

JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH

How to cite this article:

SHANKAR PR, JHA N. COMMUNITY PHARMACOVIGILANCE IN NEPAL : A GUIDE TO COMMUNITY PHARMACISTS. Journal of Clinical and Diagnostic Research [serial online] 2009 February [cited: 2009 February 2]; 3:1379-1380.

Available from

http://www.jcdr.net/back_issues.asp?issn=0973-709x&year=2009&month=February&volume=3&issue=1&page=1379-1380&id=375

Book Review

Community pharmacovigilance in Nepal - a guide for Community pharmacists

SHANKAR PR*, JHA N**

Affiliations:

*MD ,** Mpharm,
Dept. of Clinical Pharmacology
Dept. of Clinical Pharmacy
KIST Medical College,
Imadol, Lalitpur.Nepal
Corresponding Author
Dr. P. Ravi Shankar
Department of Clinical Pharmacology
KIST Medical College, P.O. Box 14142
Kathmandu , Nepal.
Phone: 977-1-5201680
Fax: 977-1-5201496
E-mail:ravi.dr.shankar@gmail.com

Pharmacovigilance in Nepal started taking its present shape around the year 2005. In October 2004, the department of drug administration (DDA) was nominated as the focal point (national center) to liaise with the WHO Collaborating Centre for International Drug Monitoring in Uppsala, Sweden. Various regional and other pharmacovigilance centers function under DDA. At present, Manipal Teaching Hospital in Pokhara and Tribhuvan University Teaching Hospital in Kathmandu are the regional centers while KIST Medical College in Lalitpur and Nepal Medical College in Kathmandu act as pharmacovigilance centers.

This booklet has been published by the Regional Pharmacovigilance Center, Manipal Teaching Hospital, Pokhara, Western Nepal in collaboration with the Universiti Sains Malaysia, Penang, Malaysia. The authors are Mr. Subish Palaian from Manipal Teaching Hospital, Dr. Mohamed Izham from USM, Dr. Pranaya Mishra from Saba University school of Medicine and Ms. Anna Celen from Uppsala Monitoring Centre.

Recently the regional pharmacovigilance center at Pokhara, Nepal had carried out a unique initiative to involve community pharmacists in the reporting of adverse drug reactions (ADRs) and in pharmacovigilance. Thirty community pharmacists from the Pokhara valley were trained to recognize and report ADRs. During the training period the community pharmacists requested the center to bring out a pharmacovigilance booklet and the present booklet is the result of that request.

The booklet has three main parts. The first part describes certain important aspects of pharmacovigilance (PV), the second describes certain important drugs (medicines) in brief while the third part concerns itself with certain commonly asked questions about pharmacovigilance.

The first chapter discusses the importance of monitoring the side effect of medicines. The definition of ADRs and pharmacovigilance are also covered. The importance of pharmacovigilance in Nepal has been stressed once again by the authors in this publication. In the absence of the requirement for mandatory clinical trials before a drug is licensed, PV is important to study ADRs occurring in the Nepalese population. The same situation may also prevail in other developing countries. The fifth chapter describes the current pharmacovigilance program of Nepal. Community PV was started in Pokhara as a project with support from Health Action International Asia Pacific (HAIAP), Colombo, Sri Lanka. Reporting of ADRs by community pharmacists is important as self-

medication is common in Nepal and community pharmacists act as the first level of contact for many patients with the health care system.

The second part describes the salient features of certain commonly used medications. Each medicine is covered under the following sub headings: generic name, therapeutic category, indications, route of administration, dose, preparations available, side effects, patient counseling and use in special populations. The drugs have been described alphabetically starting from acyclovir and ending with warfarin. The inside back cover of the booklet contains the index of drugs which will be useful for quickly accessing information. Each drug has been described in a simple manner focusing on the information necessary for a community pharmacist. We especially liked the short comments in bold letters at the end of the description of individual drugs. Some of these are 'If you are dispensing a drug without prescription, ask whether the drug is taken by a pregnant woman', 'Long term use of painkillers can be very harmful', and 'Do not dispense incomplete course of antibiotics. This can lead to bacterial resistance'. These short statements are very useful to inform and educate community pharmacists.

The last section deals with reporting of ADRs by the community pharmacists to the

regional PV center. Certain information is very specific to western Nepal while others will be of use to community pharmacists elsewhere. Though primarily intended for community pharmacists, the booklet will serve as a quick reference about medicines for all pharmacists and also other categories of healthcare providers.

The book has been well produced and the paper quality is excellent. We were however not able to understand the role of fishes on the back cover. The only correlation was the statement by a well known personality about the pharmacopeia of his times and how dumping it into the ocean would not make any significant difference to human kind but would be a danger to fishes. We congratulate the authors on an excellent and timely book

About The Book

Palaian S, Izham M, Mishra P, Celen A. Community pharmacovigilance in Nepal: a guide for community pharmacists. Regional Pharmacovigilance Center, Manipal Teaching Hospital and Discipline of Social and Administrative Pharmacy, Universiti Sains Malaysia, 2008.

The first author of the booklet can be contacted at subishpalaian @yahoo.co.in, dic.mth@manipal.edu.np. The author can be contacted for free copies of the booklet.