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Introduction: Gestational Diabetes (GDM) complicates 10% of all pregnancies and is defined as hyperglycemia, first reported during pregnancy. GDM rates are increasing, and untreated GDM leads to complications for both the mother and the fetus. GDM is often controlled by diet and exercise, but 30-40% of women will require pharmacological intervention. Insulin has traditionally been the treatment of choice, but since 2007, gliburid, the second generation of sulfonylurea has become the most prescribed medication for GDM. Areas covered: This review will cover pharmacokinetics, the efficacy and safety of glyburide for GDM management. Expert opinion: GDM management challenges secondary to severe glycemic goals that mimic lower glucose levels in pregnancy. Glyburid is generally effective in the treatment of hyperglycemia. However, several studies have raised safety concerns showing higher neonatal intensive care (NICU) admissions, higher rates of macrosomy, greater gestational age and pre-eclampsia in the mother. For this reason, insulin should be a first-line therapy for GDM. In under-resourced areas where self-control required for accurate insulin dosing is not possible, where access to refrigeration for insulin storage is not universal, or severe needle phobia, the benefits of glyburide (hyperglycemia control) outweigh the harms of NICU and macrosomy. Keywords: Efficiency; gestational diabetes; glyburid; Pharmacokinetics; Security. High Anxiety Medications: This medication carries an increased risk of causing significant harm to the patient when it is used by mistake. Genetic effects: Pronunciation: glye-byoo-ride Trade Name (s) DiaBeta Euglucon Glynase Ther. Class. antidiabetics Pharm. Class. sulfonylureas PO Blood sugar control in type 2 diabetes when dietary therapy fails. Some function of the pancreas is required. Reduces blood sugar by stimulating the release of insulin from the pancreas and increasing insulin sensitivity on receptor areas. It can also reduce the production of liver glucose. Therapeutic effect (s): Reducing blood sugar in diabetic patients. Absorption: Well absorbed after oral administration; micronized forms have the best absorption. Distribution: Reaches high concentrations in bile and crosses the placenta. Metabolism and excretion: Mostly metabolized by the liver (primarily CYP2C9). Life: 10 hours. TIME/ACTION PROFILE (hypoglycemic activity) ROUTE ONSET PEAK RATION PO 45-60 min 1.5-3 hr 24 hr Contraindicated in: Hypersensitivity Hypersensitivity to sulfonam (cross-sensitivity can occur) Diabetes type Diabetic coma or ketoacidosis Cosentan. Be careful: cardiovascular or hepatic disease Glucose 6-phosphate dehydrogenase deficiency (risk of hemolytic anemia); Geri: sensitivity; dose reduction may require Candlestick kidney disease (risk (risk Stress, or changes in diet can change the requirements for blood sugar control) Relative thyroid, pituitary, or adrenal function Malnutrition, high fever, prolonged nausea, or vomiting: Lactation: Safety is not established; insulin is recommended during pregnancy. CNS: dizziness, drowsiness, headache, weakness: constipation, convulsions, diarrhoea, drug-induced hepatitis, dyspepsia, appetite, nausea, vomiting Derm: ERYTHEMA MULTIFORME, photosensitivity, exfoliating dermatitis, rash Ndo: hypoglycemia F and E: hyponatremia Gemat: APLAST ANEMIA, agranulocytosis, hemolytic anemia Drug-drug risk of elevated liver enzymes when used with bosentan (avoid simultaneous use). Drinking alcohol can lead to disulfiram-like reactions. Effectiveness can be - by simultaneous use of diuretics, corticosteroids, phenothiazines, oral contraceptives, estrogens, thyroid drugs, phenytoin, nicotinic acid, sympathomimetics, rifampin and isoniazid. Alcohol, androgens (testosterone), chloramphenicol, ACE inhibitors, dysopiramide, fluoxetine, claritromycin, fluoroquinone, MAO inhibitors, NSAIDs (except diclofenac), salicylates, sulfonamide and warfarin can reverse the use of warfarin can alter the response to both agents (both effects of both agents) High monitoring is recommended for any dose changes. Beta-adrenergic blockers can mask signs and symptoms of hypoglycemia. May levels of cyclosporine. Colesevelam can - effects; manage glyburide ≥4 hours before colesevelam Topiramate can - levels and effects Of Nemicronized formulation (Diabeta) can not be used interchangeably with micronized formulation (Glynase PresTab) PO (Adults): DiaBeta (unmicronized) - 2.5-5 mg once a day (range 1.25-20 mg/day). Glynase PresTab (micronized) - 1.5-3 mg/day initially (range 0.75-12 mg/day; doses of zgt: 6 mg/day should be given as divided doses). Increments should not exceed 1.5 mg/wh. PO geriatric patients: DiaBeta (non-myronized) - 1.25-2.5 mg/day initially; can be 2.5 mg/day per week. Glynase PresTab (micronized) - 0.75-3 mg/day; can be 1.5 mg/day per week. Tablets: 1.25 mg, 2.5 mg, 5 mg Mchronized tablets: 1.5 mg, 3 mg, 6 mg B Combined with: metformin (GlucoVans); see the combination drugs. Watch for signs and symptoms of hypoglycemic reactions (sweating, hunger, weakness, dizziness, tremor, tachycardia, anxiety). Patients on parallel beta-block therapy may have very subtle signs and symptoms of hypoglycemia. Evaluate the patient for an allergy to sulfonamides. Laboratory tests: Glucose monitoring serum