

A pharmacovigilance study of monitoring & focusing of adverse drug reactions induced by antiepileptic drugs used in epileptic patients

Abstract

Abstract is a brief summary of the main findings of a study. The main objective of this study is to monitor and focus on adverse drug reactions (ADRs) induced by antiepileptic drugs (AEDs) used in epileptic patients. The study was conducted in a tertiary care hospital in India. The study included 100 epileptic patients who were treated with AEDs. The study was conducted over a period of 12 months. The study found that the most common ADRs induced by AEDs were dizziness, headache, and nausea. The study also found that the most common ADRs induced by AEDs were dizziness, headache, and nausea. The study also found that the most common ADRs induced by AEDs were dizziness, headache, and nausea.

Keywords: Antiepileptic drugs, Adverse drug reactions, Epileptic patients, Pharmacovigilance.

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Keywords: Antiepileptic drugs, Adverse drug reactions, Epileptic patients, Pharmacovigilance.

Introduction: Epilepsy is a chronic neurological disorder characterized by recurrent, unprovoked seizures. It affects approximately 1% of the population worldwide. The management of epilepsy involves the use of antiepileptic drugs (AEDs). However, AEDs are associated with various adverse drug reactions (ADRs), which can significantly impact the quality of life of patients. This study aims to monitor and focus on the ADRs induced by AEDs used in epileptic patients.

Introduction

According to the WHO estimate, it is chronic neurodegenerative disorder of the brain that affects more than 50 million people with epilepsy worldwide. It is a chronic neurological disorder characterized by recurrent, unprovoked seizures. It affects approximately 1% of the population worldwide. The management of epilepsy involves the use of antiepileptic drugs (AEDs). However, AEDs are associated with various adverse drug reactions (ADRs), which can significantly impact the quality of life of patients. This study aims to monitor and focus on the ADRs induced by AEDs used in epileptic patients.

ADRs induced by AEDs can be classified into several categories based on the ATC code of the drug and the ICD-10 code of the patient's condition. The most common ADRs induced by AEDs are dizziness, headache, and nausea. These ADRs are usually mild and self-limiting. However, some ADRs can be severe and life-threatening. Therefore, it is important to monitor and focus on the ADRs induced by AEDs used in epileptic patients.

ATC code of antiepileptic drug & ICD-10 code of patients suffering from seizure

The ATC code of an antiepileptic drug (AED) is a classification system used to categorize drugs based on their therapeutic properties. The ICD-10 code of a patient's condition is a classification system used to categorize diseases based on their clinical features. The ATC code of an AED and the ICD-10 code of a patient's condition are used to monitor and focus on the ADRs induced by AEDs used in epileptic patients.



ADR, abdominal surgery, the most common injury was laceration, the reported rate. The total ADRs were 100 cases (77.4%) and these ADRs were managed by all the teams in their clinics with 27.66% being hospitalized, whereas 18.7% were referred to ICU and 7.3% to the intensive care unit (ICU). The remaining 43.68% were discharged to the ward. All the ADRs were managed with 100% mortality (Figure 5).



