

Characteristics and quality of adverse drug reaction reporting among healthcare providers at Rumailah Hospital in Qatar

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<http://dx.doi.org/10.5339/qmj.2017.HMCCPC.2>

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Cite this article as: Alsalmiy N, Magdy M, Elkhalfifa D, Al Shammaa A, Awaisu A. Characteristics and quality of adverse drug reaction reporting among healthcare providers at Rumailah Hospital in Qatar, Qatar Medical Journal, HMC Collaborative Pharmacy Conference Proceedings 2017:2 <http://dx.doi.org/10.5339/qmj.2017.HMCCPC.2>

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HAMAD BIN KHALIFA UNIVERSITY PRESS

ABSTRACT

Introduction: Under-reporting of adverse drug reactions (ADRs) and low-quality reporting are a widespread phenomenon globally.¹ There is a need for more insight on the role of pharmacists and other healthcare professionals in ADR reporting. This study primarily aimed to compare the rates, quality, and characteristics of ADR reports received from different healthcare providers in Rumailah Hospital (RH) in Qatar.

Methods: A retrospective descriptive analysis of ADR reports submitted by healthcare providers in RH between 1 January 2012 and 1 October 2014 was conducted. Outcome measures included rate of ADR reporting, quality, causality scores as well as characteristics of the reported ADRs.

Results: A total of 92 ADR reports were submitted by different healthcare providers, of which 42% were submitted by pharmacists, 38% by physicians, and 9% by nurses. Most of the ADR reports by physicians (66%), nurses (63%) and pharmacists (41%) were judged to be of high quality (grade 2) based on WHO scheme ($p > 0.05$).² Sixty percent of the submitted ADR reports were for medications considered 'possibly' causing the event according to Naranjo causality score, while 30% were considered probable ($p < 0.05$). Most of the ADR reports were type B (54%) and were unpreventable (64%) according to the Medication Appropriateness Index (MAI).³ One hundred percent and 91% of nurses and physicians' ADR reports were for unpreventable events, respectively, while 41% of pharmacists' reports were definitely preventable ADRs ($p < 0.05$).

Conclusion: ADR reporting in RH was undertaken by different healthcare professionals and was generally of high quality. ADRs reported were often

unpreventable. There were differences between characteristics and causality scores of ADR reports between different healthcare professionals.

Keywords: adverse drug reactions, healthcare providers, rates, causality, Qatar

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