

PHARMACOVIGILANCE: A COMPREHENSIVE REVIEW

Mr. Devendra R. Shinde¹, Mr. Shubham G. Shinde², Ms. Ashwini Sherkar³,
Mr. Akshay H. Patil⁴

^{1,2,3,4}Shri Swami Samarth Institute of Pharmacy, Malwadi Bota., Tal. Sangamner Dist. Ahilyanagar, India.

ABSTRACT

A significant and essential component of clinical research is pharmacovigilance. The pharmaceutical discipline that deals with the identification, evaluation, comprehension, and prevention of side effects, especially those that are both short-term and long-term from medications. This discusses the precise definition of pharmacovigilance. What is known about pharmacovigilance's advantages, disadvantages, difficulties, and prospects in Indian medicine? Here, the primary emphasis is on the objectives and function of pharmacovigilance in the regulation of medications and their partners.

Key Words - Pharmacovigilance, adverse drug reactions, medical professionals, reporting systems, and knowledge.

1. INTRODUCTION

By evaluating, tracking, and identifying drug interactions and effects in humans, pharmacovigilance is one of the cornerstones of the healthcare system. Pharmaceutical and biotechnology fields are designed to treat, prevent, cure, or lessen disease; nonetheless, there are hazards, especially Adverse Drug Reactions (ADRs), which can upset patients. Monitoring ADRs is therefore crucial to a medication's safety.[1]

"Science and activities related to the detection, assessment, understanding and prevention of adverse effect or any other possible drug related problem" is how the World Health Organization defines pharmacovigilance. In order to diagnose and treat illnesses and other health issues, healthcare practitioners must "study, advise on, or provide preventive, curative, rehabilitative, and promotional health services based on an extensive body of theoretical and factual knowledge." [2]

Adverse drug reactions refer to harmful and unintended responses that happen at doses typically utilized in humans for the prevention, diagnosis, or treatment of diseases, or for altering physiological functions.[3]

Pharmacovigilance has been present in India for quite some time, having started in 1998.[4]

When India opted to participate in the Uppsala Centre for Adverse Event Monitoring, it highlighted the significance of pharmacovigilance. Regulatory agencies, media outlets, and consumers are increasingly aware of the benefits and risks associated with medications. "An adverse event refers to any unfavorable medical occurrence that may arise during drug treatment but is not necessarily linked to its use." "An adverse drug reaction is any harmful, unintended, and undesirable effect of a medication that occurs at a dose typically used in humans for prevention, diagnosis, therapy, or alteration of physiological function." Spontaneous reporting of adverse drug reactions and adverse events serves as a crucial method for collecting safety information for early identification.[4]

AIM AND OBJECTIVE

- To improve the care and safety of patients related to the use of drugs.
- Improve public health and drug safety.
- Identify and appropriately communicate complications associated with drug use.
- To evaluate advantage efficacy and risk of medicines as well as promoting safe, rational and more effective use of medicines
- To encourage education understanding and clinical training in Pharmacovigilance along with its effective communication to the healthcare workers and public.

ADVERSE DRUG REACTION

As per World health Organization adverse drug reaction is defined as "any response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function".[6]

Adverse reactions may result from use of the product within or outside the scope of the marketing authorisation, as well as from occupational exposure.[7]

The harmful reaction of drugs is considered to be one of the main causes of adverse and mortality. Pharmacovigilance is a field related to ADR research.[8]

Inadequate compliance may lead to toxicity or treatment failure, increasing treatment costs and possible fatal outcome for the patient.[9]

