

Clinical Biochemistry for Pharmacy

Introduction

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Ref. An illustrated colour text in clinical biochemistry, Gaw, 4th ed, 2008

طبعاً كلنا عارفين إنه المادة بتشرحها دكتورة إيمان
وكلنا مجربين امتحاناتها وموادها من قبل نصيحة لا
تراكموا خصوصاً إنه الفصل كثير زخم وحاولوا
تربطوا المعلومات لأنه الدكتور كثير بتحب الربط
وبالآخر المادة بتحكي عن شغلات مهمة كثير إلك
كصيدلاني فلا تضيعوها من أيديكم وحاولوا تستفيدوا
قدر المستطاع

يعطيكم العافية ان
شاء الله يكون فصل خير
علينا جميعاً ❤️

CLINICAL BIOCHEMISTRY

- Clinical biochemistry, chemical pathology and clinical chemistry → its important for you as a pharmacist for:

1. help patient with diagnosis and prognosis the disease.
2. to limit the patient from self treatment.

- The test must be performed as accurately as possible .

- Biochemical tests are used extensively in medicine for both diagnosis^① and prognosis^② of diseases

→ The test should be very accurately → to prevent the wrong diagnosis and treatment for disease.

- Your role as a **pharmacist** (Terminology knowledge, understand basis of lab test, effect of disease and drugs on the diagnostic test)

لم يكن من خلال الفحص أفهم ، إذا هو تم بطريقة صحيحة أولاً .

EX for understanaded basic of lab test and effect of disease and drugs on the diagnostic test.

→ The measuring of glucose level in the blood:

1. From vein or capillary → حسب مكان سحب عينة الدم ،
را2 يكون في فرق في قراءة ال glucose level
بنسبة 20% .

2. Analysis of Sample in the lab by using kit or by

using glucometer → حسب عينة قبال العينة ، در2 يكون في
glucose level فرق في قراءة ال

* in the kit → low interferences.

* in the glucometer → there are interferences.

There are many drugs will increase the level of glucose in the blood
such as corticosteroids.

لم فإذا أجاز مريضه عنده hyperglycemia لازم تسأله إذا هو عم ياخذ أدوية
أدلا لأنه ممكن تكون ال hypoglycemia باب عنه بسبب المواد في خلال
في ال insulin داخل جسمه .

في عندي فحين يتم عليهم لجميع الرُفُعال حديثي الولادة :

1. Congenital hypothyroidism → نقص الغدة الدرقية

2. glucose 6 phosphate dehydrogenase enzyme. →

إذا كان في عندي defect في الإنزيم هذا ← الفُعل را2 يكون مصاب بمرض التَفَوَل .

Biochemical tests

Qualitative and quantitative analysis

Importance of :
Biochemical test

The art of distinguishing
one disease from another.

لـ تحديد المرض

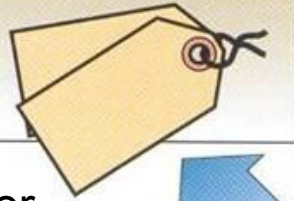
such as newborn babies
we do a test for:

1. Congenital hypothyroidism
2. glucose - 6 Phosphate
dehydrogenase enzyme.

Examine for the
presence or
absence of a
disease.

البحث عن
انتشار مرض معين
في دولة معينة.

① Diagnosis

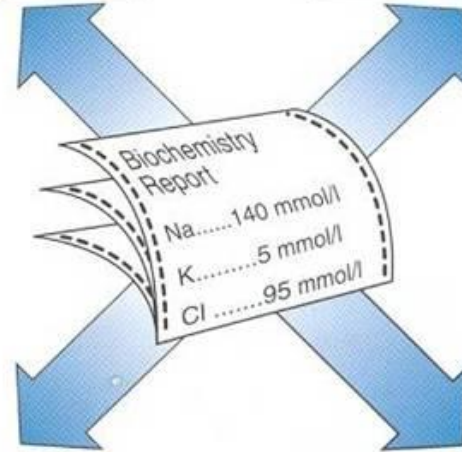


② Treatment



is the drug effective or
not.

