**Last Minute Suggestions - DRx Forum**
**Pharmacotherapeutics, D.Ph 2nd Year - 2026**

**Q1. Explain the scope and objectives of Pharmacotherapeutics. Also explain rational use of medicines, Evidence-Based Medicine, Essential Medicines and Standard Treatment Guidelines.**
**Pharmacotherapeutics:**

- Pharmacotherapeutics deals with the use of medicines for prevention and treatment of diseases.
- It aims to select the most suitable, safe and effective treatment for the patient.

**Objectives:**

- Understand drug action and disease treatment.
- Select the right medicine and dose.
- Improve patient safety.
- Prevent and control diseases.
- Improve quality of life.

**Rational Use of Medicines:**

- It means using the right medicine, in the right dose, for the right patient, for the right duration and at the lowest suitable cost.
- It reduces unnecessary medicines, adverse effects, resistance and treatment cost.

**Evidence-Based Medicine (EBM):**

- EBM means using the best available scientific evidence for treatment decisions.
- It combines clinical evidence, professional experience and patient needs/preferences.

**Essential Medicines:**

- Essential medicines satisfy the priority healthcare needs of the population.
- They should be effective, safe, affordable and available when required.

**Standard Treatment Guidelines (STG):**

- STGs are evidence-based instructions for appropriate and safe treatment of diseases.
- They improve treatment, reduce errors and unnecessary cost, and promote uniform care.

**Q2. Explain hypertension, angina, myocardial infarction, hyperlipidaemia and congestive heart failure with pharmacological and non-pharmacological management.**
**Hypertension:**

- Hypertension is a persistent increase in blood pressure.
- Uncontrolled hypertension can cause stroke, heart failure and kidney disease.

**Risk factors:** Unhealthy diet, excess salt, obesity, lack of exercise, smoking, alcohol, stress and family history.

**Pharmacological management:**

- **ACE inhibitors:** Enalapril, Ramipril.
- **ARBs:** Losartan, Telmisartan.
- **Calcium-channel blockers:** Amlodipine.
- **Diuretics:** Hydrochlorothiazide, Chlorthalidone.
- **β-blockers:** Atenolol, Metoprolol in selected patients.

**Non-pharmacological management:**

- Reduce salt, oily and fried foods.

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- Take more fruits, vegetables and whole grains.
- Maintain healthy body weight.
- Regular exercise.
- Stop smoking and limit/avoid alcohol.
- Manage stress and maintain adequate sleep.

**Angina:**

- Angina is chest pain caused by reduced blood supply and oxygen to the heart muscle.
- It may be stable, unstable or variant (Prinzmetal's) angina.

**Pharmacological management:**

- **Nitrates:** Nitroglycerin for rapid relief.
- **β-blockers:** Reduce heart rate and oxygen demand.
- **Calcium-channel blockers:** Reduce cardiac workload/coronary spasm.
- **Antiplatelet:** Aspirin.
- **Statins:** Reduce cardiovascular risk.

**Myocardial Infarction (MI):**

- MI occurs when prolonged blockage of coronary blood flow causes death of heart muscle.
- It is a medical emergency.

**Pharmacological management:**

- **Antiplatelets:** Aspirin ± another antiplatelet.
- **Anticoagulants:** Prevent further clot formation.
- **Nitrates:** For suitable patients with chest pain.
- **β-blockers:** In suitable patients.
- **Statins:** Reduce future cardiovascular risk.
- **Reperfusion:** Percutaneous Coronary Intervention (PCI) when appropriate; thrombolysis in suitable cases when PCI is unavailable.

**Hyperlipidaemia:**

- Hyperlipidaemia means increased blood lipids, especially cholesterol or triglycerides.
- It increases the risk of atherosclerosis and cardiovascular disease.

**Pharmacological management:**

- **Statins:** Atorvastatin, Rosuvastatin.
- **Fibrates:** Fenofibrate, Gemfibrozil.
- **Ezetimibe.**
- **Bile-acid sequestrants.**
- **PCSK9 inhibitors** in selected patients.

**Non-pharmacological management:** Healthy diet, weight control, regular exercise and avoidance of smoking/alcohol.

**Congestive Heart Failure (CHF):**

- CHF occurs when the heart cannot pump enough blood to meet body requirements.
- Common features include breathlessness, fatigue and leg swelling.

