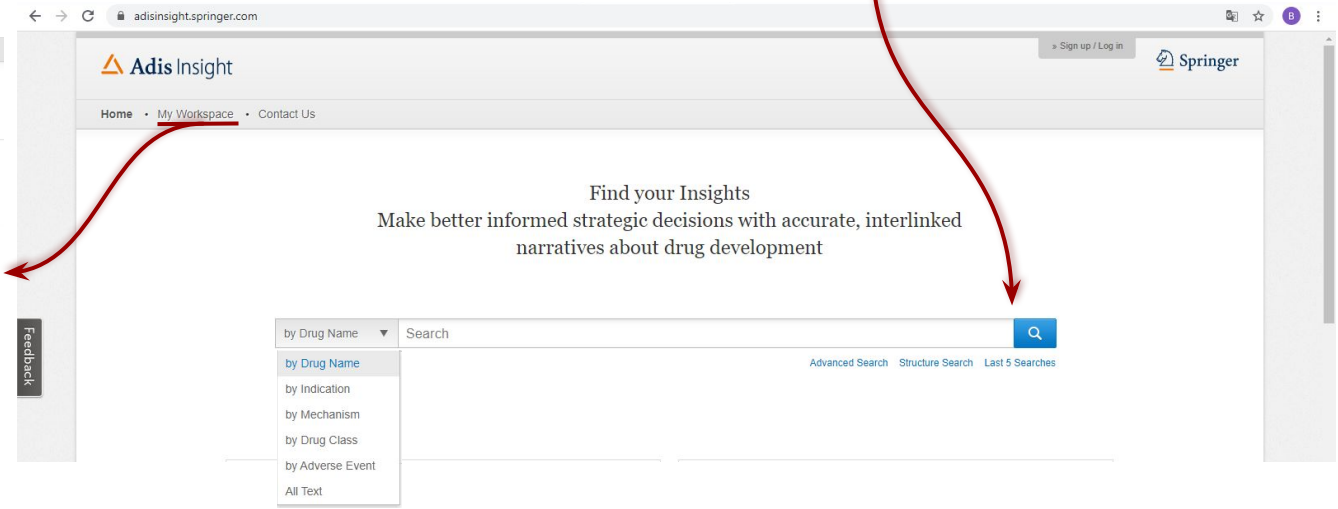
- Novità
- Ask the Espert, per informazioni riguardanti la banca dati
- Sezione a destra che riguarda il Coronavirus

Home Page

Sulla pagina iniziale, in primo piano, è presente la **Barra di ricerca** che permette di interrogare la banca dati per nome del farmaco, indicazione terapeutica, meccanismo d'azione, classe farmaceutica ed eventi avversi.

