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### **An example of using a decision making framework designed for non-medical prescribers as a method for enhancing prescribing safety for inhaled corticosteroids (ICS)**

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**N**on-medical prescribing is needed especially with the increased demand for health care and the physicians' time constraints. Also, it is not well regulated in KSA unlike the United Kingdom. This report aims to demonstrate the urged need for regulations to maintain a safe non-medical prescribing process. It also adapts the single competency framework provided by the United Kingdom national prescribing centre to be utilised by the respiratory therapist for a safe prescribing process for inhaled corticosteroids (ICS) to control adult asthma as an example. The framework is thought to be an effective tool for safe non-medical prescribing and it is highly recommended to develop a national Saudi framework to maintain the patients' safety and utilise resources.

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### **Assessment of physicians' response to text alerts in patients with reduced renal function by using a text message alerting system**

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**A**dverse drug events are mostly dose dependent and preventable. About 50% of these adverse effects are due to inappropriate dosing especially in patients with renal failure. We aimed to determine the impact of short message alerting on physicians' drug dosing of patients with decreased renal function. Eighteen physicians accepted to enroll in the study. Their patients who received at least one of the six selected drugs were selected for evaluation. The patients with an estimated glomerular filtration rate of 50 ml/minute or lower were randomly divided into two groups of case and control. An alert was sent to the physician in charge of the intervention (case) group. Physicians' reactions were recorded as "dose adjustment", "discontinuation of medication" or "none" and were compared in both groups. The reaction time of physicians before and after receiving alerts was recorded as well. One hundred and thirty seven patients entered the study. The study results showed a significant difference in overall changes between the two groups ( $P < 0.001$ ). The rate of dose adjustment increased significantly after sending alerts to physicians ( $P < 0.001$ ). However, there was not a significant difference regarding discontinuation of medication between groups ( $P = 0.76$ ). On the other hand, prompt reaction of physicians (0-6 hours after sending short message) significantly increased after intervention ( $P < 0.05$ ). Nevertheless, physicians' reaction time in 6-24 hours and 24-48 hours was not changed significantly after intervention. The results of this study show that informing physicians about the renal function of the patients leads to appropriate dosing.

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