ANNUAL REPORT OF YELLOW CARD CENTRES,
MEDICINES AND HEALTHCARE PRODUCTS REGULATORY AGENCY

WEST MIDLANDS CENTRE FOR ADVERSE DRUG REACTIONS

2006

1. Centre Staff

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2. Summary

The West Midlands Centre for Adverse Drug Reactions comprises the Yellowcard Centre West Midlands (or should that be yellowcard Centre, or Yellow Card centre; no doubt once the entire system has been destroyed the marketing bods will have come up with a consistent brand for a relaunch).

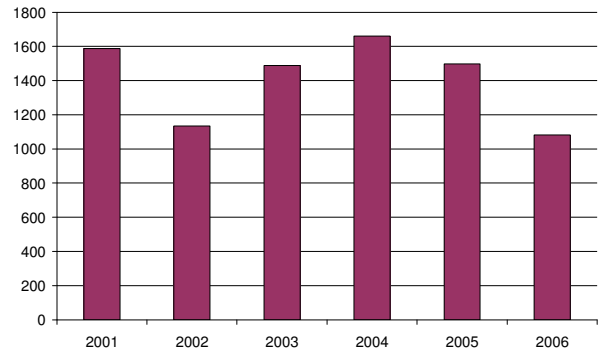
After being destroyed by the vindictiveness of the MHRA in June, the Centre struggled on as best it could with the pitifully few scraps of follow-up left to it. Reports had been rising for a number of years but as we predicted there has been a big slump in the number of reporters by 28%. The falling level of GP reporting had been a worry but unfortunately we cannot see if the trend has continued because the MHRA (not knowing their reporters) is unable to categorise them sufficiently, e.g. this year there were 166 reports from “other health professionals” and 109 from “physicians”. With the indifference shown to reporters by taking 6 months to acknowledge their reports we expect another drop in numbers next year. Prior to all Yellowcards being diverted to the MHRA via Gloucester we followed-up 13% of all reports generally within 1 week. Since June we have had only 3% of reports to follow-up and some of these have been over 1 month since the original report was submitted.

3. Number of reports received

3.1 Table 1 shows the number of reports received in 2006 and the previous five years for comparison. In this table, and all subsequent ones. (Figures in parentheses refer to all the reports from the Region including those which go direct to the MHRA).

Table 1

Year	Total number of reports received	Change on previous year
	CSMWM (all WM reports)	
2006	1081	–28%
2005	1259 (1498)	–4% (–10%)
2004	1318 (1661)	+6% (+12%)
2003	1245 (1488)	+34% (+31%)
2002	926 (1135)	–30% (–29%)
2001	1317 (1588)	+1% (+2%)



3.2 Table 2 shows the number of reports received from Primary care doctors (GPs and doctors at child health, mental health clinics, etc which are managed by primary care trusts).

Table 2

Year	Total No of reports received from GPs	Percentage of total reports	Change on previous year
	CSMWM (all WM reports)		
2006	284	26%	–39%
2005	333 (463)	26% (31%)	–11% (–21%)
2004	373 (587)	28% (35%)	0% (+19%)
2003	372 (492)	30% (33%)	–14% (–7%)
2002	435 (527)	47% (46%)	–39% (–40%)
2001	716 (873)	54% (55%)	–31% (–30%)

3.3 Table 3 shows the number of reports received from hospital doctors.

Table 3

Year	Total No of reports received from hospital doctors	Percentage of total reports	Change on previous year
	CSMWM (all WM reports)		
2006	189	17%	–62%
2005	424 (476)	34% (32%)	–12% (–11%)
2004	484 (535)	37% (32%)	+23% (+19%)
2003	393 (450)	32% (30%)	+35% (+27%)
2002	292 (354)	32% (31%)	–14% (–10%)
2001	341 (395)	26% (25%)	–9% (–9%)

3.4 Table 4 shows the number of reports received from hospital pharmacists.

Table 4

Year	Total received from hospital pharmacists	Percentage of total reports	Change on previous year
	CSMWM (all WM reports)		
2006	137	13%	–50%
2005	266 (276)	21% (18%)	+17% (+15%)
2004	227 (240)	17% (15%)	+10% (+13%)
2003	206 (212)	17% (14%)	+161% (+152%)
2002	79 (84)	9% (7%)	–11% (–13%)
2001	89 (97)	7% (6%)	–16%

3.5 Table 5 shows the number of reports received from community pharmacists.

Table 5

Year	Total received from community pharmacists	Percentage of total reports	Change on previous year
	CSMWM (all WM reports)		
2006	21	2%	–66%
2005	54 (61)	4% (4%)	+8% (–3%)
2004	50 (63)	4% (4%)	+43% (+37%)
2003	35 (46)	3% (3%)	–13% (–13%)
2002	40 (53)	4% (5%)	0% (+13%)
2001	40 (47)	3% (3%)	+60%

3.6 Table 6 shows the number of reports received from nurses.

Table 6

Year	Total received from hospital nurses	Percentage of total reports	Change on previous year
	CSMWM (all WM reports)		
2006	105	10%	–39%
2005	150 (172)	12% (11%)	–7% (–10%)
2004	167 (209)	13% (13%)	+1% (+12%)
2003	221 (243)	18% (16%)	+387%
2002	69	7%	
2001	98	7%	

3.7 Table 7 shows the number of reports received from other sources

Table 7

Type of reporter	Total received YCCWM region
Dentist	1
Other health professional	184
Physician	69
Pharmacist	28
Not ascertainable	1

There is a disparity still in reports across the region. The reporting rate from the 3 former SHAs is shown in Table 8.

