

Trends in Pulmonary & Respiratory Medicine

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Editorial

With the recent COVID-19 outbreak, Antipyretic drug have been in the spotlight, with French health officials recommending that Antipyretic drugs like ibuprofen be avoided due to fears that they could exacerbate the path and outcome of COVID-19 infection. Although the respiratory effects of therapeutic doses of antipyretic drugs in infections like COVID-19 are unknown, these drugs are associated with cardiovascular, renal, and gastrointestinal side effects, and they can induce asthma in people with a particular sensitivity. Given that antipyretic drugs are a common form of symptomatic relief in respiratory infections, it is critical to figure out whether short-term antipyretic drug use is harmful to patients with COVID-19, as well as those with lower respiratory tract infections in general. In view of the ibuprofen–COVID 19 controversy and the latest pandemic's increasingly evolving situation. Complications of the cardiovascular or renal systems could not be properly treated. There may be a general upward trend in pleuro-pulmonary complications, but a downward trend in mortality.

Acute pulmonary embolism (APE) is a widespread and deadly disorder that adds to the global burden of cardiovascular disease, not just in terms of mortality but also in terms of financial costs to healthcare systems. The existing recommendations stress the importance of early risk stratification in evaluating individual outcomes and making treatment decisions in APE patients to help improve patient management.

In both acute and chronic heart failure, impaired renal function has been reported as a risk factor. This may be because decreased renal function can

cause changes in cardiac output, anemia, and other physiological issues. Renal dysfunction, a symptom in pulmonary embolism patients, has recently been suggested to lead to risk stratification in pulmonary embolism patients; as a result, renal function has been proposed to be included in the APE risk assessment model. Chronic kidney disease did not predict a bad prognosis, but it did raise the overall mortality rate of patients with acute pulmonary embolism. Acute kidney injury can be a predictor of overall mortality, and it doubles the overall mortality rate of patients with acute pulmonary embolism. Renal function can be a key factor in determining a patient's prognosis after a pulmonary embolism.

Idiopathic pulmonary fibrosis (IPF) is a fibrotic lung disease that is chronic, progressive, and eventually fatal. IPF causes lung parenchymal fibrosis, which leads to a gradual loss of pulmonary compliance and a decrease in gas exchange capability. Dyspnea is becoming more common, as is a dry cough, reduced exercise capability, and fatigue. Idiopathic pulmonary fibrosis is one of the most dangerous types of IIP, with chronic, progressive fibrosis, inexorable loss in lung function, progressive respiratory failure, and a high mortality rate. To aid in prognostication and treatment selection, an accurate diagnosis is needed.

Person prognostication is difficult in IPF because of the disease's variability and reaction to anti-fibrotic therapy. To achieve improved results in the future, progress toward more personalized patient-centered healthcare is needed. Many biological markers or biomarkers have been investigated as potential predictors of prognosis or treatment response in IPF, with many blood biomarkers showing promise in the evolving concept of precision medicine.

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