Acne : For mild acne without a prescription, consider antiseptic washes containing benzoyl peroxide (Acne Clear) or salicylic acid (Acnevir), or creams or gels containing benzoyl peroxide (Benzac AC), azelaic acid (Azelex), resorcinol (R A Acne), dapsone (Aczone), or products containing tea tree oil.

Prescription options for mild acne include antibiotics (topical clindamycin [Cleocin T] or topical erythromycin [Erygel]) with or without benzoyl peroxide (such as Neuac or Benzamycin) or azelaic acid to prevent resistance. Topical prescription retinoids like tretinoin (Renova) or adapalene (Differin), or oral isotretinoin (Accutane), are effective. Combination prescription topicals such as adapalene/benzoyl peroxide (Epiduo) are also available.

Other oral treatments for acne include:

Antibiotics such as doxycycline (Adoxa Pak), or minocycline (Dynacin)

Combined oral contraceptives, such as norgestimate/ethinyl estradiol (Estarylla), or drospirenone/ethinyl estradiol (Yaz), which can help regulate hormonal imbalances causing acne

ADHD: Behavioral education should be considered as the first-line treatment for any case of ADHD, particularly in children aged less than 6 years of age, with mild symptoms, or if the family prefers this option over drug therapy. Pharmacological treatments for ADHD include stimulants, non-stimulants, clonidine, and antidepressants.

Stimulants. These are the most commonly prescribed treatments and work by increasing dopamine and norepinephrine levels. Available in immediate-release (short-acting) and extended-release forms. Examples include methylphenidate (Ritalin, Concerta), amphetamine and dextroamphetamine (Adderall) or lisdexafetamine (Vyvanse). These are controlled substances with potential side effects and a high abuse risk.

Non-stimulants work by increasing norepinephrine levels. They may be prescribed if stimulants are ineffective or have side effects but take longer to work (>3 weeks). Examples include atomoxetine (Strattera), and guanfacine (Intuniv). They are not controlled substances.

Clonidine (Kapvay)

Antidepressants. These are not specifically approved for ADHD but commonly prescribed. Examples include venlafaxine and fluoxetine.

AIDS/HIV: Medications used to treat HIV are called antiretrovirals (also referred to as ART or ARV) and most people take a combination of these which consists of 2 or more HIV medicines from one or more drug classes. There are 3 medications (Descovy, Truvada, and Apretude) for pre-exposure prophylaxis that reduce the risk of HIV infection in people at high risk.

Common antiretroviral combinations include:

abacavir and lamivudine --ABC/3TC (Epzicom)

abacavir, dolutegravir, and lamivudine -- ABC/DTG/3TC (Triumeq, Triumeq PD)

abacavir, lamivudine, and zidovudine -- ABC/3TC/ZDV (Trizivir)

atazanavir and cobicistat -- ATV/COBI (Evotaz)

bictegravir, emtricitabine, and tenofovir alafenamide -- BIC/FTC/ AF (Biktarvy)

cabotegravir and rilpivirine -- CAB/RPV (Cabenuva)

darunavir and cobicistat -- DRV/COBI (Prezcobix)

darunavir, cobicistat, emtricitabine, and tenofovir alafenamide -- DRV/COBI/FTC/TAF (Symtuza)

dolutegravir and lamivudine -- DTG/3TC (Dovato)

Allergies: Antihistamines, oral decongestants, combination antihistamines/decongestants, corticosteroid nasal sprays, skin creams, oral corticosteroids, eye drops, mast cell stabilizers, leukotriene inhibitors, biologics, and emergency epinephrine shots may all be used to treat allergies or allergic reactions.

Antihistamines work by blocking histamine, a chemical released by the immune system in response to allergens. Some, such as diphenhydramine (Allermax) and chlorpheniramine (Aller-Chlor) can cause drowsiness while others, such as cetirizine (Zyrtec, Zyrtec Allergy), desloratadine (Clarinex), fexofenadine (Allegra, Allegra Allergy), levocetirizine (Xyzal, Xyzal Allergy), or loratadine (Alavert, Claritin) are unlikely to cause drowsiness.

Antihistamine nasal sprays, such as azelastine (Astelin, Astepro), and olopatadine (Patanase) help relieve sneezing, itchy or runny nose, sinus congestion, and postnasal drip.

Antihistamine eye drops, available both over-the-counter and by prescription, can provide relief for itchy, red, and swollen eyes and examples include ketotifen (Alaway, Zaditor), olopatadine (Pataday, Patanol, Pazeo), and pheniramine with naphazoline (Visine, Opcon-A, among others).

Oral decongestants like phenylephrine and pseudoephedrine (Contact Cold) provide rapid, short-term relief from nasal and sinus congestion. However, they may bring about issues like insomnia, headaches, increased blood pressure, and irritability. It is advisable to steer clear of these medications if you have conditions such as high blood pressure, cardiovascular disease, glaucoma, or hyperthyroidism.

Combination oral decongestants with an antihistamine include:

Cetirizine and pseudoephedrine (Zyrtec-D)

Desloratadine and pseudoephedrine (Clarinex-D)

Fexofenadine and pseudoephedrine (Allegra-D)

Loratadine and pseudoephedrine (Claritin-D).

