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Diploma in Pharmacy 2nd Year

Hospital & Clinical Pharmacy

Experiment

To study drug information queries using primary/secondary / tertiary resources of information.

Aim:

To study drug information queries using primary/secondary / tertiary resources of information.

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Anshu, “Practical Manual of Hospital & Clinical Pharmacy” Published by Nirali Prakashan, Page no 1 - 4

Theory :

- Written and/or verbal information given about drugs and drug therapy in response to a request from other healthcare provider, organisations, committees, patients, public, or community is called Drug Information Service (DIS) Drug information service also includes the activities performed by the pharmacists in providing information for the optimised use of drugs.
- The drug information service or drug information centre aims to document drugs by extracting information about them. Drug information is the knowledge (about drugs currently being used in the hospital) assembled in written forms (like books, journals, periodicals, etc.) or transmitted by oral communication or by electronic device of the physical, chemical, biological, and health care sciences.
- Drug information centre is a department or a unit in a hospital that is established for services like receiving, collecting, analysing, and

providing unbiased, accurate and latest information on drugs and their uses.

- Drug information centre gives a detailed and fair source of drug information that is essential to meet the needs of the practicing physicians, pharmacists, and other health care professionals
- In India, these information play more important role and it became crucial to highlight the role of consumers because in India the national health policies are industry-focused rather than information to health care-focused.
- The drug information centre of WHO spreads awareness about partnership with drug information services and rational use of drug.
- In large hospitals, DIC is located in a separate section of pharmacy, containing a large number of reference texts, journals, reprints, and brochures. At times, they also have electronic data processing equipments and a full-time Director and adequate Secretarial Assistance. Nowadays, networking of regional DICs in different hospitals can be done by using computers.

The DICS record all data on drug reactions in the institution. A reliable local source of drug information should be available in a hospital to provide effective clinical care to the patients. The information gathered may be specific to an individual patient or related to a group of patients in context of a disease management program.

1. **Primary Sources:** These form the foundation of the sources hierarchy, and serve as the information source for the development of secondary and tertiary resources.

Primary sources consist of original research written by the author(s) in their own words, research studies, case reports, editorials, letters to the editor, thorough description of the study design, methodology,

and scientific results The readers can assess and analyse the given information to develop a conclusion.

Table 1: Primary Sources of Drug Information Resources

British Medical Journal	British Journal of Clinical Pharmacology
New England Journal of Medicine	American Journal of Health Systems Pharmacy
Annal's of Internal Medicine	Lancet
British Journal of Pharmacy and Pharmacology	Indian Medical Journal
Clinical pharmacy and Therapeutics	Journal of the Association of Physicians of India

Advantages : Primary sources have the following advantages:

- i) These provide latest and original information. The essential clinical journals contain information about patient-oriented, evidence-based medicines related to patient care. Patient-Oriented Evidence that Matters (POEMS) are used to define this information and the journals in which they are mentioned.
- ii) Many articles before being published are reviewed by the author's peers, therefore unbiased views and suggestions to improve the report quality are also contained. This is known as peer-review process.

Disadvantages : Primary sources have the following disadvantages:

- i) Faults in study procedure in any research report lead to inaccurate conclusions. For example, if an individual uses inappropriate statistical analysis in his/her studies, he would reach to an inappropriate conclusion.

- ii) In order to assess primary sources, knowledge about scientific methods and statistics is required for understanding the information.
- iii) The information provided by the primary sources is new, so the medical community may take time to accept it.

Handling of Primary Sources

- i) One should cautiously and conventionally utilise the new information provided by the primary sources.
 - ii) The published articles should be peer-reviewed journals as they are better in quality and objectivity in comparison to non-peer reviewed work.
 - iii) While utilising the data provided by the primary sources and before applying that information to patients, all the aspects of the primary source should be understood (ie, patient inclusion or exclusion criteria study methods and interventions, primary outcome being assessed statistical and clinical relevance of the reported findings).
 - iv) To extrapolate primary source data to a single patient encounter, the patient population mentioned or utilised in the primary work should correspond to practice population.
 - v) Case reports are related to a single patient (not to a patient population); therefore, one should be careful about bias and avoid relying on anecdotes.
2. **Secondary Sources:** These are compiled by indexing and abstracting services that are used to systematically locate various published literature types. The indexing system provides topic wise bibliographic information and allows the readers to view brief information within most citations, e.g., PubMed (Medline), Embase,

National Library of Medicine Gateway, International Pharmacy Abstracts, Scopus, and Toxline.

The secondary source databases have their own scope, look, feel, and features to be easily accessible

Table 2: Secondary Sources of Drug Information Resources

Medline	Poisindex
International Pharmaceutical Abstracts	Index Medicus
Chemical Abstracts	The Medical letter on Drugs and Therapeutics
IOWA Drug information Service	Adverse Drug Reaction Bulletins
Drugdex	WHO Drug Information
Martindale	

Advantages: Secondary sources have the following advantages:

- i) These sources provide quick access to the primary source.
- ii) These sources provide concise and current information on specific topics.
- iii) The journal sources are of a high standard and peer-reviewed.
- iv) They provide updated information weekly or monthly.

