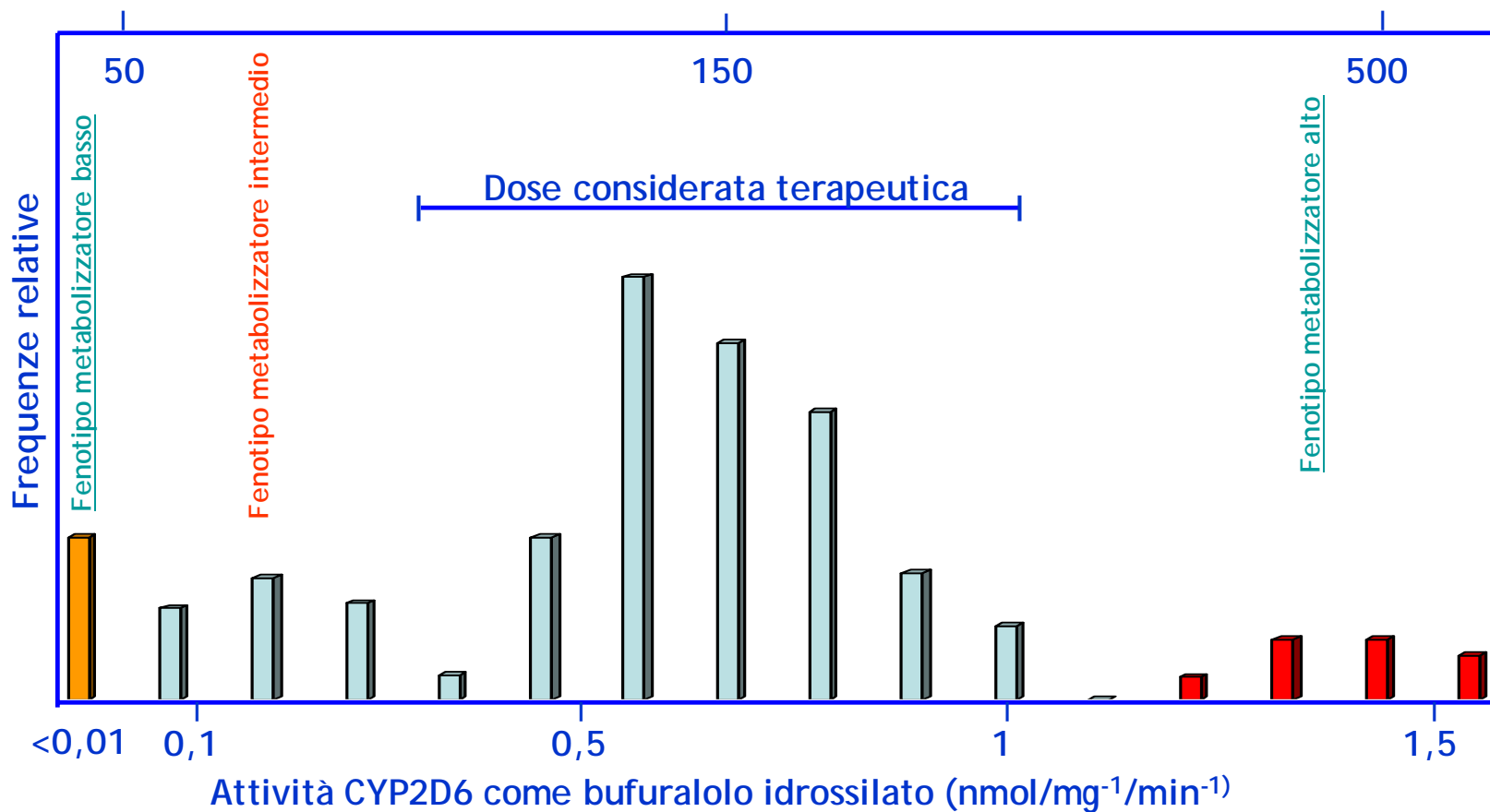


FENOTIPI METABOLIZZATORI DI UN CITOCROMO P460 NELLA POPOLAZIONE EUROPEA

