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COMMENT

The importance of recognizing adverse drug reactions

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When I was a small child in 1946, my baby sister was critically ill and the doctor in charge of her care told my parents to prepare for her death. A nursing sister suggested that they should try a new drug known as M&B, an antibacterial named after its manufacturer May & Baker. This drug was prescribed , plus infusion of plasma, and saved her life. Antibacterial drugs were hardly used at this time. My sister is alive and well today and I have never forgotten the nurse who refused to give up on the life of a baby girl.

Nurses have always been at the cutting edge of saving lives and 'tender loving care' which for years was high on the list of priorities in training, and has often been a vital part of a patient's recovery.

On November 4th 2004, Dr Dorothy Rowe (Clinical Psychologist) spoke at a conference I organized, entitled 'Adverse Psychiatric Reactions to Medicines and Anaesthetics', about the proven value of a 'therapeutic relationship' in recovery from depression. I have witnessed the value of a relationship with a nurse in helping the recovery of my own family members from serious physical illness too. I have also seen the devastation and worsening health of a loved one in a hospital ward where no such relationship was possible because of the frequent movement of staff. Consequently adverse effects of medication were also overlooked.

As well as 'therapeutic relationships' being of great importance, in the words of another speaker Professor Andrew Herxheimer, a 'therapeutic audit' of the medication a person is already on may lead to the discovery that their current symptoms are the result of adverse drug reactions (ADR). As a clinical pharmacologist, founder and former editor of the *Drug and Therapeutics Bulletin*, Professor Herxheimer believes that many ADRs are dose related. Drugs are commonly licensed with a one-size-fits-all recommended dosage and for some people a reduction in dosage may be all that is needed to prevent or alleviate the symptoms of ADR.

Manchester City Coroner, Leonard Gorodkin, spoke about a suicide victim. Medical student Jon Medland suffered from acne on his back and was prescribed a course of Roaccutane (isotretinoin). Soon after commencing the course, Jon had a sudden personality change. Jon recognized the onset of psychiatric problems and therefore visited his GP. However, this visit did not save him because a serious risk was not foreseen. More careful monitoring of patients who have been prescribed drugs known to have serious psychiatric adverse effects may prevent such tragedies.

Statistics from the US Food and Drug Administration (FDA) displayed by another speaker, analyst Keith Altman, showed isotretinoin to be the highest reported drug linked to suicide, even above selective serotonin re-uptake inhibitor (SSRI) and newer antidepressants, which are known to increase the risk of suicide by 2.4 times (Healy, 2003). The House of Commons Health Committee is investigating many aspects of drug regulation and drug promotion during the current inquiry into influences of the pharmaceutical industry.

Inappropriate prescribing and 'disease awareness campaigns' are of particular concern to the Royal College of General Practitioners. Nurses should realize that not all promotional material for new drugs is based on scientific evidence. It is common for eminent names in the medical profession to 'ghost write' articles and talk at meetings to promote new drugs.

There are many idiosyncratic ADRs now acknowledged, e.g. the coughing caused by angiotensin-converting enzyme (ACE) inhibitors. Too few people are aware of psychiatric ADRs caused by non-psychotropic medication, such as isotretinoin for severe acne. It is often overlooked that a changed dosage, either up or down, or stopping a drug may exacerbate or trigger psychiatric ADRs.

Early recognition of ADRs, e.g. insomnia, nightmares, forgetfulness and depression, may be noticed first by family members. Presenting such concerns to a health professional may prevent a spiral into worsening mental health or even death.

The *British Medical Journal* published an article about the conference which led to several responses, including this comment from a psychiatrist:

> **'As has been said elsewhere, we as physicians can not 'do no harm' if we do not appreciate and understand the kind of harm that can be done'.**

Kruszewski SP (2004) Harm reduction is a noble goal. Rapid response to Eaton L, More surveillance of drugs is needed to protect public. *BMJ* **329**: 1124 http://bmj.bmjjournals.com/cgi/eletters/329/7475/1124-b#85637 (accessed 18November 2004)

Healy D (2003) Lines of Evidence on the Risks of Suicide with Selective Serotonin Reuptake Inhibitors. *Psychother Psychosom* **72**(2): 71–9

Further information

Nurses wishing to be kept informed may contact Millie Kieve on **01992 813111** or visit the website at **www.april.org.uk**

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