

Chronic Treatment with Amiodarone: Short Communication

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Abstract

The results of the study will reveal the most risks of ocular alterations in patients treated with Amiodarone, regarding acuity, contrast sensitivity, keratometry, field of vision, ocular pressure, Schirmer Test, tear break time (TBUT), OSDI test (Dry Eye Ocular Surface Disease Index). Purpose The paper intends to reveal the influence of chronic treatment with Amiodarone especially on the anterior segment of the eye, revealing functional and structural alterations.

Keywords: Amiodarone, chronic pain, Antidepressants

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Introduction

The study was a prospective one supported 110 patients with chronic Amiodarone treatment. Studied parameters were: acuity, contrast sensitivity, keratometry, field of vision, ocular pressure, Schirmer Test, tear break time (TBUT), OSDI test (Dry Eye Ocular Surface Disease Index). Three groups were considered: 1 (26 patients with initial treatment with Amiodarone), 2 (84 patients on Amiodarone therapy for quite 1 year), 3 (control group of 40 healthy individuals)

Results 100% of the patients presented cornea verticillata after one year of treatment. There was a statistically significant correlation between the Amiodarone treatment and dry disease within the studied patients. Corneal modifications occur during the primary year and remain constant the subsequent years.

Conclusions there have been a statistically significant relation between the treatment with Amiodarone and therefore the onset of corneal deposits. There have been no alterations of the acuity after one year of treatment. There have been no significant influences on the field of vision, contrast sensitivity, corneal keratometry. There was a statistically significant correlation between the Amiodarone treatment and therefore the TBUT. The OSDI scores showed statistically significant correlations between Amiodarone and dry disease.

Treating chronic pain

Recognizing that chronic pain may be a problem is that the initiative finds treatment. Start by lecture your doctor about chronic pain symptoms. Together you'll identify the source of the pain and are available up with a comprehensive treatment plan that takes under consideration your overall health and lifestyle.

Over-the-counter (OTC) and prescription medications are often wont to manage pain. However, for several people, a mixture of treatments is best.

Medications could also be combined with:

- exercise
- acupuncture
- relaxation techniques
- psychological counseling
- physical therapy

Micke Brown, B.S.N., R.N., is that the Director of Communications for the American Pain Foundation (APF). Brown believes that a "multi-modality" treatment is that the best approach to managing chronic pain. "Pain and its treatment are complex, and what works best for one might not work for an additional," says Brown. "The secret to making an efficient pain treatment plan is adding the proper ingredients to seek out the recipe that works for the individual."

Prescription medications for chronic pain

Some chronic pain can't be controlled with OTC medication. In these cases, your doctor might want to prescribe something stronger. The American Chronic Pain Association (ACPA) identifies several major classes of medicines wont to treat chronic pain. These include:

- nonopioids, like aspirin, NSAIDs, and acetaminophen
- Opioids, like morphine, codeine, hydrocodone, and oxycodone
- Adjuvant analgesics, like certain antidepressants and anticonvulsants.

Antidepressants affect the way the brain processes pain. They will be very effective at treating certain sorts of pain. They will also improve depression and anxiety, which can indirectly improve chronic pain symptoms by helping.

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