Figure 5 Outcome of ADRs

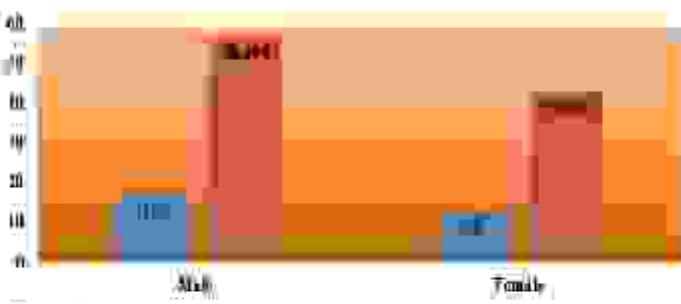


Figure 6 Outcome of ADRs by Gender

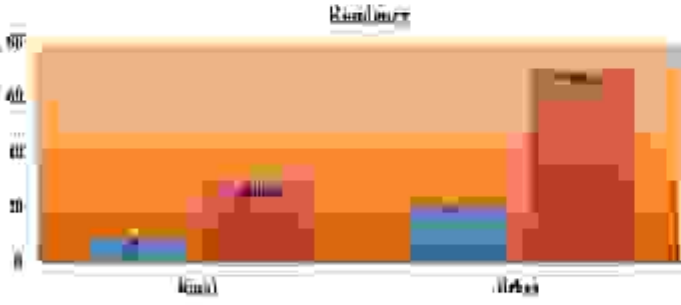


Figure 7 Outcome of ADRs by Body Part

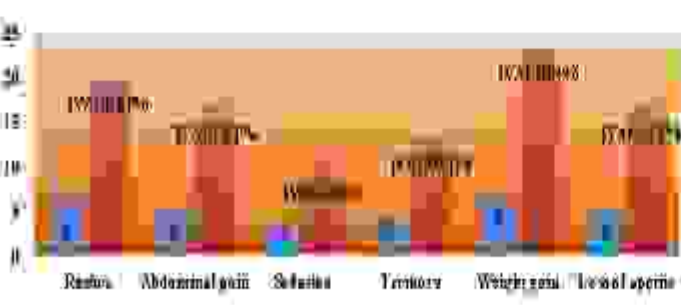


Figure 8 Types of ADRs

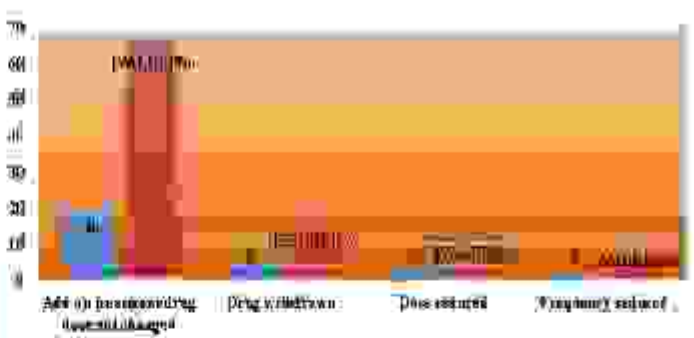


Figure 9 Outcome of ADRs by Cause

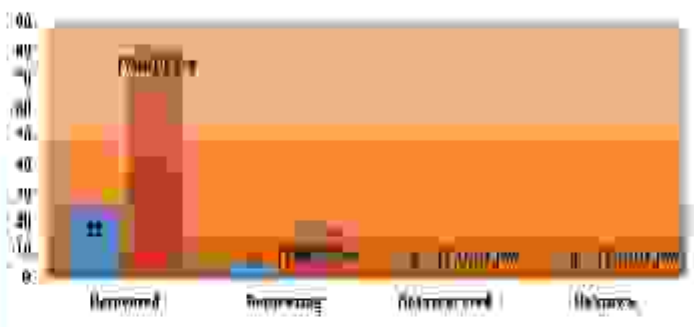


Figure 10 Outcome of ADRs by Location

Conclusion: In 2012, ADRs were managed using WHO/ICU guidelines without a significant increase in the use of ICU. ADRs were managed with 27.66% hospitalized or referred to ICU, 18.7% were referred to ICU and 7.3% were referred to the intensive care unit (ICU). The remaining 43.68% were discharged to the ward. All the ADRs were managed with 100% mortality (Figure 5). The overall management of these cases on a tertiary and quaternary level was not significantly different from that of a tertiary level (Figure 6). The overall management of these cases on a tertiary and quaternary level was not significantly different from that of a tertiary level (Figure 7). The overall management of these cases on a tertiary and quaternary level was not significantly different from that of a tertiary level (Figure 8). The overall management of these cases on a tertiary and quaternary level was not significantly different from that of a tertiary level (Figure 9). The overall management of these cases on a tertiary and quaternary level was not significantly different from that of a tertiary level (Figure 10).