↑
Monitoring:
sequential
recording, keep
watch over analyte



③ Screening



④ Prognosis



An assessment of the
future course and
outcome of a patient's
disease

لـ مراقبة تطور
و تحسين المرض

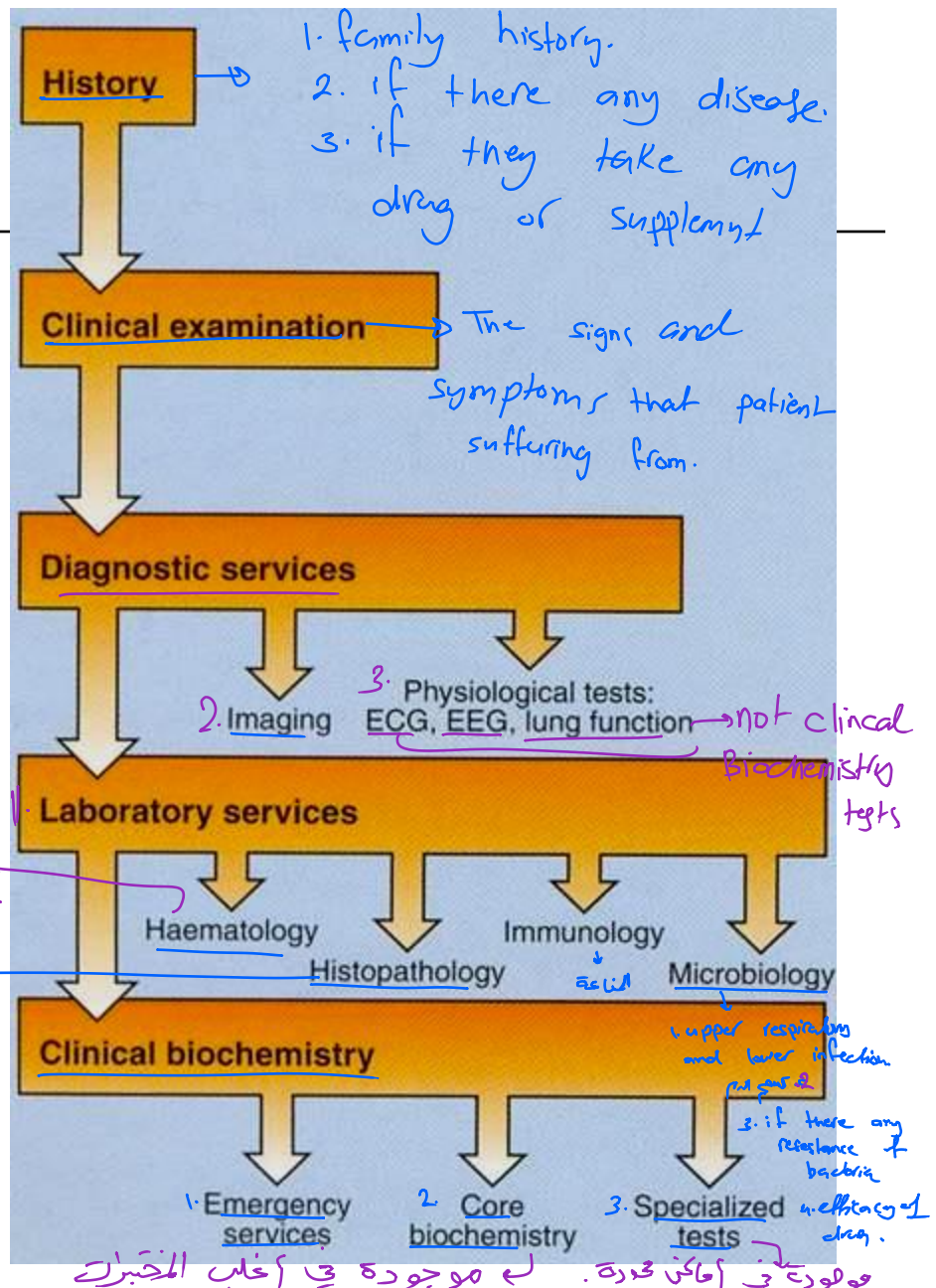
The place of clinical biochemistry in medicine

Clinical biochemistry tests comprise over one-third of all hospital laboratory investigations

The patient they have colon cancer
 ↳ The level of CEA (cancer Biomarker) high.