**Pharmacological management:**

- **Diuretics:** Reduce fluid overload.
- **ACE inhibitors/ARBs/ARNI:** Improve cardiac function.

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- **β-blockers:** Improve cardiac function in suitable patients.
- **Spironolactone:** Mineralocorticoid antagonist.
- **SGLT2 inhibitors:** Dapagliflozin, Empagliflozin.

**Non-pharmacological management:** Salt restriction and appropriate physical activity.

**Q3. Explain bronchial asthma and COPD with clinical features and pharmacological and non-pharmacological management.**
**Bronchial Asthma:**

- Asthma is a chronic inflammatory airway disease causing variable narrowing of the airways.
- It commonly causes wheezing, cough and breathing difficulty.

**Clinical classification:**

- **Intermittent**
- **Mild persistent**
- **Moderate persistent**
- **Severe persistent**

**Pharmacological management:**

- **Reliever:** Salbutamol.
- **Inhaled corticosteroids:** Budesonide, Beclomethasone.
- **Long-acting $\beta_2$ agonists:** Formoterol, Salmeterol with inhaled corticosteroid.
- **Leukotriene antagonist:** Montelukast.
- Severe attacks may require oxygen, nebulised bronchodilators and systemic corticosteroids.

**Non-pharmacological management:**

- Avoid known allergens and triggers.
- Stop smoking and avoid smoke exposure.
- Maintain healthy weight and regular physical activity.
- Proper inhaler technique and adherence.

**COPD:**

- COPD is a chronic disease causing persistent airflow limitation.
- Important risk factors include smoking, air pollution and occupational dust/fumes.

**Clinical features:** Chronic cough, sputum, breathlessness, wheezing and reduced exercise capacity.

**Pharmacological management:**

- **Bronchodilators:** Salbutamol, Tiotropium, Formoterol.
- **Inhaled corticosteroids:** In selected patients.
- Oxygen therapy in severe chronic hypoxaemia.

**Non-pharmacological management:**

- **Stop smoking:** Most important measure.
- Pulmonary rehabilitation.
- Vaccination.
- Regular physical activity.

**Q4. Explain diabetes mellitus, hypothyroidism and hyperthyroidism with their management.**
**Diabetes Mellitus:**

- Diabetes mellitus is a disorder characterised by abnormally high blood glucose.

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- Proper treatment prevents long-term complications.

**Pharmacological management:**

- **Biguanide:** Metformin.
- **Sulfonylurea:** Glimepiride.
- **α-glucosidase inhibitor:** Voglibose.
- **DPP-4 inhibitors:** Sitagliptin.
- **SGLT2 inhibitors:** Empagliflozin.
- **Insulin:** Used when indicated.

**Non-pharmacological management:**

- Healthy balanced diet.
- Regular exercise.
- Weight control.
- Stress management and adequate sleep.
- Regular blood-glucose monitoring.

**Hypothyroidism:**

- Hypothyroidism occurs when the thyroid produces insufficient thyroid hormones.
- Features include tiredness, weight gain, cold intolerance, dry skin and constipation.

**Management:**

- **Levothyroxine:** Main treatment.
- Dose is adjusted according to TSH and clinical response.

**Hyperthyroidism:**

- Hyperthyroidism occurs when excess thyroid hormones are produced.
- Features include weight loss, heat intolerance, fast heartbeat, tremor and anxiety.

**Management:**

- **Antithyroid drugs:** Methimazole/Carbimazole.
- **β-blocker:** Propranolol for symptoms.
- Radioactive iodine or surgery in selected cases.

**Q5. Explain epilepsy, Parkinson's disease, Alzheimer's disease, stroke and migraine with their management.**
**Epilepsy:**

- Epilepsy is a brain disorder causing recurrent seizures due to abnormal electrical activity.
- **Status epilepticus** is a medical emergency involving prolonged/repeated seizures without recovery.

**Classification:** Generalised, focal and unknown-onset seizures.

**Management:**

- Antiepileptic drugs are selected according to seizure type.
- Status epilepticus requires immediate emergency treatment.

**Parkinson's Disease:**

- Parkinson's disease is a progressive disorder mainly associated with loss of dopamine-producing neurons.
- It causes resting tremor, rigidity, slow movement and postural problems.

