

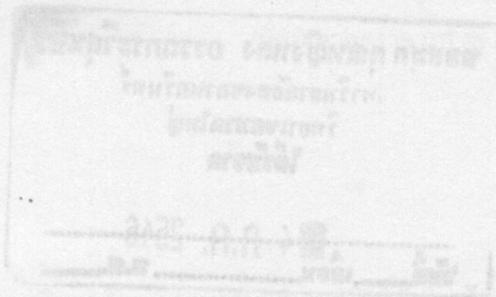


อุบัติการณ์และผลกระทบของค่าใช้จ่ายจากการเกิดอาการไม่พึงประสงค์จาก
การใช้ยาในผู้ป่วยในของแผนกอายุรกรรมชายที่โรงพยาบาลหาดใหญ่

Incidence and Cost Impact of Adverse Drug Reactions
in the Medical Ward Patients at Hatyai Hospital

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ความรุนแรงมากกว่าและก่อให้เกิดค่าใช้จ่ายที่สูงกว่าคือ มีมูลค่า 5,568 บาทต่อการเกิด ADR ที่ป้องกันได้ 1 ครั้ง ในการติดตาม ADR ผู้ป่วยในอย่างใกล้ชิดโดยเภสัชกรใช้เวลาโดยเฉลี่ยประมาณ 30 นาทีต่อผู้ป่วยต่อวัน

จากผลการศึกษารูปได้ว่า ADR มีความสำคัญ ทำให้จำนวนวันที่ผู้ป่วยต้องนอนในโรงพยาบาลเพิ่มขึ้น และก่อให้เกิดค่าใช้จ่ายเพิ่มขึ้นอย่างชัดเจน

Abstract

Main purposes of this study were to determine incidence, prevalence of adverse drug reactions (ADR) in the medical ward, ward at Halya Hospital and to report from a hospital perspective. The researcher monitored ADR in 222 patients who were medical ward at Halya Hospital during 1st May 2011 to 31st September 2011. Algorithm for evaluating suspected ADR was WHO algorithm. Severity of ADR was classified by grade of WHO. Preventability of ADR was classified to be preventable or non preventable according to von Schmuck and Thomson criteria.

Eighty patients experienced ADRs with a total of 24 ADRs. The total ADR was 1.00 per 10 patients. The ADR was the cause for hospital admission in 10% of patients. Another 3.0% experienced ADRs during their stay in the hospital. Overall ADRs were identified in 7.2% of patients. Anticholinergic agents were the most cause of ADRs, accounting for 58.3% of ADR problems. Twenty five percent of the ADRs were preventable because they were the consequences of drug interactions or a lack of therapeutic monitoring or appropriate laboratory tests. Forty five percent of ADRs were considered serious, resulting in hospital readmission or prolonged hospitalizations. ADR significantly increased the length of stay for 3.46 days (P=0.001, 95% confidence interval = 1.95-10.66). The length of stay after ADR increased for 3.12 days (P=0.002, 95% confidence interval = 1.63-7.49). Cost impact of ADRs was 5500 baht per ADR. Medication, room and medical services charges accounted for 70% of the increased cost. Sixty eight percent of the increased cost was the cost for treating ADR of anticholinergic agents. The preventable ADRs were more serious and

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Abstract

Main purposes of this study were to determine incidence, prevalence of adverse drug reactions (ADR) in the medical ward patient at Hatyai Hospital and its cost impact from a hospital perspective. The researcher monitored ADR in 222 patients in the male medical ward at Hatyai Hospital during 1st May 2001 to 30th September 2001. Algorithm for evaluating suspected ADR was WHO algorithm. Severity of ADR was evaluated by criteria of WHO. Preventability of ADR was classified to be preventable or non-preventable according to Schumock and Thornton criteria.

Sixteen patients experienced ADRs with a total of 24 ADRs. The rate of ADR was 1.08 per 10 patients. The ADR was the cause for hospital admissions in 3.6% of patients. Another 3.6% experienced ADRs during their stay in the hospital. Overall, ADRs were identified in 7.2% of patients. Antiinfective agents were the major cause of ADRs, accounting for 66.7% of ADR problems. Twenty five percent of the ADRs were preventable because they were the consequences of drug interactions or a lack of therapeutic monitorings or appropriate laboratory tests. Forty five percent of ADRs were considered serious, resulting in hospital admissions or prolonged hospitalizations. ADR significantly increased the length of stay for 5.46 days ($P=0.001$, 95% confidence interval = 1.96-10.64). The length of stay after ADR increased for 3.10 days ($P=0.025$, 95% confidence interval = 0.035-7.40). Cost impact of ADRs was 2087 baht per ADR. Medication, room and medical services charges accounted for 70% of the increased cost. Sixty eight percent of the increased cost was the cost for treating ADR of antiinfective agents. The preventable ADRs were more serious and

more costly than the unpreventable ones. It increased medical cost by 5568 baht per ADR. The intensive ADR monitoring by the pharmacist took about 30 minutes per patient per day.

In conclusion, ADR is an important problem which significantly increases both hospital stay and medical cost.