Staff Education Presentation: GERD (Gastroesophageal Reflux Disease) and Famotidine

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Student Name

College of Nursing & Health care Professions: Grand Canyon University

NUR641:Advanced Pathophysiol ogy and Pharmacology for Nurse Educators

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GERD and Famotidine

Disease Process GERD

- Role of stomach acid in GERD
- Symptoms
- Complications such as esophagitis or Barrett's esophagus.



Drug Class

- H2 Receptor Antagonists
- Works by blocking histamine H2 Receptors



Pharmacokinetics of Famotidine

Absorption: Famotidine is absorbed in the small intestine.

Metabolism: Minimal hepatic metabolism.

Distribution: Well, distributed in body tissues.

Excretion: Primarily excreted unchanged in urine.

Click to edit Master title style Pharmacodynamics of Famotidine

- Mechanism of Action: BlocksH
 receptors onparietal cells, reducing acid secretion.
- Effect: Decreased gastric acidity,
 providing relieffrom GERD symptoms.

Side Effects, Adverse Reactions, and Safety Issues

Common Side Effects: Headache, dizziness, constipation. Adverse Reactions: Rare but may include arrhythmias and hypersensitivity reactions.

Safety Issues: Caution in patients with renal impairment.

Ethnic, Cultural, and Genetic Considerations



Genetic Differences: Variability in drug metabolism, particularly in renal impairment patients.

Cultural Considerations: Dietary habits affecting GERD management.

Ethnic Considerations: Some populations may have a higher prevalence of GERD, influencing drug efficacy.

Monitoring for Desired Effect

Effectiveness: Monitor symptom relief (e.g., heartburn, regurgitation).

Safety: Regularly assess renal function, especially in elderly or renal-impaired patients.

Patient Education: Importance of adherence and lifestyle modifications.

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