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**Management:**

- **Levodopa + Carbidopa.**
- **Dopamine agonists:** Pramipexole, Ropinirole.
- **MAO-B inhibitors:** Selegiline, Rasagiline.
- Physiotherapy and exercise.

**Alzheimer's Disease:**

- Alzheimer's disease is a progressive brain disorder causing memory and cognitive decline.
- It gradually affects thinking, behaviour and daily activities.

**Management:**

- **Cholinesterase inhibitors:** Donepezil, Rivastigmine, Galantamine.
- **Memantine:** Moderate-to-severe disease.
- Cognitive and caregiver support.

**Stroke:**

- Stroke occurs due to interruption of brain blood supply or bleeding in the brain.
- Immediate treatment is essential to reduce brain damage.

**Pharmacological management:**

- **Antiplatelet:** Aspirin in appropriate ischaemic stroke.
- **Thrombolytic:** Alteplase in eligible acute ischaemic stroke.
- Antihypertensive and lipid-lowering drugs when indicated.
- Treatment depends on stroke type.

**Non-pharmacological management:**

- Emergency hospital care.
- Physiotherapy.
- Speech and swallowing therapy.
- Healthy diet and lifestyle modification.
- Stop smoking and reduce alcohol.

**Migraine:**

- Migraine is a recurrent, usually throbbing headache.
- It may be associated with nausea, vomiting, photophobia and phonophobia.

**Management:**

- **Acute attack:** Paracetamol, NSAIDs or triptans.
- **Prevention:** Propranolol, Topiramate or other suitable drugs.
- Avoid triggers and maintain regular sleep.

**Q6. Explain GERD, peptic ulcer disease, alcoholic liver disease and inflammatory bowel disease with their management.**
**Gastro-Oesophageal Reflux Disease (GERD):**

- GERD occurs when stomach contents repeatedly flow back into the oesophagus.
- Common features are heartburn and acid regurgitation.

**Management:**

- Avoid heavy meals and lying down immediately after eating.

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- Avoid identified trigger foods.
- Weight reduction if overweight.
- **PPIs:** Omeprazole, Pantoprazole.
- **$H_2$ blockers:** In selected patients.

**Peptic Ulcer Disease (PUD):**

- PUD is a break in the lining of the stomach or duodenum.
- Major causes are **H. pylori** infection and NSAID use.

**Management:**

- **PPIs:** Omeprazole, Pantoprazole.
- **H. pylori:** PPI + appropriate antibiotics.
- Reduce/stop NSAIDs where appropriate.
- Avoid smoking and aggravating factors.

**Alcoholic Liver Disease:**

- It is liver damage caused by long-term excessive alcohol use.
- It may progress from fatty liver to hepatitis and cirrhosis.

**Clinical features:** Fatty liver, hepatitis, jaundice, hepatomegaly and cirrhosis.

**Management:**

- **Complete alcohol abstinence:** Most important.
- Proper nutrition and vitamin supplementation when required.
- Treat complications such as ascites and hepatic encephalopathy.
- Liver transplantation in severe selected cases.

**Inflammatory Bowel Disease (IBD):**

- IBD is a chronic inflammatory disease of the intestine.
- Main types are **Crohn's disease** and **Ulcerative colitis**.

**Management:**

- **5-ASA:** Mesalamine.
- **Corticosteroids:** Prednisolone.
- **Immunosuppressant:** Azathioprine.
- **Biological therapy:** Infliximab.
- Surgery in selected severe cases.

**Q7. Define and classify anemia. Explain iron-deficiency and megaloblastic anaemia with their management.**
**Anaemia:**

- Anaemia is a condition of reduced haemoglobin or red blood cells, resulting in reduced oxygen supply.
- It commonly causes weakness, tiredness and pallor.

**Classification:**

**According to cause:**

- Iron-deficiency anaemia
- Vitamin-deficiency anaemia
- Haemolytic anaemia

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- Aplastic anaemia
- Sickle-cell anaemia

**According to RBC size:**

- Microcytic
- Normocytic
- Macrocytic

**Iron-Deficiency Anaemia:**

- It occurs due to inadequate iron required for haemoglobin formation.
- Causes include poor intake, blood loss, increased requirement and poor absorption.

