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## Review Article

# Review Article On Pharmacovigilance

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### ABSTRACT

A crucial and essential component of clinical research is pharmacovigilance. "The activities involved in the detection, assessment, understanding, and prevention of adverse effects or any other drug-related problems" is the definition of pharmacovigilance. It is a professionally organised endeavour in the health sector with significant social and economic ramifications intended to keep an eye on the medications' ost-to-benefit ratio while enhancing patient safety and quality of life. Pharmacovigilance requires the spontaneous reporting of adverse drug reactions (ADR). Adverse drug reactions (ADR) have become a big issue in developing nations; however, there is a large underreporting of ADRs. Understanding pharmacovigilance could serve as the foundation for initiatives meant to increase ADR reduction and reporting rates. India has the third-largest pharmaceutical industry in the world by volume; hence, understanding pharmacovigilance could serve as the foundation for initiatives meant to increase ADR reduction and reporting rates. This explains the need for pharmacovigilance in pharma companies, the process of pharmacovigilance, the growth of pharmacovigilance in different centuries, and the current status of pharmacovigilance in the country. India's pharmaceutical industry is the third-largest in the world in terms of volume. As such, India has a core of clinical research and drug design and development. The introduction of national PV programmers has had a significant impact on raising public awareness of drug safety.

### INTRODUCTION

The science and practices surrounding the identification, evaluation, comprehension, and avoidance of side effects or any other drug-related issues are known as pharmacovigilance. In addition to making patients' suffering worse, adverse drug reactions (ADR) can raise morbidity

and mortality rates and place a financial strain on society. It is estimated that 6.9% of hospitalised patients experience ADRs overall, and 0.33% of those cases result in death. According to data, there is a 19.15% increase in death rates and an 8.29% increase in hospital stays among individuals who encounter ADRs. Patients experiencing ADRs saw

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average increases in total medical costs of 19.88%. However, if clinicians are unable to recognise or suspect these medication-related adverse events, they may fail to manage them appropriately, putting patients at risk for more drug hazards. Establishing a causal relationship between the drug and the event, a process known as causality assessment, is crucial to reducing the pain that patients experience from adverse drug reactions, despite its difficulty. Causality assessment, by definition, is the assessment of the probability that a specific therapy is the reason behind an observed adverse event. It evaluates the connection between receiving medication and the likelihood of an unfavourable event. It is a crucial element of pharmacovigilance, helping to improve the assessment of the risk-benefit profiles of medications and serving as a benchmark for assessing adverse drug reactions (ADR) in early warning systems and for regulatory purposes.

#### **AIMS OF PHARMACOVIGILANCE**

- The detection and measurement of adverse drug reactions (ADR) that were previously unrecognised
- Determining patient subgroups that are specifically at risk for adverse drug reactions ADR is the risk pertaining to dose, age, gender, and underlying condition.
- The ongoing assessment of a product's safety during its use is to make sure that its advantages and disadvantages continue to be reasonable. This covers safety observation in the wake of noteworthy recently authorised indications.
- The profile of adverse medication reactions that products in the same therapeutic class have in comparison
- identification of improper prescription medication administration.
- The additional clarification of a product's toxicological and pharmacological

characteristics as well as the process by which it causes unfavourable medication reactions

- The identification of noteworthy drug-drug interactions between novel products and co-therapy with commercially available medications, which may only be discovered after extensive use, To put it briefly, the goals of pharmacovigilance are to enhance public health, patient care and safety, and the evaluation of the risks, benefits, and efficacy of medications. It also seeks to advance knowledge, instruction, and clinical training.
- Enhance patient safety and care with regard to medication use and all other medical and paramedical procedures.
- Investigate the effectiveness of medications and track their side effects from the laboratory to the pharmacy and beyond for a number of years.

#### **MATERIAL AND METHODS**

##### **ADVERSE DRUG REACTION ADR:**

ADR can be defined as alternative dispute resolution, or ADR is the word used to describe a variety of out-of-court conflict settlement techniques. Typical ADR processes include mediation, neutral assessment, and arbitration. Adverse drug reactions ADR happens when a patient experiences negative side effects from a prescribed medicine, even when used as directed. A drug's adverse reaction is not the same as its side effect. ADR assessment is especially important in the pharmacovigilance domain. reaction that is unpleasant and unintentional and which takes place at dosages typically used in people for disease prophylaxis, diagnosis, treatment, or alteration of physiological function. Unlike an adverse event, an adverse drug reaction is defined by the reporting or reviewing of health professionals' suspicion of a causal association between the drug and the occurrence, meaning the occurrence may be related to treatment.