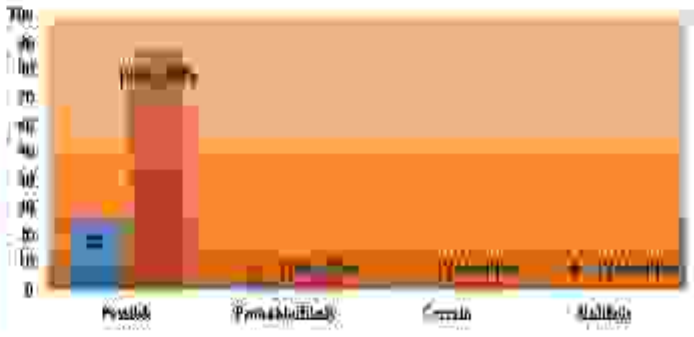


Figure 11 Outcome of ADRs by Severity

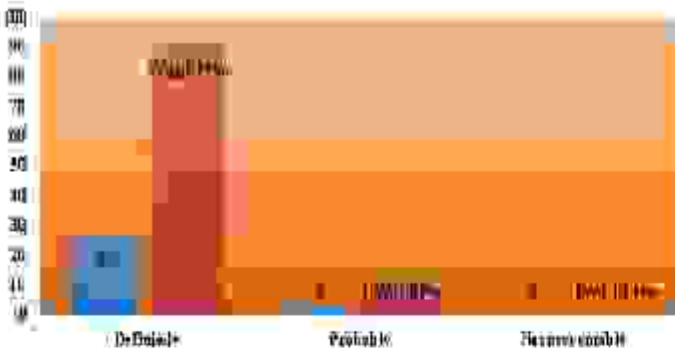


Figure 5 Severity assessment

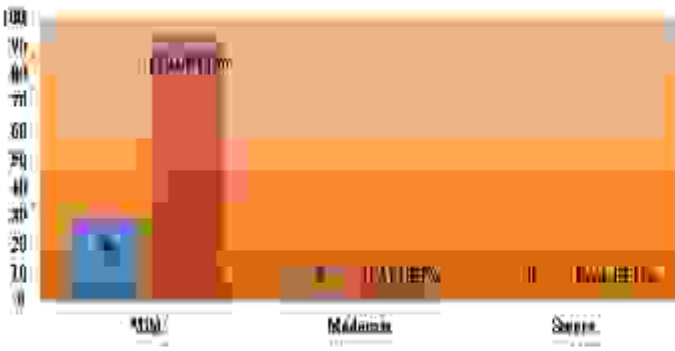


Figure 6 Severity assessment

Results and discussion

Hepatotoxicity remains one of the most common drug-induced adverse effects affecting the world population in India. The present study was conducted in a tertiary care hospital, which has a dedicated liver clinic (ADRC) to collect data reported by hospital clinicians including our assistant department of hepatology for a multidisciplinary meeting. Hospital data observed in our study that all ADRs were reported this study was conducted in department of hepatology of Dr. Ram Manohar Lal Hansraj Hospital, New Delhi. The hospital is a central government-affiliated teaching hospital in which over 100 beds are operational. In this study, we found that over 1000 patients treated from a 10-year period. This study was done over 70% patients as compared to similar studies, which were diverse even in all the cases in which the liver was not specifically targeted. It involves various clinical symptoms, clinical and laboratory data for adverse symptoms could relieve the adverse reactions. This paper is starting compliance with international drug safety management program to be initiated in diverse areas such as management and development of new drugs. Total 12 ADRs were reported in 10 patients and represented the ADR contribution to hepatotoxicity.

The majority of cases of the ADRs were related to the central nervous system and digestive system. The majority of cases were related to the central nervous system and digestive system. The majority of cases were related to the central nervous system and digestive system. The majority of cases were related to the central nervous system and digestive system.

The ADRs reported in the present study were discussed and all were managed in the out-patient clinic. On the basis of the present study of the drug safety for the patients of hepatotoxicity, the importance of the reported drug was reported. During the management of the ADRs, various clinical symptoms were observed with skin rashes (40%), fever (10%), and drug-induced hepatitis. Within 100% dose reduced (10%), frequency of dose reduction reduced (10%), fever (10%), and drug-induced hepatitis (10%) was assessed by using WHO ADR grading assessment scale. On the basis of the study, 100% of the ADRs were treated at least 100% possible and 100% of the ADRs were treated. The severity assessment of each ADR was assessed on the modified Harcourt and Kessler index. The present assessment shows number of ADRs: 2 (20%) of the ADRs, 1 (10%) of the ADRs, and 1 (10%) of the ADRs. The ADRs were related to the central nervous system, digestive system, and skin. The majority of cases of the ADRs were reported in the present study. The majority of cases of the ADRs were reported in the present study. The majority of cases of the ADRs were reported in the present study.

Conclusion

Severe drug-induced hepatotoxicity and liver failure are common side effects and are often life-threatening. The present study has identified that carbon tetrachloride was the most common cause in our management of severe drug-induced hepatotoxicity. The present study has identified that carbon tetrachloride was the most common cause in our management of severe drug-induced hepatotoxicity. The present study has identified that carbon tetrachloride was the most common cause in our management of severe drug-induced hepatotoxicity. The present study has identified that carbon tetrachloride was the most common cause in our management of severe drug-induced hepatotoxicity. The present study has identified that carbon tetrachloride was the most common cause in our management of severe drug-induced hepatotoxicity.

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Conflicts of interest

The author has declared no potential conflicts of interest with respect to publication of this paper.

References

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2. [Reference 2 text]

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