دائماً خلال عملية العلاج راح تيم عليه
 حسب ال CEA لتحديد اذا كان
 المريض حالته في تحسن أو لا.
 prognosis.

علم دم تيم
 عند دكتور فحص
 زراعة أنسجة
 تيم أخذ عينة
 لمعرفة اذا الورم
 benign or malignant.



The clinical biochemistry tests

1. Core biochemical tests

Sodium, potassium, chloride and bicarbonate

Urea and creatinine

→ kidney

→ electrolyte

Calcium and phosphate

→ bones

Total protein and albumin

→ liver and kidney

Bilirubin and alkaline phosphatase

→ liver and gallbladder

ALT and AST

→ Liver

→ high level if there a problem in bones.

γ -glutamyl transpeptidase

→ Liver and gallbladder.

→ GGT

Creatinine kinase

→ heart

alcoholic drink

H^+ , PCO_2 , and PO_2 (blood gases)

Respiratory tract disease (asthma)

Glucose

→ diabetic patient, if patient take any drug will increase level of glucose.

Amylase

→ pancreas, GI

if the patient have:
nausea, vomiting, diarrhea
(cause dehydration).

→ E + G → glucose.

The clinical biochemistry tests

2. Specialized tests

Hormones → Sex hormones.

Specific proteins → α -keto protein

Trace elements → Zinc, Chromium, copper.

Vitamins → B12, vitamin D.

Drugs

Lipids and lipoproteins.

DNA analysis.

Gentamycin → serious side effect. → ototoxicity, nephrotoxicity.

↓
LDL, HDL or cholesterol.

→ diagnosis of family disease → white blood cells

3. Emergency tests

Urea and electrolytes

Blood gases

Amylase → Pancreatitis.

Glucose → hypo or hyperglycemia.

Salicylates → Toxicity.

Paracetamol

Calcium

cystic fibrosis.

only contain DNA (nucleus).

→ white blood cells

Importance of clinical chemistry

- A working knowledge of clinical chemistry and biochemistry is essential for the pharmacist to effectively communicate and interact with other health professionals. ①
- This course provides the basic ^② information in lab medicine that is necessary for the pharmacist.

Sample collection and processing

□ Specimens used for biochemical analysis:

1. Venous blood, arterial blood, capillary blood

serum vs plasma

specialised doctor.

من الدم

2. Urine

→ tube without anything

→ tube contains coagulation factor.

3. Faeces

→ urinary tract

infection, keton

bodyes - ceratenin

for total protein test.

4. CSF

→ bleedh, infection

5. Sputum and saliva

→ upper respiratory tract infection, resistance.

6. Tissue and cells

7. Aspirates, e.g. pleural fluid, synovial fluid,
intestinal, pancreatic pseudocytes

الركبة

8. Calculi (stones)

→ kidney stones. or gallstones.

Tumor
سوال
على
8.

* ليس فائق استخدام serum لقياس glucose level.

لما نحضر عينة serum بالبيارة، نجعلها في test tube خاوية
ونبتئن عليها بعد ساعة بعدد ينعمل centrifugation
ونؤخذ serum

خلال الفحص ياتي ببتن ال Red blood cells عليه ال glycolysis
فيه يكون شغالة - بالتالي ال glucose في العينة راح يقل
عن القراءة الصحيحة للمريض - قراءة غلط.

