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INTRODUCTION

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ABSTRACT

Background: Pharmacovigilance awareness among medical students is very important for preventing ADR underreporting. Present study was conducted to know extent of Pharmacovigilance awareness among students and impact of Pharmacovigilance teaching.

Methods: Questionnaire based study about KAP towards ADR and Pharmacovigilance was carried out at Patliputra Medical College, Dhanbad. Of 150 questionnaires distributed to 1st, 2nd and 3rd Professional students, 106 were returned.

Results: Pharmacovigilance Awareness was 20% in 1st, 91% in 2nd and 94% in 3rd Professional students. Only 10% of 1st, 82% of 2nd and 88% of 3rd Professional students knew about Pharmacovigilance and its purpose. Regarding International and National ADR monitoring body, only 7% of 1st, 50% of 2nd and 63% of 3rd professional students knew. Only 13% of 1st, 45% of 2nd and 56% of 3rd Professional students knew about local AMC. 40% of 1st, 86% of 2nd and 88% of 3rd professional students wanted detailed curricular teaching of Pharmacovigilance. 17% of 1st professional students had seen ADR, none (0%) had seen /reported ADR form. Of 2nd and 3rd professional students, 45% and 75% had seen ADR but only 34% and 56% had seen ADR form a nd 19% and 38% had reported ADR/seen ADR reporting.

Conclusions: 2nd and 3rd professional students had better knowledge and attitude towards pharmacovigilance. As 1st professional students underwent pharmacovigilance teaching, their KAP improved significantly. There existed huge gap between ADR experienced and ADR reporting by all medical students.

Keywords: ADR, Attitude, KAP, Knowledge, Medical students, Pharmacovigilance, Practices

Original Research Article

Comparative study and assessment of the knowledge, attitude and practice of pharmacovigilance among first, second and third professional medical students of PMCH, Dhanbad

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The greatest of all drug disasters was the thalidomide tragedy which came into focus in December 1961 with the publication of a letter in The Lancet by Dr. William McBride, the Australian obstetrician who first suspected a causal link between serious fetal deformities (phocomelia) and thalidomide use during pregnancy.² It caused the single biggest change to regulation of drugs worldwide. Thalidomide’s adverse effects shifted the focus of drug safety worldwide from reactive to proactive. It led to development of regulations mandating
specific safety surveillance before marketing as well as post-marketing pharmacovigilance. The main objective of PV is to quantify previously recognized ADRs, to identify unrecognized ADRs, to evaluate the effectiveness of medicines in real-world situations, and to decrease mortality and morbidity associated with ADRs.

In 1968, WHO promoted the ‘Programme for International Drug Monitoring (PIDM)’ as a pilot project aimed to centralize world data on adverse drug reactions (ADRs). Since 1978, Uppsala Monitoring Centre (UMC) located at Uppsala, Sweden co-ordinates the International Drug Monitoring program (IDM) to which member countries send their reports to be processed, evaluated and entered into an international database, called VigiBase. Vigi base is global Individual Case Safety Report (ICSR) database that contains ICSRs submitted by the participating member states enrolled under WHO’s PIDM. It is the single largest drug safety data repository in the world. As of June 2020, 140 countries have joined the WHO PIDM, and in addition, 31 associate members are awaiting full membership.

Indian pharmaceutical industry is world’s third largest in terms of volume, worth about US$ 33 billion (2016). In India, ADRs are among the leading cause of morbidity and mortality. Approximately 8% of hospital admissions are due to ADRs and 8-19% of hospitalized patients experience a serious ADR. Central Drugs Standard Control Organization (CDSCO), New Delhi, under the aegis of Ministry of Health and Family Welfare, Government of India initiated a nation-wide Pharmacovigilance Programme of India (PvPI) in July 2010. PvPI is coordinated by the Indian Pharmacopoeia Commission (IPC) as the National Co-ordination Centre (NCC). To monitor ADRs and reporting the same to NCC PvPI, ADR Monitoring Centres (AMCs) have been set up all over India.

At present more than 250 AMCs (medical colleges, district and corporate hospitals etc.) are enrolled under PvPI across the country. ADR monitoring centres collect reports from healthcare professionals and patients and submit them as individual case safety reports (ICSR) to NCC-PvPI, which works in collaboration with the global ADR monitoring centre- UMC, Sweden to contribute in the global ADRs data base. Currently, India’s total contribution to Vigi base is more than 280,000 ICSRs. In 2016 the completeness score for the Indian ICSRs as per the UMC documentation grading was 0.82 out of 1. To extend the outreach of PvPI, toll-free helpline (1800 180 3024) with SMS feedback facility, an android mobile application for reporting ADRs (since 2015) by PvPI and ADR reporting form (in Hindi and 9 other regional languages) were made available. PvPI also uses social media including LinkedIn (NCC PvPI), WhatsApp (7042343309), Facebook (Ncc-PvPI Ipc) and Twitter (@IPCNCCPvPI).