Nasal decongestant sprays and drops such as oxymetazoline (Afrin) and tetrahydrozoline (Tyzine) provide relief from short-term nasal and sinus congestion but use beyond three consecutive days may lead to a cycle of recurring or worsening congestion.

Corticosteroid nasal sprays, such as budesonide (Rhinocort), fluticasone (Flonase Sensimist, Flonase Allergy Relief), mometasone (Nasonex), and triamcinolone (Nasacort Allergy 24 Hour) suppress allergy-related inflammation and alleviate congestion, sneezing, and a runny nose. Potential side effects include nasal irritation, nosebleeds, and an unpleasant taste.

Two aerosol alternative corticosteroid inhalers are beclomethasone (Qnasl), and ciclesonide (Zetonna) for those who find the sensation of liquid flowing down their throats or the taste of nasal sprays unpleasant.

Corticosteroid skin creams, such as betamethasone (Dermabet, Diprolene), desonide (Desonate, DesOwen), hydrocortisone (Locoid), mometasone (Elocon), and triamcinolone relieve allergic skin reactions such as itching, redness or scaling. Long-term use of prescription corticosteroid creams may cause skin thinning and affect hormones.

Oral corticosteroids, such as prednisolone (Flo-Pred), prednisone, or methylprednisolone (Medrol) may be prescribed short-term for severe allergic reactions. Cataracts, osteoporosis, stomach ulcers, increased blood sugar (glucose), high blood pressure, and delayed growth in children may occcur with long-term use.

Corticosteroid eye drops such as fluorometholone (Flarex, FML), loteprednol (Alrex, Lotemax), and prednisolone (Omnipred, Pred Forte) can help relieve persistent itchy, red, or watery eyes if other treatments are not helping to relieve eye symptoms. Their use should be monitored by a physician specializing in eye disorders because of the risk of infection, cataracts, and glaucoma.

Mast cell stabilizers are available as over-the-counter nasal sprays (Nasalcrom), and prescription eyedrops such as cromolyn (Crolom), lodoxamide (Alomide), and nedocromil (Alocril), and these work by preventing the release of histamine and other chemicals from mast cells which contribute to allergic reactions. They need to be used for several days before they produce an effect and are usually used when antihistamines are not working or are not well tolerated.

Leukotriene inhibitors are prescription medicines that work by preventing the release of symptom-causing leukotrienes from mast cells and eosinophils or by obstructing leukotriene receptors in airway tissues. Only montelukast (Singulair), is approved for treating hay fever.

Immunotherapy involves gradually desensitizing a person to allergens, particularly ones that are hard to avoid, such as dust mites, pollens, and molds. Depending on the allergen, it may be given as an injection or sublingual tablet. Available sublingual tablets include:

Odactra for dust mites

Ragwitek for short ragweed

Oralair for sweet vernal, orchard, perennial rye, Timothy, and Kentucky bluegrass

Grastek for Timothy grass.

Biological medications are injections that target specific immune system reactions and include dupilumab (Dupixent) and omalizumab (Xolair).

Alzheimer's: A progressive, neurodegenerative disease characterised by loss of function and death of nerve cells in several areas of the brain leading to loss of cognitive function such as memory and language. The cause of nerve cell death is unknown but the cells are recognised by the appearance of unusual helical protein filaments in the nerve cells. Common medications include:Aricept,donepezil,memantine

Angina: Angina pectoris is the medical term for chest pain or discomfort due to coronary heart disease. Angina is a symptom of a condition called myocardial ischemia. It occurs when the heart muscle (myocardium) doesn't get as much blood (hence as much oxygen) as it needs. This usually happens because one or more of the heart's arteries (blood vessels that supply blood to the heart muscle) is narrowed or blocked. Insufficient blood supply is called ischemia.

Typical angina is uncomfortable pressure, fullness, squeezing or pain in the center of the chest. The discomfort also may be felt in the neck, jaw, shoulder, back or arm. Many types of chest discomfort aren't related to angina. Acid reflux (heartburn) and lung infection or inflammation are examples.

Anxiety: Two classes of medications are commonly used to treat anxiety: SSRIs and benzodiazepines.

SSRIs (selective serotonin reuptake inhibitors) are usually the first medications doctors will prescribe to help manage anxiety before considering other options such as benzodiazepines. Common SSRIs

include sertraline (Zoloft), fluoxetine (Prozac), citalopram (Celexa), and escitalopram (Lexapro). They impact serotonin, a neurotransmitter influencing mood, sleep, and more, and they are particularly useful for people who also have depression as well as anxiety. While SSRIs they might initially cause side effects like nausea or insomnia, these usually subside in 4-8 weeks. They're not addictive, but abrupt discontinuation can lead to severe symptoms, so dosage changes should be discussed with your doctor.

Benzodiazepines, such as alprazolam (Xanax), lorazepam (Ativan), and diazepam (Valium) are second-line options for generalized anxiety disorders (GAD) and may be considered when panic attacks or severe muscle tension are prominent. They enhance the inhibitory neurotransmitter GABA, providing quick relief but for a short duration. They are effective in reducing physiological symptoms like tension and insomnia. While generally well-tolerated, prolonged use can lead to dependence. Benzodiazepines and alcohol don't mix well and should be avoided. They're not recommended for individuals with a history of addiction or severe suicidal tendencies.