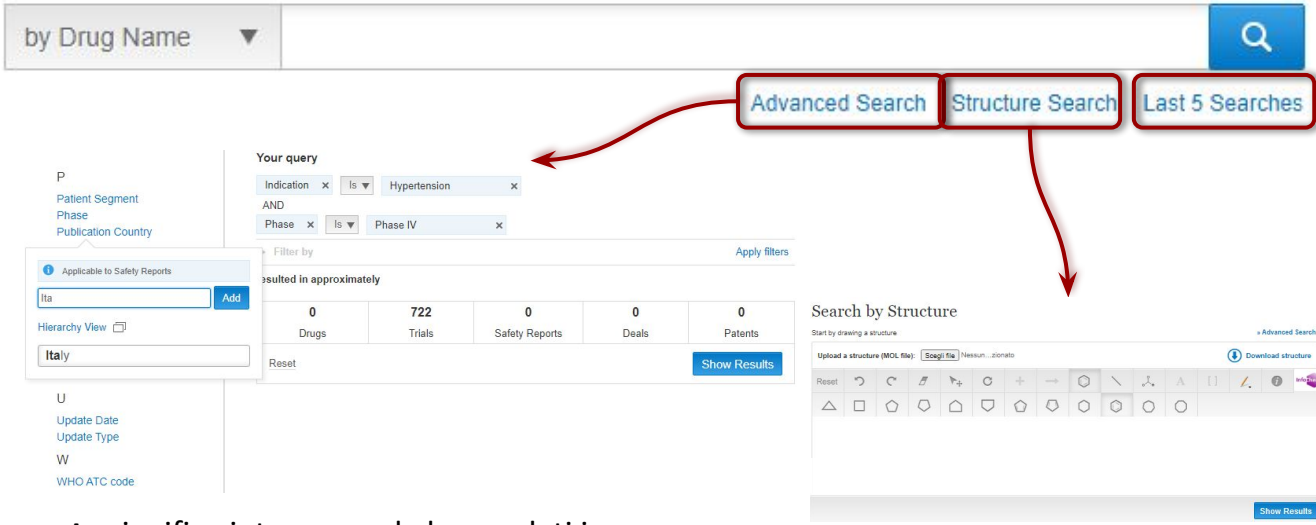


My Workspace è una sezione che permette di personalizzare la visione dei risultati, salvare le ricerche e impostare alcuni allert, ad esempio per notizie o Trials in conclusione



Home Page

La sezione di ricerca presenta tre sottocategorie:



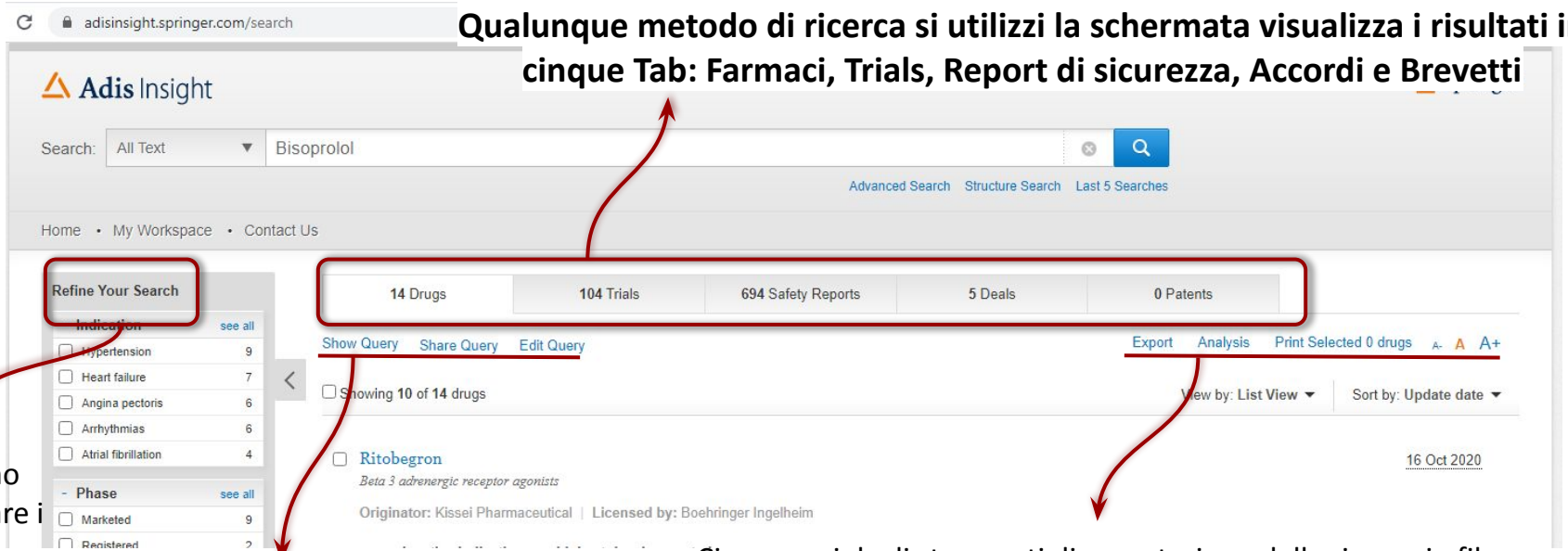
Da questa sezione si può risalire alle **ultime cinque ricerche** effettuate

Fare una **ricerca avanzata** significa interrogare la banca dati in maniera più ampia, aggiungendo dei campi di interesse, come “eventi avversi”, “Data di fine trial”, “Meccanismo d’azione” etc...

