

11<sup>th</sup> International Conference on

## PHARMACOEPIDEMOLOGY AND CLINICAL RESEARCH

October 02-03, 2017 Kuala Lumpur, Malaysia

**Adverse drug reaction due to cancer chemotherapy and its financial burden in different hospitals of Nepal**Sunil Shrestha<sup>1</sup>, Rajani Shakya<sup>1</sup> and Sudip Shrestha<sup>2</sup><sup>1</sup>Kathmandu University, Nepal<sup>2</sup>Nepal Cancer Hospital & Research Center, Nepal

Adverse Drug Reactions (ADRs) are inevitable risk factors associated with the use of anticancer drugs. A great emphasis is needed for their detection, assessment, monitoring, reporting and prevention. A prospective cohort study was carried out at oncological ward of three different hospitals in Kathmandu, Nepal with objectives to study the incidence and pattern of ADRs; and to assess the causality, severity and preventability using different types of scales like Naranjo algorithm, modified Hartwig and Siegel and modified Shumock and Thornton scale. Females and age greater than 60 years were found to have the risk factors for getting ADRs. Alkylating agents were responsible for the ADRs in 32.51% followed by antimetabolites (29.62%). Carboplatin was responsible for 14.40% of the ADRs followed by gemcitabine (13.58%) and fluorouracil (13.16%). Paclitaxel, Docetaxel, Cisplatin and Doxorubicin were found to be other drugs identified for causing ADRs. Anemia (42.6%) was the most commonly encountered ADRs followed by fever, neutropenia. ADRs of the suspected drug continued in 36.9%, stopped in 21.3%, discontinued in 16.4%, dose reduced in 13.9% and drug changed in 11.5%. Most of the reactions were probable (66%) in causality, moderate (72.4%) in severity and probably preventable (52.2%) in nature. ADRs increased cost of illness due to added therapy for management of ADRs, clinical investigations and prolongation of hospital stay. ADRs are still of a great problem in cancer patient care. All involved in management of a cancer person have to play a great role in detection, monitoring and prevention of ADR to provide the better pharmaceutical care to patients.

**Biography**

Sunil Shrestha is a Researcher-Academician-entrepreneur-social worker from the beautiful city Kathmandu of Nepal which is located landlocked between India and China. He is the founding member and works in capacity of Founder President and Research Director at Nepal Health Research and Innovation Foundation (NHRIF), an NGO Located at Kathmandu, Nepal. He earned his Bachelor in Pharmacy Degree (2012) from Asian College for Advanced Studies which is affiliated to Purbanchal University, Nepal. He is Registered Pharmacist of Nepal Pharmacy Council (NPC). After bachelor he received his Doctor of Pharmacy, Pharm.D (Post Baccalaureate) from Kathmandu University (2015). He is working in pharmaceutical sector, he is social activist working against Domestic violence in Nepal. He had done many photo exhibitions on domestic violence on major cities of Nepal like Kathmandu, Lalitpur, Birgunj etc. and other group exhibitions. He is also Honoree member of Biotechnology Society of Nepal. He is also Editorial Board Member at Medplus International Journals and Editorial Board Member at International Journal of Pharmacovigilance.

sunilcresta@gmail.com

**Notes:**