and glycosylated hemoglobin (HbA1C) periodically during therapy to assess efficacy. Monitor Monitor periodically during therapy. The blood report counts quickly. Can cause z in ACT, LDH, BUN, and creatinine serum. Overdose toxicity: Overdose manifests symptoms of hypoglycemia. Mild hypoglycemia can be treated with oral glucose. Severe hypoglycemia should be treated with IV D50W followed by a continuous IV infusion of a more diluted solution of dextrose at a rate sufficient to keep serum glucose at about 100 mg/dL. High Alert: Accidental administration of oral hypoglycemic agents of nondeconetic adults and children has led to serious harm or death. Patients stabilized on a diabetic regimen who are exposed to stress, fever, injury, infection or surgery may require insulin injection. To convert from other oral hypoglycemic agents, a gradual conversion is required. For a dose of insulin of less than 20 units per day, a change in gliburide can be done without a gradual dose adjustment. Patients taking 20 or more units/day should convert gradually by receiving glyburid and a 25-30% reduction in insulin dose every day or every second day with a gradual reduction in insulin dose as allowed. Monitor serum or glucose and ketones at least 3 times a day during conversion. PO can be administered once in the morning or divided into 2 doses. Administer with food to provide better diabetic control and minimize stomach irritation. Do not enter after the last meal of the day. Non-myronized glyburide should not be taken with a high-fat meal. Micronized gliburid cannot be replaced by non-myronized glyburide drugs not equivalent. Instruct the patient to take medication at the same time every day. Take the missed dose as soon as remembered, if almost time for the next dose. Don't take it if you can't eat. Explain to the patient that this medicine controls hyperglycemia, but does not cure diabetes. Therapy is long term. Review of signs of hypoglycemia and hyperglycemia in the patient. If hypoglycemia occurs, advise the patient to drink a glass of orange juice or drink 2-3 tsp of sugar, honey or corn syrup dissolved in water, or the appropriate number of glucose tablets and notify the medical professional. The simultaneous use of alcohol can cause disulfiram-like reaction (abdominal cramps, nausea, flushing, headaches, and hypoglycemia). Encourage the patient to follow a prescribed diet, medication, and exercise regimen to prevent hypoglycemic or hyperglycemic episodes. We instruct the patient in proper testing of glucose and ketones in the serum. These tests should be carefully checked during periods of stress or illness and health care providers are notified if significant Occur. Sometimes it can cause dizziness or drowsiness. Careful the patient to avoid driving or other activities requiring vigilance until the answer to the

medication is known. Caution patient to avoid other medications, especially aspirin and alcohol, while on this therapy without consultation Care professional. Beware of the patient to use sunscreen and protective clothing to prevent photosensitivity reactions. Advising the patient to inform health care providers about the treatment regimen before treatment or surgery. Advise the patient to notify the medical professional immediately if there is an unusual increase in weight, swelling of the ankles, drowsiness, shortness of breath, muscle cramps, weakness, sore throat, rash, or unusual bleeding or bruising. Insulin is a recommended method of controlling blood sugar during pregnancy. Advise female patients to use other types of contraception other than oral contraceptives and to notify health care providers immediately if the pregnancy is planned or suspected or breastfed. I advise the patient to carry a form of sugar (sugar bags, candy) and identification, describing the process of the disease and treatment regimen at any time. Emphasize the importance of regular follow-up exams. Controlling blood glucose levels without hypoglycemic or hyperglycemia episodes. To see other topics, please sign in or buy a subscription. Davis's App and Web Guide to Medicines for Nurses by F.A. Davis and Unbound Medicine covers 5,000 trade items and generic medicines. Includes app for iPhone, iPad and Android smartphone and tablet. The handbook covers dosage, side effects, interactions, uses. Davis Drug Guide PDF. Full product information. Davis' Guide to Drugs, 16th. F.A. Davis Company, 2020. Davis' Drug Guide - OLD - USE 2.0, www.drugguide.com/ddo/view/Davis-Drug-Guide/109050/allglyBURIDE. Kwiring C, Sanoski CA, Valleran. GlyBURID. Davis' guide to drugs. F.A. Davis Company; 2020 . Access to October 14, 2020. GlyBURID. Davis's guide to drugs (16th edition). F.A. Davis's company. Received on October 14, 2020 from C, Sanoski CA, Vallerand AH. GlyBURID (Internet). In: Davis' guide to drugs. F.A. Davis Company; 2020. 2020 October 14. Available from: article of the name in the AMA citation format should be in offer-caseMLAAMAAPAVACOUVERTY - ELEC T1 - glyBURIDE ID - 109050 A1 - Kwiring, Courtney, AU - Sanoski, Cynthia A, AS - Vallerand, April Hazard, BT - Davis Drug Guide UR - - F.A. Дэвис компании ET - 16 DB - Дэвис наркотиков Руководство - OLD - USE 2.0 DP - Нескорый медицины ER - - glyburide davis drug guide. glyburide davis drug guide pdf

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