È possibile fare una ricerca anche per **struttura**

Ricerca

Qualunque metodo di ricerca si utilizzi la schermata visualizza i risultati in cinque Tab: Farmaci, Trials, Report di sicurezza, Accordi e Brevetti

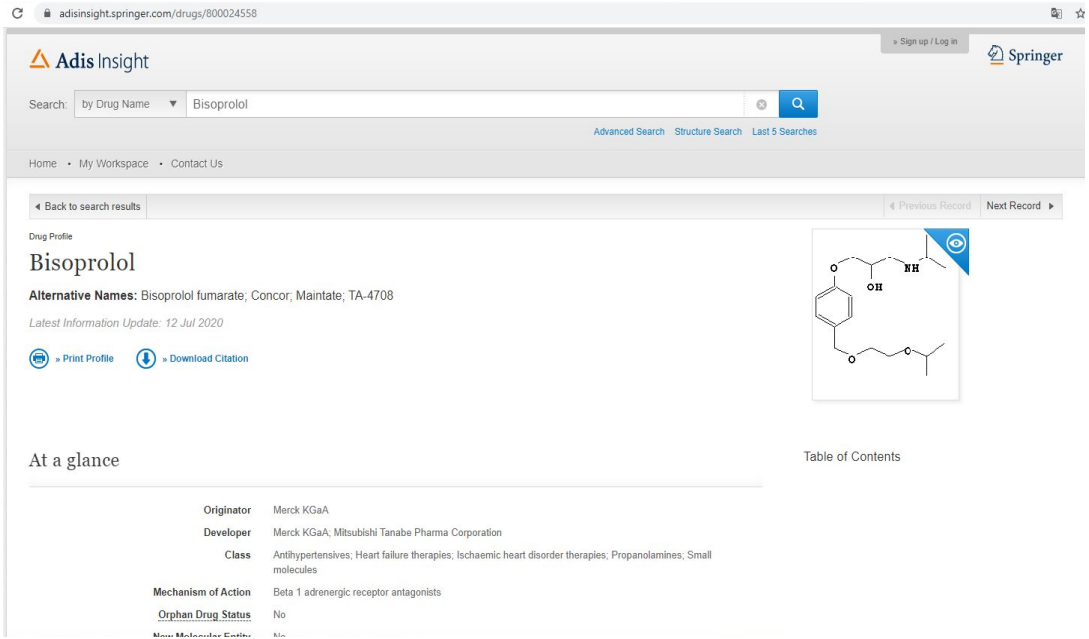


Si possono applicare i filtri

La ricerca può essere visualizzata con tutti i filtri, condividerla tramite URL e modificarla

Ci sono poi degli strumenti di esportazione della ricerca in file excell o PDF; costruire un'analisi tabellare dei risultati con singoli o più parametri; stampare; carattere.

Ricerca- Tab “Drugs”

