J Cont Med A Dent. September-December 2021;9(3):115-119

Oral Clonidine Versus Oral Diazepam as Premedication for General Anesthesia

D Goutham
Dr. D Goutham Assistant Professor, Department of Anesthesiology, Prathima Institute of Medical Sciences, Naganoor, Karimnagar. Email: d.goutham23@gmail.com

Abstract

Background: In many high-risk patients, the sequence of anesthetic induction, laryngoscopy, and tracheal intubation are linked with significant hemodynamic changes and autonomic reflex activation, which may be cause for worry. The goal of this study is to assess the premedication effects of oral clonidine and oral diazepam in terms of anxiety relief, drowsiness, anesthetic needs, heart rate, blood pressure, attenuation of sympathetic reactions to laryngoscopy and intubation, respiration rate, and unwanted effects. **Methods:** A total of n=80 cases were studied in this study they were randomly allotted into two groups based on the computer-generated random numbers Group I (oral clonidine) with a dosage of 0.003 mg/Kg body weight 90 minutes before surgery. Group II included all the cases receiving oral diazepam 10 mg 90 minutes before the surgery. On the day of surgery, vital parameters such as SBP, DBP, HR, and RR were measured before premedications and 90 minutes following medication. The scoring was done for sedation, anxiolysis, and anti-sialogogue effects after premedication. **Results:** SBP and DBP are significantly different between groups I and II from 1 minute to 30 minutes (Table 5). ANOVA was also performed for effect p = 0.03 interaction groups effect p = 0.01 Analysis of heart rate revealed a significant time and interaction effect (Table 4) even after adjusting for sex. Overall, both groups saw a substantial shift in heart rate, however, the change in Diazepam (Group II) was much greater than the change in Clonidine (Group I). Significant variation was noted in Clonidine and Diazepam groups in systolic blood pressure before and 90 minutes after premedication. **Conclusion**: it was found that clonidine was superior in efficacy for mitigating the sympathetic responses to laryngoscopy and intubation because of its effects on reducing anxiety. It has the ability to reduce the overall anesthetic requirement and its property of potentiating postoperative analgesic requirements. Therefore, oral clonidine at the rate of 3 micrograms per kg body weight is better as compared to oral diazepam in our group population.