Other medications that may be considered if SSRIs and benzodiazepines are not appropriate, tolerated, or effective include:

Buspirone (BuSpar)

Cannabidiol (CBD)

Serotonin-norepinephrine reuptake inhibitors (SNRIs), such as duloxetine (Cymbalta) or venlafaxine (Effexor XR)

Tricyclic antidepressants (TCAs) such as amitriptyline, imipramine (Tofranil), or nortriptyline (Pamelor)

Beta-blockers such as propranolol.

Asthma: While asthma may not have a cure, there are effective long-term medications available to manage it and improve a person with asthma's quality of life.

Quick-relief medications, such as albuterol (ProAir HFA, Ventolin HFA)These open the airways quickly to ease attacks and worsening symptoms

Long-term control medications. There are several different types:

Inhaled Corticosteroids, such as fluticasone (Flovent HFA) or budesonide (Pulmicort Flexhaler). These reduce swelling and tightness in the airways and are used regularly to prevent asthma attacks.

Leukotriene modifiers, such as montelukast (Singulair). These block chemicals that cause asthma symptoms.

Long-acting beta agonists (LABAs), such as salmeterol (Serevent Diskus). These open the airways for 12+ hours.

Combination inhalers, usually contain a corticosteroid and a bronchodilator (such as fluticasone and salmeterol [Advair Diskus])

Other medications that may be used for asthma include:

Ipratropium (Atrovent HFA) which is a short-acting bronchodilator that works in a different way to albuterol

Theophylline (Theo-24), an oral bronchodilator that may be used for mild asthma

Oral corticosteroids (prednisone), that may be used to help control severe asthma attacks

Immunotherapy for allergic asthma

Biologics, such as omalizumab (Xolair) for allergic asthma and benralizumab (Fasenra), dupilumab (Dupixent), mepolizumab (Nucala), reslizumab (Cinqair), or tezepelumab-ekko (Tezspire) which target cytokines for severe eosinophilic asthma.

Bipolar Disorder: Bipolar disorder is best treated with a combination of medications (such as mood-stabilizing agents, antipsychotics, antidepressants, or benzodiazepines), therapy sessions, and good personal routines.

Mood-stabilizing medication (some of these are anticonvulsants which may also be used to treat seizures)

carbamazepine (Carbatrol, Epitol, Equetro, Tegretol)

diivalproex sodium (Depakote)

lamotrigine (Lamictal)

lithium

valproic acid (Depakene).

Antipsychotics:

haloperidol (Haldol)

loxapine (Loxitane)

aripiprazole (Abilify)

asenapine (Saphris)

cariprazine (Vraylar)

olanzapine (Zyprexa)

olanzapine/samidorphan (Lybalvi)

quetiapine (Seroquel)

risperidone (Risperdal)

ziprasidone (Geodon).

Antidepressants

lumateperone (Caplyta)

lurasidone (Latuda)

amitriptyline

citalopram (Celexa)

desimpramine (Norpramin)

desvenlafaxine (Pristiq)

duloxetine (Cymbalta, Yentreve)

escitalopram (Lexapro)

fluoxetine (Prozac)

nortriptyline (Pamelor)

paroxetine (Paxil, Pexeva)

sertraline (Zoloft)

venlafaxine (Effexor).

Benzodiazepines (such as clonazepam, lorazepam, or oxazepam).

Bronchitis: Treatment of Bronchitis

Bronchitis is most often caused by viruses, so antibiotics will not help treat the condition. Most cases of acute bronchitis get better by themselves without treatment within a couple of weeks.

Cough medications may help with sleep at night and people with other conditions (such as asthma or COPD) may benefit from bronchodilators and corticosteroids to open up their airways and reduce inflammation.

People with chronic bronchitis may benefit from pulmonary rehabilitation – this is where a respiratory therapist teaches you exercises to help you breathe more easily and increase your ability to partake in physical activity.

Nonpharmacological treatments can also help you feel better, such as:

Warm lemon and honey drinks

Humidifiers – these produce warm moist air which loosens mucus in the airway allowing you to cough it up easier

Wearing a mask or a buff over your mouth outside if you are exposed to cold air, smoke, fumes, or other pollutants.

Cholesterol: Medications that may be used to treat high cholesterol (also called hyperlipidemia or dyslipidemia) include:

Statins such as atorvastatin (Lipitor), fluvastatin (Lescol XL), lovastatin (Altoprev), pravastatin, rosuvastatin (Crestor), or simvastatin (Zocor)

Cholesterol absorption inhibitors, such as ezetimibe (Zetia)

Bile Acid Sequestrants (also called bile acid-binding agents) such as cholestyramine (Prevalite), colestipol (Colestid), or colesevelam (WelChol)

PCSK9 inhibitors such as alirocumab and evolocumab (Repatha)

Adenosine triphosphate-citrate lyase (ACL) inhibitors such as bempedoic acid (Nexletol) or bempedoic acid/ezetimibe (Nexlizet)

Fibrates such as gemfibrozil (Lopid), fenofibrate (Antara, Tricor), or clofibrate

Niacin (nicotinic acid)

Omega-3 Fatty Acid Ethyl Esters such as Lovaza or Vascepa

Marine-Derived Omega-3 Polyunsaturated Fatty Acids (PUFA), otherwise known as omega-3 fish oils or omega-3 fatty acids

Combination agents, such as ezetimibe/rosuvastatin (Roszet), ezetimibe/simvastatin (Vytorin), or simvastatin/niacin.