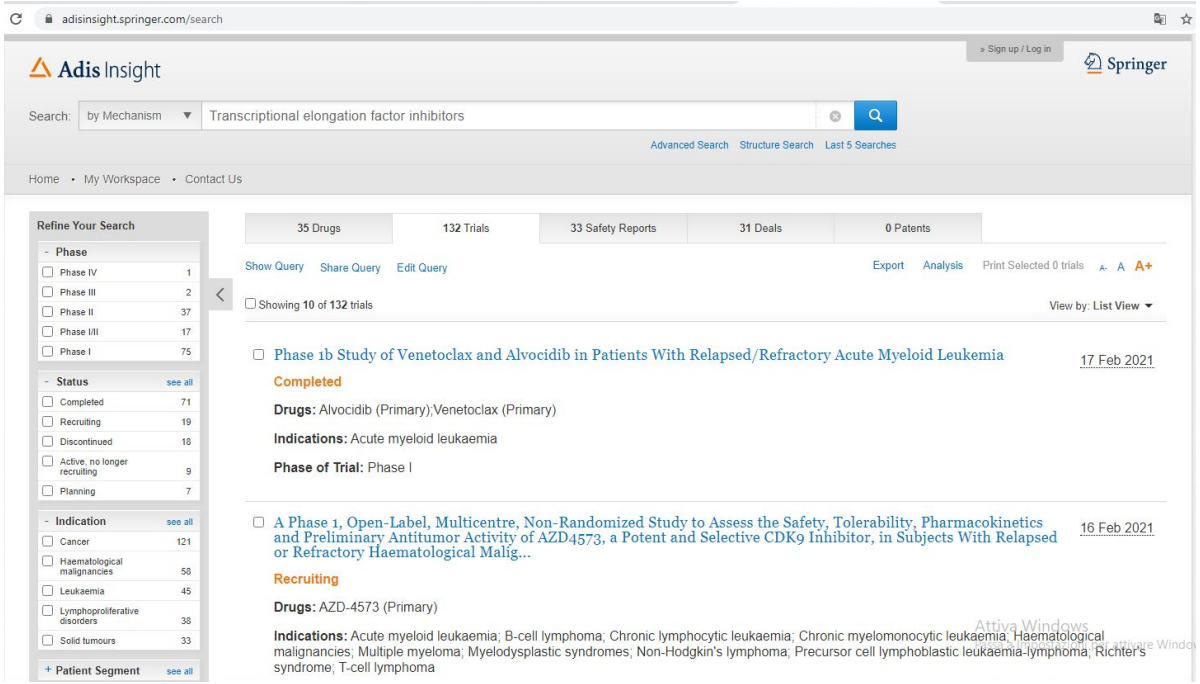


Selezionando una voce dei risultati vengono visualizzate tutte le informazioni suddivise in sezioni

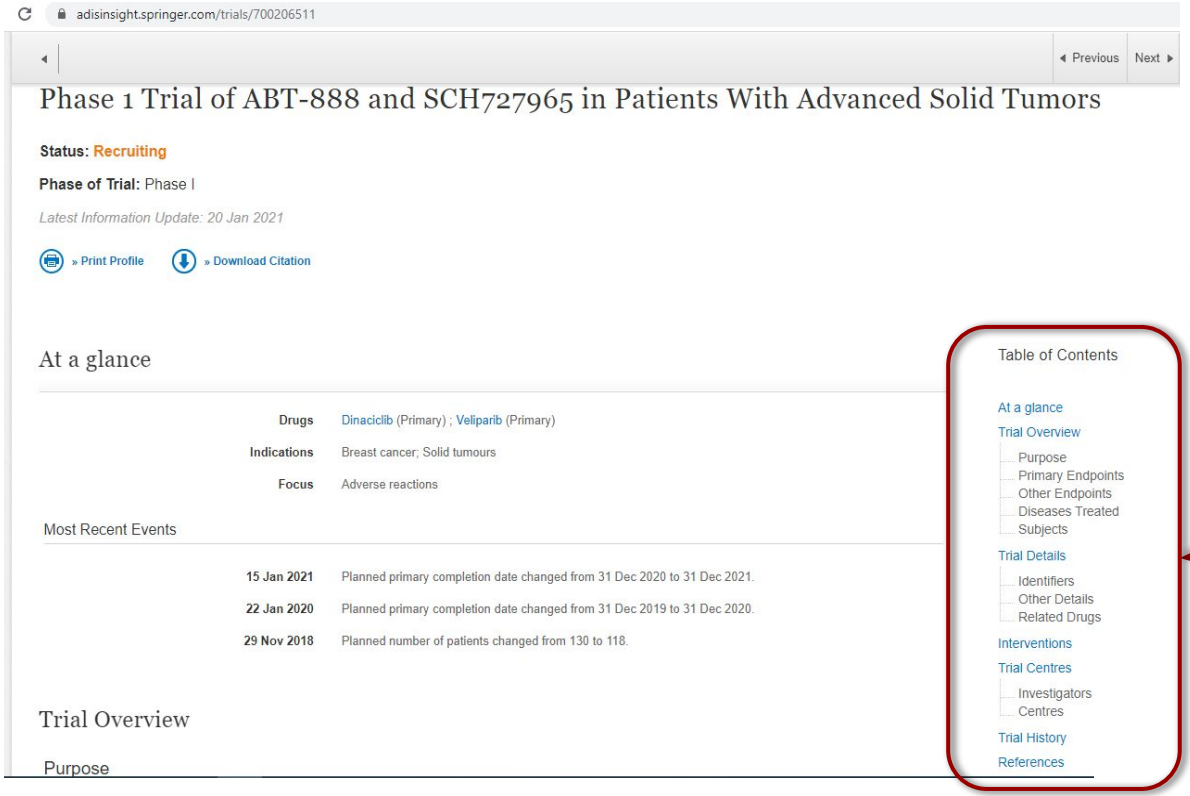
Table of Contents

Ricerca- Tab "Trials"

