

## Recent Advances in Pharmacovigilance and Pharmacoepidemiology

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### Abstract

Pharmacovigilance is become more effective with help of pharmacoepidemiology and drug safety become easier due to drug utilization monitoring on large and special population. So the 20-70% of patient becomes safe because of pharmacoepidemiology application and Pharmacovigilance become more proactive and drug monitoring will be easy for large population.

**KEYWORDS :** Pharmacovigilance, Pharmacoepidemiology, beneficial effect, adverse drug effect, utilization of drugs, co-morbids, large populations, special populations, black box, demography

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### Introduction

Pharmacovigilance is become more advance with Pharmacoepidemiology because research has gone more towards special populations and large populations to observe the drug track record for post marketing surveillance. The Pharmacovigilance has now broad spectrum in work for demography clinical specialties Pharmacoepidemiology and pharmacy, epidemiology biostatics studies. The pre marketing information's are not sufficient for drug safety as clinical trial I to III phases has only single drug trail and minimum population of single disease and not trail done over special population so large population trail is needed to make drug safe.

The phase IV are post marketing trails are essential for co-morbids patients and special population of deferent places and of different ages with different races are needed for the studies on utilization of drugs for adverse and beneficial effect in real life conditions

Pharmacoepidemiology and Pharmacovigilance are joint studies are needed for drug safety to withdraw and black box warning to avoid post marketing risk care and regulatory problems.

### Methodology

Pharmacovigilance, have many methodology like spontaneous ADR reporting Randomized controlled trails, observational studies, these are very common in post marketing data analysis by regulatory bodies confirmed by meta analysis of all tools to work on ADR and drugs efficacy.

The 20-70% of ADR may be preventable in future by use of Pharmacoepidimiology Methods prevention to ADR in drug utilization population are certain condition necessary to evaluate the drugs and adversity.

**From other Pharmacoepidimiology tools are like**

- Real life condition like poverty, old age, multi drug, multi diseases, co-marbidity, special population like pregnancy, lactational, paediatrics and geriatrics etc.
- Internal validity like is age, sex, co-marbidity pharmacogenetic functional state residence and frailty and accurate information on potential are also critical to ensure
- External validity which is known as generalizability to orther population biological age and choronological are useful tools in Pharmacoepidimiology.
- Risk assessment tools
- Assessment of effectiveness

### **Discussion**

Pharmacovigilance is complicated science to prevent the drug Hazard in public health. Pharmacoepidimiology includes pharmacodyanamic, pharmacokinetics to know about the drug inside the body its action and reaction achieved in large population, To make the policy decision risk factors in disease and targets for major application with logistic approaches and methodology to support Pharmacovigilance activity needed. The clinicians are interested in drug and cost and they are not very much conscious about the risk factor and advers effect of drugs. The pharmaceuticals industries and acadmia must be aware about clinicalpharmacology and Pharmacovigilance – Pharmacoepidimiology pharmacogenitcs and risk management with spontaneous reporting to regulatory bodies. The teaching and training must be given to undergraduate, postgraduate, post post graduate, of medical practice and health care provider like nursing staff and chemist.

### **Result**

The net 20 to 70% of adverse effect can be prevented by application of Pharmacoepidimiology and Clinical Pharmacology and Pharmacovigilance

### **Conclusion and Direction**

The approval of new drugs should be only five years with re evaluation of next licensing the cumulative information on safety and efficacy will be more if phase III and post marketing are helped by Pharmacoepidimiological study and pharmacogenic on large population based data is used for proactive Pharmacovigilance study.

## Future challenges

Pharmacovigilance is assisted by Pharmacoepidemiological study and pharmacogenetic is essential for drug safety and drug efficacy in large population, drug utilization safety to avoid drug hazard and make world safe from drug terror

## References

- I. Vijay Krishna Varanasi Pharmacoepidemiology versus clinical Pharmacology and epidemiology Adv Pharmacoepidem Drug Safety Volume 1 issue 2 2012
- II. Pharmacoepidemiology in the Postmarketing Assessment of the Safety and Efficacy of Drugs in Older Adults- J Gerontol Biological Science A Biol Sci Med Sci -2011
- III. Pirmohamed M, Breckenridge AM, Kitteringham NR, et al. Adverse drug reactions. BMJ. 1998;316;1295-1298.
- IV. Hilmer SN, Gnjjidic D. The effects of polypharmacy in older adults Clin Pharmacol Ther. 2009;85;86-88
- V. Gnjjidic D, Hilmer SN, Use of potentially inappropriate medications in the care of frail older people, Aging Health. 2010;6705-716.
- VI. Strom BL. How the US drug safety system should be chande JAMA. 2006;295;2072-2075.