

#### 4 Priority Groups Identification for the Development of Intensified Pharmacovigilance in Bogotá

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**Introduction:** The District Pharmacovigilance System (SFD) of the Health District Secretariat of Bogotá (SDS) does not only seek to grasp the Adverse Drug Reactions (ADR), but also to propose strategies for intensified epidemiological surveillance and control measures on defined population groups enabling to monitor the medications that cause ADR with greater frequency or severity.

**Objectives:** Characterize the ADR received in the SFD of the SDS during 2007 identifying priority population groups in order to develop intensified monitoring of RAM.

**Methods:** Patients were characterized according to the socio-demographic variables captured in the reporting form; the reaction was analysed according to the medicines involved and its pharmacological group, the type of reaction and its seriousness. The bivariate analysis of the pharmacological groups involved in the ADR versus the type and severity of the reaction was carried out.

**Results:** 78% of patients were women, the average age was 38 years, (range = 82 a;  $\delta$ =24 a). Antibiotics were implicated in 39% of the reactions, all of them mild and type B. The following group was the analgesics with 10 reactions, three of them serious. The anaesthetics (Bupivacaine) were reported four times indicating therapeutic failures. Antihypertensive were implicated only in three reactions, two of them serious.

**Discussion:** Relationship between the age group and the ADR was not found. This is understandable since the reactions were primarily type B, associated with idiosyncratic factors. The prevalence of reactions to antibiotics coincides with previously made studies.<sup>[1-3]</sup> Serious reactions to antihypertensives occurred in outpatients and caused hospitalization. Reports of ADR to anaesthetics were associated with therapeutic mistakes although sufficient information was not provided for classifying them as such. It is important to reassess the quality of products.

**Conclusions:** It is a priority to introduce intensified surveillance systems in patients with antibiotic therapy. Ambulatory patients should be instructed on the possibility of experiencing serious ADR and undertake programmes of pharmaceutical care. Other studies should be done to expand the information about ADR and factors associated with them such as the gender of the patients.

**Conflicts of interest:** None declared.

#### References

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