Letter to the Editor

Impact of pharmacist recruitment on ADR reporting: Malaysian experience

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Adverse drug reactions (ADRs) pose a serious risk to the achievement of positive therapeutic outcomes[1]. Spontaneous ADR reporting, a key component of pharmacovigilance systems is not only an excellent means to document uncommon ADRs, but also allows the risk-benefit assessment for old and new medications[2,3]. Despite ADR reporting being a professional obligation, underreporting by healthcare professionals is commonplace and it is estimated that only 6% of all ADRs are reported globally[4]. Whether pharmacists have a role in national drug monitoring programmes varies by country. For example, in the United States, 70% of the ADR reports submitted to the Medical Watch programme were generated by pharmacists[5]. However, in Nordic Countries pharmacists are not in a position to directly report ADRs[6].

Malaysia has a well-organized spontaneous ADR reporting system and a postage-paid "Blue Card" is used to document and report ADRs. The blue card is accepted as the best for both ease of use and for capturing maximum data[7]. All ADR reports across Malaysia are received and screened by the Malaysian Adverse Drug Reaction Advisory Committee (MADRAC), within the National Center for Adverse Drug Reaction Monitoring[8]. The center was one of the earliest members of the World Health Drug (WHO) Safety Monitoring Program in Asia (1990), before Singapore (1993), India, and China (1998)[9]. Recently, a mechanism has been introduced to allow patient reporting of ADRs directly to MADRAC. Reports can also be submitted online via MADRAC website.

Historically, underreporting of ADRs has been a serious problem in Malaysia[11]. However, the number of reports received by MADRAC has increased from 2363 in 2005 to 5850 in 2009, fulfilling WHO criteria for a reporting centre (200 reports per million of population) for first time in 2009[10]. The sharp rise in reporting rate is mainly due to reporting by pharmacists working in the public sector. Adverse drug reaction reports generated by pharmacists increased from 726 (28.5%) in 2006 to 3357 (57.4%) in 2009[11]. On the other hand, the contribution by physicians towards ADR reporting was 22.9% in 2009[11]. The increase in the number of reports submitted by pharmacists could be a reflection of the increase in pharmacists working in public hospitals. In Malaysia, the number of pharmacists working in the public sector increased from 889 in 2005 to 3877 in 2009[11]. This is likely to be due to the Malaysian Ministry of Health's requirement that before registeration with the Pharmacy Board of Malaysia, all pharmacist must complete a 4-year compulsory service in public sector. The aim of this initiative was to enhance clinical pharmacy services in public hospitals and health clinics in Malaysia. The involvement of hospital pharmacists in direct patient care appears to have triggered better detection, documentation and reporting of ADRs. The contribution of community pharmacists in ADR detection and reporting remains suboptimal and necessitates further education and training.

Authors' contribution

MAH did the literature review and wrote the initial draft. LCM provided the data related to pharmacovigilance in Malaysia and proof read the final draft.

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Conflict of Interest

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