

Review of Clinical Pharmacology and Pharmacokinetics

ΕΠΙΘΕΟΡΗΣΗ ΚΛΙΝΙΚΗΣ ΦΑΡΜΑΚΟΛΟΓΙΑΣ ΚΑΙ ΦΑΡΜΑΚΟΚΙΝΗΤΙΚΗΣ
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Letter from Guest Editor

The progress and contributions of 20th century pharmacology has been immense with over 20 pharmacologists to have received Nobel Prizes. This field of medical studies covers many areas; it is built upon and at the same time incorporates many disciplines such as biochemistry, biology physiology, pathology, anatomy, molecular biology, while the development of new analytical and experimental techniques and instruments has given a new boost in pharmacological research. Yet, although a remarkable progress has been made in developing new drugs and in understanding how they act, the challenges are endless. Integrating a depth of knowledge in many related scientific disciplines, pharmacologists offer a unique perspective to solving drug and chemical related problems which impinge on human health, with ultimate goal the treatment and prevention of major diseases.

The 5th Panhellenic Congress of Pharmacology focuses on four *hot* subjects: Regenerative Pharmacology, Herbal Medicines, Pharmacology of Abuse and Dependence, and Education in Pharmacology.

- *Regenerative Pharmacology* is one of the newest areas in Pharmacology, represents a groundbreaking field of research and has the potential to radically alter the treatment of diseases and disorders.

- *Herbal Medicines* have acquired an important percentage among the drug used; according to WHO 80% of people worldwide rely on herbal medicines for some aspect of their primary health care. This continuously increasing use of plant medicines imposes the need for establishing new regulations.

- *Pharmacology of Abuse and Dependence*, still not a well defined area, presents a lot of challenge for researchers and clinicians.

- *Education in Pharmacology* remains a hot subject in the Medical education, following the knowledge *explosion* of the last decades accompanied by a decreasing reliance on didactic teaching. The crucial question is: how and what should we teach?

We hope that the round table discussions along with the invited lectures, included in this abstract book, will raise new and intriguing ques-

tions that will further stimulate research, and will contribute to new therapeutic approaches and attitudes.

I would like to thank the Editorial Board of *Review of Clinical Pharmacology and Pharmacokinetics* in particular Journal Editors Prof. S.T. Plessas and Dr C.T. Plessas for invitation and for providing the suitable and high-standard forum through which new research findings will become available to the scientific community.

The Guest Editor

Charis Liapi

Assist. Professor in Pharmacology
Medical School, University of Athens
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Pharmacology: From Basic Principles to Translational Medicine to Clinical Practice

T.C. Theoharides

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Pharmacology is the best example of *Translational Medicine*, where basic concepts of cellular and molecular physiology are utilized to develop, apply and combine molecules designed to alleviate, and hopefully cure disease. The teaching of pharmacology has evolved from drug memorization and execution of key principles in a wet lab, to multidisciplinary *system teaching*, to the most recent advocated approach of being part of a *human disease continuum*. There is no doubt that pharmacology should bridge the *basic* and *clinical* disciplines. However, in order to do so effectively, it must be rooted in solid understanding of the basis of drug actions and adverse effects, as well as in evidence-based clinical practice. Unfortunately, recent efforts to teach pharmacology as part of a “human disease continuum” come with the mandate of 30% reduction in contact hours and lectures that do not follow either a logical pattern of progression or the concept that most drugs affect the whole organism and can not, therefore, be taught in the context of a single organ. As a result, new graduates lack basic understanding of drug actions and interactions, tend to prescribe many medications, become dependent on *drug inserts* and are vulnerable to direct or indirect advertising. When these shortfalls are added to the fact that for every 5 years past age 55 we encounter one disease for which we prescribe on average 2 drugs, and that for every 2 drugs, there is 25% chance of unwanted drug interactions, it is easy to understand why there are so many *medication errors* in hospitals, with many more unrecognized in the outpatient setting. *Basic Pharmacology* should be taught first along with physiology, *Translational Pharma-*

cology should be taught during introduction to clinical medicine, and *Clinical Pharmacology* should be part of the clinical electives. Textbooks should avoid the urge to be encyclopedic or review books. They should be manageable and attempt to build on principles, provide conceptual and didactic summary tables, as well as reasonable clinical examples to make teaching exciting and relevant. Pharmacology teaching faculty should be seasoned lecturers, preferably versed in clinical medicine, and not simply good researchers. Online teaching and computer simulations should be included for key clinical cases; participation in simulated cases significantly improved anesthesia drug examination scores only when supplemented by online teaching. Personal digital assistants (PDAs) are increasingly used by interns, but should be made available to medical students, too. Urging medical students to prepare a personal formulary evidently increased their understanding of the subject matter. Failure to take some action will expand polypharmacy that, when combined with unregulated use of dietary supplements, will threaten the scientific and economic backbone of rational and effective therapy.

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