

Drug Information Centre

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Introduction

- Fundamental responsibility of clinical pharmacist
- Unbiased, well referred, critically evaluated up to date information to on any aspect of drug use
- Patient Specific or to a group of patients
- Integration of new technology
- Changing healthcare environment

Types of drug inform queries

- **Therapeutics, drug availability, optimization**
- **Adverse drug reactions**
- **Dosage and administration**
- **Pharmacokinetics**
- **Pregnancy**
- **Poisoning and toxicity**



1
2
3
4
5
6

DRUG INFORMATION

LEVER
LEVER

POISON INFORMATION

1
2
3
4
ADRs
ADRs
ADRs
ADRs

ADRs

INTERVENTIONS

INTERVENTIONS

7
U1

PATIENT COUNSELING (EN)

PATIENT COUNSELING (AE)

1
2
3

PATIENT COUNSELING (AE)

1

INPATIENT COUNSELING

1

SAMPLE ANALYSIS

SAMPLE ANALYSIS

1
2
3
4

PATIENT COUNSELING (EN)

5
6
7

4
5
6

PATIENT PROFILE

PATIENT PROFILE

History

- First DIC developed in the year 1960
- University of Kentucky -1962
- USA 80% of DIC in Hospitals
- Part of hospital services provided to hospital, Pharmaceutical industry,
- “2000 Red book” >>> 109 DICs in USA

India

- India at infancy stage (15 centres)
- Karnataka State Pharmacy Council
- Trivandrum Medical College
- Ramakrishna Hospital

Requirements

- Qualified staff with continuously updated knowledge
- Unbiased information
- Not independent information
- No commercial interest
- Growth of information technology
- Growth of clinical pharmacy education

P & T News

Public & Therapeutic News

Public & Therapeutic News

P & T News

Public & Therapeutic News

Public & Therapeutic News

P & T News

Public & Therapeutic News

Public & Therapeutic News

Public & Therapeutic News

Update

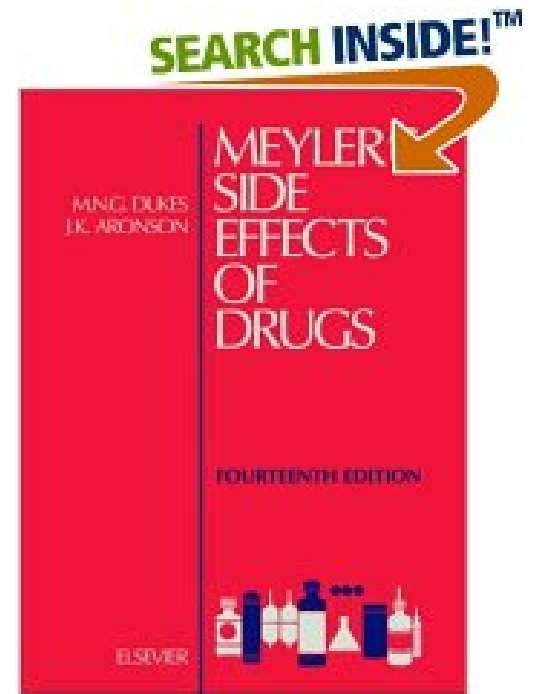
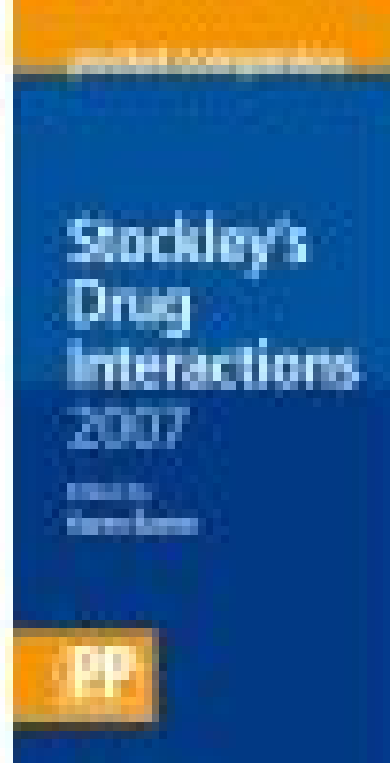
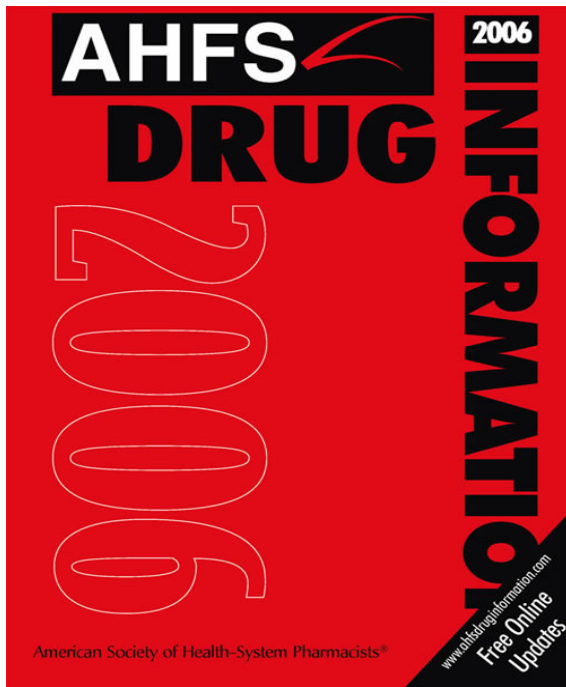
Public & Therapeutic News

