

New(s): Are these terms new(s)!?

Spiceophrenia
Pharmacomicrobiomics
Deprescribing
Therapeutic inertia

(RE)VIEWS

Spiceophrenia

Synthetic cannabimimetics are termed as “spice” drugs. The term ‘Spiceophrenia’ describes the acute psychosis triggered by synthetic cannabinoids, known on the street as “K2” or “spice.” A systematic review on this subject can be viewed here.^[1]

Pharmacomicrobiomics

Study of microbiome (refers to the community of microorganism that live in or on the human body) composition and functional variations affecting drug action, fate, and toxicity. View these references for more details.^[2,3]

News and Views

Deprescribing

‘Deprescribing’ was first used a decade ago in Australia by Woodward to describe the cessation of medicines.^[4] Although the evidence-base for deprescribing is limited due to paucity of robust studies, the weight of evidence shows that for most medicines, deprescribing is not harmful in the majority of frail, older people and may be beneficial.^[5] For e.g. withdrawal of antipsychotics for challenging behavior in dementia has been shown to reduce mortality.^[6]

Therapeutic inertia

The term ‘Therapeutic inertia’ first appeared in the MEDLINE-indexed literature in an article in July 2004.^[7] It was later perhaps inadvertently, referenced as ‘therapeutic inertia’ - as the “failure of providers to begin new medications or increase dosages of existing medications when an abnormal clinical parameter is recorded.”^[8]

However the original authors to define “Clinical inertia’ were Phillips *et al.*^[9] They defined clinical inertia as, “failure of health care providers to initiate or intensify therapy when indicated” and “recognition of the problem, but failure to act”.

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