Qualitative Study of Australian Hospital Pharmacists Reporting of Adverse Drug Reactions

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Background

- An adverse drug reaction (ADR) is defined as an inadvertent and sometimes detrimental response to a drug occurring from administration of a medication intended for therapeutic effect
- Drugs that are more likely to cause ADRs include agents with a low therapeutic index, oral anticoagulants, antineoplastics and antibiotics
- ADRs have been shown to contribute to increased hospital admissions, burden on health care and poorer outcomes for patients
- More than half of all ADRs are potentially preventable and more likely to occur in the elderly or with polypharmacy
- Approximately forty new medications are added to the Australian Register of Therapeutic Goods every year
- Data collected from ADR reporting is used to help develop therapy guidelines, helps identify particular patient populations at risk and is an overall identifier of the safety profile of the drug
- Pharmacists are trained and suitably placed to help identify and report ADRs. However, it is estimated that less than 10 % of ADRs in Australia are reported annually.

Aim: This study aims to explore the attitudes and practices of Australian Hospital pharmacists in regarding to reporting ADRs

Methods

- Semi-structured interviews were conducted with 12 Hospital pharmacists in 2015 across the Local Health District.
- Pharmacist were asked ten questions ranging from specific, set questions to general and elaborative.
- Data was analysed using an inductive approach. Responses were grouped together under general headings and ideas there were frequent or dominant were highlighted and coded.

Table 1. Barriers and facilitator to reporting ADRs

Barriers to reporting ADRs
Nature of the reaction
Time constraints
Reporting well known , trivial or common reactions
Lack of robust data
Pharmacist not first point of contact
Facilitators to reporting ADRs
Responsibility of the pharmacist to report
Adequate training and knowledge of reporting process
Continuing professional development points and incentives
Contributes to patient safety and public health

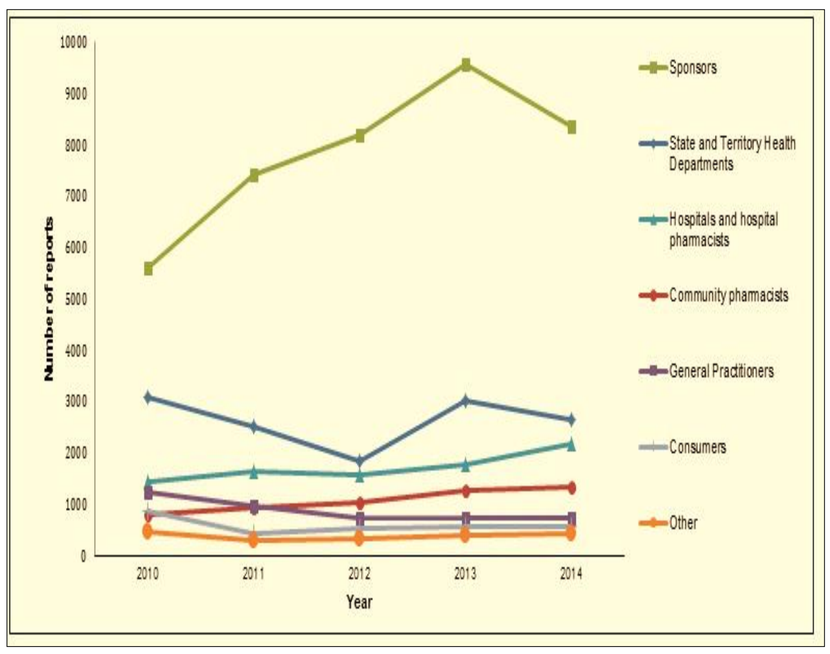

Figure 2. ADR reports to the TGA between 2010-2014 (The Pharmaceutical Benefits Scheme, 2015)

Results

- Pharmacists were found to be comfortable in their knowledge and ability to report ADRs and considered the reporting of ADRs their responsibility
- Participants indicated they understood the importance of pharmacovigilance and ADR reporting
- Lack of time, robust data, unclear association between reaction and drug and attitudes towards reporting common or ambiguous reactions were common reasons attributed to poor reporting
- Pharmacists were more likely to report ADRs to recently registered medications or reactions of a more serious nature. Initial identification of drug reactions were more likely to be identified by emergency and critical care staff

Discussion

- The study was able to identify several barriers and facilitators to ADR reporting
- The reporting process is regarded as fairly simple and efficient
- As Australia's population continues to grow, the need for pharmacists to be actively involved in patient's care continuously increases
- Most pharmacists deem it their responsibility to report ADRs and report confidence in their ability to help identify and report ADRs
- Time constraint is the main barrier to reporting
- There is need for ongoing training to help in the identification of ambiguous drug reactions and a need for greater involvement of medical and nursing staff

Conclusion

Pharmacists portrayed a positive attitude towards reporting ADRs. The study was able to identify several factors that act as a barrier to reporting ranging from lack of time to ambiguous relationship between the drug and reaction.

Training aimed at assisting in identifying ADRs as well as the introduction of incentives and greater collaboration between health care professionals may facilitate in increasing reporting rates.

References

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