Colds & Flu: Cold; Common Cold; CoryzaSymptoms of a viral infection involving the upper respiratory tract and characterized by congestion of the nasal mucous membrane, watery nasal rhinorrhea, and general malaise, with a duration of 3–5 days.medications are:Benadryl,diphenhydramine,chlorpheniramine,Vicks Nyquil D Cold and Flu Nighttime Relief

Constipation: Laxatives are diverse range of medications that help with the movement of feces (poo) through the colon. Over-the-counter options include:

Fiber Supplements and bulk forming laxatives: These increase the bulk of the stool and help it to retain water, making it softer but more formed. They should be taken with plenty of water. Examples

include psyllium (Metamucil), wheat dextrin (Benefiber), polycarbophil (FiberCon), and methylcellulose (Citrucel). They can take two to three days to work.

Osmotics: These enhance stool movement by drawing water from the rest of the body into the bowel to soften poo and make it easier to pass. Examples include oral magnesium hydroxide (Milk of Magnesia), magnesium citrate, lactulose (Generlac), and polyethylene glycol 3350 (Miralax). They can take two to three days to work.

Stimulants: These stimulate the muscles along the inside of the intestinal tract, helping them to move poo through to your back passage. Examples include bisacodyl (Correctol) and sennosides/senna (Senokot), and they take 6 to 12 hours to work.

Lubricants: Lubricants, such as mineral oil, coat the stool and the inside of the bowel with moisture which helps keep the stool from drying out, allowing smoother passage along the intestines and colon

Stool Softeners: Arachis oil (peanut oil), and docusate (Colace) are stool softeners that allow water to get into poo easier to soften it, making it easier to pass.

For chronic constipation or constipation as a result of irritable bowel syndrome, the following prescription medicines may be considered:

Lubiprostone (Amitiza)

Linaclotide (Linzess)

Plecanatide (Trulance)

Prucalopride (Motegrity).

In instances where constipation is specifically because of opioid pain relief, prescription medicines like methylnaltrexone (Relistor), naldemedine (Symproic), and naloxegol (Movantik) might be recommended.

COPD: COPD (Chronic Obstructive Pulmonary Disease) is a long-term respiratory condition that often requires several different medications to control it, such as bronchodilators (short-acting or long-acting), corticosteroids, mucolytics, or antibiotics.

Types of bronchodilators include beta2-agonists and anticholinergics and examples include:

Short-acting beta2-agonists (SABA): albuterol (ProAir HFA, Ventolin HFA)

Long-acting beta2-agonists (LABA): salmeterol (Serevent Diskus), formoterol (Perforomist)

Short-acting anticholinergics (SAMA): ipratropium (Atrovent HFA)

Long-acting anticholinergics (LAMA): tiotropium (Spiriva Respimat), aclidinium (Tudorza Pressair)

SABA + SAMA: albuterol/ipratropium (Combivent Respimat).

Corticosteroids

In addition to bronchodilators, anti-inflammatory medications, notably inhaled corticosteroids (ICS), play a role in COPD management. While not typically recommended as a standalone treatment, ICS are often prescribed in combination therapy for those with moderate to severe COPD.

Examples of inhaled corticosteroids (ICS) include: fluticasone (Flovent), budesonide (Pulmicort Flexhaler)

Combination inhalers that include inhaled corticosteroids include:

ICS + LABA: fluticasone/salmeterol (Advair HFA), budesonide/formoterol (Symbicort)

LAMA + LABA: tiotropium/olodaterol (Stiolto Respimat).

Other Medications

For individuals with severe airway limitations, persistent symptoms, high blood eosinophil counts, or a history of exacerbations, healthcare providers may recommend triple therapy. This involves combining an ICS, a LABA, and a LAMA into a single medication. An example is fluticasone/vilanterol/umeclidinium (Trelegy Ellipta).

Exacerbations, characterized by increased coughing, mucus production, and shortness of breath, may require antibiotics or steroids, for example:

Antibiotics: azithromycin (Zithromax), levofloxacin (Levaquin)

Steroids: prednisone, methylprednisolone

Leukotriene modifiers (Montelukast)

Expectorants: guaifenesin (Mucinex).

COPD patients should stay current on their vaccinations, including flu, COVID-19, and pneumonia shots (Prevnar 13, Pneumovax 23).

Covid 19: There are several FDA approved treatments for COVID-19, as well as medicines authorized for emergency use.

Emergency use authorization (EUA) for COVID-19 is not the same as FDA approval. Emergency use authorization is when the FDA allows unapproved drugs or unapproved uses of approved drugs, under certain conditions.

Contact your healthcare provider right away if you test positive for COVID-19. They can help determine which treatments are best for you based on your age, symptoms, risk factors and health history.

Some COVID treatments need to be started as soon as possible and within 5 or 7 days of symptoms onset, and other treatments are only used in the hospital and if you need breathing support, such as oxygen or mechanical ventilation. Do not delay contacting your doctor.

In more severe cases, other treatments, such as blood thinners, additional oxygen or a ventilator may be needed.

COVID-19 treatments are still under research in clinical trials. Treatments continue to evolve, especially as new variants emerge.