Backbone of pharmacovigilance program is spontaneous reporting of ADR by health care professionals but under reporting of ADR is widely prevalent and is the cause of serious concern. Earlier Studies show that only 6-10% of all ADR cases are reported. Medical students could play a major role and bring a paradigm shift in successful implementation of pharmacovigilance program if adequate knowledge and skill are imparted to them during undergraduate training career. At present they don’t have any significant role which is largely due to inadequate training and exposure regarding ADR reporting. Very few studies are there to assess the knowledge, attitude, and practice (KAP) of pharmacovigilance among undergraduate medical students. This study was conducted for the assessment of KAP regarding pharmacovigilance/ ADR reporting and to compare the result among different groups in medical students in Dhanbad, Jharkhand to gain the perspective of how much impact the undergraduate pharmacovigilance education is making on them, the future prescribers.

METHODS

This study was conducted at Patliputra Medical College and Hospital (PMCH) a tertiary care Hospital in Dhanbad, Jharkhand, India. The approval for conducting this study was obtained from the Institutional Ethics Committee of PMCH, Dhanbad. The duration of the study was 4 months, from February 2020 to May 2020. The study was a cross-sectional questionnaire-based study. The study participants consisted of 1st, 2nd and 3rd professional medical students who gave their informed consent.

The questionnaire was developed by the author to judge the basics of pharmacovigilance and had three sections, i.e., knowledge, attitude and practice toward pharmacovigilance and ADR reporting. Pretesting of questionnaire was done on 10 randomly selected medical students of the institute. The questionnaire was finalized after ambiguous and unsuitable questions were removed or modified based on the result of pre-test. Finally, questionnaire consisted of 14 questions- knowledge (first 8 questions), attitude (3 questions), and practice (3 questions) toward pharmacovigilance and ADR reporting.

150 questionnaires were distributed to 1st, 2nd and 3rd professional medical students and were asked to return the duly filled questionnaires the same day.

Data analysis

The data were collected and analyzed and results were depicted in the form of percentages. All the questions (except 2, 3, 4 and 5) were having only 2 options- in the form of yes/no. Questions 2, 3, 4 and 5 were evaluated as correct or wrong response/explanation. Therefore, every response in each question was evaluated as 0 or 1 and thus analysed using MS Excel.
RESULTS

A total of 106 students responded out of 150 distributed questionnaires. Out of 50 students, 30 1st professional students (60%) responded. In case of 2nd and 3rd professional students it was 44 out of 50 (88%) and 32 out of 50 (64%) respectively.

Table 1: Response to knowledge, attitude and practice related questions.

| Questions                                                                 | 1st prof. response (%) | 2nd prof. response (%) | 3rd prof. response (%) |
|---------------------------------------------------------------------------|------------------------|------------------------|------------------------|
| Knowledge related questions                                               |                        |                        |                        |
| Have you heard of pharmacovigilance?                                     | 6/30 (20)              | 40/44 (91)             | 30/32 (94)             |
| What is pharmacovigilance?                                               | 3/30 (10)              | 36/44 (82)             | 28/32 (88)             |
| What is the purpose of pharmacovigilance?                                | 3/30 (10)              | 36/44 (82)             | 28/32 (88)             |
| What is ADR?                                                             | 4/30 (13)              | 42/44 (95)             | 32/32 (100)            |
| Who are eligible to report ADRs?                                         | 4/30 (13)              | 30/44 (68)             | 25/32 (78)             |
| Where is International ADR monitoring centre located?                    | 2/30 (7)               | 22/44 (50)             | 20/32 (63)             |
| What is the National regulatory body for monitoring ADRs in India?       | 2/30 (7)               | 20/44 (45)             | 20/32 (63)             |
| Is there any pharmacovigilance centre or ADR monitoring centre in Dhanbad? | 4/30 (13)              | 20/44 (45)             | 18/32 (56)             |
| Attitude related questions                                               |                        |                        |                        |
| Is Pharmacovigilance essential?                                         | 12/30 (40)             | 40/44 (91)             | 29/32 (91)             |
| Is it important to report ADR?                                          | 10/30 (33)             | 40/44 (91)             | 30/32 (94)             |
| Should Pharmacovigilance and ADR reporting be taught in detail in the curriculum? | 12/30 (40)             | 38/44 (86)             | 28/32 (88)             |
| Practice related questions                                               |                        |                        |                        |
| Have you ever come across an ADR form?                                   | 0/30 (0)               | 15/44 (34)             | 18/32 (56)             |
| Have you ever come across an ADR in any patient during the ward duty in the hospital or elsewhere? | 5/30 (17)               | 20/44 (45)             | 24/32 (75)             |
| Have you reported any ADR or seen ADR being reported?                     | 0/30 (0)               | 8/44 (19)              | 8/32 (25)              |