Disadvantages: Secondary sources have the following disadvantages:

- i) The time period between publication and inclusion (lag time) into secondary sources vary from days to weeks for each database.
- ii) The number of journals indexed by each system depends on the scope of the database.
- iii) A secondary source can include a large amount of information, so the readers should be capable of examining the sources listed on a particular subject to access the exact information.

- iv) The readers should use specific search terms and be skilled with a particular database's search techniques to obtain information.

Handling of Secondary Sources

- i) All the databases have their own scope, and gather information from primary sources in a certain field about a disease, drug, or literature related to patient care. For example, Medline focuses on biomedical sciences, Toxline focuses on toxicology, Cumulative Index of Nursing and Allied Health (CINAHL) focuses on nursing and allied health literature
- ii) The Clinical Medical Librarians (CMLs) are highly skilful in searching secondary sources, if the readers are not familiar with Medical Subject Headings (MeSH) or other terms used for indexing the information.

3. **Tertiary Sources:** These sources provide core knowledge established via primary sources or accepted as standard of practice within the medical community. Drug information contained in the tertiary sources is a FDA- labelled indication (ie, approved and accepted by the FDA) or is well- founded in the primary care source (ie., an unlabelled but well-documented use for an FDA approved drug).

Tertiary sources include textbooks on various drugs or diseases (e.g., pharmacotherapy), compendia (a vast collection of information about numerous drugs such as Physician's Desk Reference), or online, full-text databases. The provided information should be evaluated for bias.

Table 3: Tertiary Sources of Drug Information Resources

Remington's Text Book	Up to Date
Handbook of Non-prescription Drugs	Pharmacist's Letter
Martindale Drug Reference	Natural Medicines Comprehensive
Lexi Comp	FDA. gov
Micromedex	CDC.gov

Advantages: Tertiary sources have the following advantages:

- i) These sources are conveniently accessible on the internet.
- ii) Drug information references are divided into specific subjects to be used easily. For example, one text is only related to drug interactions, while another is related to principles of pharmacotherapy or drugs to be used in pregnancy. Thus, a reader who wants information on a specific subject needs to review a specific reference.
- iii) The information in tertiary sources is widely accepted in medical practice, because most forms of these sources are referenced with primary sources. The information should be reviewed so that the contained information is well regarded in the medical community.

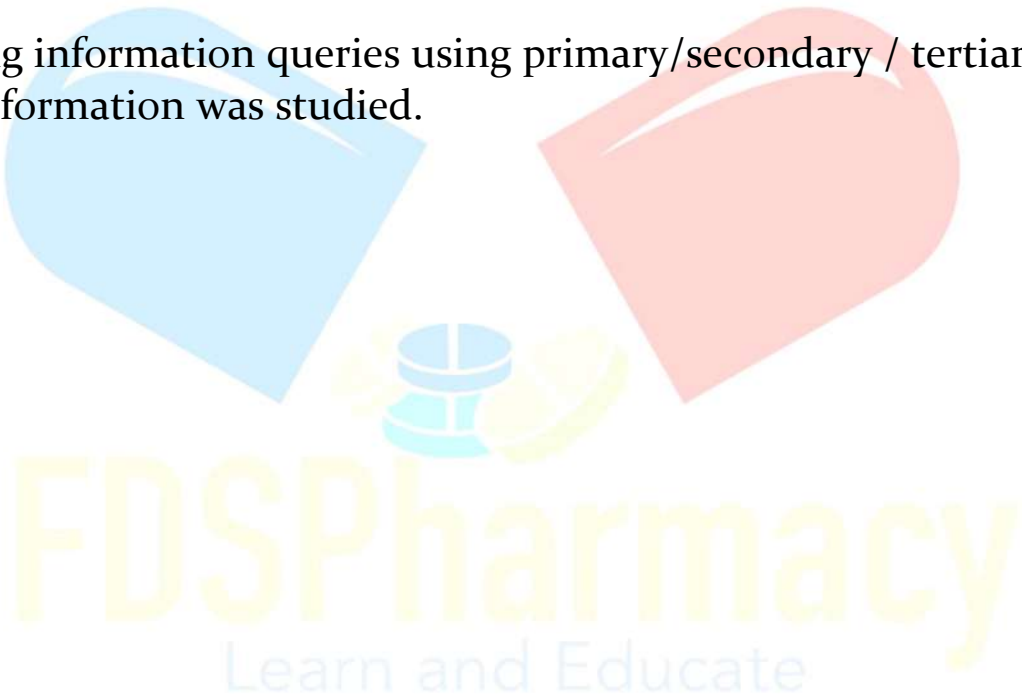
Disadvantages: Tertiary sources have the following disadvantages.

- i) The lag time existing between when a text was written and when published (in print or electronically), passes before the information is available, and more updated information are available in a database.
- ii) Space limitations within a text prevent discussion of a drug or topic.
- iii) Authors may give emphasis to restricted information about a topic drug.
- iv) Authors present information based on a less thorough review of the primary care source.
- v) These sources are not suitably referenced, thus prevent a proper check of the primary care source.

- vi) The information given by these sources are not accurate and reliable based on flawed primary care source (ie, poorly designed resea studies are referenced).
- vii) If these sources are print resources, periodic addition of updated or tex information into the printed copy is necessary. This is time-consuming and may not get accomplished.

Result :

Drug information queries using primary/secondary / tertiary resourc of information was studied.



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