The FDA has not approved or authorized the use of ivermectin to prevent or treat COVID-19 and caution the public about the potential risks. Ivermectin should only be used in patients for COVID-19 treatment in a research setting, as part of a clinical trial.

Select treatments approved by the FDA for COVID-19

Actemra (tocilizumab) - an intravenously / subcutaneously injected immune modulator approved for hospitalized adults with COVID-19 who are receiving systemic corticosteroids (for example: dexamethasone) and require supplemental oxygen, mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).

Olumiant (baricitinib) - an oral immune modulator for the treatment of COVID-19 in hospitalized adults requiring supplemental oxygen, mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).

Paxlovid (nirmatrelvir / ritonavir; co-packaged) - NDA approved on May 25, 2023 as an oral antiviral treatment for certain adults. It is used for the treatment of mild to moderate COVID-19 in adults who are at high risk for progression to severe COVID-19, including hospitalization or death. Paxlovid is not approved for use as pre-exposure or post-exposure prophylaxis for prevention of COVID-19. A full drug interaction review should be completed prior to treatment. Either NDA-labeled Paxlovid or EUA-labeled Paxlovid can be used for treatment in adults. Pfizer will assume responsibility for distribution of this treatment after December 15, 2023, when the U.S. government fully transitions out of distribution.

Veklury (remdesiver) - an intravenous (IV) therapy approved for patients in the hospital or in an outpatient setting. Approved for adults and children (28 days of age and older and weighing at least 3 kilograms) with mild to moderate COVID-19, at high risk for severe COVID-19, including hospitalization or death.

Select treatments authorized to treat COVID-19 under FDA's Emergency Use Authorization (EUA)

Actemra (tocilizumab) - an intravenously / subcutaneously injected immune modulator for hospitalized children aged 2 years to under 18 years with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).

Gohibic (vilobelimab) - an intravenous infusion immune modulator authorized to treat COVID-19 in hospitalized adults when initiated within 48 hours of receiving invasive mechanical ventilation (IMV) or extracorporeal membrane oxygenation (ECMO).

Kineret (anakinra) - is an immune modulator authorized for the treatment of COVID-19 in hospitalized adults with pneumonia requiring supplemental oxygen who are at risk of progressing to severe respiratory failure and likely to have an elevated plasma soluble urokinase plasminogen activator receptor (suPAR).

Lagevrio (molnupiravir) - an oral antiviral authorized emergency use of molnupiravir for the treatment of mild-to-moderate COVID-19 in people 18 years of age and older who are at high risk for progression to severe COVID-19, including hospitalization or death; and for whom other COVID-19 treatment options are not available or applicable. Some clinicians do not recommend this treatment, especially if Paxlovid is available.

Olumiant (baricitinib) - an oral immune modulator authorized for use in children 2 to less than 18 years of age requiring supplemental oxygen, invasive mechanical ventilation, or extracorporeal membrane oxygen (ECMO).

Paxlovid (nirmatrelvir / ritonavir; co-packaged) - an oral antiviral treatment available under EUA for use in children 12 to under 18 years old weighing at least 40 kg for the treatment of mild-to-moderate COVID-19 who are at high risk for progression to severe COVID-19, including hospitalization or death. On November 1, 2023, the FDA revised the EUA for Paxlovid in children 12 to under 18 years to authorize use of NDA labeled Paxlovid for the treatment of mild-to-moderate COVID-19. Either NDA-labeled Paxlovid or EUA-labeled Paxlovid can be used for treatment in this patient group

Depression: Depression is treatable with high rates of success. Treatments may include:

Psychotherapy

Antidepressants, such as Selective Serotonin Reuptake Inhibitors (SSRIs), Serotonin Norepinephrine Reuptake Inhibitors (SNRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs).

Responses to antidepressants vary, and most antidepressants take 4 to 6 weeks for full effect. About 50% of patients respond to the first treatment, whereas others may have to try a few different types of antidepressants before they find the best one for them.

There are several things you can do to help with your symptoms as well, such as:

Setting realistic and daily goals

Developing strategies to work through crises situations

Developing coping and problem-solving skills

Learning how to develop positive relationships

Replacing negative thoughts with positive ones.

Diarrhea: Anti-diarrheal medications can be helpful for adults experiencing diarrhea. Two common types are:

Loperamide (Imodium): Slows down food movement in the intestines, allowing the body to absorb more liquid

Bismuth subsalicylate (Kaopectate, Pepto-Bismol): Prevents intestinal secretion and promotes fluid and electrolyte reabsorption while reducing inflammation and helping slow the growth of bacteria that might be causing the diarrhea.

These medications are not recommended for children without first consulting a pediatrician.

For persistent diarrhea related to irritable bowel syndrome (IBS-D), prescription options include:

Alosetron (Lotronex): Reserved for severe cases in women with IBS-D. May have side effects like constipation and reduced colon blood flow.

Eluxadoline (Viberzi): Slows gut contractions, relieving pain. Not suitable for those without a gallbladder, as it may lead to pancreatitis.

Rifaximin (Xifaxan): An antibiotic used for specific gut bacteria; typically a short-term treatment, sometimes for traveler’s diarrhea.

While there's no specific recommended diet for treating diarrhea, options like bananas, rice, applesauce, toast, potatoes, smooth peanut butter, skinless poultry, and yogurt are generally suitable.