##### **SOME TYPES OF ADRS:**



**Serious Adverse Event:** An adverse drug reaction or adverse event that causes a congenital malformation, results in persistent or significant disability or incapacity, or is life-threatening and necessitates inpatient hospitalisation or prolongation of an existing hospitalisation.

**Unexpected Serious Adverse Drug Reaction:** A serious adverse drug reaction that is not noted in the risk information provided in the investigator's booklet or on the drug label in terms of its kind, severity, or frequency.

**Anticipated Adverse Reaction:** There exists a plausible likelihood that the reaction or occurrence could have been brought about by the medication or research intervention, meaning that the investigator cannot completely rule out a causal relationship between the reaction and the medication or research intervention.

A SUSAR, or suspected unexpected serious adverse reaction, is an adverse reaction that is both serious and unexpected. It is defined as the absence of adverse drug reactions (ADR) and the absence of unplanned, unwanted, or excessive side effects from medication.

### **A D E V E R S E            D R U G            R E A C T I O N M O N I T O R I N G :**

ADR monitoring is the process of consistently keeping an eye on any negative side effects that arise from using any medication. Pharmacovigilance plays a crucial role in tracking adverse drug reactions. Pharmaceutical regulators are required by law to screen their goods for potential adverse responses in the market and to document any such findings. ADRs may arise from using different pharmaceutical medicines, herbal remedies, cosmetics, medical equipment, biological products, etc. The purpose of implementing this monitoring process is to ensure that patients receive beneficial and safe medications. Lasanga and Karth, 1997 If any of the unfavourable incidents are not mentioned, remedial products may have unpleasant and dangerous side effects as a result. Therefore,

implementing ADR monitoring programmes correctly will aid in lowering the negative effects of medicinal medicines. Adverse drug reactions, or ADRs, are widespread, frequently go unnoticed, and are usually underreported. Nonetheless, current expertise in the areas of ADR detection, assessment, management, prevention, and transparent notification and reporting is necessary for effective pharmacovigilance everywhere in the world.

### **CLINICAL TRIALS**

Every country has laws requiring pharmaceutical corporations to conduct clinical trials, testing new medications on humans prior to their public release. The drug's manufacturers or their representatives typically choose a comparable control group in addition to a representative sample of the drug's intended patient population, which may number in the thousands. A placebo or an additional medication that is currently on the market for the condition may be given to the control group. In general, clinical trials provide valuable information about a drug's effectiveness and possible side effects. Clinical trials, sometimes referred to as clinical studies, are intended to assist in the process of determining the safe and effective administration of novel treatments to humans. A clinical trial is a formal research study intended to explore novel approaches to illness or disease prevention, detection, diagnosis, or treatment, with the goal of enhancing the quality of life for patients.

#### **Clinical trials consist of four primary phases:**

##### **During Phase I,**

the main focus will be on providing information on acute tolerability and safety, dose-plasma concentration profiles, maximum safe doses and concentrations, metabolism and elimination routes, and preliminary estimates of measurement variability.

##### **Phase II:**



During this stage, the clinical effectiveness and incidence of adverse effects in the patient group are determined. The most appropriate dose schedule is defined, and a comprehensive pharmacological schedule is provided for the drug's optimal use.

### **Phase III**

involves evaluating the treatment's efficacy, comparing it to a viable and proven treatment, and figuring out the best dosage, frequency of administration, drug utility in patients, treatment safety, and typical compound adverse effects.

### **Phase IV:**

This phase aims to identify side effects associated with extended use, the effectiveness of the drug over the long term, novel uses, the risk of misuse or overuse, drug interactions, and compatibility with other drugs. The real clinical trials have to be conducted according to specific procedures and guidelines. Today, the FDA's primary goal is to introduce novel medications and medical items onto the market by utilising innovative diagnostic, imaging, and clinical evaluation procedures. Basic science advancements like genetics, imaging technologies, and bioinformatics are part of these new "toolkits." Drug development and discovery are now more affordable, quicker, and predictable thanks to these technologies. Clinical trials are seeing new developments in addition to technological advancements. A few of them are: Model-based drug development provides a great chance to enhance decision-making in medication development. Clinical trial modelling and simulations provide "virtual" information on the study of patient pharmacological data by embedding observations about pharmacological activities in mathematical equations and a set of assumptions.

