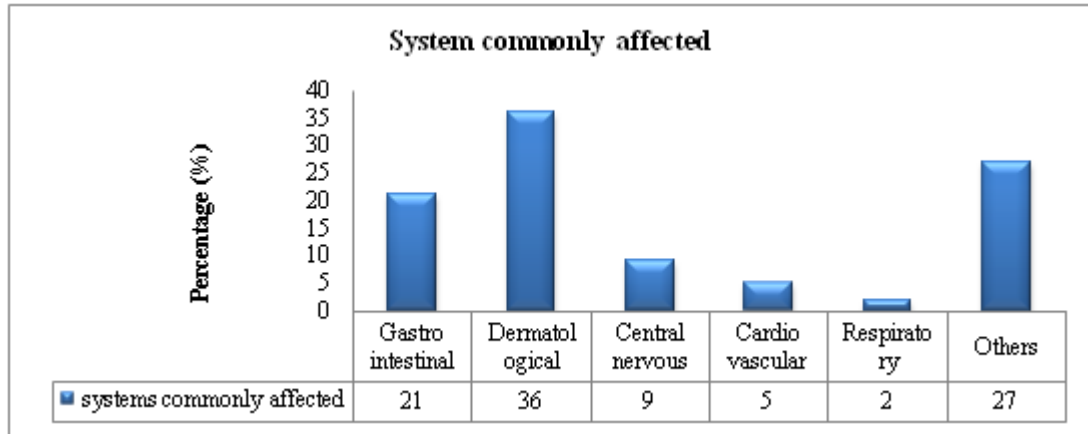






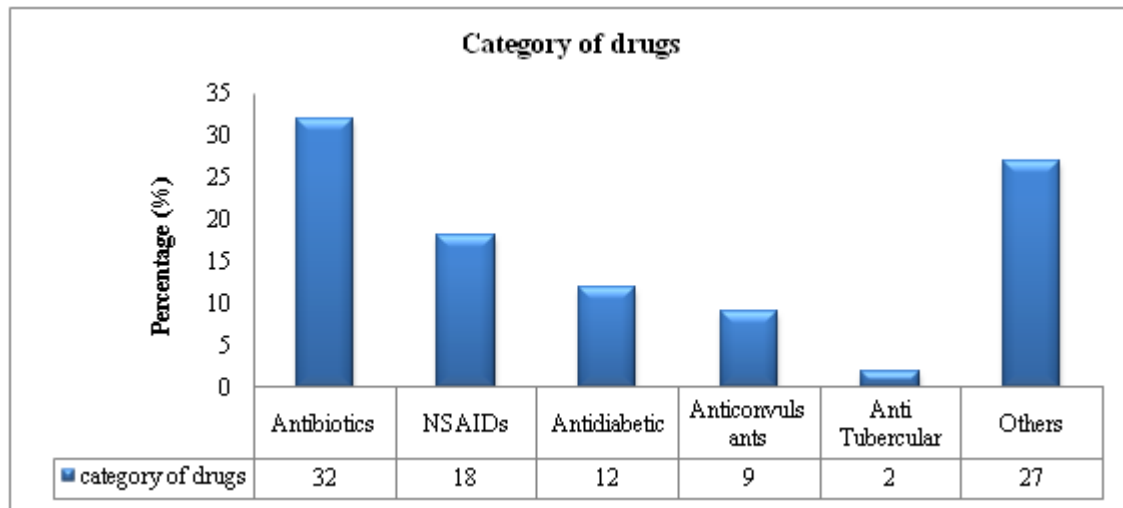
System most commonly affected were Dermatological in 16(36.3%) patients, Gastrointestinal in 9(28.4%) patients,

Central Nervous System in 4(9.1%) patients, followed by Cardiovascular in 2 (4.5%) patients.