Conversely, it's wise to avoid fatty or fried foods, raw fruits and vegetables, spicy foods, caffeinated drinks, and beans, which are likely to make diarrhea worse

Eczema: Eczema can be managed through a variety of treatments including moisturizers, medicated shampoos, topical corticosteroids, topical calcineurin inhibitors, topical phosphodiesterase inhibitors, topical JAK inhibitors, oral JAK inhibitors, or injectable biologics. Oral infection control and symptom relief medications, oral immunosuppressants, and ultraviolet light treatments (phototherapy) may also be used.

Moisturizers. These help retain skin moisture, repair damage, and alleviate dryness, redness, and itching. Examples include Dermaced Deep Therapy Eczema and EpiCeram Skin Barrier.

Medicated shampoos. These may contain ingredients such as ketoconazole (such as Nizoral), coal tar, or pyrithione zinc. They can help reduce symptoms of seborrheic dermatitis on the scalp (dandruff).

Topical Corticosteroids. Available in OTC preparations (such as hydrocortisone) or prescription products which range in potency from:

Mild -- Class 6: such as desonide 0.05% (Desonate), alclometasone dipropionate 0.05%, fluocinolone acetonide 0.01% (Derma-Soothe), or hydrocortisone 17-butyrate 0.1% (Locoid cream)

Medium potency -- Class 4 and 5: such as betamethasone valerate foam 0.12% (Luxiq), betamethasone dipropionate spray 0.05% (Sernivo spray), hydrocortisone 17-butyrate 0.1% (Locoid ointment), fluticasone propionate 0.05% (Cutivate cream), mometasone furoate 0.1% (Elocon cream), triamcinolone acetonide 0.025% (Kenalog cream/spray), triamcinolone acetonide 0.1% (Triderm cream/lotion/ointment)

Upper medium potency -- Class 3: such as amcinonide 0.1% cream (Cyclocort), regular betamethasone dipropionate cream 0.05%, fluticasone propionate 0.005% (Cutivate ointment), triamcinolomne acetonide 0.5% (Cinolar cream/ointment)

Potent -- Class 2: such as amcinonide ointment 0.1%, augmented betamethasone dipropionate lotion and cream (0.05%), diflorasone diacetate (Apexicon E), halcinonide 0.1% (Halog)

Very high potency -- Class 1: such as halobetasol 0.05% (Ultravate), flurandrenolide 4mcg/m2 (Cordran Tape), Fluocinonide 0.1% (Vanos cream), clobetasol propionate 0.05% (Cormax, Olux).

Topical calcineurin inhibitors, such as pimecrolimus (Elidel) and tacrolimus (Protopic).

Topical phosphodiesterase-4 (PDE4) inhibitors such as Crisaborole (Eucrisa).

Topical JAK Inhibitors such as ruxolitinib (Opzelura) and delgocitinib (Corectim).

Oral JAK inhibitors such as abrocitinib (Cibinqo) and upadacitinib (Rinvoq).

Injectable biologics such as dupilumab (Dupixent) and tralokinumab-ldrm (Adbry).

Oral infection control and symptom relief medications, such as antibiotics or antivirals to treat infections or stop them from spreading; antihistamines (such as hydroxyzine, diphenhydramine, chlorpheniramine, or levocetirizine) to relieve itching and improve sleep; or pain relievers such as acetaminophen, ibuprofen, or naproxen.

Oral immunosuppressants, such as methotrexate, azathioprine, and cyclosporin, which reduce the overactive immune response.

Phototherapy including ultraviolet B (UVB) or ultraviolet A (UVA) light.

Gout: Treatment of Gout

Gout treatment can be categorized into medicines used to treat an acute attack, and medicines used to prevent gout complications, such as tophi.

Medicines used to treat gout attacks relieve pain and inflammation and include:

Nonsteroidal anti-inflammatory drugs (NSAIDs)

colchicine

Corticosteroids.

Medicines to prevent recurrences of gout either block the production of uric acid or improve its removal. Examples include:

allopurinol

febuxostat

pegloticase

probenecid.

Ideally, doctors aim for a target uric acid level of less than 6.0mg/dL (360 µmol/L) for most people with hyperuricemia associated with gout.

Although medications are the most effective way to prevent and treat gout, a few lifestyle changes go a long way in reducing the risk of future attacks.

Avoid sweetened drinks containing fructose or sucrose, and alcoholic beverages such as beer and spirits. Drink plenty of water.

Limit your intake of purine-rich foods such as red meats, organ meats, and seafood. Eat mostly fresh vegetables and use low-fat dairy products as a protein source.

Exercise regularly and lose weight if you are overweight.

Hair Loss: Treatments for alopecia aim to grow back missing hair and include topical products such as minoxidil, corticosteroids, anthralin, or topical immunotherapy, and systemic medications, such as oral corticosteroids, JAK inhibitors, and other immunosuppressants.

Topical Treatments

These are applied to the scalp.

Minoxidil (Hair Regrowth Treatment, Rogaine) promotes gradual hair growth by increasing blood flow to follicles. Once discontinued, hair resumes its pattern of loss.

Corticosteroids: Topical creams or solutions such as betamethasone (Beta-Val), clobetasol (Clobex), fluocinolone, or fluocinonide (Vanos) suppress the immune system and may have temporary benefits for alopecia areata.