I Trials si possono trovare in diversi status segnati in arancione



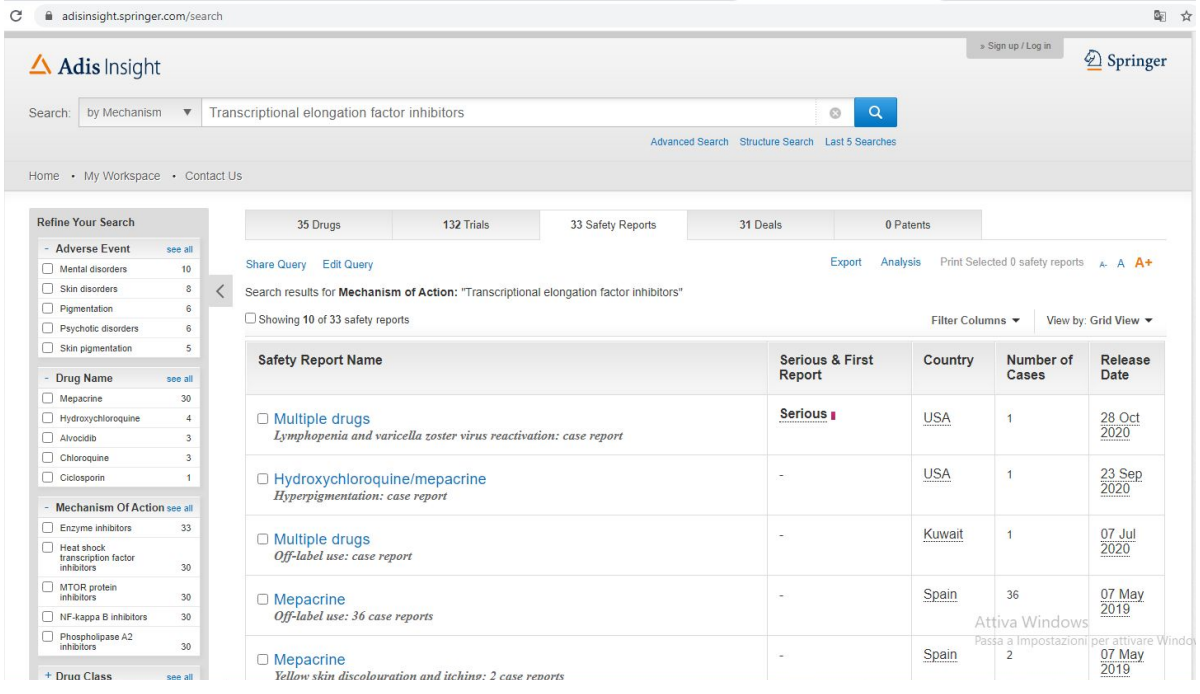
Ricerca- Tab "Trials"



Cliccando su uno dei risultati la pagina mostra tutte le caratteristiche dello specifico Trial suddivise in sezioni, con indice a lato

Ricerca- Tab "Safety Report"

La schermata dei risultati dà la possibilità di scegliere le colonne da mostrare: effetti avversi, citazioni, lingua, primo report, paese, numero di casi e data



Ricerca- Tab "Safety Report"

