5PSQ-100

SURVEY OF PATIENT INVOLVEMENT IN ADVERSE DRUG REACTION MONITORING: THEIR INFORMATION SOURCES AND NEEDS

Narumol Jarernsiripornkul[1*], Warisara Srisuriyachanchai[1], Anthony R Cox[2]

[1] Division of Clinical Pharmacy, Faculty of Pharmaceutical Sciences, Khon Kaen University, Thailand
[2] School of Pharmacy, College of Medical and Dental Sciences, University of Birmingham, United Kingdom
* Correspondence: narumol@kku.ac.th

Background

Adverse drug reactions (ADRs) have resulted in a significant proportion of morbidity and mortality. Patients have access to several sources of information about ADRs, which contribute to improving medication safety. There have been few published studies on sources of ADR information used and the information needed by patients.

Aim and objectives

To explore patients' use of information sources and their information needs in the monitoring process of adverse drug reactions (ADRs) and to evaluate factors related to both information sources and information needs.

Materials and Methods

A cross-sectional survey, using a self-administered questionnaire, was distributed to patients through purposive sampling, who were visiting outpatient departments of two university hospitals from January to July 2020. Patients aged 18 and over were asked about their information sources and needs about the experienced ADRs.

Results

- A total 479 questionnaires were completed (77.6%).
- Most respondents were female (67.8%) with mean age 58.7+14.47 years.
- 48.0% of respondents had bachelor’s degree and higher education.
- The most common sources of information that patients had used to confirm their ADRs was consulted their physicians (66.4%) (Figure 1).

