

6 Participation Hospital's Pharmacist in the Voluntary Reporting Adverse Drug Reactions and Costs Involved in their Management.

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Introduction: It has not been demonstrated that any truly effective treatment, is lacking adverse drug reactions (ADRs), as well as the cost that involves their management. This situation has motivated us to implement a identification system and notification of suspicions of ADRs, in order to assure therapies adapted in the patients of the Valdivia Regional Hospital (HRV).^[1-3]

Aim: To promote the notification of suspicions of ADRs and determine the direct costs associated with them.

Methods: We performed a descriptive observational study of the ADRs reported for the health professionals, for the period from April to September 2005, with a visit daily in three clinical services: medicine, pediatrics and oncology made in three stages. In the first stage, an informative diffusion on program reporting of suspicions ADRs and pharmacovigilance thorough chat and delivering an information guide prepared by us (annex 1). In the second stage, identification of suspicions of ADRs for voluntary notification, alerting diagnoses and prescriptions, which were sent to the CENIMEF (National Center of Drugs Information and Pharmacovigilance) through the yellow card. In the third stage, a surveillance of the patients that presented ADRs, to determine the direct costs involved in their management.

Results: The results showed that reported n=65 ADRs's suspicions, this represented an increase of 80% respect last period (April-September 2004). ADRs reported more 69% referred to dermatologic (n=45) and 25% gastrointestinal (n=16). Professionals who more reported 49,2% physician (n=32) and 43,1% pharmacist (n=28). The clinical services reported that more 46,2% medicine (n=30) and 32,3% infants (n=21). The groups reported more pharmacological 32,1% antineoplastic (n=25) and 30,8% antibiotics (n=24). The identification of ADRs was mainly for voluntary notification 63% (n=41). The direct costs involved in the management of ADRs was USD 5841,6.

Conclusions: The pharmacist's intervention in clinical services allowed to identify a greater number of ADRs, mainly attributable to increase in the number of voluntary reporting, generating greater awareness on health professionals about the ADRs, contributing to the prevention and quality of care hospital patients.

Conflicts of interest: None declared.

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