



A Brief Note on Drug Allergy

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INTRODUCTION

Drug allergies are abnormal reactions of the immune system to drugs. Any drug, including over-the-counter drugs, prescription drugs, and herbs, can cause drug allergies. However, drug allergies are more likely to take certain drug.

Drug allergies are not the same as side effects of drugs. This is a known possible reaction listed on the drug label. Drug allergies are also different from drug toxicity caused by drug overdose.

Adverse Drug Reactions (ADRs) are predictable responses (related to the pharmacological effects of the drug in otherwise normal individuals) and unpredictable responses (individual immune responses and occasional genetics in sensitive patients). It can be broadly divided into (related to differences).

ADR should be distinguished from adverse Drug Events (ADE). ADRs go beyond ADRs and include harm associated with medication errors and drug-food interactions. Knowledge of ADE is important for improving patient safety, but ADR is the focus of regulatory and post-marketing surveillance.

The term “drug hypersensitivity” refers to objectively reproducible symptoms or signs induced by exposure to a drug at a dose normally tolerated by a non-hypersensitive individual. It is a type of unpredictable ADR that includes responses elicited by immune or inflammatory cells, as well as other non-immunological mechanisms. The term “drug allergy” refers to a particular immunologically mediated Drug Hypersensitivity Reaction (DHR). DHR is clinically classified as Immediate Response (IR) (occurs 16 hours after drug ingestion) or Non-Immediate Response (NIR) (occurs more than 1 hour after drug ingestion). IR causes urticaria, vascular edema, or anaphylaxis, and NIR is a severe skin adverse reaction such as Stevens-Johnson syndrome / Toxic Epidermal Necrolysis (SJS / TEN) from maculopapular exanthema (MPE) or Fixed Drug Rash (FDE). Single organ reactions such as Acute Generalized Exanthematous Pustulosis (AGEP), Drug Reactions with Eosinophilia and Systemic Symptoms (DRESS), or Drug-Induced Liver Disease (DILI), and abacavir hypersensitivity syndrome.

Methods for solving selection of hydraulic cylinder problem

Drug allergies occur when the immune system mistakenly identifies

a drug as a toxic substance, B. Virus or bacterium. When the immune system recognizes a drug as a toxic substance, it produces antibodies that are specific to that drug. This can occur when you first start taking the drug, but allergies can only develop after repeated exposures. The next time you take the drug, these specific antibodies mark the drug and direct the immune system to attack the substance. The chemicals released by this activity cause the signs and symptoms associated with allergic reactions. However, you may not be aware of your initial exposure to the drug. Some evidence suggests that food supplies contain trace amounts of drugs. B. Antibiotics may be sufficient for the immune system to form antibodies against it.

Non allergic drug reactions

Sometimes a response to a drug can produce symptoms and signs without a doubt similar to the ones of a drug allergy, however a drug response isn't induced with the aid of using immune device activity. This circumstance is referred to as a nonallergic allergy response or pseudo allergic drug response.

MECHANISMS

Allergic reactions are mediated by a specific immune response to a drug that acts as a hapten. This can result in an immune response mediated by all types of combs and gels. Type I (IgE-mediated, produced by B cells), Type II (IgG / IgM-mediated cytotoxicity), Type III (immune complex) and IV (T cell-mediated). The most common are types I and IV, which are related to IR and NIR, respectively.

Risk factors

1. Everyone can have an allergic reaction to a drug, but several factors can increase your risk.
2. History of other allergies such as food allergies and hay fever.
3. Personal or family history of drug allergies.
4. Increased exposure to the drug due to high doses, repeated use, or long-term use.
5. Specific diseases often associated with allergic drug reactions B. Infection with HIV or Epstein-Barr virus.

Prevention

1. If you have a drug allergy, the best precaution is to avoid

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unpleasant drugs.

2. Inform health care workers. Be sure that your drug allergy is clearly identified in your medical records. Inform other health care providers, such as your dentist or any medical specialist.

3. Your dentist or professional, please wear a bracelet. Wear a medical alert bracelet to identify drug allergies. This information can guarantee proper treatment in an emergency.