

Prevalence of adverse drug reactions with commonly prescribed drugs in different hospitals of Kathmandu valley

Alam K¹, Palaian S²

¹Lecturer, ²Assistant Professor, Department of Pharmacology, Department of Hospital and Clinical Pharmacy, Manipal College of Medical Sciences, Pokhara, Nepal

Dear Editor

We read with interest the original article entitled "Prevalence of adverse drug reactions with commonly prescribed drugs in different hospitals of Kathmandu valley" published in Kath Univ Med J (KUMJ) 2007; 4(20): 504-10 by Jha et al.¹ We congratulate the authors for carrying out such an informative study. Authors were successful in finding the prevalence of Adverse Drug Reaction (ADR) as 0.86%. They also found an association between ADRs with adults and dermatological system (35.13%). They also studied the category of drug causing ADRs and found anti-infective drugs to be associated with more number of ADRs. In addition the study also assessed the causality and severity of the reported ADRs.

However, it would have been still better if authors could have compared their results with some of the similar studies done in Nepal in the past. For example, the study conducted by Shrestha et al.² in five major hospitals covering Kathmandu, Barabur and Palpa studied similar parameters and found the incidence of ADRs as 0.4%. In their study 64% of the patients experiencing ADRs belonged to the age group of 14-45 years and analgesics were associated with more number of ADRs and hypersensitivity and Gastro Intestinal bleeding were the major type of ADRs.²

Another study conducted by Mishra et al.³ in Western Nepal evaluated the pattern and economic impact of cutaneous ADRs and identified antibiotics to be associated with more number of ADRs and maculopapular rashes to be the common type of cutaneous ADRs (31.57%). They also found majority of the ADRs (82.45%) to have a probable causal relation, and 3.5% of the ADRs to be 'definitely preventable'.³

Further more, authors recommended having Pharmacovigilance center in every hospital but forgot to mention about the existing Pharmacovigilance (Adverse drug reaction and monitoring) program in the country. In October 2004,

the Department of Drug Administration (DDA) was identified as National Pharmacovigilance Center and in July 2006, Nepal became the member of International Drug Monitoring Program. At present there are two regional centers working under the DDA.⁴ These centers collect the ADRs from the hospitals and forward the ADRs to the DDA through an online database.

Reference

1. Jha N, Bajracharya O, Namgyal. Prevalence of adverse drug reactions with commonly prescribed drugs in different hospitals of Kathmandu valley. Kath Univ Med J (KUMJ) 2007; 4(20): 504-10
2. Shrestha R, Shakya S, Bista D et al. Case studies of hospitalized patients due to drug related complications. Kathmandu University Journal of Science, Engineering and Technology 2006; 2 (1). (Available on http://www.ku.edu.np/kuset/second_issue/o2/Rajeev.pdf)
3. Mishra P, Subish P, Gupta S et al. Pattern and economic impact of cutaneous adverse drug reactions: initial experiences from the regional Pharmacovigilance center, Western Nepal. International Journal of Risk & Safety in Medicine 2006; 18:163-71.
4. Nepal joins programme. Uppsala reports 2007; 36: 5-6. (Available on <http://www.who.org/graphicinfo/0205.pdf>)

Correspondence

Kadir Alam

Lecturer, Department of Pharmacology

Manipal Teaching Hospital / Manipal College of Medical Sciences
Pokhara, Nepal.

E-mail: alamkad20@yahoo.com