

Pharmacists' Knowledge and Perception of Pharmacovigilance in Algeria

Lilia Chiheb*

Pharmacist Specialist in Pharmacology, Algeria

***Corresponding Author:** Lilia Chiheb, Pharmacist Specialist in Pharmacology, Algeria.

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Introduction

Hospitalization caused by adverse drug reactions "ADRs" affects significantly the quality of life of patients and represent a considerable cost for health system.

Pharmacovigilance (PV) is defined by WHO as "the science and activities related to the detection, assessment, understanding and prevention of adverse drug effects or any other possible drug-related problems. Pharmacists play a key role in medication safety monitoring. However, their knowledge of pharmacovigilance has not been evaluated in Algeria.

The aim of this study was to assess pharmacists' knowledge of pharmacovigilance and their attitudes towards adverse drug reactions.

Material and Methods

A cross-sectional study was conducted from April to May 2019 among Algerians pharmacists.

A self-administrated questionnaire on paper version and electronic version was used to collect the data. The questionnaire was written in French.

Data entry was done in Microsoft Office Excel 2007 and appropriate descriptive statistical analysis was done. Chi-square and Chi-square test was used to test the significance of association for categorical variables.

Results and Discussion

A total of 96 pharmacists responded to the questionnaire with a predominance of young pharmacists aged between 25 and 29

years (61.45%). females were accounted for 67.71%. More than half are newly graduates (56.25%) with less than 5 years working experience (70.83%).

Regarding pharmacists' knowledge of pharmacovigilance, 75% of pharmacists have chosen the WHO definition of pharmacovigilance which is higher than that obtained in 2015 in a similar study done in Saudi Arabia where 51.5% of hospital pharmacists have correctly defined PV.

Nearly 60% were aware of the existence of the National Center for Pharmacovigilance and Materiovigilance "CNPM" in Algeria and 80% knew that the reporting of ADRs is mandatory by health care professionals. We found that the CNPM is not sufficiently known by pharmacists, which could explain the under-reporting of ADRs in Algeria.

Regarding the attitude of pharmacists towards the reporting of ADRs, 62.5% of pharmacists had already been confronted with ADRs. The attitude adopted by more than half of pharmacists (56.45%) was to advise the patient to stop the medication and to consult the doctor. Only 42.65% said they had reported the suspected ADR. These data are in the same line with a study conducted in Saudi Arabia where 44.7% of hospital pharmacists reported suspected ADR.

Furthermore, we found a statistically significant difference between the rate of spontaneous reporting of ADR by hospital pharmacists and other pharmacists (p value = 0.019). It would therefore be interesting to implement pharmacovigilance coordinator in health center to improve ADR reporting. Barriers to ADR reporting

were a lack of access to ADR reporting forms (25%) and ignorance of the ADRs reporting process (27%).

The majority of pharmacists interviewed described their basic pharmacovigilance training as insufficient and would like to pursue continuous training, which shows their commitment to combating iatrogenic medication.

Conclusion

This study enabled us to note that the pharmacovigilance system in Algeria is not sufficiently known by pharmacists. More time should be devoted to teaching of PV for pharmacy students, also continuous educational programmes are needed for pharmacists to promote spontaneous ADR reporting initiatives.

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