نعمل centrifugation مباشرة → Coagulation
بعد سحب العينة - وبقية
plasma
or use anticoagulant with fluoride

fluoride → inhibition the glycolysis pathway.
بالتالي ال glycolysis في ال RBCs وقف - خارج ببتن
تغير في glucose level in the blood.

بالتالي ممكن استن على العينة صفة هذا الوقت قبل ما نعملها
centrifugation وعاري ماراح يكون في خلال في الفحص

Types of containers used in the collection of blood specimens

Anticoagulant: غالي جود

1. EDTA
2. Lithium heparine
3. oxalate citrate

Plain tube: no anticoagulant
Clot forms
• General
Handwritten notes: فاني anticoagulant, just serial test tube, surface 11, بسبب جود 11 gel, جوي ع, gel, بعد فليس, senter fixation, precipitate, Sample

Plain tube: contains SST gel
• General
Handwritten notes: جلي كلتي فيه, بعد فليس

EDTA anticoagulant
oxalate citrate
• Whole blood analysis
• Red cell analysis
• Lipids and lipoproteins
Handwritten notes: Coagulation pathway need Calcium, بسبب 11, حة العينة

Lithium heparin anticoagulant
① anticoagulant
• General
Handwritten notes: فاسنورج, $Ca^{+2}, Mg^{+2}, phosphate$, lactate

Fluoride oxalate
inhibition glycolysis
• Glucose
• Lactate
Handwritten notes: برفع في حالات, acidosis, لو استنفوت, specific test, نسبة 11, glucose, lactate

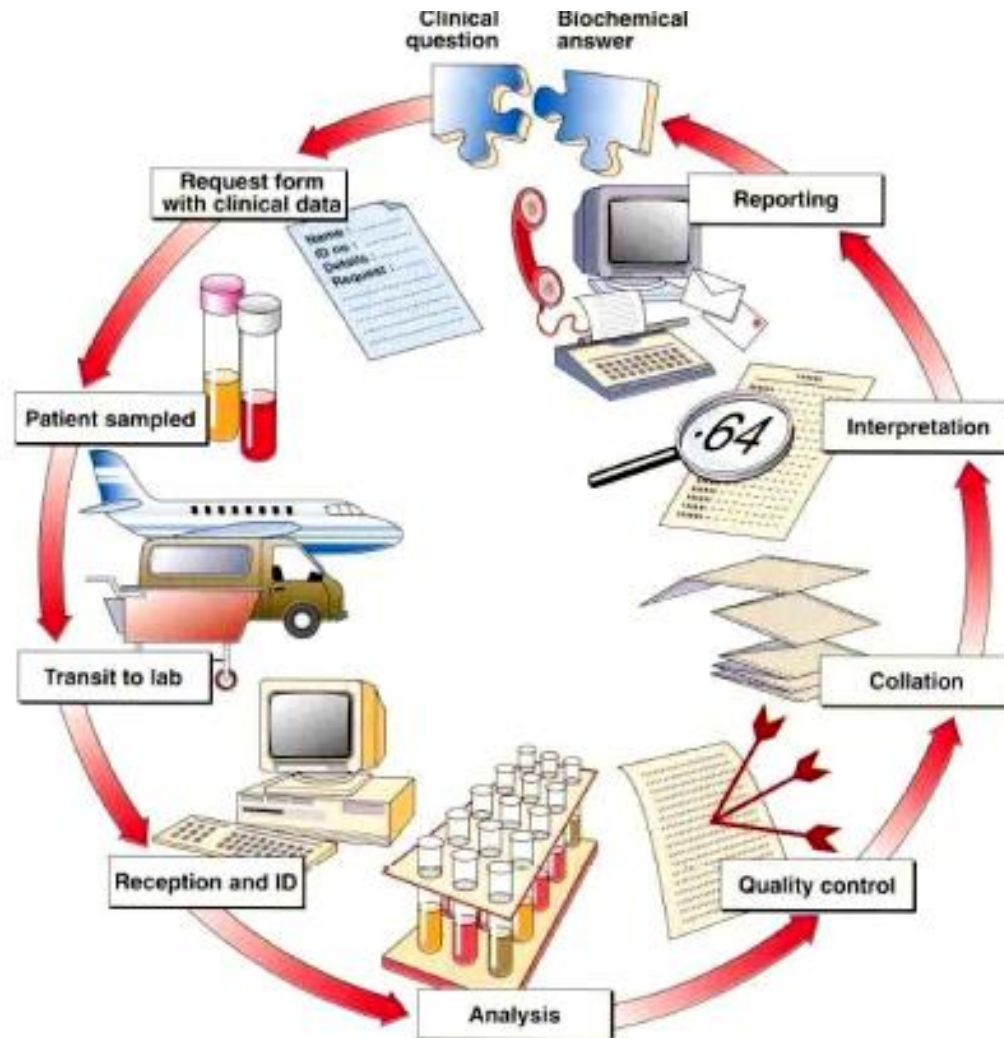
Heparinized syringe
• Arterial blood sampling