### **CONCLUSION**

Because pharmacovigilance prevents, detects, and evaluates adverse reactions to pharmaceutical medicines intended for human use, it is crucial for

maintaining public health. It includes managing pharmaceutical items for human use throughout their entire life cycle while keeping safety in mind. Therefore, we must emphasise the importance of pharmacovigilance as a continuation and completion of the analysis carried out on medications, starting from the clinical trials at the time the drug is administered to a human being and not just after it has been released. Pharmacovigilance is a crucial tool in combating the risks associated with the growing list of medications, which all entail an inherent risk of unpredictability in terms of potential injury. It is imperative that any adverse effects or toxicity, particularly those that were previously unknown, be properly documented, analysed, and their importance understood by those with the necessary understanding to evaluate the data. By ensuring that therapeutic products of high quality, safety, and efficacy are used rationally, harm can be minimised. When making therapeutic decisions, the patient's hopes and worries regarding the results are also taken into account. In order to achieve this objective and foster a feeling of trust among patients, make sure that drug usage risks are anticipated, effectively managed, and reported to regulatory bodies and other healthcare professionals.

### **REFERENCES**

1. I.Lakshmi anusha, m. Aashritha, k. Teja and r. Sridhar: A review on pharmacovigilance and its importance. *World journal of pharmacy and pharmaceutical sciences* 2017; 6(1):300-310.
2. Miss.Shraddha anil naik: Review on pharmacovigilance. *Asian journal of pharmaceutical research* 2020; 10(2):210-212
3. samruddhi madhukar deokar, geeta ramdas zine, vikas arjun cholke and shubham vasant gholap: Impact and need of better pharmacovigilance- a review. *World journal*



- of pharmacy and pharmaceutical sciences 2003; 12(6):432-441.
4. Mudasir maqbool, mohmad amin dar, shafiqa rasool, ahsan ulla ha bhat, mohammad ishaq geer: Drug safety and pharmacovigilance: an overview. *Journal of drug delivery and therapeutics* 2019; 9(2-s):543-548.
  5. Dhanya dharman, parimala krishnan, kg ravikumar, shaiju s dharan, shammy rajan : The era of pharmacovigilance and the need of pharmacovigilance in psychiatry: a review. *Journal of drug delivery and therapeutics* 2019; 9(1-s):449-452.
  6. Kumar sumit, baldi ashish: Pharmacovigilance in india: perspectives and prospects. *Journal of drug delivery & therapeutics* 2013; 3(4):237.
  7. Nagashree kotturi' and phani kumarkotturi: Role of pharmacovigilance in health care industry. *Research & reviews: journal of pharmacology and toxicological studie* 2015; 3(1):201-208
  8. Snehitha megaj: Current prospects of pharmacovigilance. *Research and reviews: journal of pharmacy and pharmaceutical sciences* 2016; 5(2):140
  9. Pallavi, r.k. patil, ankita dutta h.c. patil: A review on pharmacovigilance: methods recent developments future perspectives and software. *Journal of emerging technologies and innovative research* 2019; 8(12):420-421
  10. Bord ca, rachi cl: Adverse drug reactions in united states hospitals. *Pharmacotherapy* 2006; 26(5):601-608.
  11. Macedo af, marques fb, ribeiro cf, texeira f: Causality assessment of adverse drug reactions: comparison of the results obtained from published decisional algorithms and from the evaluations of an expert panel. *Pharmacoepidemiological drug sof* 2005; 14:885-890.
  12. Arimone y, begnad b. Miremont, salame g, fourrier-regalt a, moore n, molimard met al: Agreement of expert judgment in causality assessment of adverse drug reactions. *Eur j clin pharmacology* 2005; 61:169-173,
  13. Moore n: The role of clinical pharmacologist in management of adrs. *Drug safety* 2001; 211(1):1-7.
  14. J.p loannidis, j lau: Completeness of safety reporting in randomized trials: an evaluation of seven medical areas. *Jama* 2001; 285(4):437-443.
  15. P.biswas, a.biswas: Setting standards for proactive pharmacovigilance in india: the way forward. *Indian journal of pharmacology* 2007; 39:124-128.
  16. Moore n: The role of clinical pharmacologist in the management of adrs. *Drug safety* 2001; 24(1):1-7.
  17. Hall m, mc cormack p, aurthur n, feely j: The spontaneous reporting of adrs by nurses. *British journal of clinical pharmacology* 1995; 40:173-175.
  18. Hombuckle k, wuh-h, fung mc: Evaluation of spontaneous adverse event of reports by primary reporter. *Drug information journal of clinical pharmacology* 1995; 40:173-175.
  19. Skalli s, soulaymani bencheikh r: Safety monitoring of herb-drug interactions: a component of pharmacovigilance. *Drug saf* 2012; 35(10):785-91.
  20. Arnott j, hesselgreaves h, nunn aj, peak m, pirmohamed m, smyth rl: What can we learn from parents about enhancing participation in pharmacovigilance. *Br j clin pharmacol* 2013; 75(4):1109-17.
  21. Gerritsen r, faddegon h, dijkers f: Effectiveness of pharmacovigilance training of general practitioners: a retrospective cohort study in the netherlands comparing two methods. *Drug saf* 2011; 34(9):755-62.

