

# Research on ADR in in-patients using Naronji's and who scale: A basic necessity for better therapeutic outcomes and rational drug use

CH.PRAGATHI<sup>1</sup>, S.MAHESH KUMAR<sup>2</sup>, CH.ANAND KUMAR<sup>3</sup>, PRAVEEN KUMAR<sup>4</sup>

Department of pharmacy practice, Smt.Sarojini Ramulamma College of Pharmacy, SVS Hospital  
Department of pharmacy practice, Smt. Sarojini Ramulamma College of Pharmacy, SVS Hospital  
Department of pharmaceutical science, J.J.T.UNIVERSITY, Ph.D Scholar  
Department of pharmacy practice, Smt.Sarojini Ramulamma College of Pharmacy, SVS Hospital  
Email:pragathipharmd@gmail.com.

**INTRODUCTION:** This research aims at enlightens and emphasizing the most prevailing disease conditions and disorders which are most common in mahabubnagar locality ,were category A(augmented) type ADR are more followed by type C(continous).

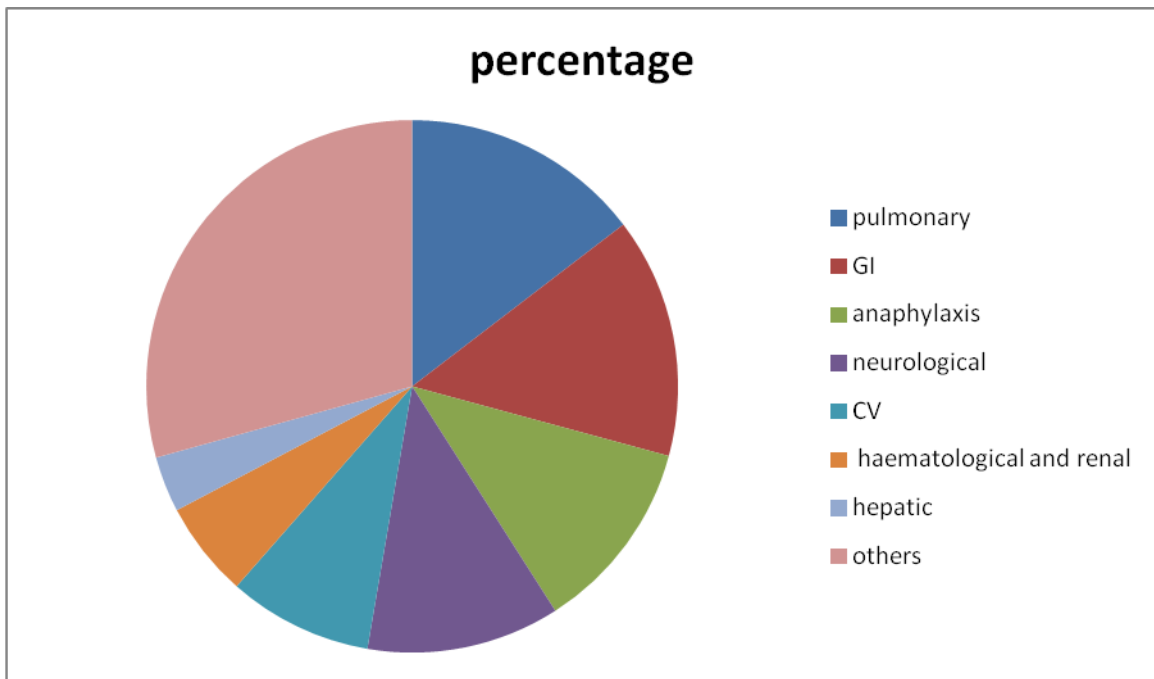
**METHODS:** A retrospective research study was conducted using Naronji's and WHO standard scales have been used to categorise the ADR into category A, category B, category C and category D for the given cases.

Epidemiological data like age, ADR, and disease condition prevailing in hospitalised patients are noted and categorised department wise.

**RESULTS:** In 290 females and 310 males cases high percentage of ortho related medication ADR (10.61%) in males than in females were reported followed by CV 63cases (10.5%) in arrhythmias, MI, CAD in ratio of 1:2.5:1. It is succeeded by gynaecological medicational ADR accounting for 8.6% and goitor 3.8% are found which is followed by paediatric cases occupying 6.3% in 600case studies. Naronji's and WHO standard scales have been used to denoted the ADR category.

Based on age CV are more compared to pulmonary, hepatic, ortho, neurologic,GI, circulatory , renal, and others.

S.no	Conditions	No. of pediatrics	No. of adult	No. of geriatrics
1	CV	38	42	1
2	Endocrine	5	49	56
3	Pulmonary	19	8	15
4	Hepatic	5	10	6
5	Ortho	10	28	43
6	Neurologic	57	19	20
7	GI	13	43	37
8	Circulatory	5	9	3
9	Renal	0	8	6
10	Others	8	20	17



Among all cases the common avoidable ADR are seen in pulmonary, GI, anaphylaxis, neurological, CV, haematological and renal, hepatic and others (HTN, skin rashes, urticaria).

**CONCLUSION:** The statistical data from the research study is useful in different fields of pharmacy like pharmacovigilance, clinical pharmacy and pharmacoepidemiological studies. Taking this into consideration pharmacovigilance department has taken measure and considerable decrease in ADR's have been noted. All hospital organisations need a pharmacist team responsible for medical prescription analysis before preparation, dispensing and administration of drugs to inpatients. This study provides the significance of highly notable diseases and related disorders along with common ADR in a given area providing statistical data useful in different pharmacy and medical fields with main aim of improving the quality of life through rational drug use.

#### REFERENCES:

Brennan TA, Leape LL, Laird NM, et al. Incidence of ADE and negligence in hospitalised patients, *N Engl J Med.* 1991;324:370-376.

Leap LL, Bates DW, Cullen DJ, et al. Systems analysis of ADR *JAMA.* 1995;274:35-43.

Kohn LT, Corrigan GM, Donaldson MS, To err is human; building a safer health system. Institute of medicines, Washington DC: National Academy Press; 1991.