



GÉZA T. TERÉZHALMY, DDS, MA

Dr. Geza T. Terezhalmly received his D.D.S. degree from Case Western Reserve School of Dental Medicine and his M.A. from The George Washington University. Currently, he is a professor for the Department of Comprehensive Dentistry at the University of Texas Health Science Center at the San Antonio Dental School. Dr. Terezhalmly is also a clinical professor for the Department of Pharmacology at the Graduate School of Biomedical Sciences at the University of Texas Health Science Center at the San Antonio Dental School.

Dr. Terezhalmly serves as a National Consultant for Dental Pharmacotherapeutics to the US Surgeon General and also to the Naval Postgraduate Dental School as a consultant in their department of Oral Medicine. He has served on the editorial boards of Quintessence International, Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology and has an extensive list of publication credits with articles appearing in The American Journal of Dentistry, The International Journal of Dental Hygiene, the Journal of Contemporary Dental Practice and the Archives of Oral Biology. Dr. Terezhalmly has served as president of the Organization of Teachers of Oral Diagnosis and of the American Academy of Oral Medicine.

200 Most Common Drugs

Instructor: Dr. Geza Terezhalmly, DDS, MA
 Full Course: 16CEs CBDE/10CEs ADA/AGD (Code 016)(EXPIRES 5/24/21)
 Format: Video
 Delivery: mp4 Download or DVD Via Mail
 Course Price: \$580
 Register: (866) 611-5599 or www.AmericanSeminar.com

COURSE OBJECTIVE

Today's clinicians treat more medically and pharmacologically compromised patients than ever before. The availability of more than a thousand active ingredients in several thousand different formulations, and with over 100,000 nonprescription medications, with hundreds of facts about each of them, presents a seemingly insurmountable challenge in mastering the essentials for the clinical decision making process. Fortunately, the clinician who understands general pharmacological principles can learn to predict the behavior of each drug based on a few facts. It is better to develop a drug profile than it is to memorize isolated data. The best way to achieve this objective is to associate, envision, predict, and inquire.

- ◆ Associate each drug with information already know
- ◆ Envision the course of events that would occur as a drug enters the patient's body
- ◆ Predict clinical uses and adverse drug effects based on a drug's mechanism of action
- ◆ Inquire which fact about a drug is going to impact on the clinical decision making process

GENERAL OBJECTIVES

Participants in this course will be introduced to representative cardiovascular drug profiles based on the top 200 drugs dispensed by U.S. community pharmacies. An awareness of the various drugs commonly prescribed drugs will assist clinicians in identifying patients with commonly encountered cardiovascular problems. The intent is to provide participants with evidence-based knowledge essential for risk stratification of patients taking cardiovascular drugs and the development of appropriate diagnostic, preventive, and therapeutic strategies commensurate with a patient's ability to undergo and respond to dental care.

LEARNING OUTCOMES

After completing this course the participant will have a better understanding and working knowledge of the following:

- ◆ Evidence-based knowledge essential for risk stratifications of patients taking one of 200 drugs dispensed by United States community pharmacies and for the developing oral healthcare strategies commensurate with patients' functional capacity.

LEARNING OUTCOMES

- Discuss the medical management of common systemic diseases predicated on the top 200 prescription drugs
- Discuss disease-related, treatment related and procedure-related variables
- Develop therapeutic strategies predicated on the patient's ability to undergo and respond to dental care

THE TOP 200 PRESCRIPTION DRUGS

Manage the top 200 drugs by categorizing them into sub classes:

Cardiovascular - 61/200 (30.5%)

- ◆ Diuretics
- ◆ Electrolyte Modifiers
- ◆ B-adrenergic Blocking Agents
- ◆ ACE Inhibitors
- ◆ AT II-receptor Antagonists
- ◆ Calcium-Channel Blocking Agents
- ◆ Antihyperlipidemic Agents
- ◆ Cardiac glycosides
- ◆ Antithrombotics and Anticoagulants

Central Nervous System – 42/200 (21%)

- ◆ Anxiolytic Agents
- ◆ Antiseizure Agents
- ◆ Antipsychotic Agents
- ◆ Antidepressants
- ◆ Drugs for ADHD
- ◆ Muscle Relaxants

Endocrine/Metabolic Agents 4/200 (17%)

- ◆ Antidiabetic Agents
- ◆ Thyroid Hormones
- ◆ Glucocorticoids
- ◆ Antiresorptive Agents

- ◆ Oral Contraceptives
- ◆ Antigout Agent
- ◆ Vitamins

Antimicrobial Agent – 20/200 (10%)

- ◆ Penicillians
 - Penicilin VK
 - Amoxicillin
 - Amoxicillin Trihydrate w/Clavulante Potassium
- ◆ Cephalosporins
 - Cephalixin HCK
- ◆ Macrolides
 - Azithromycin
- ◆ Tetracyclines
 - Doxycycline Hyclate
- ◆ Linosamides
 - Clindamycin
- ◆ Flouroquinolones
 - Ciproflaxacin HCL
 - Levaquin
- ◆ Antimetabolites
 - Sulfamethoxazole w/Trimethoprim
- ◆ Antifungal
 - Fluconazole

Analegesics – 19/200 (9.5%)

- ◆ Topical Anesthetics
 - Lidoderm (Lidocaine)
- ◆ NSAIDS
 - Ibuprofen
 - Naproxen
 - Meloxicam
- ◆ Opioid Receptor Agonists
 - Codeine w/APAP
 - Hydrocodone w/APA
 - Oxycodone HCl
 - OxyContin
 - Oxycodone w/APAP
 - Endocet
 - Tramadol
- ◆ Opioid Receptor Antagonist
 - Suboxone

Respiratory Drugs – 13/200 (6.5%)

- ◆ Anti-Flammatory Formulations

- Advair Diskus
- Flovent HFA
- Fluticasone
- Nasonex
- Symbicort
- ◆ Bronchodilators
 - Albuterol
 - ProAir
 - Ventolin
 - Spiriva HandHaler
- ◆ Leukotriene-Receptor Antagonists
 - Singulair
- ◆ Antitussives and Decongestants
 - Cheratussin AC

Gastrointestinal Drugs – 10/200 (5%)

- ◆ Antiemetics
 - Promethazine HCL
 - H2-Blocking Agents
- ◆ Ranitidine HCl
- ◆ Famotidine
 - Proton Pump Inhibitors
- ◆ Nexium
- ◆ Omeprazole (Rx)
- ◆ Pantoprazole Sodium

Genitourinary Agents – 3/200 (1.5%)

- ◆ Erectile Dysfunction
 - Viagra
 - Cialis
- ◆ Alpha 1 – Blocking Agents
 - Tamsulosin

PROCEDURE SPECIFIC RISK FACTORS

Today's clinicians must ask themselves what is the physical and emotional stress associated with the procedure they are preparing to perform on their patient? In this section factors such as fluid shift, blood loss, duration of the procedure and physiological stress will be discussed.

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(11/1/2019) to (12/31/2023)



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