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Relevance of foreign alerts and newsletters for the medication errors reporting programme in the Netherlands: An explorative retrospective study

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Introduction: National reporting programmes usually collect and analyse medication error reports from healthcare providers in their own country and only disseminate guidance to healthcare providers within the borders of their country. It is unclear how many different national programmes could learn from each other. The aim of this study was therefore to explore to what extent alerts and newsletters about medication errors issued in other countries could also be relevant for the Netherlands.

Methods: Ninety disseminated information items that had been issued by three national programmes (Canada, the USand the UK) in the period from June 2009 until June 2012 were collected. These items were compared with the national reporting programme, Central Medication Incidents Registration (CMR-NL) in The Netherlands. Each selected item was subsequently assessed independently with six assessment criteria: is the medicine available in the Netherlands? If so, could a similar error occur in the Netherlands? Did theCMR-NL reporting programme receive any reports about acomparable (or even identical) error? If so, did these reports include any errors with serious temporary or permanent harm? Did the CMR-NL disseminate output about it? If so, what was the dissemination date of CMR-NL?

Results: From the 90 items, 87.8% (n=79) were relevant for Dutch healthcare. For 43 of the 90 items (47.8%), the CMR-NL had received comparable (or even identical) errors but had not disseminated any alert or newsletter about these errors. The CMR-NL had disseminated an alert or newsletter for 14 of the 90 items (15.6%).

Conclusion: This study showed for a broad range of errorsthat the Dutch national reporting programme could learn from the three reporting programmes in Canada, the US and the UK. National reporting programmes can benefit from sharing alerts and newsletters that enhance the learning between countries.

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Conception of Ayurveda adverse drug reaction and pharmacovigilance: An overview

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Drug safety is a very basic and fundamental concept in medical practice. ADRs play an important role in assessing patient safety in any system of medicine. Pharmacovigilance study is thus significant to understand treatment outcomes. Current raised issue with respect to complementary and alternative system medicine (CAM) like Ayurveda is increased in number of safety reports along with report misinterpretation; this generates the negative impact on system. Although, Ayurveda which is holistic system of medicine from India has elaborated the causes and methods of drug induced consequences along with preventive measures the available data in classical texts is scattered. The compilation and analysis along with modern concept drug safety is need of the hour. Present literature review was conducted from various compendium of Ayurveda and electronic data base with search terms of '*Vyapad*', '*Viruddha*', '*Ahita*', 'herb-herb interaction', 'idiosyncrasy', '*Prakritiviruddha*' etc. The reported information was analyzed for the possible correlation on concept of ADR and Pharmacovigilance of current science. Overall review demonstrated that drug interaction, iatrogenic, over dose, administration of unsuitable drugs, reprehensive drug administration with respect to disease, complication from five procedural therapies *(Panchakarma)* and reprehensible preparation of mineral drug are nearer to the modern causes of ADR. Thus, concept of drug safety and ADR is not new to the Ayurveda. The concept "Drug which is not appropriate to be used as medicine" *(Abheshaja)* of Ayurveda sounds similar as that of modern pharmacovigilance.

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