Response to knowledge related questions

Nearly 20% of 1st professional students, 91% of 2nd professional students and 94% of 3rd professional students had heard of pharmacovigilance. 1st Professional (10%) students showed lack of knowledge and awareness of the purpose of pharmacovigilance but 2nd (82%) and 3rd professional (88%) had fairly good response. Few students of 1st professional (13%) knew about ADR but awareness of ADR among 2nd (95%) and 3rd professional (100%) students were very good.

Regarding eligibility criteria for reporting ADR, 1st professional students were not much aware (13%) but 2nd (68%) and 3rd professional (78%) were above average. Very few 1st professional (7%) students had knowledge
about international ADR monitoring centre-Uppsala, Sweden whereas 2nd (50%) and 3rd (63%) professional students knew about it. Similarly, very few (7%) of 1st professional students had knowledge about national ADR monitoring body-CDS CO in comparison to 2nd (45%) and 3rd (63%) Professional students. About the knowledge of AMC centre at PMCH, Dhanbad, it was least among 1st professional (13%) and near average in 2nd professional (45%) and 3rd professional (56%) students.

Response to attitude related questions

To evaluate the attitude of students towards pharmacovigilance, they were given 3 questions. The attitude of 1st professional students about importance of pharmacovigilance was about 40% in comparison to 2nd (91%) and 3rd professional (91%). Regarding importance of ADR reporting, 2nd (91%) and 3rd (94%) had much better attitude towards it than 1st professional students (33%). In response to the question of giving more importance of pharmacovigilance in the curriculum, even the 1st professional students scored near average (40%) but certainly 2nd (86%) and 3rd (88%) professional students showed better attitude.

Response to practice related questions

There were 3 questions to evaluate the response to practice. In response to whether they had ever seen an ADR form the 3rd professional (56%) had much better practice than 2nd (34%) and 1st (0%) professional students. 75% of 3rd professional students had come across an ADR in hospital/clinics in comparison to only 45% in case of 2nd professional and 17% in case of 1st professional students but only 25% of 3rd professional and 19% of 2nd professional students had ever reported ADR or seen ADR being reported in comparison to 1st professional students who had never reported an ADR or seen any ADR being reported (0%).

DISCUSSION

This study was conducted with an aim of not only evaluating the knowledge, attitude and practice (KAP) among medical students but also to compare it between them to show the effect of teaching about pharmacovigilance and ADR in the curriculum. It was also done to emphasize the importance of pharmacovigilance and ADR reporting in daily practice to the budding doctors. As the results of the study unfolded, we found out that the knowledge and awareness of pharmacovigilance and ADR in 1st professional students (10% and 13%) was much less in comparison to 2nd and 3rd professional students. This well correlated with the findings for 1st professional students as found by Meher et al study in Puducherry. This reflected the awareness and knowledge in public and educated persons in general about pharmacovigilance and ADR. Incio et al study- “the value of patient reporting to the pharmacovigilance system: a systematic review” concluded that patient reporting adds new information and perspective about ADRs in a way otherwise unavailable. This can contribute to better decision-making processes in regulatory activities. Therefore, we should also
emphasize on increasing the general public awareness about pharmacovigilance.

Similarly 1st professional students had less knowledge regarding pharmacovigilance definition (10%), its purpose (10%), ADR eligibility criteria (13%), international ADR monitoring centre, Uppsala, Sweden (7%) National ADR monitoring body CDSCO (7%) or awareness regarding presence of pharmacovigilance centre in PMCH, Dhanbad (13%) but they had a relatively better attitude regarding importance of pharmacovigilance (40%), importance of reporting ADR (33%) and detailed teaching of pharmacovigilance and ADR reporting in curriculum (40%) showing their receptive mindset ready to learn things. Regarding practise, they fared poorly- be it awareness of ADR form (0%) or ADR in patients (17%) or reporting of ADR (3%). It showed their very little exposure to patients and clinical care in hospital, wards or clinics.

