

From the Chairman's Desk....

The World Health Organization defines Adverse Drug Reactions (ADRs) as any noxious, unintended and undesired effect of a drug, which occurs at doses used in humans for prophylaxis/prevention, diagnosis or therapy. ADRs are one of the leading causes of death. Some researchers in US regard it as the fourth leading cause of death, behind heart disease (743,460 deaths), cancer (529,904 deaths) and stroke (150,108 deaths), while others regard it as the sixth leading cause of death and in addition to those previously mentioned, pulmonary disease (101,077 deaths) and accidents (90,523 deaths) rank 4th and 5th in their estimate. Naturally for the health care system, ADRs represent an important clinical issue and potential research area especially in developing countries where surveillance network is not well developed and public awareness about the harmful effects of drugs is lacking. A research team of University of Toronto analyzed 39 studies of ADRs in the United States to estimate the incidence of serious and fatal adverse drug reactions in hospital patients. In an effort to estimate overall incidence of ADRs in hospitalized patients, they clubbed the incidence of ADRs in the hospital and the incidence of ADRs causing admission to the hospital and estimated that 2,216,000 hospital patients suffered serious ADR and 106,000 deaths were caused by ADRs.

The reasons why the number of adverse drug reactions is so high include:

- (1) The number of drugs prescribed are high;
- (2) The ever-increasing number of new drugs and new formulations in the market;
- (3) The lack of enterprising counseling about dos and don'ts during medication, and
- (4) The lack of adequate network for identifying, monitoring and compulsorily reporting adverse drug reactions.

Pharmacists fill billions of prescriptions and most of us probably get filled at least one prescription every month or so. Many of us even use as many as five prescriptions at a time obtained from physician, Dentist, Ophthalmologist, Orthopaedician, Neurologist, etc. On top of it, self-medication with over-the-counter (OTC) preparations like sleeping pills, nasal decongestant, cough syrup, laxatives and antacids are indiscriminately used as and when anxiety/tension, cold, cough, constipation & gastric discomfort is experienced. Pharmacists are in unique position to track what is prescribed & dispensed to the patient as well as OTC drug habits of the patient. Hence family pharmacists can effectively maintain pharmacovigilance in greater social interest. Moreover, patient is the only one who really knows what he is taking and hence in addition to health professionals like physicians and pharmacists, the patient himself has to play a major role in preventing adverse drug reactions for which he must know enough about the latent and potential hazards associated with drugs and combination of drugs vis-à-vis effect of food and drinks consumed during the course of therapy and the interactions involved. The patient counseling and health education role of Pharmacist will augment awareness among common man and thus discourage indiscriminate use of drugs, which in turn will reduce chances of interactions and incidence of adverse effects. In order to play this important professional role the Pharmacist must involve in Pharmacovigilance research, as it will significantly improve their social status and usefulness.

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