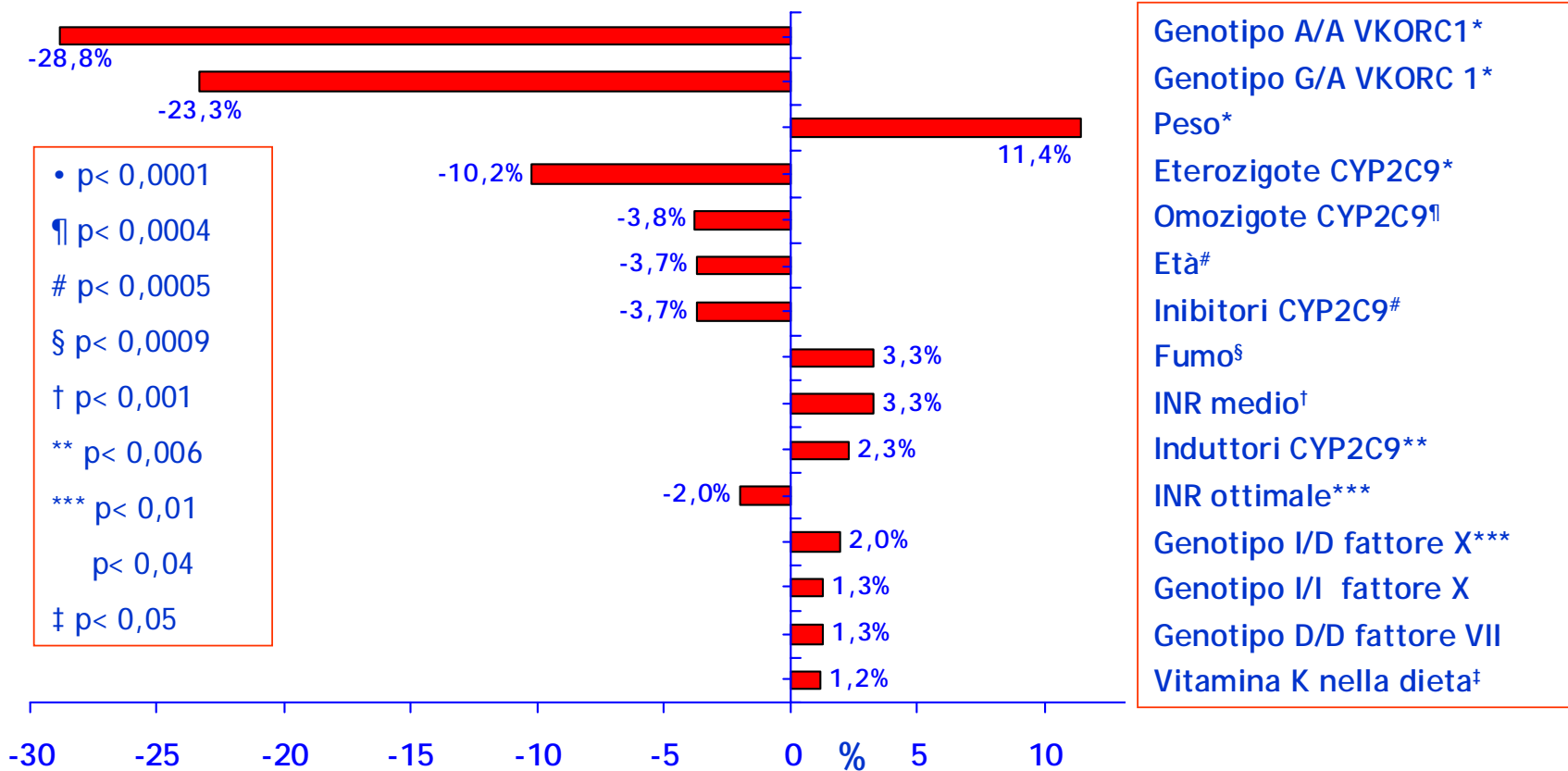
Trend Pharm Sci 2004; 25: 193-200

Dose nortriptilina (mg)