Anthralin cream: A topical anti-inflammatory medication for alopecia areata.

Topical immunotherapy: Involves applying substances like diphenylcyclopropenone (DPCP) or topical acid dibutylester (SADBE) to trigger an allergic reaction, stimulating hair growth.

Systemic Medications

These are taken orally.

Oral corticosteroids, such as dexamethasone, administered two days per week as mini-pulse therapy has been used for alopecia areata, although results may be better in those with a later age of onset.

JAK Inhibitors target specific enzymes involved in the immune system's attack and promising results for alopecia areata in clinical trials have been reported for baricitinib (Olumiant) which is available as a once-daily tablet and ritlecitinib (Litfulo) which is available as an once daily oral capsule. Eyelashes and eyebrows also grew back.

Other immunosuppressants such as cyclosporine and methotrexate are used for severe alopecia areata, but require close monitoring.

Hypertension: Most people will require 2 or more different antihypertensives (high blood pressure medications) to lower high blood pressure. Types of high blood pressure medications include:

Diuretics (water pills):

Thiazide diuretics (eg, hydrochlorothiazide [HCTZ])

Loop diuretics (eg, furosemide [eg, Lasix])

Potassium-sparing diuretics (eg, spironolactone [eg, Aldactone]).

Angiotensin-Converting Enzyme (ACE) Inhibitors:

Enalapril (eg, Vasotec)

Lisinopril (eg, Prinivil)

Ramipril (eg, Altace)

Angiotensin 2 Receptor Blockers (ARBs):

Losartan (eg, Cozaar)

Valsartan (eg, Diovan)

Irbesartan (eg, Avapro).

Calcium Channel Blockers:

Amlodipine (eg, Norvasc)

Diltiazem (eg, Cardizem)

Verapamil (eg, Verelan).

Beta Blockers:

Atenolol (eg, Tenormin)

Metoprolol (eg, Toprol-XL)

Propranolol (eg, Inderal LA)

Renin Inhibitors:

Aliskiren (eg, Tekturna).

The following antihypertensives may also be prescribed if your blood pressure remains high:

Aldosterone Antagonists:

Eplerenone (eg, Inspra)

Alpha Blockers:

Doxazosin (eg, Cardura)

Prazosin (eg, Minipress)

Alpha-Beta Blockers:

Carvedilol (eg, Coreg)

Labetalol (eg, Trandate)

Central-Acting Agents:

Clonidine (eg, Catapres)

Methyldopa.

Vasodilators:

Hydralazine (eg, Apresoline)

Minoxidil.

Always seek personalized advice from your doctor.

Hypothyroidism: Hypothyroidism is treated by replacing the missing thyroid hormones with oral synthetic thyroid hormones, such as levothyroxine, liothyronine, or liotrix.

Regular blood tests are needed to make sure that you are taking the right dose for your body, as the dosage can vary among people. Pregnant women may need higher dosages of thyroid hormone during pregnancy, and some foods and medications can affect the absorption and levels in the blood of replacement thyroid hormones

IBD (Bowel): or some people, IBD is only mild but for others, it can severely impact their way of life.

Common medications used to treat IBD include:

Nonsteroidal anti-inflammatory medications

5-aminosalicylic acids

Immunomodulators

Corticosteroids

Biologics

Surgery.

Migraine: Migraine Medications Compared

Other names: Complicated Migraine; Hemiplegic Migraine; Migraine Headache

There are two main types of medications for migraine attacks:

Abortive treatments (those that stop a migraine in its tracks)

Preventive medications (those medications that keep migraines from coming back).

Acute medications (abortive treatments) for migraine

These treat a migraine once it has already started. They provide quick relief and are available as oral or sublingual tablets or wafers, injections, skin patches, or nasal sprays. They include:

General pain relievers that contain ingredients such as ibuprofen (Advil Migraine; Motrin Migraine Pain); acetaminophen, aspirin, and caffeine (Excedrin Migraine); or prescription NSAIDs such as celecoxib, diclofenac, or indomethacin

Triptans such as almotriptan, eletriptan (Relpax), frovatriptan (Frova), naratriptan (Amerge), rizatriptan (Maxalt, Maxalt-MLT), sumatriptan (Imitrex), zolmitriptan (Zomig)

Ergots such as dihydroergotamine nasal (Migranal, Trudhesa), or ergotamine tartrate (Ergomar)

Calcitonin gene-related peptide antagonists (gepants) such as oral ubrogepant (Ubrelvy), rimegepant (Nurtec ODT) or intranasal zavegepant (Zavzpret)

Ditans such as lasmiditan (Reyvow)

Opioids and anti-nausea drugs such as chlorpromazine, droperidol, metoclopramide, and prochlorperazine may also be used.

Preventive medications for migraine

Preventive medications may be considered if migraines occur frequently, for example, more than one migraine per week; or if migraine symptoms are severe. The goal is to lessen the frequency and severity of the migraine attacks. Medication to prevent a migraine is usually taken daily. Preventive medications for migraine include:

Blood pressure-lowering medications such as beta-blockers (propranolol, timolol) or calcium channel blockers (verapamil)

Antidepressants: amitriptyline (Elavil), or nortriptyline (Aventyl, Pamelor)

Anti-seizure medications: topiramate (Topamax), or valproic acid (Depakote)

CGRP inhibitors used to block the calcitonin gene-related peptide: atogepant (Qulipta), eptinezumab (Vyepti), erenumab (Aimovig), fremanezumab (Ajovy), galcanezumab (Emgality), and rimegepant (Nurtec ODT -- helps treat and prevent migraines)

Botox.

