

Adverse Drug Reactions & Pharmacovigilance

High Yield

Adverse drug reactions

- Harmful unwanted drug reactions
- Which is
- _ Due to a drug
- _ At normal therapeutic doses
- _ May requires treatment, decrease in dose, stop the drug or caution in the future use of the same drug

Adverse drug reactions develop: Immediately, prolonged drug administration or after drug withdrawal

Incidence of ADR more in: · Polypharmacy, Elderly, Children, Patient with multiple diseases, Pregnancy, Malnourished, Immunosuppression, Drug **Abusers and addicts**

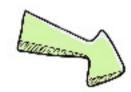
Side effects

- Unwanted (at time of treatment) unavoidable Pharmacological effects of the drug.
- •They can be harmful or beneficial depending on time of use
- Occur at therapeutic doses.
- Predictable

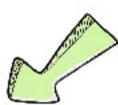
An effect may be therapeutic in one context but side effect in another context

Examples:

H1 Anti-histamines: Sedation 2) Aspirin: antithrombotic effect



CLASSIFICATIONS OF ADR



Predictable

Type A- Augmented

- These are based on the pharmacological actions of the drug so can be predicted.
- They are common and account for 75% of ADRs
- Dose-related and preventable mostly reversible.

Examples:-

- Anticoagulants(e.g., warfarin, heparin)-bleeding
- Anti-hypertensives(e.g.a1-antagonists:prazocin)hypotension
- Anti-diabetics(e.g. insulin)-hypoglycemia

They manifest themselves with significant delay

- Teratogenesis -Thalidomide -Phocomelia (flipper-likelimbs) Mutagenesis Cancerogenesis

Type D - Delayed

Predictable

Un-predictable

Type B- Bizarre

•Have no direct relationship to the dose of the drug or the pharmacological actions of the drug.

- •Develop on the basis of:
- Immunological reaction to the drug (Allergy)
- Genetic predisposition (Idiosyncrasy): abnormal drug reactions to the usual dose of the drug.
- More serious clinical outcomes with higher mortality and morbidity.
- Mostly require immediate withdrawal of the drug.
- Uncommon

Drug withdrawal syndromes and rebound phenomenons

•Example:

 Sudden withdrawal of long term therapy with B-blockers can induce rebound tachycardia and hypertension

Type E - End Of Use

Predictable

Predictable

TYPE C - CHRONIC (CONTINOUS) USE

 They are mostly associated with cumulative-long term exposure

•Example:-

Analgesic (NSAID: aspirin)interstitial nephritis, papillary sclerosis •Failure of responsiveness to the usual dose of a drug •Types: 1- AQUIRED 2- CONGENITAL: atropine can not cause mydriasis in rabbits due to atropinse Acquired tolerance:

•It occurs on repeated administration of the drug. More doses are needed to obtain the original effect. •It is reversible: it disappears when the drug is stopped for some time.

 Examples of drugs causing tolerance: morphine, nitrates.

Type F- FAILURE OF RESPONSE (TOLERANCE)

Un-predictable

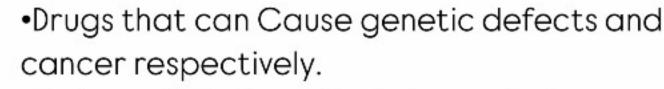
TERATOGENICITY (Teratos-Monster) ==

- The ability of a drug to cause defects in a developing fetus when it is administered during pregnancy.
- •Drugs can affect the foetus at 3 stages:
- 1- Fertilization and implantation: conception to 17 days: failure of pregnancy which often goes unnoticed.
- 2- Organogenesis: 18 to 55 days of gestation most vulnerable period, deformities are produced.
- 3- Growth and development: 56 days onwards: developmental and functional abnormalities can occur

Examples:

ACE inhibitors(growth retardation), Thalidomide, Warfarin (eye and hand defects), antiepileptic drugs (cleft lip/palate).





- Mutagenicity: Reactive intermediate metabolites of the drug can affect genes and may cause structural changes in the chromosomes
- Carcinogenicity: Certain chemicals and drugs can promote malignant change in genetically damaged cells, resulting in carcinogenesis.



•Examples: anticancer drugs, radioisotopes, oestrogens, tobacco



Information to type F (Failure of response) (Tolerance):

Special types of acquired tolerance 1.Tachyphylaxis: Tachyphylaxis (Greek word, tachys, "rapid", and phylaxis "protection")

- Acute, sudden decrease in response to a drug after its administration (a rapid and short-term onset of drug tolerance).
- It can occur after an initial dose or after a series of small doses.
- The original effect can not be obtained by increasing the dose.

