Objective

A pilot audit to assess the burden of inpatient adverse drug reactions (ADRs) in a Scottish AMU and their avoidability.

We defined an adverse drug reaction as an appreciably harmful or unpleasant reaction, resulting from an intervention related to the use of a medicinal product, which predicts hazard from future administration and warrants prevention or specific treatment, or alteration of the dosage regimen, or withdrawal of the product.

Background

- ADRs are a significant cause of morbidity and mortality.
- Pirmohammed et al suggested that about 7% of patients present with ADRs.
- Lazarou et al suggested that 10.9% of patients suffer ADRs as inpatients.
- Wiffen et al estimated that in NHS England 1.6 million bed days annually are due to inpatient ADRs.

Design and study population

A retrospective review of all the records of patients discharged from the care of the Acute Medical Unit in a week in January 2014.

We excluded those who were admitted with a deliberate overdose or drug abuse. We focused on ADRs caused by hospital treatment.

We used Hallas et al definition of avoidability of ADRs

- Definitely avoidable
- Possibly avoidable
- Unavoidable

Computerized systems to reduce prescribing error

Education of health staff to improve prescribing & documentation

Daily review of medications and cessation of unnecessary medication

Suggestions for reducing ADRs

Conclusion

Compared to data from the UK:
- We have a higher admission rate caused by ADRs
- We have similar in-hospital ADRs rate
- We need robust measures to help reduce this burden

References:


Authorship:

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