CHAPTER 3
AIM AND OBJECTIVES

For the better prognosis of a disease, prescribing the drugs is the most common medical intervention but it was proved long ago that they are fatal too. Hence, we can describe the drugs as “double edged weapons”[59]. Drug-Drug Interactions are associated with increased hospitalization rates, morbidity and increased duration of hospital stay which directly results in increased health care costs [7]. DDIs contribute to 6-30% of the adverse events which was suggested by the evidence from various epidemiological studies that results in hospitalization or death [4]. A recent study revealed that 3% of the hospital admissions, 0.054% of the emergency department visits and 0.12% of the rehospitalizations were caused due to DDIs [4, 18, 59, 60].

By implementing proper interventions, they could be prevented and this could enhance the quality of treatment and also the patient safety. If the patterns and prevalence of DDIs are accurately determined, the interventions aimed at reducing the DDIs are likely to be more effective [59]. Even today, research on drug-drug interactions is very limited in India. The prevalence and pattern of DDIs has not been well documented and the development of the strategies that have been used for the prevention of DDIs is still in infancy stage in India. Hence in this study, I made an attempt to assess the prevalence and severity of possible drug-drug interactions at a tertiary care teaching hospital in India.

Aim

The main aim of the study is to assess the prevalence and severity of possible drug-drug interactions at an Indian tertiary care teaching hospital.

Objectives

✓ To categorize the possible drug-drug interactions based on gender and age.
✓ To classify the prescriptions with possible drug-drug interactions based on polypharmacy.
✓ To estimate the prevalence variations among the different departments.
✓ To classify and list out the possible drug - drug interactions based on their severity.
To analyze the possible drug-drug interactions based on the duration of stay.

To assess the frequency of possible drug-drug interactions at hospital admission, during hospital stay and at hospital discharge.