FATTORI CORRELATI CON LA DOSE SETTIMANALE DI WARFARIN

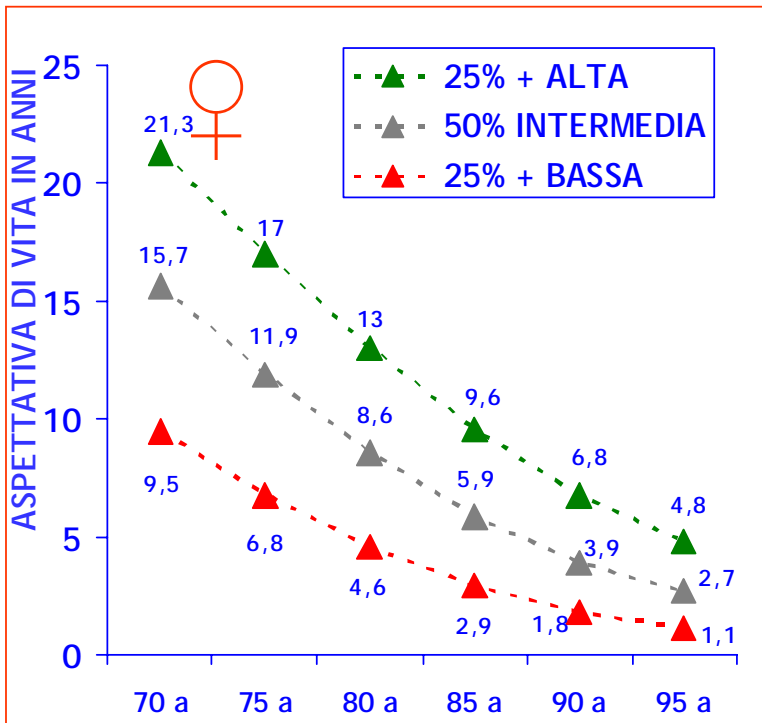
Ricavato da tabella 3 di [Clin. Pharmacol. Ther. 2006; 79: 291-302](#)



- p < 0,0001
- ¶ p < 0,0004
- # p < 0,0005
- § p < 0,0009
- † p < 0,001
- ** p < 0,006
- *** p < 0,01
- p < 0,04
- ‡ p < 0,05

- Genotipo A/A VKORC1*
- Genotipo G/A VKORC 1*
- Peso*
- Eterozigote CYP2C9*
- Omozigote CYP2C9[¶]
- Età[#]
- Inibitori CYP2C9[#]
- Fumo[§]
- INR medio[†]
- Induttori CYP2C9^{**}
- INR ottimale^{***}
- Genotipo I/D fattore X^{***}
- Genotipo I/I fattore X
- Genotipo D/D fattore VII
- Vitamina K nella dieta[‡]

VKORC 1: l'inibizione di Vitamin K epoxide reductase unit 1 è il meccanismo d'azione dei dicumarolici.
 CYP2C9: attività citocromo P 450 specifica per metabolizzazione warfarin.
 Fattori X, VII della coagulazione.
 Vitamina K nella dieta: broccoli e altre verdure verdi.



