

Doctors' Preference for the Location of a Drug Information Centre Leads to a Hospital-Based Clinical Pharmacy Initiative in India

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ABSTRACT

This article describes the establishment of a department of clinical pharmacy practice in a government hospital in Bangalore, India. Doctors' preferences were determined in a survey conducted during clinical meetings to introduce the concepts of clinical pharmacy, drug information services and adverse drug reaction monitoring. There were 388 responses; only 22% of the doctors were aware of clinical pharmacy services, 83% preferred a drug information service within a hospital (rather than an independent, external service), and none were aware of an adverse drug reaction monitoring program in their hospital. Based on the questionnaire and discussions with many doctors, a hospital-based drug information centre was established in 2001. At the same time, a Department of Pharmacy Practice was established jointly by Karnataka State Pharmacy Council, Al-Ameen College of Pharmacy and Victoria Hospital. The hospital now has a Pharmacy and Therapeutics Committee and an Adverse Drug Reactions Subcommittee. These groups have provided significant support to the pharmacists' clinical activities.

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INTRODUCTION

Clinical pharmacy does not exist in Indian hospitals except for a few recently established pharmacy practice departments.¹ India is a country with significant drug use problems. Irrational and unnecessary prescribing is common and antibiotic resistance is widespread.^{2,3} In order to provide unbiased information to healthcare professionals, the Karnataka State Pharmacy Council established a drug information centre in August 1997. One of the pharmacists from the centre received drug information training from the Austin & Repatriation Medical Centre in Melbourne, Australia in January 2000. The centre is funded by the Pharmacy Council, and serves all healthcare professionals, including pharmacists working in the pharmaceutical industry, in the state and other areas of India.⁴ In September 2001 we created a branch of the drug information service and a department of pharmacy practice in a government hospital. This article outlines the reasons for this development.

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SURVEY

From March 2000 to August 2001 the author (PKL) outlined the concepts of clinical pharmacy, drug information and adverse drug reaction (ADR) monitoring to doctors at clinical meetings in 25 hospitals in Bangalore. The meetings were about 45 minutes in duration and approximately 20 clinicians from a range of specialties attended each meeting.

A simple, pre-tested questionnaire was self administered to doctors attending the meetings. This was to test their level of knowledge on the subjects presented. The questionnaire was handed out before the meeting and collected at its conclusion. The questions were:

1. Are you aware of the concept of clinical pharmacy? (i.e. where pharmacists offer suggestions about drug therapy to physicians in day-to-day practice, which is a regular practice in developed countries). Yes/No.
2. Do you prefer the drug information centre to be (a) within the hospital or (b) an independent centre?
3. Do you have an adverse drug reaction monitoring system in your hospital? Yes/No/Unsure.

About 525 questionnaires were distributed and 388 were completed and returned, to provide an overall response rate of 74%. The question on ADR monitoring indicated that none of the hospitals surveyed had an ADR reporting program. Only 22% of the doctors knew about the concept of clinical pharmacy and 83% preferred a drug information centre within the hospital.

OUTCOME

Following the survey and discussions with many doctors, the Drug Information Centre at Karnataka State Pharmacy Council branched out to a large government hospital, Victoria Hospital, to provide hospital-based drug information services and drug information to local hospitals. In addition, a Department of Pharmacy Practice, sited at the hospital, was established jointly by the Drug Information Centre, Karnataka State Pharmacy Council, Al-Ameen College of Pharmacy, and Victoria Hospital. The department also commenced operations in September 2001 and offers a postgraduate program in pharmacy practice. The hospital provides a free service to the poor and consists of three campuses: a general hospital (960 beds); a women's and children's hospital (600 beds); and a campus with a dental hospital and an ophthalmological hospital.

Initially the Department of Pharmacy Practice had a very poor response from healthcare professionals. Hence we formed a Pharmacy and Therapeutics Committee (which had not previously existed) with an ADR Subcommittee. The Pharmacy and Therapeutics Committee

consists of clinicians from various departments of the hospital. The ADR Subcommittee includes clinicians from departments such as Medicine, Dermatology, Paediatrics, and Gynaecology.

The Pharmacy and Therapeutics Committee has established various clinical pharmacy activities. Pharmacists and pharmacy practice students participate in ward rounds with the doctors. The pharmacists provide support by reviewing drug charts, identifying drug interactions, recording ADRs, providing drug information and any other activities which may be useful for the doctors.

The ADR Subcommittee records and reviews all reactions reported at the three campuses. It also maintains ADR reporting and documentation methods, recommends procedures to prevent ADRs, provides summaries of ADRs to reporting medical units, and encourages reporting through education and publications.

The ADR Subcommittee conducted an intensive awareness program on clinical pharmacy and ADR monitoring to departments including Medicine, Psychiatry, Dermatology and Gynaecology. These departments were chosen because we expected most ADR referrals to come from these areas of practice. Due to this effort, the Department of Pharmacy Practice started to receive more queries and ADR reports. During a three-month period, there were 16 ADR reports categorised as severe and one report with a fatal outcome. The Department has been recognised as a peripheral centre to collect ADRs for a regional centre at Hyderabad.

DISCUSSION

The most common source of drug information for doctors in hospital and community practice in India is literature provided by medical representatives and information from drug manufacturers.^{5,6} Therefore, providing a source of unbiased information is a major priority. The Karnataka State Pharmacy Council established an independent drug information centre in 1997. The centre has been well utilised by doctors from various specialties.⁴ However it was considered important to provide a more complete and efficient clinical pharmacy service.

Successful programs in Mysore and Ooty have demonstrated that the future of clinical pharmacy in India rests with the ability of pharmacists to provide unbiased information and to assist doctors to select cost-effective therapy.¹ Our survey and experience support the presence of drug information centres and clinical pharmacy services in hospitals. The future of clinical pharmacy is bright and we hope that many hospitals in India establish pharmacy practice departments.

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