**Features:** Weakness, fatigue, pallor, breathlessness and microcytic hypochromic RBCs.

**Management:**

- **Oral iron:** Ferrous sulphate/fumarate.
- Treat the cause of blood loss.
- Iron-rich diet.
- IV iron when indicated.

**Megaloblastic Anaemia:**

- It is commonly caused by deficiency of **Vitamin $B_{12}$** or **folic acid**.
- It produces abnormally large RBCs.

**Management:**

- **Vitamin $B_{12}$:** Cyanocobalamin/Hydroxycobalamin.
- **Folic acid:** In folate deficiency.
- Treat underlying malabsorption or other causes.
- Correct associated deficiencies.

**Q8. Explain tuberculosis, pneumonia and urinary tract infection with their management.**
**Tuberculosis (TB):**

- TB is an infectious disease caused mainly by *Mycobacterium tuberculosis*.
- It spreads mainly through airborne droplets.

**Pharmacological management:**

- **First 2 months:** Isoniazid + Rifampicin + Pyrazinamide + Ethambutol (**HRZE**).
- **Next 4 months:** Isoniazid + Rifampicin (**HR**).
- Drug-resistant TB requires specialised treatment.
- **Pyridoxine (Vitamin $B_6$)** with Isoniazid helps prevent neuropathy.

**Non-pharmacological/supportive management:**

- Adequate nutrition.
- Regular follow-up.
- Infection-control measures.
- Good treatment adherence.

**Pneumonia:**

- Pneumonia is an infection of the lungs caused by bacteria, viruses or fungi.
- Common features are fever, cough, sputum and breathlessness.

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**Management:**

- **Bacterial:** Appropriate antibiotics.
- **Selected viral infections:** Antiviral treatment.
- Oxygen and fluids when required.
- Hospitalisation in severe cases.

**Urinary Tract Infection (UTI):**

- UTI is an infection of the urinary system, commonly caused by bacteria such as *E. coli*.
- It commonly causes burning urination, frequency and lower abdominal pain.

**Management:**

- Appropriate antibiotics according to infection and local resistance.
- Adequate fluid intake when appropriate.
- Severe/upper UTI may require hospital treatment and IV antibiotics.

**Q9. Explain hepatitis, gonorrhoea and syphilis with their causative agents, clinical features and management.**
**Hepatitis:**

- Hepatitis means inflammation of the liver and may be caused by hepatitis viruses.
- Different types differ in their mode of transmission and tendency to become chronic.

**Types:**

- **Hepatitis A:** HAV; contaminated food/water; usually acute.
- **Hepatitis B:** HBV; blood, sexual and mother-to-child transmission; may become chronic.
- **Hepatitis C:** HCV; mainly infected blood; commonly causes chronic disease.
- **Hepatitis D:** HDV occurs with HBV infection.
- **Hepatitis E:** HEV; mainly contaminated water; can be severe during pregnancy.

**Gonorrhoea:**

- Gonorrhoea is an STI caused by *Neisseria gonorrhoeae*.
- It mainly affects the genital tract but may also affect the rectum, throat and eyes.

**Clinical features:** Painful urination, genital discharge, pelvic pain and other site-specific symptoms.

**Management:**

- **Ceftriaxone:** Commonly used treatment.
- Early treatment and treatment of relevant sexual partners help prevent complications and transmission.

**Syphilis:**

- Syphilis is an STI caused by *Treponema pallidum*.
- It progresses through primary, secondary, latent and tertiary stages if untreated.

**Clinical features:**

- **Primary:** Painless sore.
- **Secondary:** Rash and systemic symptoms.
- **Latent:** No obvious symptoms.
- **Tertiary:** Damage to major organs.

**Management:**

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- **Penicillin G:** Preferred treatment.
- Early treatment prevents complications and transmission.

**Q10. Explain malaria, HIV infection and COVID-19 with their clinical manifestations and management.**
**Malaria:**

- Malaria is a parasitic disease caused by *Plasmodium* species.
- It is transmitted mainly by infected female *Anopheles* mosquitoes.

**Clinical features:** Fever with chills and sweating, headache, body pain, weakness, nausea/vomiting, anaemia and jaundice in severe disease.

**Management:**

- **Uncomplicated malaria:** ACT for many cases.
- **Severe malaria:** IV Artesunate followed by appropriate oral treatment.
- **P. vivax/P. ovale:** Chloroquine where sensitive + Primaquine for relapse prevention.
- Prevention includes mosquito control and appropriate prophylaxis where indicated.

