Molecule ID: 5
Keyword: aspirin
User ID: 8
Date of Creation: 2023-11-30 16:28:23

PubChem

Compound Name: Aspirin
Molecular Form: C9H8O4, CH3COOC6H4COOH
Molecular weight:180.16 g/mol
CAS registration: 50-78-2
ATC code: N - Nervous system / N02 - Analgesics / N02B - Other analgesics and antipyretics / N02BA - Salicylic acid and derivatives / N02BA01 - Acetylsalicylic acid
IUPAC name: 2-acetyloxybenzoic acid
Solubility: Solubility not found
Physical description: Physical description not found
Melting point: CAMEO Chemicals
Decomposition: Decomposition not found
Half life: The half-life of ASA in the circulation ranges from 13 - 19 minutes. Blood concentrations drop rapidly after complete absorption. The half-life of the salicylate ranges between 3.5 and 4.5 hours.
Reactivity: Reactivity not found

PubMed

Pharmacodynamics: Pharmacodynamics of aspirin pubmed "free" - Google Search (function(){var b=window.addEventListener;window.addEventListener=function(a,c,d){"unload"!==a&&b(a,c,d)};}).call(this);(function(){var _g={kEI:'e6loZa7kENnz0PEPu-iBoAI',kEXPI:'31',kBL:'TDkD',kOPI:89978449};(function(){var a;(null==(a=window.google)?0:a.stvsc)?google.kEI=_g.kEI:window.google=_g;}).call(this);})();(function(){google.sn='web';google.kHL='en-TN';})();(function(){ var h=this||self;function l(){return void 0!==window.google&&void 0!==window.google.kOPI&&0!==window.google.kOPI?window.google.kOPI:null};var m,n=[];function p(a){for(var b;a&&(!a.getAttribute||!(b=a.getAttribute("eid")));)a=a.parentNode;return b||m}function q(a){for(var b=null;a&&(!a.getAttribute||!(b=a.getAttribute("leid")));)a=a.parentNode;return b}function r(a){/^http:/i.test(a)&&"https:"===window.location.protocol&&(google.ml&&google.ml(Error("a"),!1,{src:a,glmm:1}),a="");return a} function t(a,b,c,d,k){var e="";-1===b.search("&ei;=")&&(e="&ei;="+p(d),-1===b.search("&lei;=")&&(d=q(d))&&(e+="&lei;="+d));d="";var g=-1===b.search("&cshid;=")&&"slh"!==a,f=[];f.push(["zx",Date.now().toString()]);h._cshid&&g&&f.push(["cshid",h._cshid]);c=c();null!=c&&f.push(["opi",c.toString()]);for(c=0;c=c.bottom||a.right=c.right} function ba(a){return"none"===a.style.display?!0:document.defaultView&&document.defaultView.getComputedStyle;?(a=document.defaultView.getComputedStyle(a),!!a&&("hidden"===a.visibility||"0px"===a.height&&"0px"===a.width)):!1} function ca(a,b,c,d,f){var g=f(a),l=g.left+(c?0:window.pageXOffset),k=g.top+(c?0:window.pageYOffset),h=g.width,m=g.height,e=0;if(!b&&0>=m&&0>=h)return e;b=window.innerHeight||document.documentElement.clientHeight;0>k+m?e=2:k>=b&&(e=4);if(0>l+h||l>=(window.innerWidth||document.documentElement.clientWidth))e|=8;else if(d){g=g.left;if(!c)for(;a&&a;!==d;a=a.parentElement)g+=a.scrollLeft;d=f(d);if(g+h=d.right)e|=8}e||(e=1,k+m>b&&(e|=4));return e};var q=google.c.bfrt,r=google.c.bfrte,da=google.c.cap,t=google.c.cgpbc,ea=google.c.vis,fa=google.c.irsf,ha=google.c.marb,ia=google.c.taf,u=google.c.frt,v=google.c.frvt,w=google.c.timl;function y(a,b){google.tick("load",a,b)}function z(a,b){google.c.e("load",a,String(b))}function A(a){return Math.floor(a.getBoundingClientRect().top+window.pageYOffset)}function B(a,b,c,d){a.addEventListener?a.addEventListener(b,c,d||!1):a.attachEvent&&a.attachEvent;("on"+b,c)}function C(a,b,c,d){"addEventListener"in

a?a.removeEventListener(b,c,d||!1):a.attachEvent&&a.detachEvent;("on"+b,c)};var ja=function(a){this.g=a;this.v=[];this.
Overview of Efficacy: The anticonvulsant hypothesis proposes that the self-limiting capacity of ECT seizures and associated functional suppression of bioelectrical activity are associated with efficacy and positive clinical outcome. 6 , 7 ECT's anticonvulsant effects are perhaps most obvious in regard to its use in the clinical treatment of intractable seizure disorders and status epilepticus.
Pharmacodynamics Drug Interaction: While plain, uncoated, immediate-release aspirin is used in acute settings to help assure rapid absorption, enteric-coated aspirin formulations dominate current chronic use, particularly in North America, including for secondary prevention of cardiovascular events. The unmet needs with current aspirin formulations include a high risk of gastrointestinal (GI) adverse events with plain aspirin, which enteric-coated formulations are not able to overcome, and subject to erratic absorption leading to reduced drug bioavailability.
Clinical Studies: Go to: Abstract article-meta Evidence on aspirin and cancer comes from two main sources: (1) the effect of aspirin upon biological mechanisms in cancer, and (2) clinical studies of patients with cancer, some of whom take aspirin. A series of systematic literature searches identified published reports relevant to these two sources.
Overview of Safety: 2004; 110 :1706–1708. [PubMed] [Google Scholar] 19. Cattaneo M. Aspirin and clopidogrel: efficacy, safety, and the issues of drug resistance. Arterioscler.
Marketing Experience: Sales of ASA in tablet form began in 1904 and contributed to immediate commercial success of these drugs. It is worth emphasizing that ASA is one of the first industrial drugs available in the form of tablets in the world.
Benefits/Risks: Go to: 4. Conclusions This overview of recently published meta-analyses suggests that aspirin therapy has significant benefits in a variety of clinical settings, but there are still uncertainties that will require more research. Current evidence suggests that aspirin is beneficial for secondary prevention for cardiovascular disease, primary prevention of pre-eclampsia, and secondary prevention of colorectal adenomas. However, use of aspirin in primary prevention of cardiovascular disease, or in patients with diabetes mellitus, or in those with peripheral vascular disease is not supported by the current evidence. It is also clear that aspirin has considerable potential for harm in patients undergoing surgical procedures.