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Perspective

Effective Management of Adverse Drug Reactions: Proven Strategies and Best Practices for Healthcare Professionals

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DESCRIPTION

Adverse drug reactions can be viewed as a form of toxicity. Toxicity, however, is defined as the effects of overdose (accidental or intentional), or elevated blood levels or increased drug action that occur with rational use (e.g., impaired drug metabolism or transient effects caused by another drug) is inhibited. For information about the toxicity of specific drugs, including drugs, see the symptoms and treatment of Specific Poisons table. Side effects are a vague term often used to describe unintended effects of drugs that occur within the therapeutic spectrum.

All drugs have potential side effects, so a benefit-risk analysis (probability of benefit and risk of ADR) is required for each drug prescription. Based on a sample of approximately 100,000, the National Electronic Injury Surveillance System Cooperative Adverse Drug Event Surveillance Project (NEISS-CADES) estimates that from 2017 to 2019, 6 drug-induced emergency room visits per 1000 people per year (ED) was presumed to have been. Approximately 39% of these visits resulted in hospitalization. According to previous estimates, his 3%-7% of all hospital admissions in the United States were due to drug side effects. ADR occurred in 10%-20% of hospitalizations.

About 10%-20% of these ADRs were serious. These statistics do not include the number of her ADRs occurring in other outpatient and nursing home patients. Although the exact number of ADRs is unknown, ADRs represent a major public health problem that is largely preventable. The frequency and severity of side effects depend on patient characteristics (such as age, sex, race, and comorbidities, genetic or geographic factors) and drug factors (such as type of drug, route of administration, duration of treatment, dosage, bioavailability). Incidence increases with advanced age and polypharmacy. According to the National Electronic Injury Surveillance System, the most common ED visits result from therapeutic use of anticoagulants and diabetes medications in older adults. Non-therapeutic use of sedatives and hypnotics, such as benzodiazepines and analgesics, also contributed to drug-related harm. In children under 5 years of age, antibiotic use due to drug-related harm was a common cause of emergency room visits. Although age itself may not be the main cause, ADR is more serious in older patients (see Drug-Related Problems in Older Adults).

According to the World Health Organization's pharmacovigilance database, the fatal side effects occur mostly in her patients over the age of 75. It is unclear whether prescribing errors and poor adherence to treatment contribute to the incidence of ADRs. Adverse drug reactions (ADRs) remain a major health problem worldwide.

They influence patient outcomes, increase hospitalizations, increase morbidity and mortality, increase treatment costs, impair quality of life, and affect patient satisfaction with care. The purpose of this chapter is to discuss ADR-related issues such as the history, types, causes, management, and reporting of ADR, and to focus on the challenges of ADR and its reporting in developing countries, and address issues to improve them. Practice in developing countries. Distinguishing between side effects of medications and non-pharmaceutical-related problems is essential to avoid inappropriate discontinuation of necessary medications. Proper management also requires anticipation of side effects each time a treatment program is initiated. Familiarity with the groups of drugs most commonly implicated in immunological reactions is helpful, as is knowledge of adequate alternatives to these drugs in the presence of known hypersensitivity. Side effects can be minimized by using established protocols for premedication.

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