* Drug Information *

Service

- It is defined as knowledge of facts through reading, study or practical experience on chemical substance that is used in diagnosis, prevention and treatment of a disease.
- The institutes run DIC [Drug Information centers] for the provision of drug information to every group of people from any place.
- Drug Information service is describes the activity undertaken by pharmacists in providing information to optimize drug use.

History

- First Drug Information Center was developed in University of Kentucky, USA in 1960. In United States 80% of the hospitals having DIC.
- In INDIA, in infancy stage with a few centers and beggining has been made by the proffesor of Pharmacology, Mumbai at a govt. medical college.

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Need of DI

- The number of drugs in the internal market has increased very much.
- The newer drugs are generally more potent and selective and formulations becoming increasingly complex
- To introduce a new drug into the practice the proffessionals need to evaluate the given information
- A simple, quick, reference to a pharmacopoeia or formulatory is no longer sufficient.

Aims and Objectives of DIS

- The provision of information to health proffessionals on specific problems to the use of drugs in particular patients.
- The provision of information to officials in government agencies to optimize the decision making process.
- The preparation and development of guidelines and formularies

- To improve patient compliance and to provide a guide to responsible self medication.
- To develop and participate in continuing education programms.
- To participate in undergraduate and graduate teaching programms.
- To develop educational activity regarding the appropriate use of drugs for patient in the community.
- To prepare and distribute material on drugs to health personnel in the form of a drug information bulletin and/or other media
- To develop and participate in research programms

Structure and Organization of DIC:

- Drug information centers should be organized on cooperative model involving a multi-diciplinary team and where possible, existing resources such as a libraries, computers and databases should be used.

1) Personnel:

⇒ The number of personnel required depends upon on the range of activities and hours of service.

2) Texts and Databases:

⇒ The center should maintain its own library of commonly used resources. Additional books and other publications should have as external source.

3) Facilities:

⇒ The basic equipment required for a center include Furniture, Communications, printers, Computers, Spreed sheets and electronic information resources.

4) Financance:

⇒ A DIC should have independant source of income and status providing its stability and objectivity.

5) Training:

⇒ New staff should be provided dedicated training or validation based on standard operating procedure.

6) Quality Assurance:

⇒ The activities of the drug information centre should be documented properly. Standard forms can facilate recording of enquiries.

7) Net working :

⇒ Cooperation between DIC can optimize limited resources and enhance overall service level. Networking can involve two or more DIC links.

Sources of DI / Resources :

- **Primary Source**

⇒ Information is presented by authors without any evaluation by a second party.

⇒ Provides must current information about drugs.

⇒ Ex; articles published in journals.

- **Secondary Source**

⇒ The original source has been evaluated by second party other than the publisher.

⇒ Modified rearranged form

⇒ Ex; review articles

- **Tertiary Source**

⇒ Information obtained from primary and secondary source and arranged in a manner to represent composite of available information

⇒ Ex; Representatives from Pharmacopoeias

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- Other Sources

- The public and hospitals about the ADR
- Local Drug List
- National Formularies
- Hospital Formularies
- Phone calls of manufacturers
- Government and Non-Government Organizations
- Also from other DIC's.

Poison Information Service

⇒ For the provision of service regarding poison and related danger, and to manage with the poisoning cases.

⇒ The poison control service is established for two reasons.

- To provide rapid access to information valuable in assessing and treating poisonings.
- To assist with poisoning prevention.

- Staffing

1) Pharmacy Team
- Pharmacist
- Pharmacy Technicians
- Pharmacy Student

2) Medical team
- Toxicologists

3) Supporting team
- Trained persons

Functions of PIS

- Assess and treatment recommendations during poisoning via 24 hour emergency telephone services.
- Provide public and proffessionals educational programms.
- To collect data on poisonings
- To perform research
- Assist the public and health care providers during hazardous materials spills.

Functions of DIC

1) The primary function of DIC is to respond to enquiries on therapeutic drug use.

2) It is also provides toxicology information to the heath proffessionals.

3) **Drug Evaluation**: Assessment of therapeutic drugs is in important function of a drug information centre

4) Therapeutic Advice : It includes factors such as efficacy, optimum dosage, adverse effects, effects of other disease states.

5) Pharmaceutical Advice : Most other enquiries will relate to pharmaceutical preparations generally and include issues of availibility.

6) Education and Training : Educational activities are important to support the quality use of drugs

7) Dissemination of Information : Drug information centers can dessemenate information in the form of monographs, bulletin and websites.

8) Research : Drug information centers can involved in research activities including pharmaco-epidmiology.

9) Pharmacovigilance : Drug information centers often have a role in programms which monitor adverse drug reactions.

10) Toxicology : Toxicology services provide information and advice on the diagnosis and treatment of poisonings.