

## Role of Technology in Advancing Pharmacovigilance

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## ABOUT THE STUDY

Pharmacovigilance, the science of tracking and evaluating drug safety, is essential to guaranteeing patients' wellbeing. Pharmacovigilance is the process of gathering, analysing, and disseminating information with the ultimate purpose of detecting, evaluating, and preventing Adverse Drug Reactions (ADRs). The pharmacovigilance landscape is continuously changing as a result of technological innovation, bringing with it new opportunities and difficulties. This essay will examine the development of pharmacovigilance and how technology may affect patient safety [1,2].

The use of technology in pharmacovigilance has revolutionized the way data is collected, analyzed, and shared. One of the most significant contributions of technology is the creation of pharmacovigilance databases, such as the US Food and Drug Administration's Adverse Event Reporting System (FAERS) and the European Medicines Agency's EudraVigilance. These databases provide a centralized repository of adverse event reports submitted by healthcare professionals, patients, and drug manufacturers. The data collected from these reports is then analyzed to identify potential safety signals, which are then further investigated [3,4].

The use of Artificial Intelligence (AI) and Machine Learning (ML) has also become increasingly prevalent in pharmacovigilance. AI and ML algorithms can analyze large volumes of data in real-time and identify patterns that may not be immediately apparent to human analysts. For example, AI algorithms can analyze social media and internet forums to identify potential adverse drug reactions that may not have been reported through traditional channels. Similarly, ML algorithms can be used to identify new drug-drug interactions or predict the likelihood of a patient developing an ADR based on their medical history and demographic information [5,6].

Another area where technology has played a critical role in advancing pharmacovigilance is in signal detection. Signal detection is the process of identifying potential safety signals from the large volume of adverse event reports received.

Traditional signal detection methods involved manual review of individual case reports and relied heavily on the expertise of human analysts. However, with the increasing volume of adverse event reports being generated, manual signal detection is becoming increasingly difficult and time-consuming. The use of automated signal detection algorithms, which can quickly and accurately identify potential safety signals, has become essential. These algorithms use statistical methods to identify potential safety signals based on the frequency of reported adverse events, the seriousness of the event, and the temporal relationship to drug administration [7,8].

In addition to signal detection, technology has also played a critical role in the rapid dissemination of safety information to healthcare professionals and the public. The use of social media and mobile applications has made it possible to quickly and effectively communicate safety information to a broad audience. For example, the US FDA has developed a mobile application called MedWatcher, which allows patients and healthcare professionals to report adverse drug reactions and receive safety information in real-time. Similarly, social media platforms such as Twitter and Facebook are increasingly being used to communicate safety information and raise awareness of potential safety issues [9,10].

Despite the significant benefits of technology in advancing pharmacovigilance, there are also some challenges that need to be addressed. One of the most significant challenges is ensuring the quality and completeness of adverse event reports. Adverse event reports submitted to pharmacovigilance databases are often incomplete or lack essential information, making it challenging to identify potential safety signals accurately. Additionally, the use of AI and ML algorithms raises ethical concerns regarding data privacy and the potential for algorithmic bias.

Another challenge is the need for standardized terminologies and ontologies. The use of different terminologies and ontologies in adverse event reporting can lead to inconsistencies in data collection and analysis, making it challenging to compare data across different databases and systems. The adoption of

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standardized terminologies and ontologies, such as the Medical Dictionary for Regulatory Activities (MedDRA), can help to address this challenge. The use of standardized terminologies and ontologies can improve the accuracy and consistency of adverse event reporting, making it easier to identify potential safety signals and analyze data across different databases and systems.

In conclusion, the role of technology in advancing pharmacovigilance cannot be overstated. The use of pharmacovigilance databases, AI and ML algorithms, automated signal detection, and social media has revolutionized the pharmacovigilance landscape, providing new opportunities for improving patient safety. However, it is essential to address the challenges associated with technology, such as data quality and privacy concerns, to ensure the accuracy and completeness of adverse event reporting. By leveraging the power of technology and addressing the challenges, we can continue to improve pharmacovigilance and ultimately, ensure the safety of patients worldwide.

## REFERENCES

- Kontopoulou K, Iosifidis E, Antoniadou E, Tasioudis P, Petinaki E, Malli E, et al. The clinical significance of carbapenemresistant Klebsiella pneumoniae rectal colonization in critically ill patients: from colonization to bloodstream infection. J Med Microb. 2019; 68(3):326-35.
- Li Y, Shen H, Zhu C, Yu Y. Carbapenem-resistant Klebsiella pneumoniae infections among ICU admission patients in central China: Prevalence and prediction model. BioMed Res Int. 2019; 9767313.

- Forde C, Stierman B, Ramon-Pardo P, Dos Santos T, Singh N. Carbapenem-resistant Klebsiella pneumoniae in barbados: driving change in practice at the national level. PLoS One. 2017; 12(5):e0176779.
- Marsh JW, Mustapha MM, Griffith MP, Evans DR, Ezeonwuka C, Pasculle AW, et al. Evolution of outbreak-causing carbapenemresistant Klebsiella pneumoniae ST258 at a tertiary care hospital over 8 years. MBio. 2019; 10(5):e01945-1919.
- Humphries RM, Yang S, Kim S, Muthusamy VR, Russell D, Trout AM, et al. Duodenoscope-related outbreak of a carbapenemresistant klebsiella pneumoniae identified using advanced molecular diagnostics. Clin Infect Dis. 2017; 65(7):1159-1166.
- 6. Miller BM, Johnson SW. Demographic and infection characteristics of patients with carbapenem-resistant enterobacteriaceae in a community hospital: development of a bedside clinical score for risk assessment. Am J Infect Control. 2016; 44 (2): 134-137.
- Zhang H, Guo Z, Chai Y, Fang YP, Mu X, Xiao N, et al. Risk factors for and clinical outcomes of carbapenem-resistant Klebsiella pneumoniae nosocomial infections: A retrospective study in a tertiary hospital in beijing, china. Infect Drug Resist. 2021; 14:1393-1401.
- Kajii T, Kida M, Takahashi K. The effect of thalidomide intake during 113 human pregnancies. Teratology. 1973;8(2):163-166.
- 9. Bren, Linda. Frances Oldham Kelsey: FDA medical reviewer leaves her mark on history. FDA Consum. 2001;35(2):24-29.
- Miller MT. Thalidomide embryopathy: a model for the study of congenital incomitant horizontal strabismus. Trans Am Ophthalmol Soc. 1991;89:623-674.