Drug Safety : ADR Case Report

Multiple drugs

Lymphopenia and varicella zoster virus reactivation: case report

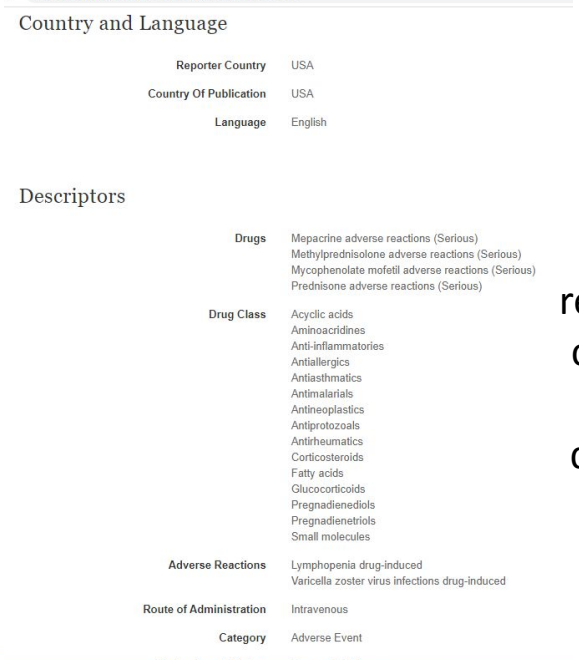
Serious

Release Date: 28 Oct 2020

» Print Report » Download Citation

Narrative Summary

A 54-year-old woman developed lymphopenia and varicella zoster virus (VZV) reactivation following treatment with prednisone, mycophenolate mofetil, mepacrine and methylprednisolone for systemic lupus erythematosus (SLE) or presumed exacerbation of SLE [*not all routes and outcomes stated; dosages and time to reaction onsets not stated*].
The woman presented with fatigue, myalgia, progressive leg weakness for several weeks and acute vision loss in left eye. Anamnesis revealed that she had SLE which was being actively treated with prednisone, mycophenolate mofetil and mepacrine [quinacrine]. Her medical history was also significant for VZV infection in childhood. Initially, her symptoms were presumed to be due to exacerbation of SLE. Therefore, she started receiving IV methylprednisolone and plasma exchange. Following a week of this treatment, she developed hearing changes, acute vision loss in her right eye and difficulty swallowing. Due to progression of symptoms, she was hospitalised. Upon admission, neurologic examination revealed normal mental status. The cranial nerve examination revealed absent light perception bilaterally, severe diffuse ophthalmoparesis, nonreactive pupils, loss of facial sensation in the left V1 and V2 trigeminal distribution, and diminished hearing to finger rubbing on the right and right palate deviation. She exhibited motor deficits in the form of mild bilateral upper extremity weakness and paraplegia. Deep tendon reflexes were noted to be pathologically exaggerated in the upper extremities, but absent in the lower extremities. Vibratory sensation was decreased throughout all four limbs. Pinprick sensation was reduced in the lower limbs in association with a sensory level at T10. Laboratory investigation revealed lymphopenia, positive double-stranded DNA antibody and mildly reduced levels of C3 and C4 complement. Lymphopenia was thus suspected to be related to prednisone, mycophenolate mofetil, mepacrine and methylprednisolone. Brain MRI showed multifocal non-enhancing parenchymal lesions and patchy, non-continuous enhancements of multiple cranial nerves (optic chiasm, left III, bilateral V, and right VIII), in conjunction with leptomeningeal enhancement. MRI of the spine revealed T2 signal prolongation, spanning the level from T2 to the conus medullaris. The enhancement pattern was restricted to the caudal aspect of the spinal cord. CSF examination revealed xanthochromia, elevated total protein and 6 CSF-restricted oligoclonal bands. Ophthalmologic consultation showed bilateral disseminated retinal nerve fiber layer lesions, most consistent with cotton wool spots, in conjunction with multifocal retinal haemorrhages. This findings were most consistent with severe, bilateral, outer retinal necrosis. She had developed disseminated and pathologic cataclysmic syndrome that included subacute paraplegia (the derivative of a centrally predominant and longitudinally extensive, oedematous, transverse myelitis [LETM] with multiple areas of patchy focal enhancement on MRI), bilateral cranial neuropathies, and bilateral optic nerve involvement with severe retinal necrosis. A subsequent PCR testing of CSF revealed VZV infection. Based on the investigational findings, clinical presentation and prior history of VZV infection, she was diagnosed with VZV reactivation resulting in oculo-meningo-encephalo-myeloradiculitis and VZV vasculopathy. The VZV reactivation was considered to have developed secondary to immunosuppressive therapy (prednisone, mycophenolate mofetil, mepacrine and methylprednisolone).