**HIV Infection:**

- HIV attacks the immune system, especially CD4 cells.
- Untreated infection may lead to AIDS and opportunistic infections.

**Management:**

- **Combination Antiretroviral Therapy (ART).**
- Treat opportunistic infections separately.
- Monitor viral load and CD4 count.
- Lifelong adherence to treatment is important.

**COVID-19:**

- COVID-19 is caused by SARS-CoV-2.
- It may range from mild respiratory illness to severe pneumonia and hypoxia.

**Management:**

- Supportive treatment according to severity.
- **Antivirals:** For selected patients according to current treatment guidance.
- **Corticosteroids:** In severe diseases requiring oxygen.
- **Oxygen therapy:** When hypoxia is present.
- Vaccination and infection-control measures help prevent severe disease.

**Q11. Explain rheumatoid arthritis and osteoarthritis with diagnosis and pharmacological and non-pharmacological management.**
**Rheumatoid Arthritis (RA):**

- RA is a chronic inflammatory disease mainly affecting joints.
- It causes joint pain, swelling and morning stiffness.

**Diagnosis/Investigation:**

- **RF, Anti-CCP, ESR and CRP.**
- X-ray, MRI or ultrasound may show joint damage.

**Pharmacological management:**

- **NSAIDs:** For pain and inflammation.

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- **Corticosteroids:** Prednisolone.
- **DMARDs:** Methotrexate, Sulfasalazine.
- **Biological drugs:** In severe disease.

**Non-pharmacological management:**

- Physiotherapy and regular suitable exercise.
- Healthy diet and weight control.
- Avoid smoking.

**Osteoarthritis (OA):**

- OA is a degenerative joint disease involving gradual cartilage damage.
- It commonly affects knees, hips, hands and spine.

**Diagnosis:** Clinical features and imaging such as X-ray.

**Pharmacological management:**

- **Painkillers:** Paracetamol, NSAIDs.
- Intra-articular corticosteroid injections may be used in selected patients.

**Non-pharmacological management:**

- Physiotherapy and exercise.
- Weight control.
- Walking aids/support devices when required.
- Joint replacement in severe cases.

**Q12. Explain psoriasis, scabies, eczema and common fungal infections with their management.**
**Psoriasis:**

- Psoriasis is a chronic inflammatory skin disease causing rapid skin-cell growth.
- It commonly produces red raised patches with silvery scales.

**Management:**

- **Topical corticosteroids.**
- **Vitamin D analogue:** Calcipotriol.
- Moisturisers and phototherapy.
- Systemic/biological treatment in severe disease.

**Scabies:**

- Scabies is a contagious infestation caused by *Sarcoptes scabiei*.
- Severe itching, especially at night, and burrows are characteristic.

**Management:**

- **Permethrin 5% cream.**
- Treat close household contacts.
- Wash/heat-treat clothes, bedding and towels.
- Repeat treatment when advised.

**Eczema:**

- Eczema is an inflammatory skin condition causing dry and itchy skin.
- It may cause redness, rash, oozing or crusting.

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**Management:**

- **Moisturisers:** Regular use.
- Avoid known irritants.
- **Topical corticosteroids:** For inflammation.

**Common fungal infections:**

- **Tinea corporis:** Clotrimazole, Miconazole, Terbinafine.
- **Tinea pedis:** Clotrimazole, Terbinafine.
- **Tinea cruris:** Miconazole, Clotrimazole, Terbinafine.
- **Tinea capitis:** May require oral Griseofulvin.
- **Tinea unguium:** Terbinafine/Itraconazole may be required.

**Q13. Explain depression, anxiety and psychosis with pharmacological and non-pharmacological management.**
**Depression:**

- Depression is a mood disorder characterised by persistent sadness and loss of interest.
- It may cause fatigue, sleep/appetite changes and poor concentration.

**Pharmacological management:**

- **SSRIs:** Sertraline, Fluoxetine, Escitalopram.
- Other antidepressants may be selected according to the patient.

**Non-pharmacological management:**

- **Counselling/CBT:** Important.
- Regular exercise.
- Healthy diet.
- Adequate sleep.
- Social support and suitable hobbies.