• **Detection of Adverse Drug Reaction -**

Various detection methods of ADR are

1. Pre-marketing studies

2. Post-marketing surveillance

3. Assessing Causality

4. Communicating ADRs

5. Postal survey method

- 1. Pre-marketing studies:** The safety test of new formulated medicines is done on animal models. 3 distinct phases of clinical trials are performed before submitting final report to a marketing authorization application (MAAP)
- 2. Post marketing surveillance:** Subsequent to the approval of the product, new drugs should be closely monitored for their clinical safety once they are marketed. PSURs shall be submitted every 6 months for the 1st 2 years after the approval of drug is granted to the applicant. For subsequent 2 years the PSURs shall be submitted annual. All serious unexpected adverse reaction cases must be reported to the licensing authority within 15 days of initial receipt of the information by the applicant.
- 3. Assessing Causality:** Causality assessment is a process of establishment of a relationship between a drug and a suspected reaction. If an adverse reaction is suspected, the evaluation begins with collecting relevant data regarding the patient's demographics, such as medications taken, including over-the-counter medications, timing and duration of the reaction, treatment of the reaction, and outcome.
- 4. Communicate ADR:** By conducting constant educational programs for medical experts, inserting a package, and advice to patients, we provide knowledge of drug state and safe use at the time of basic training of medical experts.
- 5. Postal survey method:** This method consists of a specific drug questionnaire that is used to monitor adverse effects of new drugs, i.e. for 1 to 2 years after the drug is launched on the market. The questionnaire should contain information about the drug, its use, dosage, brand used, and the number of patients treated over a certain period. The questionnaire, including a prepaid envelope, should be mailed to physicians in the city/state who are likely to use the drug.[10]

CAUSALITY ASSESSMENT

Causality assessment can be defined as an assessment of the relationship between treatment with any medicinal product and the incidence of an adverse reaction.

Causality assessment is an important part of the adverse drug reaction reporting system and an important task carried out by the National Pharmacovigilance Programme in each country.[11]

Methods of causality assessment:

Many researchers have developed different methods of causality assessment using different criteria such as:

- Time series relationship between drug administration and incidence of ADR,
- Screening for drug and non-drug related causes,
- Confirmation of response by in vivo or in vitro testing,
- Historical information on similar events.[12]

Pharmacovigilance- Regulatory Agencies and Organizations :

Regulatory authorities are being founded in various countries around the world, as pharmaceutical industries around the world are progressing to increase competitiveness.

Stolen organizations and organizations play an important role in accordance with the requirements of legal procedures associated with the country's pharmaceutical development process. In the current scenario, pharmaceuticals are considered as the most regulated industry in the world and drug regulation along with pharmacovigilance are an integral part of the larger healthcare sector. Drug regulatory authorities play a key role in national or regional monitoring of pharmacovigilance and different countries have their own regulatory authority which is responsible for ensuring compliance with rules and regulations and issues guidelines to regulate the process of drug development, approval, registration, manufacturing, marketing and labeling of pharmaceutical products.

USFDA (United States), MHRA (United Kingdom), CDSCO (India), SFDA (China), KFDA (South Korea) and SWISMEDIC (Switzerland) are few regulatory agencies and organizations established in their respective countries.[13]

United States: In the United States, which accounted for approximately one-third of global pharmaceutical spending in 2011, the pharmaceutical industry is regulated by the FDA, which oversees compliance with regulations based on laws promulgated in the Federal Regulatory Agency Act and the Federal Register of States.

The primary regulation of pharmaceuticals is based on 21CFR Proof and 21CFR Part 314.

These regulatory efforts aim to address issues related to market launch before a drug is released to the market.

In the United States, RADAR and the National Agency play a role in pharmacovigilance [14].

European Union: Pharmacovigilance in the EU is coordinated by the European Medicines Agency and implemented by national competent authorities. This agency is responsible for maintaining and developing the pharmacovigilance database of all suspected serious adverse reactions observed in the European Community. The European Medicines Agency requires private holders of marketing information to submit all adverse reactions received electronically, except exceptional circumstances.[15]

Japan: In Japan, Pharmacovigilance matters are regulated by the pharmaceutical and medical device agency and the ministry of health Labor and welfare [16]

The Future of Pharmacovigilance:

The main objective of pharmacovigilance is to encourage healthcare professionals and patients to use medicines safely. To achieve these goals, companies spend large amounts of money each year on pharmacovigilance. Adverse drug reactions (ADRs) remain a major cause of death. In fact, ADRs account for hospital admissions.

This has become a major challenge for pharmaceutical companies recently, as highly regulated photovoltaic organizations face the need to analyze data more deeply, monitor risk, and accurately report all known cases in patients around the world.

Handling individual case safety reports particularly consumes immense resources.

Ultimately, the pharmaceutical companies will have no choice but to migrate to an automated case-processing model in the upcoming years.

However, in order to be really effective and influential people, pharmaceutical companies must strengthen their trust and trust.

Recent polls show that pharmaceutical companies are one of the most unacceptable ones. Advanced solutions can already be extracted, processed, and extracted negative data codes.

New tools will lead to greater openness among pharmaceutical companies and facilitate unbiased comparisons between alternative pharmaceutical products.