Public & Therapeutic News

Update

Public & Therapeutic News

Public & Therapeutic News



Focus on evidence based medicine

- Integrates clinical research evidence with pathophysiological rationale
- Professional expertise and patient preferences
- Develop and update therapeutic guidelines and clinical pathways.
- WHO and ICMR provides training

Table 2**Levels of Evidence used by the American Heart Association****Level of evidence**

Level I	Data from randomized trials with low false-positive and low false-negative errors
Level II	Data from randomized trials with high false-positive or high false-negative errors
Level III	Data from nonrandomized concurrent cohort studies
Level IV	Data from nonrandomized cohort studies with historical controls
Level V	Data from anecdotal case series

Strength of recommendation

Grade A	Supported by level I evidence
Grade B	Supported by level II evidence
Grade C	Supported by level III, IV, or V evidence

Approach to answering DI queries

- Analyse the type of drug information
- Understand the background of the question
- Understand the real need of the physician
- Follow systematic approach

Introd by (Watanabe et al., 1975)

Steps of Modified Systematic Approach

1. Secure demographics of requestor
2. Obtain background
3. Categorise question
4. Conduct search
5. Perform evaluation
6. Provide the response
7. Conduct follow-up and documentation



Drug information resources

- Textbooks, newsletters, journals,
- Newsletters, microfiche reader,
- Optical discs,
- Computer systems
- Tertiary resources >>> Secondary resources >>> Primary resources

Tertiary resources

- **AHFS- Drug information Book; Australian Medicine Handbook; Meylers side effect of drugs**
- **Avery's Drug Treatment**
- **Basic skills in interpreting Lab data**
- **Drug information handbook**
- **Drug interactions Stockley/ Facts and comparison**
- **Handbook of injectables**
- **Harrisons Principles of Internal Medicine**
- **Martindale, Pharmacopoeias, Physicians desk ref**
- **Merck index, Merck manual,**
- **BNF, USP, Australian formulary**

Secondary sources

- Medline
- International Pharmaceutical Abstracts
- Chemical Abstracts
- IOWA drug Information Service
- DRUGDEX
- Martindale
- POISINDEX

Alternative other resources

- Local drug lists
- National formulary
- Hospital formulary
- Phone calls to manufacturer, medical shops, government and national organisations, drug information centers
- Internet, Medscape
- Cochrane meta analysis

Searching computerised databases

- Keywords
- Standard names of drugs
- Boolean operators

Conclusion

- **Pharmacists role expanding**
- **Clinical training have developed role**
- **New technologies and resources**
- **Increasing ease of access of information**
- **Leading role in pharmaceutical care**

Thank you !