ADRs and pharmacovigilance –lec 10



<u>Side effects</u>: Unwanted (at time of treatment) unavoidable Pharmacological effects of the drug. They can be harmful or beneficial depending on time of use

- -Occur at therapeutic doses.
- -Predictable
- -Examples.
- 1-H1 Anti-histamines: Sedation
- 2-Aspirin: antithrombotic effect

An effect may be therapeutic in one context but side effect in another context Incidence of ADR more in:

Adverse drug reactions: Harmful unwanted drug reactions.

Which is:

- -Due to a drug
- -At normal therapeutic doses
- -May requires treatment, decrease in dose, stop the drug or caution in the future use of the same drug
- -ADR increase in : Polypharmacy, Elderly, Children, Patient with multiple diseases, Pregnancy, Malnourished, Immunosuppression, Drug Abusers and addicts
- -Adverse drug reactions develop <u>Immediately</u>, <u>prolonged drug administration</u> or <u>after drug withdrawal</u>.

CLASSIFICATIONS OF ADR

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Type A: Augmented	Predictable, dose-related, pharmacological action-based, reversible, common (75% of ADRs).	Warfarin/Heparin: Bleeding Insulin: Hypoglycemia Anti- hypertensives: Hypotension
Type B: Bizarre	Unpredictable, not dose-related, often immune-mediated or genetically predisposed, serious outcomes.	Requires immediate withdrawal Commonly includes allergies or idiosyncratic reactions
Type C: Chronic (Continuous)	Due to long-term drug exposure , often predictable.	NSAIDs (Aspirin): Interstitial nephritis, papillary sclerosis
Type D: Delayed	Effects manifest significantly later , often involve <u>teratogenic</u> or <u>mutagenic</u> and <u>cancerogenous effects</u> Predictable	Thalidomide: Phocomelia Mutagenicity & Carcinogenicity: DNA/chromosome alteration (e.g., anticancer drugs)
Type E: End of Use	Withdrawal syndromes or rebound phenomena upon cessation. Predictable	β-blocker withdrawal: Rebound tachycardia and hypertension(upregulation of receptors)
Type F: Failure of Response	Failure of responsiveness to the usual dose of a drug Unpredictable	

Type F- FAILURE OF RESPONSE (TOLERANCE)



Types:

- •1- AQUIRED
- •2- CONGENITAL: atropine can not cause mydriasis in rabbits due to atropinse
- Acquired tolerance:
- -Repeated administration
- -More doses are needed to obtain the original effect.
- -It is reversible: it disappears when the drug is stopped for some time.
- -Ex: morphine, nitrates.
- Special types of acquired tolerance:
- **1. Tachyphylaxis:** Acute, sudden decrease in response to a drug after its administration (a rapid and short-term onset of drug tolerance).
- •It can occur after an initial dose or after a series of small doses.
- The original effect can not be obtained by increasing the dose.
- •Example: tachyphylaxis to action of salbutamol (beta 2 agonist bronchodilator) used for treatment of bronchial asthma
- •single-use bronchodilator response followed by a significant decline in bronchodilator response
- •Mechanism: polymorphism of beta 2 receptors leading to receptor <u>downregulation</u> (irreversible)

- •Drug abuse: Tolerance is the basis of drug abuse and addiction: When a person uses a drug repeatedly, the body may develop tolerance to the drug.
- •Tolerance may lead to **drug dependence**—the body develops a chemical need for the drug and can't function normally without it.
- Drug abuse occurs when people intentionally use any kind of drugs for non-medical purposes.
- •A mood-altering drug, also called a psychoactive drug, is a chemical that affects brain activity (morphine, cocaine, methamphetamine).
- Most abused drugs are psychoactive.
- Drug abuse (psychoactive drugs) → tolerance → dependence → addiction.
- •The Reward (system) Pathway: Many psychoactive drugs trigger activity along a pathway of cells in the brain called the "reward pathway."
- Brain cells along the activated reward pathway release a chemical called **dopamine**.
- The extra dopamine released during drug use can cause the user to ignore
- the harmful effects of the drug and want to continue using it.
- Flooding the reward pathway with dopamine may lead to intense cravings for the drug.
- Addiction Abuse of psychoactive drugs may result in addiction.
- Addiction is the compulsive use of a drug, despite any cost to health, family, or social standing.
- Addiction is a disease that changes the structure and chemistry of the brain.
- Withdrawal symptoms: If a person who is dependent on a psychoactive
- drug stops taking the drug, that person will experience withdrawal symptoms including:
- Nausea, vomiting, headache, indigestion, paranoia or panic
- Tremors, seizures or death
- Methamphetamine (shabu) cause paranoia and schizophrenia like symptoms



> Teratogenicity:

The ability of a drug to cause fetal defects.

Drugs can affect the fetus at 3 stages:

- 1 -Fertilization and implantation: conception to 17 days: failure of pregnancy which often goes unnoticed.
- 2-Organogenesis: 18 to 55 days of gestation most vulnerable period, deformities are produced.
- 3 Growth and development: 56 days onwards: developmental and functional abnormalities can occur

Examples: ACE inhibitors(growth retardation), Thalidomide, Warfarin (eye and hand defects), antiepileptic drugs (cleft lip/palate).

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Carcinogenicity and Mutagenicity:

<u>Carcinogenicity</u>: Certain chemicals and drugs can promote malignant change in genetically damaged cells, resulting in carcinogenesis.

<u>Mutagenicity</u>: Reactive intermediate metabolites of the drug can affect genes and may cause structural changes in the chromosomes

Examples: anticancer drugs, radioisotopes, oestrogens, tobacco

•DRUG-INDUCED DISEASES: These are also called iatrogenic (physician-induced) diseases, and are disease caused by drugs.

EX: Hepatitis induced by isoniazid and Rifampicin / Peptic ulcer induced by salicylates and corticosteroids / Ototoxicity of streptomycin irreversible

PREVENTION OF ADVERSE EFFECTS TO DRUGS:

- Avoid inappropriate use of drugs.
- Appropriate drug administration (Rational Therapeutics) (Dose, Dosage, form, Duration, Route, Frequency, Technique)
- Ask for previous history of drug reactions and allergies
- Always suspect ADR when new symptom arises after initiation of treatment.
- Ask for laboratory findings like serum creatinine etc.

PHARMACOVIGILANCE (DAUP):

- The science and activities related to the **DETECTION**, **ASSESSMENT**, **UNDERSTANDING** and **PREVENTION** of adverse reactions.
- > The information generated is useful in educating doctors and in the official regulation of drug use.

Significance:

- Rational use of medicines
- Assessment of safety of medicines.

Various activities involved in pharmacovigilance:

- Post marketing surveillance and other methods of ADR monitoring such as voluntary reporting by doctors.
- Dissemination of ADR data through 'drug alerts', 'medical letters,' sent to doctors by pharmaceuticals and regulatory agencies.
- Changes in the labelling of medicines indicating restrictions in use or warnings, precautions, or even withdrawal of the drug.