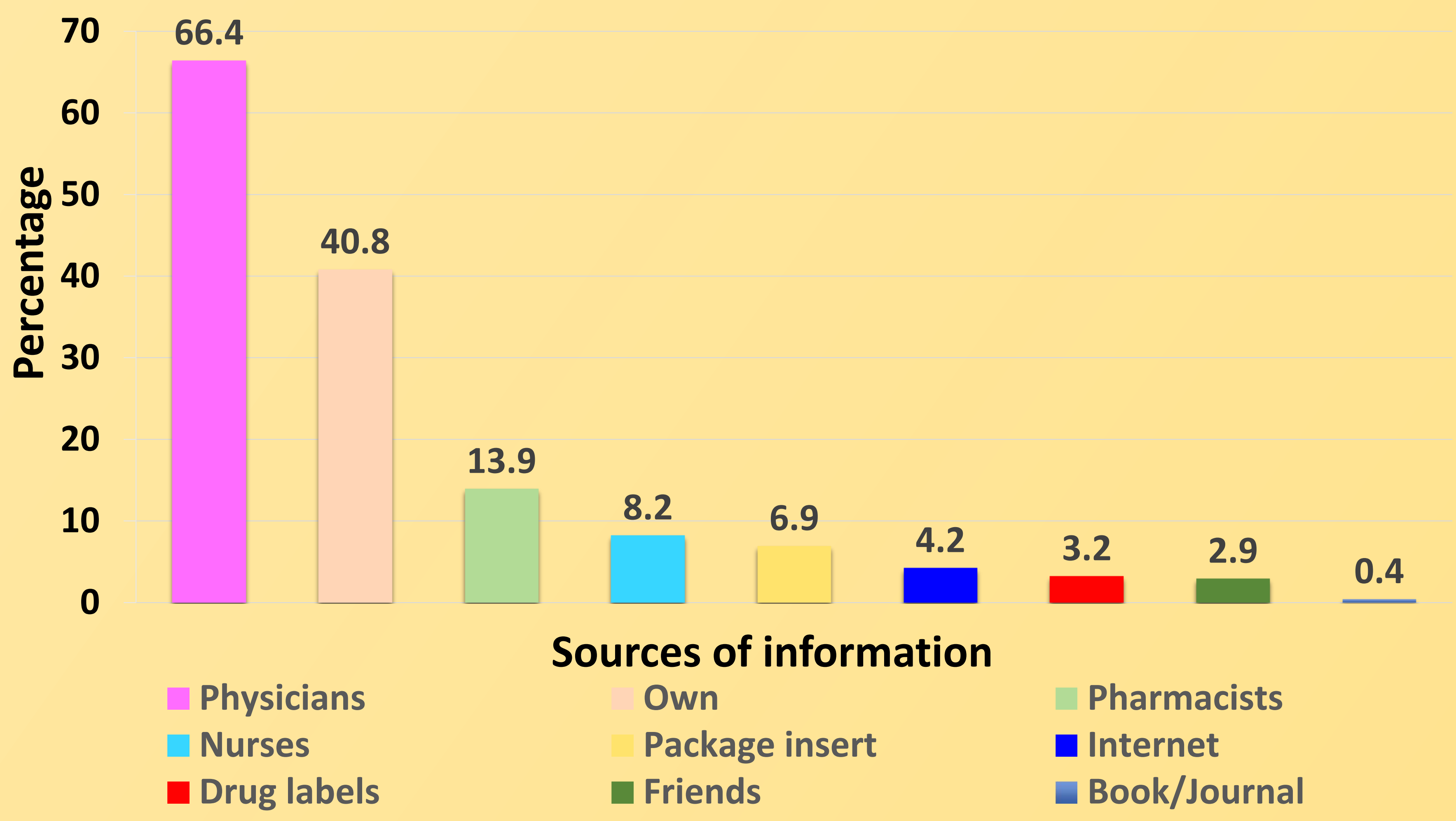

Figure 1 Sources of information used to confirm their ADRs

Acknowledgments

We thank the Royal Golden Jubilee Ph.D. Programme of the Thailand Research Fund for supporting this research.

Table 1 Patients needed information in ADR monitoring process

Needed information in ADR identification	Total n (%) (n=468)
Healthcare professional advice	351 (75.0)
ADR information document	225 (48.1)
Follow up ADRs	126 (26.9)
Needed information in ADR management	**Total (n=434)**
Treatment of ADRs symptom	147 (33.9)
Change to other drugs	143 (32.9)
Causes of ADRs symptoms	140 (32.3)
Needed information in ADR prevention	**Total (n=434)**
Record a history of drug allergy	176 (40.6)
ADR surveillance and detection method	124 (29.0)
Prevent repeated drug allergy advice	86 (19.8)

Table 2 Factors related to patients’ needed information

Characteristics	Need information (n=340); n (%)	Not need information (n=132); n (%)	Total (n=472); n (%)	p-value[a]
Gender				
Male	105 (30.9)	45 (34.1)	150 (31.8)	0.502
Female	235 (69.1)	87 (65.9)	322 (68.2)	
Age (years)				
18-59	162 (47.6)	47 (35.6)	209 (44.3)	**0.018***
> 60	178 (52.4)	85 (64.4)	263 (55.7)	
Occupation				
No carrer	72 (21.2)	32 (24.2)	104 (22.0)	0.693
Farmer + Worker	86 (25.3)	37 (28.0)	123 (26.3)	
Government + State enterprise	132 (38.8)	44 (33.3)	176 (37.3)	
Own bussiness	50 (14.7)	19 (14.4)	69 (14.6)	
Education level				
Secondary school and lower	166 (48.8)	74 (56.1)	240 (50.8)	0.118
Bachelor's degree and higher	168 (49.4)	54 (40.9)	222 (47.0)	
Underlying diseases				
0-3	318 (93.5)	116 (87.9)	434 (91.9)	**0.043***
> 3	22 (6.5)	16 (12.1)	38 (8.1)	

[a] Pearson’s chi-squared test, * the level of significant difference <0.05

Advice from healthcare professionals (HCPs), ADR treatment and record drug allergy history were most common patients’ needs in ADR monitoring process (Table 1). Factors related to their needed information were age and underlying diseases (Table 2).

Conclusions

HCPs are primary sources of ADR information for patients. Younger patients and less underlying diseases were found to be associated with a greater need for information. Therefore, HCPs should ensure that patients receive sufficient ADR information particularly older patients in order to enhance medication safety.

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