Osteoarthritis: Treatment for osteoarthritis includes lifestyle changes and medications.

All patients with osteoarthritis should be enrolled in an exercise program because physical activity increases blood flow, and joints and muscles are supplied with more oxygen. Swimming, Tai Chi and weight-based exercises are usually suitable for people with osteoarthritis, although a physician should be consulted before starting any exercise program.

Weight loss can lower the risk of pain in weight-bearing joints and orthotics, devices that help to align joints - orthotic shoe inserts, splints, and braces can help with movement. Heat or cold therapy can also relieve joint swelling.

Medications for osteoarthritis may include:

Acetaminophen

NSAIDs

Topical capsaicin

Duloxetine

Cortisone injections

Lubricating injections.

Surgery, such as an osteotomy or joint replacement may also be considered.

Pain: Choosing pain relief depends on factors like pain type, severity (see below), and health conditions. Options include:

Acetaminophen: For mild-to-moderate pain, safe if taken correctly

NSAIDs (ibuprofen, naproxen, diclofenac, etc.): Reduce mild-to-moderate pain and inflammation, not suitable for certain conditions

Combination medications: such as acetaminophen/aspirin

Topical NSAIDs: such as diclofenac gel or patches

Topical rubs, creams, or salves, such as those that contain methyl salicylate (Arthricare, Exocaine Plus), capsaicin, lidocaine, and menthol (LidoStream, Veltrix), or combinations of these. These deliver pain relief through the skin

Mild opioids (codeine, tramadol, etc.): For moderate-to-severe short-term pain, may cause side effects and dependency

Combination mild pain relievers and opioids, such as acetaminophen/hydrocodone

Cortisone injections: May be considered if oral medications don't improve pain and can provide short-term relief. This involves injecting corticosteroids such as methylprednisolone (Depo-Medrol) around nerves

Antidepressants (amitriptyline, nortriptyline, etc.): Low doses can relieve certain chronic nerve pains, and must be taken consistently

Gabapentinoids (gabapentin, pregabalin): Provide nerve pain relief, require consistent daily use

Muscle Relaxants: Prescription medications like cyclobenzaprine (Flexeril) or diazepam may be recommended for short-term pain related to muscle spasms but sedation and dizziness are common side effects

More powerful narcotics (opioids) (last resort only): Short-term use of opioids like oxycodone or hydrocodone should be considered under close supervision as a last resort only if other options are ineffective, but potential side effects and a high risk of addiction exist.

Psoriasis: Treatment options for psoriasis include topical agents, such as corticosteroids, salicylic acid, coal tar, vitamin D analogues, retinoids, calcineurin inhibitors and others; light therapy; and oral or injected medications such as corticosteroids, retinoids, biologics (examples include apremilast [Otezla], etanercept [Enbrel], infliximab [Remicade], adalimumab [Humira],, ustekinumab [Stelara], secukinumab [Cosentyx], ixekizumab [Taltz], guselkumab [Tremfya], tildrakizumab [Ilumya], and certolizumab [Cimzia]).

Topical treatments for psoriasis include:

Corticosteroids: These are frequently prescribed for mild to moderate psoriasis and are available as oils, ointments, creams, lotions, gels, foams, sprays, and shampoos. Mild forms (such as hydrocortisone) are typically used on the face but stronger products such as triamcinolone (Trianex) or clobetasol (Cormax, Temovate) may be used on smaller, harder-to-treat areas. Long-term use can thin the skin

Vitamin D analogues: Synthetic forms like calcipotriene and calcitriol slow skin cell growth, and may be used alone or with corticosteroids

Retinoids: Tazarotene (Tazorac, Avage), applied daily, reduces skin cell growth but isn't recommended during pregnancy and it may cause skin irritation and increased sensitivity to light

Calcineurin inhibitors: Tacrolimus (Protopic) and pimecrolimus (Elidel) calm the rash and are beneficial in sensitive areas.

Additional topical ingredients may be used alone or in combination with other ingredients including:

Salicylic acid: Reduces scaling, available in shampoos and solutions

Coal tar: Diminishes scaling, but can be messy, stain clothing and bedding, with a strong odor. Not recommended during pregnancy or breastfeeding

Anthralin: A tar cream that slows cell growth, removing scales, usually applied for a short duration due to potential skin irritation. Stains almost everything. Applied for a short time then washed off.

Weight Loss: Common weight loss medications (anorexiants) are benzphetamine (Didrex, Regimex), bupropion and naltrexone (Contrave), diethylpropion, liraglutide (Saxenda), methamphetamine

(Desoxyn), orlistat (alli, Xenical), phendimetrazine (Bontril, Melfiat), phentermine (Adipex-P, Lomaira), phentermine and topiramate (Qsymia), semaglutide (Wegovy), and tirzepatide (Zepbound). Sibutramine (Meridia) was withdrawn from U.S. market in 2010 due to increased heart toxicity risk, and lorcaserin (Belviq) was withdrawn from the U.S. market in 2020 due to an increased cancer risk.