2nd and 3rd Professional students fared well above average in relation to a) awareness of pharmacovigilance (91% and 94%), b) definition of pharmacovigilance and its purpose (82% and 88%) c) definition of ADR (95% and 100%). This well correlated with the findings for 3rd professional students as found by Parthiban et al (81%) study in Puducherry and Gaude et al study in Goa (70% and 82%) and Meher et al study (61% and 50%) but is way ahead in comparison to study by Vakade et al (34%) in 2016 in Ahmednagar and Chhabra et al study (36%) on dental students in Jodhpur.8,10,11,13 Probably this difference can be attributed to introduction of pharmacovigilance in curriculum only 3-4 year back. These contrast findings in comparison to 1st year reflected the fact that 2nd and 3rd professional students had pharmacology teaching programme involving pharmacovigilance and ADR in addition to wider exposure to numerous patients in clinical postings in wardsclinics/hospital leading to expansion of their clinical knowledge about drugs, their side effects and their importance in patient care. This was well illustrated in the study done by Ganesan et al from JIPMER, Puducherry.14

However, 2nd and 3rd professional students’ response was near or above average regarding eligibility to report ADR (68% and 78%), international ADR monitoring body- Uppsala, Sweden (50% and 63%), national ADR monitoring Body-CDSSCO (45% and 63%) and awareness of pharmacovigilance centre in PMCH, Dhanbad (45% and 56%).

2nd and 3rd professional students showed strong positive attitude towards a) importance of pharmacovigilance (91% each), b) importance of reporting ADR (91% and 94%) and c) detailed teaching of pharmacovigilance and ADR reporting in curriculum (86% and 88%). This result correlated well with the Meher et al study in Puducherry (95% and 85%) and Gaude et al study in Goa (93% and 82%) and Vakade et al study in Ahmednagar (88.63% and 85.22%) and Parthiban et al study in Puducherry (90.3% and 84%) and Upadhyaya et al study (ADR importance-94%) in Vadodara, Gujarat.8,10,11,12,14 This not only reflected their strong young receptive mind but also their willingness to learn more about ADR with their increased exposure to patient care which showed greater importance of drugs and their side effects than they had perceived earlier in life.

Regarding practices, results showed the poor implementation of pharmacovigilance and ADR forms in day to day practice. Only 34% of 2nd and 56% of 3rd professional students had ever come across ADR forms. Although 45% and 75% of 2nd and 3rd professional students respectively had seen an ADR (adverse drug reaction) but only 19% of 2nd and 25% of 3rd professional students had ever reported an ADR or seen an ADR being reported. This well correlated with the findings in the Meher et al study in Puducherry [where 53% of 2nd (2nd year) and 60% of 3rd (prefinal year) had come across ADR form but only 5% of 2nd and 10% of 3rd had reported an ADR] and Gaude et al study in Goa [where 38.9% of Final year students had seen ADR, but only 6.3% reported the ADR and only 14.7% of students were aware of ADR form] and Vakade et al study in Ahmednagar where 34.09% interns were aware of ADR reporting form and 50% interns had experienced ADR but only 2.27% interns had reported to pharmacovigilance centre.8,11,12

A better training about pharmacovigilance in undergraduate curriculum might help to solve this emergent problem of underreporting of ADR’s. This was well highlighted in Reumerman et al review which concluded that there is an urgent need to improve and innovate current pharmacovigilance education for undergraduate healthcare students.16 By offering real life pharmacovigilance training, students will increase their knowledge and awareness but can also assist current healthcare professionals to meet their pharmacovigilance obligations. A regular simulated environment and workshop on pharmacovigilance should be conducted for the students and periodic evaluation of their responses should be done. Schutte et al verified this in their study “Learning by doing in the student-run pharmacovigilance program”.17

One of the limitations of our study was small sample size. It is recommended that similar kind of studies are conducted in other medical colleges.

CONCLUSION

The results of our study indicate that the acceptable number of medical students specially 2nd and 3rd professional students had a good knowledge and attitude towards pharmacovigilance. As 1st professional students went through pharmacology teaching involving pharmacovigilance and ADR in second year, their
knowledge, attitude and practice (KAP) improved significantly. There was a huge gap between the ADR experienced, and ADR reported by the medical students. So, there is need of conductance of CMEs, workshops and seminars and hands-on real-life pharmacovigilance training for all medical students, the future prescribers so that whole community can be benefitted.

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