Table 8

Type of reporter	No of reports	reporting rate / 100 000
Birmingham & Black Country	625	29.5
Staffs and Shrops	214	11.9
West Midlands South	242	17.1

4. Serious reaction reports

4.1 We are unable to complete this section because of the paucity of data supplied

5. Reports of black triangle drugs

5.1 We are unable to complete this section because of the paucity of data supplied

6. Most commonly reported drugs

We are unable to complete this section because of the paucity of data supplied

7. **Follow-up of reports**

7.1 Prior to 31st May the Centre followed up its own reports, since then we have followed-up requests from the MHRA. Follow-up data are shown in Table 9.

Table 9

Year	Total No of reports followed-up	As percentage of reports	Follow-up response rate
2006 J-D	20	3%	17%
2006 J-M	63	13%	35%
2005	124	10%	32%*
2004	125	9%	58%
2003	114	9%	52%
2002	143	15%	62%
2001	171	13%	69%

8. We have published 2 editions of *re:Action* (issues 33 and 34), our occasional bulletin covering:

Treatments for influenza
Statins and memory loss
Herbal ADRs
Antipsychotic drugs and Pisa syndrome
Changes to the Yellowcard scheme
Safety with NSAIDs
Lamotrigine and birth defects
Dangers of combining antithrombotics

We have produced four editions of the *Adverse Drug Reaction Bulletin*.

A number of publications of adverse reactions and related issues have appeared during the year:

We continue to educate reporters throughout the region and elsewhere about the Yellow Card Scheme and the importance of reporting adverse drug reactions. Lectures and talks were given to:

We taught undergraduate pharmacy students at Aston University, undergraduate and postgraduate medical and dental students at Birmingham University, and pharmacists on the Keele Diploma in Hospital Pharmacy, and participated in the Regional MRCP course.

We have moved our website to www.adr.org.uk and continued to receive over 250,000 hits during 2006. We have developed resources for the website including a guide to the pronunciation of drug names and a pharmacovigilance timeline showing the history of pharmacovigilance.

9. We continue, as a Centre, to take an interest in errors in the use of medicines and are researching into an analysis of error rates throughout the prescribing and dispensing process

CA, REF
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Appendix 1

DOES INFORMING GPS ABOUT COMMON ADVERSE DRUG REACTIONS (ADRS) INFLUENCE ADR REPORTING RATES?

Anton C, Cox AR, Ferner RE

Introduction and Aim

Many prescribers are unsure about when to report ADRs to the MHRA, and many never complete a Yellow Card during their career.[1] Additionally, the reporting rate of GPs in the UK has halved in the last five years.

We investigated whether educating GPs about the most common serious reactions, by sending them factsheets had any influence on their subsequent reporting.

Method

We identified from our Regional Monitoring Centre database of ADRs the five most common serious reactions (using the MHRA's definition of severity), and produced concise factsheets (about 500 words) on each, describing the reaction, risk factors, and strategies for avoidance.

In 2002 we received reports from 312 individual GPs out of 3157 GPs in the West Midlands region. We randomly selected 198 of the 2845 non-reporting GPs (Group A) and sent them a factsheet each month for 5 months from December 2003. In a second arm of the study we sent factsheets to a randomly selected sample of those reporters (Group B) who reported one of the relevant ADRs ("factsheet reactions") to us to see if this influenced re-reporting rates.

Results

During the first six months of 2004 we received 9 reports from 8 of the Group A GPs (4%) who received the factsheets, and 1 from a comparison random sample of 198 GPs (0.5%) (non-reporters in 2002) who did not receive the factsheets. There were 34 reporters in Group B and 6 of these (18%) reported a further reaction subsequent to receiving a factsheet. Seventy-seven other reporters reported a "factsheet reaction" but did not receive a factsheet and only ten of these (13%) have reported a subsequent reaction.

Discussion

GPs who received the factsheets (Group A) had a higher reporting rate, compared with a group who did not receive the factsheets [P = 0.022, Fisher's exact test]. Only about 10% of GPs will report an ADR in any given year; educating non-reporting GPs seems to raise them towards the mean reporting rate. There are insufficient data yet to determine whether factsheets influence re-reporting rates and this arm of the study is ongoing. The factsheets will need updating regularly, but this should be relatively easy. This is a potentially fruitful method of increasing reporting rate from GPs.

References

1. Eur J Clin Pharmacol. 1997; 52: 423-7.