22. Kshirsagar n, ferner r, figueroa ba, ghalib h, lazdin j: Pharmacovigilance methods in public health programmes: the example of miltefosine and visceral leishmaniasis. *Trans r soc trop med hyg* 2011; 105(2):61-78.
23. Lazarou j, pomeranz bh, corey pn: Incidence of adverse drug reactions in hospitalized patients: a meta-analysis of prospective studies. *Jama* 1998; 279(15):1200-1202.
24. Agbabiaka tb, savovic j, ernst e: Methods for causality assessment of adverse drug reactions: a systematic review. *Drug saf* 2018; 31(1):21-37.
25. Macedo af, marques fb, ribeiro cf, texeira f: Causality assessment of adverse drug reactions: comparison of the results obtained from published decisional algorithms and from the evaluations of an expert panel. *Pharmacoepidemiol drug saf* 2005; 14(12):885-90.
26. j evreux jc, jouglard j: Mehtod for determination of undesirable effects of drugs. *Therapie* 1978; 33(3):373-81.
27. Naranjo ca, busto u, sellers em, sandor p, ruiz i, roberts ea : A method for estimating the probability of adverse drug reactions. *Clin pharmacol ther* 1980; 30(2):239-45.
28. Lagier g, vincens m, castot a: Imputability in drug monitoring: principles of the balanced drug reaction assessment method and principal errors to avoid. *Therapie* 1983; 38(3):303-18.
29. Venulet j, ciucci a, berneker gc: Standardized assessment of drug-adverse reaction associations rationale and experience. *Int j clin pharmacol ther toxicol* 1980; 18(9):381-385
30. Loupi e, ponchon ac, ventre jj, evreux jc: Imputability of a teratogenic effect. *Therapie* 1986; 41(3):207-10.
31. Hutchinson ta: Computerized bayesian ade assessment. *Drug inf j* 1991; 25:235-41.
32. Meyboom rh, egberts ac, gribnau fw, hekster ya: Pharmacovigilance in perspective drug safety 199; 21(6):429-47.
33. Beard k and lee a: Introduction in: adverse drug reactions. London pharmaceutical press 2006; 1(2):1-22.
34. Pitt b: Drug safety: who is responsible. *International journal of clinical practice* 2007; 61(2):182-183.
35. Morrison g, walley tj, Park b k, breckenridge am, pirmohamed m : Reporting of adverse drug reactions by nurses. *The lancet* 2003; 361(9366):1347-1348.
36. Gupta KB, Kumar V, Vishvkarma S, Shandily R: Isoniazid-induced alopecia. *Lung India* 2011; 28:60–61.
37. Stephanie N. Schatz, Pharm.D, Robert J. Weber, Phar m.D, BCPS: Adverse Drug Reactions.CNS/Pharmacy Practice 2015; 24:21-25
38. Rajkumar RP, Melvin G: Pharmacovigilance for psychiatrists An introduction. *Indian J Psychiatry* 2014; 56:176-81
39. Lock, Stephen, John M. Last, and George Dune, eds: *The Oxford Illustrated Companion to Medicine* Oxford. Oxford University Press psychotropic drug use in Austrian psychiatric clinics 1999; 14:33-40.
40. March JS, Silva SG, Compton S, Shapiro M, Califf R, Krishnan R: The case for practical clinical trials in psychiatry. *Am J Psychiatry* 2005; 162:836-46.
41. Nassir Ghaemi S, Shirzadi AA, Filkowski M: Publication bias and the pharmaceutical industry The case of lamotrigine in bipolar disorder. *Medscape J Med* 2008; 10:211
42. Helene The ophile, Manon Andre, Ghada Miremont-Salame, Yannick Arimone, Bernard Begaud: Reporting of adverse drug reactions by nurses. *The lancet* 2008; 361:130-134.

43. Lihite RJ and Lahkar M: An update on the Pharmacovigilance Programme of India. *Front Pharmacol* 2015; 230:240-242
44. Mudasir Maqbool, Mohmad Amin Dar, Shafiqa Rasool, Ahsan Ullaha Bhat, Mohammad Ishaq Geer: Review of pharmacovigilance. *Journal of Drug Delivery*

& *Therapeutics* 2019; 9(2-s):543-548

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