LA BILANCIA TERAPEUTICA NELL'ANZIANO

- .."INTENSIVE MANAGEMENT OF BLOOD PRESSURE AND LIPID LEVELS HAVE THE GREATEST CHANCE OF BENEFIT WITHIN 2-3 YEARS"
- "CONSIDER INTENSIVE GLYCEMIC TARGETS FOR OLDER ADULTS WITH A LIFE EXPENTANCY OF LONGER THAN 8 YEARS"

Da JAMA 2006

“This review suggests that adhering to current CPGs in caring for an older person with several comorbidities may have undesirable effects. Basing standards for quality of care and pay for performance on existing CPGs could lead to inappropriate judgment of the care provided to older individuals with complex comorbidities and could create perverse incentives that emphasize the wrong aspects of care for this population and diminish the quality of their care. Developing measures of the quality of the care needed by older patients with complex comorbidities is critical to improving their care.”

JAMA 2005

Table 3. Treatment Regimen Based on Clinical Practice Guidelines for a Hypothetical 79-Year-Old Woman With Hypertension, Diabetes Mellitus, Osteoporosis, Osteoarthritis, and COPD*

Time	Medications†	Other
7:00 AM	Ipratropium metered dose inhaler 70 mg/wk of alendronate	Check feet Sit upright for 30 min on day when alendronate is taken Check blood sugar
8:00 AM	500 mg of calcium and 200 IU of vitamin D 12.5 mg of hydrochlorothiazide 40 mg of lisinopril 10 mg of glyburide 81 mg of aspirin 850 mg of metformin 250 mg of naproxen 20 mg of omeprazole	Eat breakfast 2.4 g/d of sodium 90 mmol/d of potassium Low intake of dietary saturated fat and cholesterol Adequate intake of magnesium and calcium Medical nutrition therapy for diabetes‡ DASH‡
12:00 PM		Eat lunch 2.4 g/d of sodium 90 mmol/d of potassium Low intake of dietary saturated fat and cholesterol Adequate intake of magnesium and calcium Medical nutrition therapy for diabetes‡ DASH‡
1:00 PM	Ipratropium metered dose inhaler 500 mg of calcium and 200 IU of vitamin D	
7:00 PM	Ipratropium metered dose inhaler 850 mg of metformin 500 mg of calcium and 200 IU of vitamin D 40 mg of lovastatin 250 mg of naproxen	Eat dinner 2.4 g/d of sodium 90 mmol/d of potassium Low intake of dietary saturated fat and cholesterol Adequate intake of magnesium and calcium Medical nutrition therapy for diabetes‡ DASH‡
11:00 PM	Ipratropium metered dose inhaler	
As needed	Albuterol metered dose inhaler	

Abbreviations: ADA, American Diabetes Association; COPD, chronic obstructive pulmonary disease; DASH, Dietary Approaches to Stop Hypertension.

*Clinical practice guidelines used: (1) Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure VII.²² (2) ADA¹⁹⁻²¹; glycemic control is recommended; however, specific medicines are not described. (3) American College of Rheumatology²³⁻²⁶; recent evidence about the safety and appropriateness of cyclooxygenase inhibitors, particularly in individuals with comorbid cardiovascular disease, led us to omit them from the list of medication options, although they are discussed in the reviewed clinical practice guidelines. (4) National Osteoporosis Foundation²⁷; this regimen assumes dietary intake of 200 IU of vitamin D. (5) National Heart, Lung, and Blood Institute and World Health Organization.^{27,28}

†Taken orally unless otherwise indicated. The medication complexity score of the regimen for this hypothetical woman is 14, with 19 doses of medications per day, assuming 2 as needed doses of albuterol metered dose inhaler plus 70 mg/wk of alendronate.

‡DASH and ADA dietary guidelines may be synthesized, but the help of a registered dietitian is specifically recommended. Eat foods containing carbohydrate from whole grains, fruits, vegetables, and low-fat milk. Avoid protein intake of more than 20% of total daily energy; lower protein intake to about 10% of daily calories if overt nephropathy is present. Limit intake of saturated fat (<10% of total daily energy) and dietary cholesterol (<200-300 mg). Limit intake of transunsaturated fatty acids. Eat 2 to 3 servings of fish per week. Intake of polyunsaturated fat should be about 10% of total daily energy.