



LETTER TO THE EDITOR

How to improve suspected ADR reporting among pharmacists in the GCC?



We read with interest the recent study by Mahmoud MA et al. documenting poor knowledge of adverse drug reaction (ADR) reporting processes among community pharmacists in Riyadh, “Community pharmacists’ knowledge, behaviors and experiences about adverse drug reaction reporting in Saudi Arabia” (Mahmoud et al., 2014). Unfortunately, these findings are consistent with our research in Qatar where we conducted a survey to describe pharmacist knowledge, experience, attitudes, and perceived barriers to ADR reporting (Wilbur, 2013). Given their leading role in the region with such drug safety infrastructure as the Saudi Federal Drug Association, it is discouraging that the majority (87%) of community pharmacists of the studied sample in Saudi Arabia were familiar with the country’s ADR reporting system. In Qatar, no community or ambulatory care pharmacist we surveyed had ever made a report and we found lack of clarity regarding the ultimate fate of submitted reports by these and other pharmacists (inpatient-based) (Wilbur, 2012). Although recently admitted as an associate member to the WHO Programme for International Drug Monitoring, Qatar, unlike Saudi Arabia, does not benefit from a national pharmacovigilance center or abilities to submit suspected ADR reports online. Discrepancies did exist in some barriers cited by our respective study populations. We found inability to recognize a suspected ADR was a discouraging factor for 40% of Qatar pharmacists, whereas 17% of the Saudi Arabia community pharmacists felt most ADRs encountered in their practice were not serious enough to merit reporting. While just 6% in our colleagues’ research indicated workload as a barrier to reporting, such time restrictions were given by 21% in Qatar. Having said this, there appears a common sign of reporting motivation as 84% of these Qatar

pharmacists declared it a professional responsibility to submit suspected ADR documentation and similarly, only 20% in Saudi Arabia felt it was not their duty.

What can be done to promote pharmacovigilance in the Gulf Coast Cooperation (GCC) region? Low rates of pharmacist suspected ADR reporting have also been encountered elsewhere in Saudi Arabia and in the United Arab Emirates (Dameh, 2015; Khan, 2013). As put forth by Mahmoud MA et al., there is a need for more pharmacovigilance training programs for pharmacists, and the potential to harness ‘informal’ educational opportunities through the influence of pharmacy students participating in community internships. Preferences of Qatar pharmacists were to have a single accessible reporting form with web-based submission capabilities, but by the Saudi Arabian experience reported in this paper, such an instrument would require promotion and instructions to ensure uptake by users. Given the proliferation of mobile technologies in the region, a smart phone application may be the most practical platform. We also propose greater collaboration within existing regional infrastructures, such as the Gulf Central Committee for Drug Registration (Wilbur, 2013). While pharmacists, especially in community practices, are in unique position to gather data as they monitor the safety of therapy among patients, engagement of all parties in the drug use process (prescribers, nurses, patients) is necessary for widespread pharmacovigilance success.

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