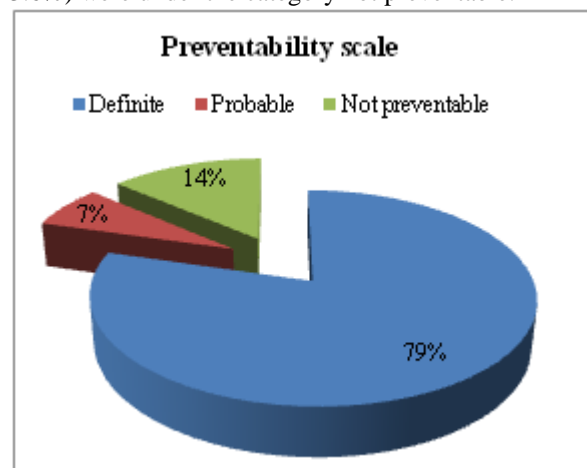
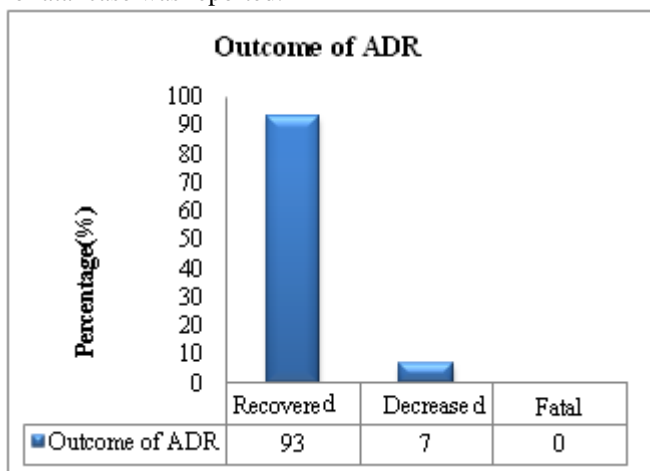
The drug class mostly associated with ADR was Antibiotics in 14(31.8%) cases, followed by NSAIDs in 8(18.2%). In

29(66%) cases the drug was withdrawn, dose altered in 8(18%) and no change was made in 7(16%) patients.



Adverse reactions encountered were treated and the final outcome was measured. About 41(93.8%) patients recovered, while in 3(6.8%) cases the ADR decreased and no fatal case was reported.

while 3(6.8%) ADRs were probably preventable and 6(13.6%) were under the category not preventable.



#### 4. Discussion

Preventability of suspected ADRs were assessed by using Modified Schumock and Thornton scale and the results revealed that 35(79.5%) ADRs were definitely preventable

This study revealed that an increased risk of ADRs is suspected in elderly patients, and that almost 80% of reactions were preventable. Knowledge of pharmacological

principles and how aging affects drug kinetics and response is essential if we are to promote safe prescribing.

Intervention was required in all ADRs indirectly contributed to affect the patient's Quality Of Life. Our ability to anticipate and prevent such ADRs can be facilitated by the establishment of standardized approaches and active reporting of suspected ADRs by all healthcare professionals including physicians, dentists, nurses and pharmacists.

In India the major problem is a lack of proper system of Pharmacovigilance. In this study physician have reported majority of the cases which is encouraging. Reporting by other healthcare professionals could be further improved by encouraging nurses through conducting educational programme on Pharmacovigilance, lectures, newsletters, slogans, banners, personalized letters etc. to aid and increase reporting of adverse reactions.

## 5. Conclusion

Drugs can be useful tools in the prevention and treatment of symptoms and diseases, but if not used properly, they may be harmful and cause new symptoms or produce suboptimal effects. Potential Drug-Drug interactions are common in elderly people using many drugs and are part of a normal drug regimen and leads to adverse effects. Pharmacist participation with the medical rounding team on a general medicine unit contributes to a significant finding of preventable adverse reactions. The increase in the number of ADRs will continue unless health care professionals as well as the general public, report ADRs in a timely manner. The introduction of many powerful drugs in the last decade also makes it important to balance the anticipated benefits and potential risks.

A large number of powerful drugs, often with a narrow therapeutic window, have reached the market and this makes close monitoring necessary to avoid adverse drug reactions. The most appropriate approach of medication control to minimize the incidence of ADR is screening the total medication of the individual patient by a hospital pharmacist and by taking history of allergy as well as past medication & medical history.

Developing and maintaining electronic documentation of patients' medical records may serve as a valuable tool to detect early signals of potential ADRs. In addition, creating intra net facilities within a hospital may help in easy access for healthcare professionals to the updated patients' medical records resulting in possible detection of ADRs. Also, the implementation of computerized reporting in hospital set-up may hasten reporting of ADRs.

The study strongly suggests that there is greater need for streamlining of hospital based ADR reporting and monitoring system to create awareness and to promote the reporting of ADR among healthcare professionals of the country. Only such centers can greatly influence in bringing reporting culture among healthcare professionals throughout the country. Thus pharmacists have a greater role to play in the area of Pharmacovigilance to strengthen the national Pharmacovigilance programme.

## 6. Acknowledgement

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