CHAPTER 7
SUMMARY, CONCLUSION & RECOMMENDATIONS

In this study, the prevalence was found to be 53.9% and the department of General Medicine was observed to be with more number of possible DDIs which was mainly due to prescriptions with polypharmacy and multiple disease conditions. Majority of the possible drug-drug interactions were observed in the age group 51-60 years followed by 41-50 years. Polypharmacy played a significant role in this study and majority of the prescriptions were observed with major polypharmacy. A total of 1125 possible drug-drug interactions were observed in this study and majority of the interactions were of moderate severity followed by major and minor. Majority of the patients who were observed with possible drug-drug interactions were found to be stayed for 6-10 days. Most of the possible drug-drug interactions were found to be observed in the prescriptions which were prescribed during admission on day 1 followed by during stay and discharge. In this study, it was noticed that there is a need for the prevention of possible DDIs during admission and at stay as these two stages of treatment were observed with majority of the possible DDIs. During these stages, the drugs have to be prescribed based on the risk-benefit ratio and the clinical pharmacist has to show the impact at these stages for providing better pharmaceutical care. The drug combinations Calcium + Iron, Atorvastatin + Clopidogrel and Metronidazole + Ondansetron were found to be the most frequently observed possible drug-drug interactions of minor, moderate and major severity respectively.

In India, clinical pharmacist should become a part of the health care team in order to provide better pharmaceutical care and they should focus on decreasing the polypharmacy as it may finally results in the reduction of the occurrence of DDIs. It is the responsibility of the Clinical pharmacists to increase the prescribers’ awareness in the prevention and management of DDIs. Patient education must be provided regarding the drug-drug interactions and it should be clearly explained regarding the time gap between the administrations of one drug to another. Appropriate surveillance systems have to be implemented for the monitoring of DDIs and the role of technology in providing the pharmaceutical care must be explored by using the available upgraded drug information softwares. Clinical pharmacists should directly
involve in the prevention of DDIs which may indirectly show influence on the reduced health care costs. If the above implications were taken into consideration clinical pharmacists can provide a better pharmaceutical care in the Indian clinical scenario.

LIMITATION

This study with a prospective type of approach along with the involvement of other health care professionals would show a significant impact in screening the clinically encountered drug-drug interactions for providing the better pharmaceutical care for the patients by the direct involvement of the clinical pharmacist.