Summary of: How do UK dentists deal with adverse drug reaction reporting?

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FULL PAPER DETAILS

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Objective Pilot investigation to establish the knowledge, use and education needs of general dental practitioners (GDPs) of the UK yellow card (YC) reporting scheme. **Design** Postal survey. **Main outcome measures** GDP views and experiences. **Results** Of 130 respondents, 74.6% were aware of the scheme. There was greater awareness of the scheme among those with more years in practice ($p = 0.003$) and those who had trained in the UK ($p = 0.002$). Six GDPs reported using the YC scheme in the past four years (estimated overall use: 0.01 of a YC per GDP per year); 88.5% had never used the YC scheme. The main reason given was that they never saw ADRs (58.5%). GDPs who had received their undergraduate training in the UK were more likely to be aware of their responsibility to report ADRs as a dentist than those who had trained outside the UK ($p = 0.009$). While GDPs were able to identify a wide range of sources to help them learn about ADRs, over three quarters of respondents (76.9%) expressed a need for additional postgraduate training. **Conclusions** Under-reporting of ADRs by healthcare professionals is a recognised phenomenon and GDPs appear to be no exception. The effect of providing additional postgraduate training on ADR reporting should be investigated.

EDITOR'S SUMMARY

In the USA, where television advertising for therapeutic medicines is permitted, one is struck by the often hugely long list of possible side-effects that have to be mandatorily added by an increasingly rapid and breathless voice-over. It is a wonder that any of us ever take any of them.

The potential for adverse reactions and interactions has increased many-fold in recent years as the refinement of the action of medications has added to the complexity of polypharmacy. Yet despite this and despite the continuing availability of the yellow card system in the UK for reporting adverse drug reactions it seems that very few dentists actually report such instances. The authors suggest a variety of reasons for this apparent lack of involvement ranging from the possibility that as dentists we just do not witness such reactions through to an ignorance of the system and how to engage with it.

There is no doubt that raising awareness of the scheme would be valuable and that further education would also have a place but I suspect that this might also be applied to patients. The majority of patients are aware of the potential for adverse reactions and of the possibility of allergies. Therefore, at the time of prescribing a medication, making a specific point of stressing that if a patient experiences any unexpected effects or sensations then it is essential for them to make contact with the practice.

Thanks in part to the internet but also to general awareness, patients are much better informed about the therapeutic range and possible side-effects of medicines. However, the biological variation of the human being will also be reflected in their philosophical reaction of either shrugging off a small rash or minor stomach upset to panicking if there is the slightest change in their constitution. This should not, however, stand in the way of us encouraging response, sifting it for legitimacy and reporting it if there is the slightest of doubts. The scheme is designed as an early warning system and we should be active in it and in, what is a new term to me, pharmacovigilance.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 214 issue 8.

Stephen Hancocks
Editor-in-Chief

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IN BRIEF

- Highlights general dental practitioners were aware of the importance of detecting and reporting adverse drug reactions (ADRs).
- Reports that GDPs rarely see ADRs in practice.
- Recognises a need for additional education on ADR identification and reporting.
- Advises GDPs expressed a preference that ADR education should be delivered as continuing professional development.

COMMENTARY

The UK Yellow Card (YC) Scheme presents an important opportunity for GDPs to report on adverse drug reactions (ADRs). However, in this survey over 88% of respondents had never submitted a YC. Is this because dentists lack confidence in identifying ADRs, do not notice them, or are perhaps complacent?

In 1986, Inman and Weber proposed 'seven deadly sins' of personal ADR non-reporting.[1] Are we doing better now? Have we improved on Spicer[2] who found just 68.2% concordance with clinical governance standards for recording medical histories? Do dentists miss ADRs because within busy practising schedules they are not taking and retaking medical histories as they should?

As dentists we are disadvantaged by not having full clinical histories for our patients, but do we routinely check up on the drugs patients say they are taking? Do we spell the medications correctly when we write them down and consult the British National Formulary (BNF) if we are unsure? Are we confident about understanding medical histories, or do we stick to reflecting on the dental implications with which we are familiar?

Dentists are frequent prescribers and, encouragingly, the responders here knew how to source appropriate information about medications. However, have GDPs who never see ADRs been considering the effects of polypharmacy? Are GDPs always conscientious about reviewing patients after having prescribed? If ADRs occur when patients have left the surgery, is the opportunity for diagnosis and information-gathering lost?

The low rate of YC submissions reported here may reflect the likelihood that GDPs have fewer drug reactions to report than doctors. Nevertheless, GDPs must feel confident in their abilities to recognise ADRs and to use YCs with no personal detriment.

Of the 30% of responders, the majority were aware of the YC scheme, but in spite of this over 75% called for more postgraduate training. What does this suggest for the non-responders? Intriguingly in this age of IT-based learning, a lecture format was the preferred option. The increasing number of non-UK trained dentists in the workplace accentuates the need for additional education. Should we also now be considering extending ADR reporting skills across the wider profession?

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AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?
This research stems from our interest in pharmacovigilance and the role of spontaneous reporting of adverse drug reactions by healthcare professionals. The yellow card scheme can be a valuable means of highlighting new safety signals for medicinal products but it is generally underused and we wished to establish, in the case of dentists, why this might be.

2. What would you like to do next in this area to follow on from this work?
The research reported here suggests that dentists recognise the need for additional training on ADR identification and reporting, and we are currently conducting a survey with a cohort of dental practitioners to establish the forms that content and delivery might take.

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