JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH

How to cite this article: SHANKAR P R. PHARMACOVIGILANCE IN NEPAL: A GUIDE FOR HEALTH-CARE PROFESSIONALS. Journal of Clinical and Diagnostic Research [serial online] 2007 December [cited: 2007 Dec 3]; 6:591. Available from http://www.jcdr.net/back_issues.asp?issn=0973-709x&year=2007&month=December&volume=1&issue=6&page=591&id=22

BOOK REVIEW

Pharmacovigilance in Nepal: A Guide for Health-Care Professionals

SHANKAR P R

This booklet was primarily produced to educate health-care professionals in the Manipal Teaching Hospital (MTH) and in the health institutions at Pokhara valley about pharmacovigilance (PV) and adverse drug reaction (ADR) monitoring. However, the book would also be of interest to doctors and health professionals throughout Nepal and Asia.

The booklet starts with an overview of PV. The National Pharmacovigilance Programme of Nepal and the activities of the centre at MTH have been highlighted. The second chapter concentrates on the drug development process. Various phases of a clinical trial have been mentioned.

ADRs are a major problem associated with drug use and may be responsible for 2.9–5.6% of all hospital admissions. ADRs are basically of two types: type A or augmented and type B or bizarre. Whether ADRs are avoidable and preventable has been well discussed.

The booklet explains why PV is needed. The clinical trials evaluate the use of drugs under controlled conditions, which may not approximate the use of drugs in practice. PV can serve to bridge this gap to a certain extent. The various methods that can be used for PV are well described. Most centres, including the one at MTH, usually begin with a spontaneous reporting programme.

In Nepal, clinical trials are not commonly carried out and data on the use of drugs in Nepalese population are lacking. Selfmedication is common, and a PV programme can help to develop the ADR profile of drugs in Nepalese population. Department of Drug Administration (DDA) is the national centre for pharmacovigilance in Nepal and reports ADRs to the Uppsala Monitoring Centre in Sweden (the international centre). The PV programme in MTH has been represented schematically. How to report an ADR is targeted at health-care professionals at MTH. Frequently asked questions (FAOs) about PV would be of interest, but the number of FAOs is low. The booklet ends with a list of selected references.

The booklet has been well produced, and the small and cute size makes it portable and easy to carry. Though produced primarily for MTH, there is much that would be of interest to professionals in other locations. The authors must be congratulated for their efforts.

About the Book

Subish P. Izham M, Mishra P. Pharmacovigilance in Nepal: A guide for healthcare professionals. Pokhara: Regional Pharmacovigilance Centre; 2007. PDF copies be obtained from can subishpalaian@yahoo.co.in or dic.mth@manipal.edu.np.

Department of Pharmacology, Manipal College of Medical Sciences, Pokhara, Nepal

<u>Corresponding author</u>: Dr. P. Ravi Shankar. Manipal College of Medical Sciences, P.O. Box 155, Deep Heights, Pokhara, Nepal.

Tel.: 00977-61-440600s; fax: 00977-61-440260; e-mail: ravi.dr.shankar@gmail.com