This will foster greater collaboration, greater trust and, ultimately, fewer adverse events (AEs). Signal management tools scan the network for meaningful drug-specific data.

The system automatically identifies analogs based on logical constructs such as therapeutic area, drug class, and other non-intuitive factors.[17]

2. CONCLUSION

Pharmacovigilance takes into account all available information to evaluate drug safety profiles. Pharmacon's coach must also use the advantages of drugs in the account. Pharmacovigilance necessary for systematic identification, correlation, side effects, and adoption correction measures.

3. REFERENCE

- [1] Dhara R Sanghavi, Priti P Dhande, Vijaya A Pandit. Perception of Pharmacovigilance among doctors in a tertiary care hospital: influence of an interventional lecture. *Int J Risk Saf Med.* 2013; 25(4): 197-204.
- [2] The importance of pharmacovigilance – safety monitoring of medicinal products. Geneva: World Health Organization; 2002 (<http://apps.who.int/medicinedocs/en/d/Js4893e>, accessed 22 May 2018).
- [3] International drug monitoring: the role of national centres. Geneva: World Health Organization; 1972 (<http://apps.who.int/iris/handle/10665/40968>, accessed 22 May 2018).
- [4] Zhengwu Lu., information technology in pharmacovigilance : Benefits , challenges , and future directions from industry perspectives“ , *Drug, Health Care and patient safety*, 2009; 1: 35-45.
- [5] WHO, *Pharmacovigilance: ensuring the safe use of medicines*, Geneva: WHO 2004.
- [6] WHO (1972) International drug monitoring: the role of national centres. Technical report series WHO 1972, no 498.
- [7] <https://www.chiesi.fr/en/pharmacovigilance>.
- [8] <http://www.mhra.gov.uk/yellowcard>.
- [9] <https://www.slideshare.net/DrVijayBhushanam/vj-ad-rs>
- [10] M C Gwee. *Ann Acad Med Singap.* Prevention of adverse drug reactions: role of the patient (consumer).

- [11] Hoffmann E, Fouretier A, Vergne C, et al. (2012). "Pharmacovigilance Regulatory Requirements in Latin America". *Pharm Med.* 26 (3): 153–164.
- [12] Ramesh M, Parthasarathi G. Adverse drug reaction reporting: the attitudes and the perceptions of the medical practitioners. *Asian Journal of Pharmaceuticals and Clinical Research.* April-June 2009; 2 (2):10-14.
- [13] . R.Purushotham Naidu Causality assessment: A brief insight into practices in pharmaceutical industry. *Perspect Clin Res.* 2013 Oct-Dec; 4(4): 233–236.
- [14] The use of the WHO-UMC system for standardised case causality assessment. [Last accessed on 2012 Dec 10]. <http://www.who-umc.org/Graphics/24734.pdf>.
- [15] Hoffmann E, Fouretier A, Vergne C, et al. (2012). "Pharmacovigilance Regulatory Requirements in Latin America". *Pharm Med.* 26 (3): 153–164.
- [16] Rahman SZ, Khan RA (December 2006). "Environmental pharmacology: A new discipline". *Indian J. Pharmacol.* 38 (4): 229–30. doi:10.4103/0253-7613.27017.
- [17] <https://www.slideshare.net/bdvfgbdhg/central-drug-standard-control-organisation>.
- [18] <https://www.healtheuropa.eu/pharmacovigilance-eudravigilance/88661/~:text=The%20European%20Medicines%20Agency%20>
- [19] Japan Pharmaceutical Manufacturers Association. *Pharmaceutical Administration and Regulations in Japan 2002*. <http://www.jpma.or.jp/12english/parj/index.html>. Tokyo, Japan: JPMA. Accessed 28 November 2002.
- [20] Health Canada. 2007a. Brief history of drug regulation in Canada [online]: Available from hc-sc.gc.ca/dhpmphs/homologation-licensing/info-renseign/hist-eng.php.
- [21] Edwards I.R. and Biriell C. (2007). WHO Programme - Global Monitoring. In: *Pharmacovigilance*, Mann R.D., Andrews E.B., Eds. John Wiley & Sons, Ltd.: 151-166.
- [22] Gupta Y. K. (2010). *Pharmacovigilance Programme for India*. July 2010.
- [23] Duvvuru Ashok Kumar, Languluri Reddenna, Shaik Ayub Basha. *Pharmacovigilance Programme of India*.