هيك بتكون خلصت اول محاضرة ان شاء الله
إنها تكون بسيطة ويعطيكم العافية
♥♥ زميلتكم مرام الزيايدي

Sampling errors

- ❑ Blood sampling technique
- ❑ Prolonged stasis during venopuncture
- ❑ Insufficient specimen
- ❑ Incorrect specimen container
- ❑ Inappropriate sampling site
- ❑ Incorrect specimen storage

Analysing the specimen



Interpretation of results

- ❑ Value obtained with a particular parameter is interpreted as increased, decreased or within normal (reference) range
- ❑ **Reference values:** Values obtained from individuals who are in good health as judged by other clinical and laboratory parameters, after suitable standardization and statistical analysis, under definite laboratory conditions.
- ❑ **Normal (Reference) Range:** Values within which 95% normal healthy person's fall. The cut off values are set as mean reference value \pm N times standard deviation, of a normal healthy population; where N varies between 1, 2 and 3.



Quality Control

- ❑ A major role of the clinical laboratory is the measurement of substances in body fluids or tissues. To fulfill these aims the data generated has to be **reliable** for which strict quality control has to be maintained.
- ❑ Quality control is defined as the study of those sources of variation, which are the responsibility of the laboratory, and the procedures used to recognize and minimize them.
- ❑ Quality control involves consideration of a reliable analytical method. Reliability of the selected method is determined by its accuracy, precision, specificity and sensitivity

Quality Control

- ❑ **Accuracy** has to do with how close the mean of a sufficiently large number of determinations on a sample is to the actual amount of substance present and is dependent on the methodology used.
- ❑ **Precision** refers to the extent to which repeated determination on an individual specimen vary using a particular technique and is dependent on how rigorously the methodology is followed.
- ❑ **Specificity** is the ability of an analytical method to determine solely the analyte it is required to measure.
- ❑ **Sensitivity** is the ability of an analytical method to detect small quantities of the measured analyte.



Quality Control

- ❑ Analytical methods **require calibration**, the process of relating the value indicated on the scale of the measuring device to the quantity required to be measured. Calibration is done using standard, the solution with which the sample is compared to arrive at the result.
- ❑ **Standard solutions** refer to the known amount of a substance in a solution in which its concentration is expressed in terms of moles or in weights per unit volume.

Biological factors affecting the interpretation of results

- ☐ Sex of the patient.
- ☐ Age of the patient.
- ☐ Effect of diet.
- ☐ Time when sample was taken.
- ☐ Stress and anxiety.
- ☐ Posture of the patient.
- ☐ Effects of exercise.
- ☐ Medical history.
- ☐ Pregnancy.
- ☐ Drug history.

Case history 1

A blood specimen was taken from a 65-year-old woman to check her serum potassium concentration as she had been on thiazide diuretics for some time. The GP left the specimen in his car and dropped it off at the laboratory on the way to the surgery the next morning.

Immediately on analysing the sample, the biochemist was on the phone to the GP. Why?

Comment on page 152.