- •Example:
- tachyphylaxis to action of salbutamol (beta 2 agonist bronchodilator) used for treatment of bronchial
- •single-use bronchodilator response followed by a significant decline in bronchodilator response
- Mechanism: polymorphism of beta 2 receptors leading to receptor downregulation

Tolerance, There is not a biochemical, histological marker, or laboratory test that will predict tolerance or degree of tolerance in an individual.

Drug abuse

- Tolerance is the basis of drug abuse and addiction: When a person uses a drug repeatedly, the body may develop tolerance to the drug.
- Tolerance may lead to drug dependence—the body develops a chemical need for the drug and can't function normally without it.
- Drug abuse occurs when people intentionally use any kind of drugs for non-medical purposes.
- · A mood-altering drug, also called a psychoactive drug, is a chemical that affects brain activity (morphine, cocaine, methamphetamine).
- Most abused drugs are psychoactive.
- Drug abuse (psychoactive drugs) > tolerance > dependence > addiction

The Reward (system) Pathway

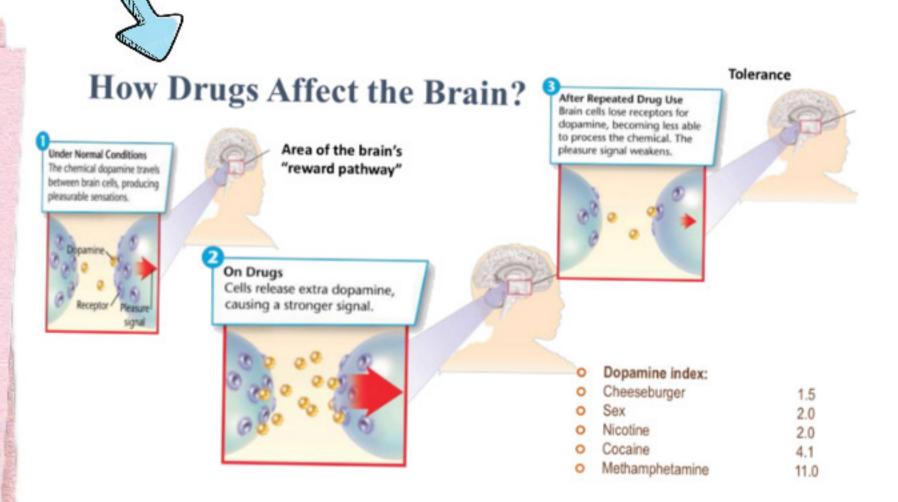
- · Many psychoactive drugs trigger activity along a pathway of cells in the brain called the "reward pathway."
- ·Brain cells along the activated reward pathway release a chemical called dopamine.
- The extra dopamine released during drug use can cause the user to ignore
- the harmful effects of the drug and want to continue using it. ·Flooding the reward pathway with dopamine may lead to intense cravings for the drug.



Addiction

- Abuse of psychoactive drugs may result in addiction. ·Addiction is the compulsive use of a drug, despite any cost to health, family, or social standing.
 - Addiction is a disease that changes the structure and chemistry of the brain.
- ·Withdrawal symptoms: If a person who is dependent on a psychoactive drug stops taking the drug, that person will experience withdrawal symptoms including:
- ·Nausea, vomiting, headache, indigestion, paranoia or panic ·Tremors, seizures or death





DRUG-INDUCED DISEASES

- •These are also called iatrogenic (physician-induced) diseases, and are disease caused by drugs.
- •Examples:
- •Hepatitis induced by isoniazid and Rifampicin
- Peptic ulcer induced by salicylates and corticosteroids
- Ototoxicity of streptomycin



PHARMACOVIGILANCE (DAUP)

PREVENTION OF ADVERSE EFFECTS TO DRUGS

- Avoid inappropriate use of drugs.
- Appropriate drug administration (Rational Therapeutics)
- Dose
- Dosage form
- Duration
- Route
- Frequency
- Technique
- Ask for previous history of drug reactions and allergies
- •Always suspect ADR when new symptom arises after initiation of treatment.
- Ask for laboratory findings like serum creatinine etc.
- •The science and activities related to the detection, assessment, understanding and prevention of adverse reactions
- The information generated is useful in educating doctors and in the official regulation of drug use.
- Significance:
- 1- Rational use of medicines
- 2- Assessment of safety of medicines



Done by : Hadeel Sami

Various activities involved in pharmacovigilance

- •Post marketing surveillance and other methods of ADR monitoring such as voluntary reporting by doctors.
- •Dissemination of ADR data through 'drug alerts', 'medical letters,' sent to doctors by pharmaceuticals and regulatory agencies.
- •Changes in the labelling of medicines indicating restrictions in use or warnings, precautions, or even withdrawal of the drug.