Country and Language

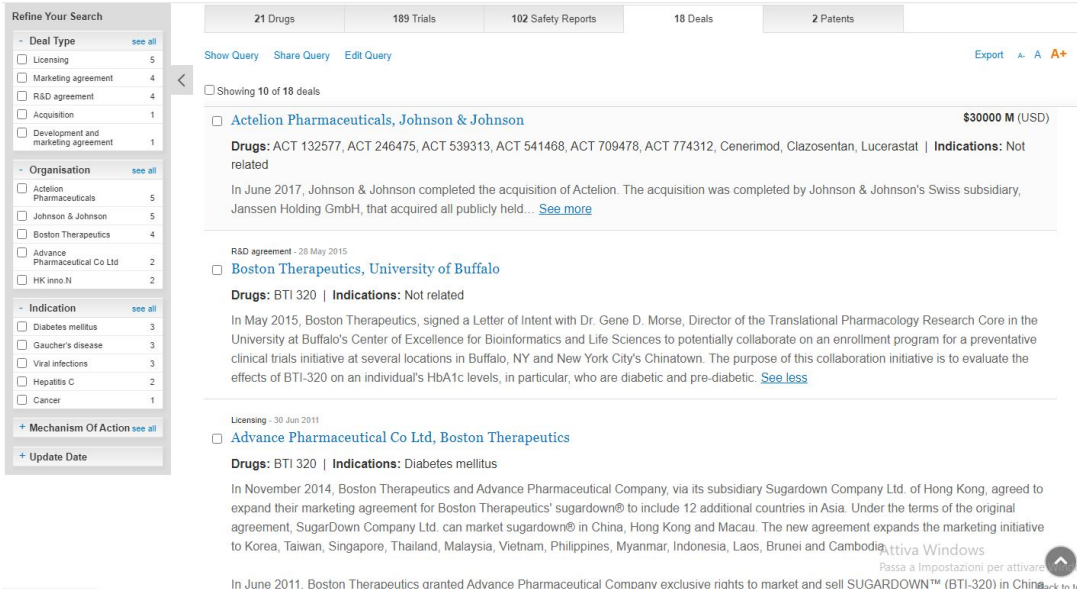
Reporter Country	USA
Country Of Publication	USA
Language	English

Descriptors

Drugs	Mepacrine adverse reactions (Serious) Methylprednisolone adverse reactions (Serious) Mycophenolate mofetil adverse reactions (Serious) Prednisone adverse reactions (Serious)
Drug Class	Acyclic acids Aminoacridines Anti-inflammatories Antiallergics Antiasthmatics Antimalarials Antineoplastics Antiprotozoals Antirheumatics Corticosteroids Fatty acids Glucocorticoids Pregnadienediols Pregnadienetriols Small molecules
Adverse Reactions	Lymphopenia drug-induced Varicella zoster virus infections drug-induced
Route of Administration	Intravenous
Category	Adverse Event

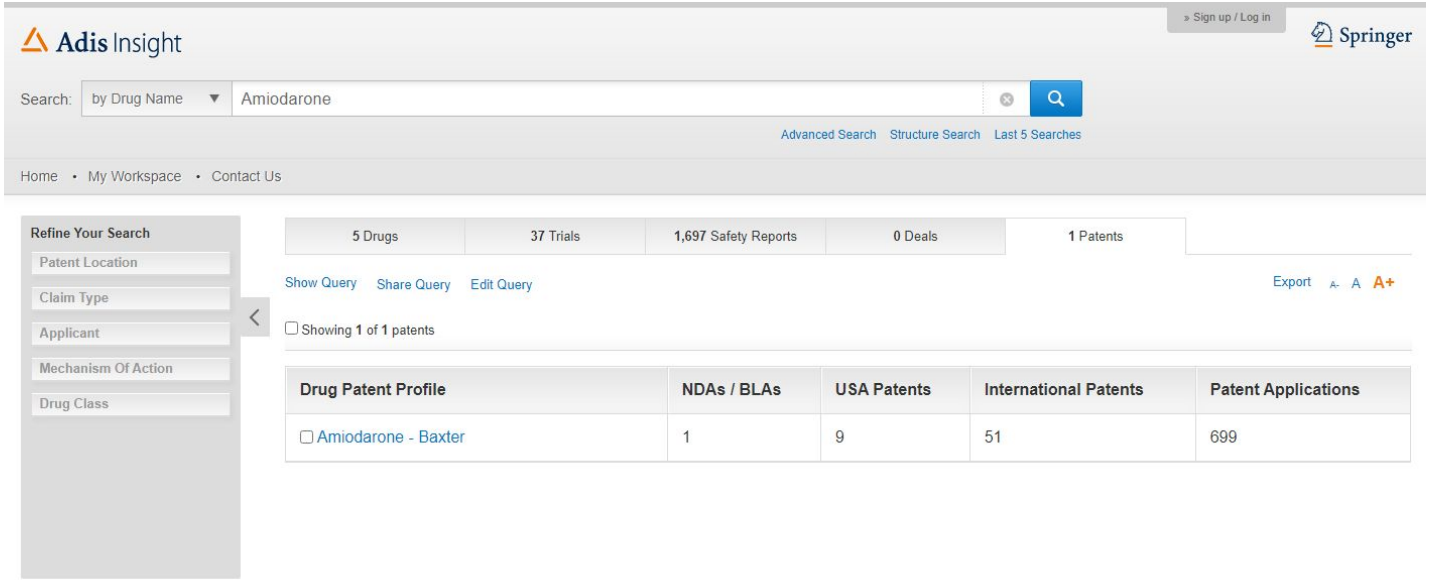
Selezionando uno dei risultati la pagina ci restituisce: la descrizione del caso clinico, paese e lingua, descrizione del farmaco in questione, farmaci correlati e bibliografia.

