Thus, the result obtained on the ability of dihydroquercetin to inhibit the adhesion process in microorganisms and the formation of a biofilm can serve as a contribution to the further study of the use of flavonoids, including for the treatment of instrumentation and intravenous systems as a means of preventing catheter-associated infections.

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DISCUSSION ON THE DEVELOPMENT OF CLINICAL PHARMACY IN TRADITIONAL CHINESE MEDICINE HOSPITAL

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Abstract In order to improve the quality of pharmaceutical care in traditional Chinese medicine hospital, it is necessary to carry out clinical pharmacy work. This paper analyzes the present situation of clinical pharmacy in Chinese medicine hospital, and points out that traditional Chinese medicine practitioners should participate in the treatment of traditional Chinese medicine. It plays an important role in the safe, effective and reasonable application of traditional Chinese medicine, and provides the source for the development of traditional Chinese medicine.

Keywords: Clinical pharmacy; Drug safety; Chinese pharmacist; Clinical efficacy

Discussion In the development of clinical pharmacy work, first hospital leaders attach importance to work in medicine and medicine and medicine can not be divided on hospital pharmacy work attention, at the same time, pay attention to personnel training, election of a strong sense of responsibility, a high level of business personnel to participate in the professional learning, better service for clinical pharmacy. In the pharmacy management, should be regularly informed of the general assembly to prescribe analysis, problems and hazards exist, in order to improve the level and quality of medical prescription, clinical significance of pharmacokinetics to the hospital medical staff academic report, introduces the comprehensive analysis of the new drug safety to achieve medicine combination to improve the quality of medical treatment; set up to the pharmacist in charge for the leadership, as the backbone of the pharmacist pharmacy consultation department, the establishment of the pharmacy information room, provide information to the hospital pharmacy; set up to Dean LED the subjects responsible for the backbone of the Hospital Pharmacy Committee, carries on the macroeconomic regulation and control the whole hospital pharmacy work, avoid drug abuse, chaos into the purchase of medicines. In addition, it is necessary to strengthen the study of pharmacoconomics, so that the drug is efficient, safe and economical to serve patients, to reduce the burden on patients.

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ELECTROACUPUNCTURE INCREASES AWARE EEG ACTIVATION AND IMPROVES DAYTIME SLEEPINESS PERFORMANCE IN OBSTRUCTIVE SLEEP APNEA AFTER STROKE

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Abstract Objective: The study aimed to observe the waking electroencephalography(EEG) biomarkers before and after electroacupuncture on the treatment of patients with OSA after stroke, and
to explore the potential neurobiological basis for the improvement of neurocognitive function.

Methods: We recruited 12 patients with OSA after stroke who received a diagnosis using overnight polysomnography (PSG) with apneahypopnea index (AHI) > 10. Patients were randomly divided into two groups (randomized single blind controlled trial): electroacupuncture group and sham acupuncture group. Observing the two groups Karolinska Drowsiness Test (KDT) (awake EEG measurement with eyes open and closed), Overnight polysomnography (PSG), Montreal Cognitive Assessment (MoCA) and Mini-Mental State Examination (MMSE) before and after the treatment. KDT tests were performed every 2 h from 08:00 to 14:00 (four sessions). Electroacupuncture group was treated by acupuncture Sishencong (EX-HN1) points, sham acupuncture group received acupuncture non acupoint therapy which is besides Sishencong (EX-HN1) 0.5 cm, were treated for 15 days, once a day.

Resting awake EEG was recorded during a KDT, which comprised repeated sessions of 7.5-min EEG recordings. Each 7.5-min session started with a 2.5-min eyes-open time, then 2.5-min eyes closed, then another 2.5-min of eyes open. Thirty seconds at the beginning of each 2.5-min segment were discarded from analysis to avoid the artefact caused by patients settling to the new task after being instructed to change behavior. The PSG system (Philippumedics, E-Series, Australia) was used with a sampling rate of 200 Hz. EEG recording channels included C3-M2, C4-M1, F4-M1, F3-M2, O2-M1, O1-M2, left and right electrooculogram (EOG) and Karolinska Sleepiness Scale (KSS).

Result: Compared to sham acupuncture group, electroacupuncture group increased awake EEG activation (faster EEG frequency) with increased alpha/delta (A/D) ratio (P < 0.05) and fast ratio = (alpha+beta)/(delta+theta) (P < 0.05) across the OSA patients after stroke. The A/D ratio significantly correlated with MMSE and MoCA. Compared with sham acupuncture group, daytime sleepiness was significantly improved in electroacupuncture group (P < 0.01).

Conclusion: Electroacupuncture increased awake EEG activation, which correlated to improved performance. This study provides supporting neurophysiological evidence that electroacupuncture is a potential treatment option on OSA after stroke.

Keyword: OSA; electroacupuncture; EEG spectra; EEG frequency; daytimesleepiness; neurocognitive function; brainwave activity