
PHARMACOVIGILANCE IN A PSYCHIATRIC HOSPITAL: ADVERSE DRUG REACTIONS IN ONE HALF TO ONE THIRD OF ELDERLY OR CHRONICALLY ILL INPATIENTS

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Introduction: Knowledge of drug prescription is essential for pharmacovigilance, i. e. for classifying adverse drug reactions (ADR) in clinical routine and for methods of their elimination and prevention.

Objectives: Since the frequency of ADR is correlated with age, multi-morbidity and polypharmacy, special attention should be given to the medication of elderly or chronically ill patients.

Aims: To determine the rate of all kinds of ADR inpatient data (number, gender, age, and psychiatric diagnoses), drug prescriptions and occurrences of ADR were surveyed.

Methods: Once in a week for a period of six weeks data from all inpatients of an open station of each of the departments social psychiatry and geriatric psychiatry of the kbo-Inn-Salzach-Klinikum gemeinnützigen GmbH were determined.

Results: The 34 inpatients of geriatric psychiatry were on average 75 years old with on average eight prescribed drugs. Leading diagnosis was recurrent depression¹ (17%); leading prescribed agent was sertraline (13%). In 55% of cases ADR occurred, mostly eliminated by medicinal counteractions (34%).

The 54 inpatients of social psychiatry were on average 41 years old with on average four prescribed drugs. Leading diagnosis was paranoid schizophrenia (24%); leading prescribed agent was risperidone (14%). In 36% of cases ADR occurred, mostly eliminated by stopping medication and medicinal counteractions (each 31%).

Conclusions: In general, new drugs were prescribed in a cautious dose-regime. Clozapine was still of high relevance. Drug prescriptions were age specific as was the occurrence of ADR. Although ADR occurrence was high (55% and 36%), severe cardiac and circulatory troubles were relatively rare.