**Anxiety Disorders:**

- Anxiety disorders cause excessive fear, worry or nervousness.
- Symptoms may include restlessness, palpitations, sweating and sleep disturbance.

**Pharmacological management:**

- **SSRIs/SNRIs:** Commonly used.
- **Benzodiazepines:** Short-term use in selected cases.

**Non-pharmacological management:**

- CBT/psychotherapy.
- Relaxation techniques.
- Regular exercise.
- Good sleep.

**Psychosis:**

- Psychosis is a condition in which a person loses contact with reality.
- It may cause delusions, hallucinations and disorganised thinking/behaviour.

**Management:**

- **Antipsychotics:** Risperidone, Olanzapine, Haloperidol.

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- Psychosocial support and rehabilitation.
- Hospitalisation may be required in severe cases.

**Q14. Explain conjunctivitis and glaucoma with their types, clinical features and management.**
**Conjunctivitis:**

- Conjunctivitis is inflammation of the conjunctiva causing redness and irritation.
- It may be viral, bacterial, allergic, chemical or neonatal.

**Types and features:**

- **Viral:** Red, watery eyes.
- **Bacterial:** Thick yellow/green discharge.
- **Allergic:** Itching, redness and swelling.
- **Chemical:** Burning and redness.
- **Neonatal:** Infection in newborns.

**Management:**

- **Viral:** Supportive treatment, artificial tears and hygiene.
- **Bacterial:** Appropriate topical antibiotics.
- **Allergic:** Avoid allergen; suitable antihistamine/mast-cell stabilising drops.
- Maintain hand hygiene and avoid sharing towels/cosmetics.

**Glaucoma:**

- Glaucoma is a group of eye diseases causing progressive optic-nerve damage.
- It is often associated with increased IOP.

**Types:**

- **Open-angle glaucoma**
- **Angle-closure glaucoma**

**Clinical features:**

- Open-angle: Gradual loss of vision.
- Acute angle-closure: Severe eye pain, headache, blurred vision and nausea.

**Management:**

- **Prostaglandin analogue:** Latanoprost.
- **β-blocker:** Timolol.
- **Carbonic anhydrase inhibitors:** As required.
- Laser treatment or surgery when necessary.

**Q15. Discuss the methods to prevent development of Antimicrobial Resistance.**
**Antimicrobial Resistance (AMR):**

- AMR occurs when microorganisms become resistant to antimicrobial medicines.
- It makes infections more difficult to treat and increases treatment failure.

**Prevention:**

- Use antibiotics **only when required and prescribed**.
- Do not use antibiotics for viral infections such as common cold or flu.
- Avoid self-medication.
- Follow the prescribed dose and duration.
- Do not share or reuse leftover antibiotics.

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- Maintain good hygiene and handwashing.
- Take recommended vaccinations.
- Prefer appropriate narrow-spectrum antibiotics when suitable.
- Promote rational antibiotic use and antimicrobial stewardship.

**Q16. Explain PCOS, dysmenorrhoea and PMS with pharmacological and non-pharmacological management.**
**Polycystic Ovary Syndrome (PCOS):**

- PCOS is a common hormonal disorder associated with irregular ovulation and increased androgen activity.
- It may cause irregular periods, acne, excess facial hair and difficulty in conception.

**Pharmacological management:**

- **Combined oral contraceptives:** Regulate periods and reduce androgen-related symptoms.
- **Metformin:** Used in selected patients, especially with metabolic problems.
- Fertility treatment when pregnancy is desired.

**Non-pharmacological management:**

- Weight management.
- Healthy diet.
- Regular exercise.

**Dysmenorrhoea:**

- Dysmenorrhoea means painful menstruation.
- It commonly causes lower abdominal cramps, back pain, nausea and headache.

**Management:**

- **NSAIDs:** Ibuprofen, Naproxen.
- Heat application.
- Regular exercise.
- Hormonal contraceptives in suitable patients.

**Premenstrual Syndrome (PMS):**

- PMS is a group of physical and emotional symptoms occurring before menstruation.
- Common symptoms include irritability, mood changes, breast tenderness, bloating and headache.

**Management:**

- Regular exercise.
- Balanced diet and adequate sleep.
- Reduce excess salt/caffeine if they worsen symptoms.
- **NSAIDs:** For pain.
- **SSRIs:** May be used for moderate-to-severe symptoms under medical supervision.

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