Ricerca- Tab “Deals”



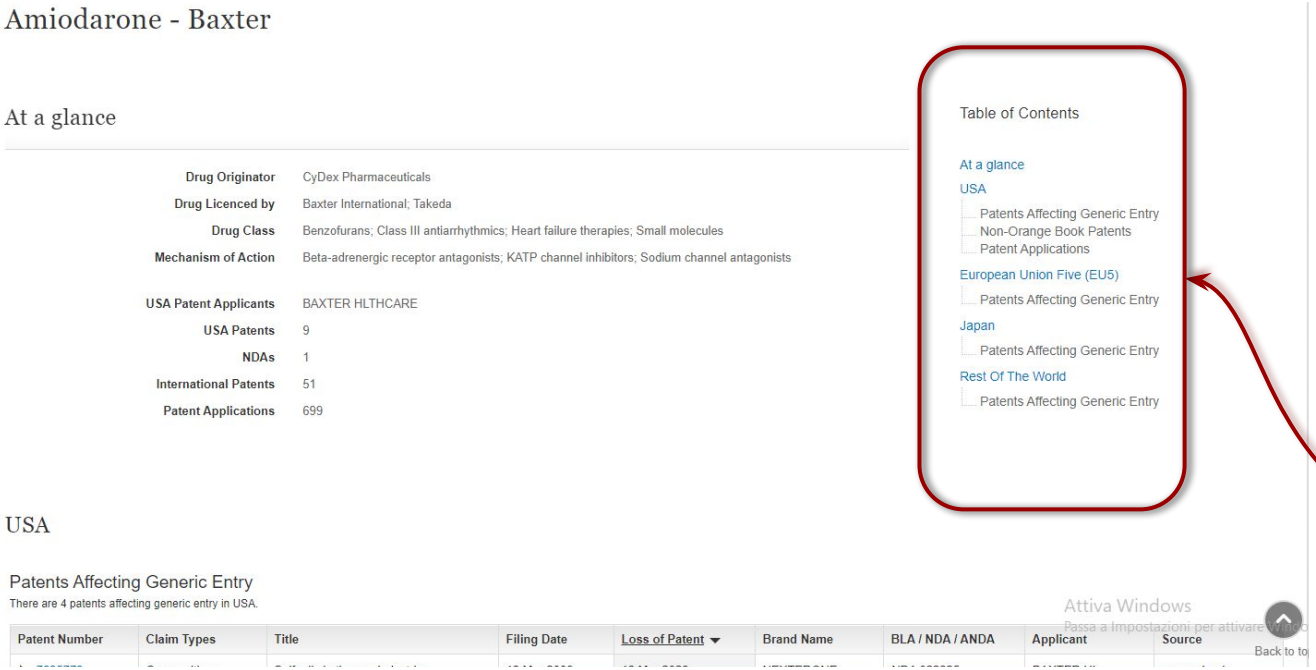
Nella Tab “Deals” c’è l’elenco di tutti gli accordi.
Cliccando su “See more” si possono vedere più dettagli riguardo all’accordo selezionato

Ricerca- Tab "Patent"



Nei risultati dei brevetti le colonne presentate sono: NDAs/BLAs, quanti brevetti in USA, quanti internazionali e le applicazioni

Ricerca- Tab "Patent"



Cliccando su uno dei risultati la pagina mostra tutte le caratteristiche dell'accordo specifico suddivise in sezioni, con indice a lato

Come accedere?

https://adisinsight.springer.com/

Accesso dalle sottoreti del Dipartimento di Scienze del Farmaco, della Biblioteca di Scienze del Farmaco da casa via proxy.

Il fornitore SpringerNature organizza periodicamente seminari di formazione sulla banca dati.

Per informazioni rivolgersi alla Biblioteca di Scienze del Farmaco
biblio.scienzedelfarmaco@unipd.it