YCC West Midlands

ANNUAL REPORT 2012/13

ANNUAL REPORT OF YELLOW CARD CENTRE WEST MIDLANDS TO THE MEDICINES AND HEALTHCARE PRODUCTS REGULATORY AGENCY

2012/13

1. STAFF

Professor R E Ferner – Director
Dr J J Coleman – Honorary Consultant Physician
Mr C Anton – Administrative Co-ordinator
Dr A R Cox – Pharmacovigilance Pharmacist
Ms M Robinson – Clerical Officer

2. SUMMARY

Our priorities for the year remain focused on teaching and providing information and we have continued our programmes for all grades of staff from nurses to consultants. We have reminded GPs of the existence of the Yellow Card scheme and distributed patient Yellow Cards about the region.

The number of reports from the region rose, as did the percentage of serious reports

3. YELLOW CARD DATA

Number of reports

There have been 453 reports in the first two quarters of 2012/13

Year	Number of	as %age of	
	reports	national reports	
2012/13	889	6.2%	
2011/12	974	7.4%	
2010/11	879	7.2%	
2009/10	915	7.7%	
2008/09	1137	8.0%	

Serious reports

Year	Number of	as %age of total
	serious	reports
	reports	
2012/13	485	55%
2011/12	544	56%
2010/11	481	55%
2009/10	494	54%
2008/09	623	55%

Fatal reports

Year	Number of	as %age of total
	fatal reports	reports
2012/13	16	1.8%
2011/12	29	3%
2010/11	34	3.9%
2009/10	18	2%
2008/09	22	1.9%

Age banding

Age range	%age of reports 2012/13	%age of reports 2011/12	%age of reports 2010/11	%age of reports 2009/10	%age of reports 2008/09
<18	8%	9%	13%	17%	16%
18-24	6%	6%	6%	7%	3%
25-34	9%	9%	9%	9%	8%
35-44	11%	10%	13%	12%	10%
45-54	12%	16%	11%	12%	14%
55-64	14%	13%	14%	14%	16%
65-74	20%	17%	13%	13%	13%
75-84	11%	10%	13%	7%	9%
>85	5%	3%	3%	2%	2%
unknown	5%	6%	6%	6%	8%
Total	889	974	879	915	1137

Source of report

Reporter qualification	2012/13	2011/12	2010/11	2009/10	2008/09
Carer	6	7	5	6	10
		•			
Community Pharmacist	61	44	24	34	42
Consumer or other non health				2	
professional					
Coroner	1				
Dentist	1	3	3	3	4
GP	236	229	190	192	257
Healthcare Assistant		2			
Hospital Doctor	144	191	184	143	177
Hospital Health Professional	48	63	51	63	92
Hospital Nurse	60	68	66	67	65
Hospital Pharmacist	98	68	36	57	58
Nurse	91	102	105	140	157
Optometrist			1		
Other Health Professional	26	45	63	36	63
Parent	11	10	8	15	7
Patient	77	84	90	97	155
Pharmacist	8	28	12	29	20
Physician	8	12	39	31	29
Radiographer	10	21			

We have created a number of additional graphs to examine some local trends in reporting.

Figure 1: All Patient Reports (combined patient, carer, and parent reports)

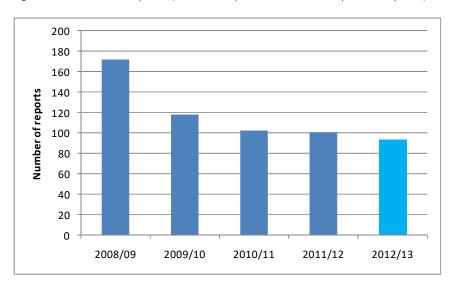


Figure 2: All hospital Reports (Combination of hospital doctor, hospital nurse, hospital pharmacist & hospital other healthcare professional)

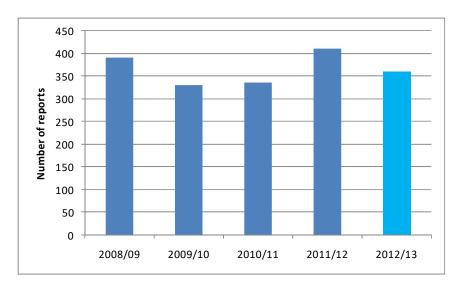


Figure 3: All Pharmacist Reports (Combination of pharmacist, community pharmacist, & hospital pharmacist).

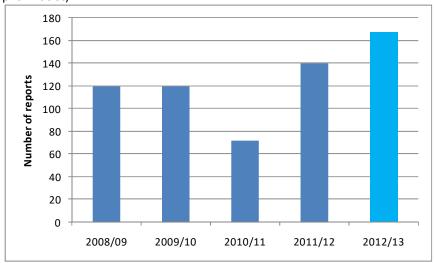


Figure 4: Hospital Doctor Reports

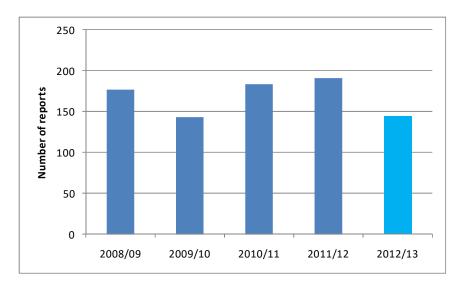
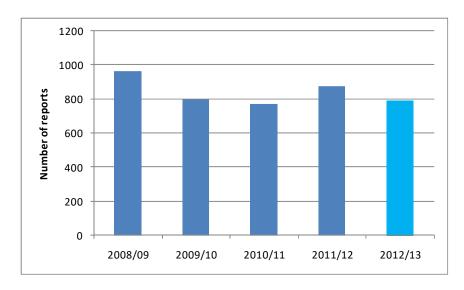


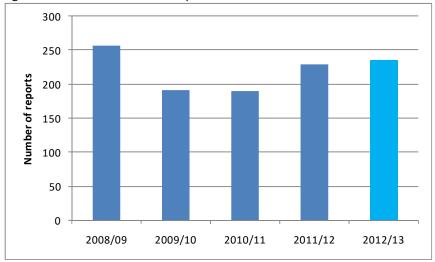
Figure 5: All Healthcare Professional Reports



250 200 200 150 50 2008/09 2009/10 2010/11 2011/12 2012/13

Figure 6: All Nurse Reports (Nurse, and Hospital Nurse)





Top 10 drugs

The top 10 drugs listed as suspect drug are shown below

Drug	Total
varenicline V	44
adalimumab	19
ramipril	19
simvastatin	18
influenza virus vaccine	16
ioversol	14
rituximab	13
denosumab▼	12
human papilloma virus vaccine	12
etanercept	11

4. PROMOTIONAL ACTIVITIES

We have promoted the scheme with various talks and lectures during the year. Details of them are listed below.

Teaching

Meeting	Time	Number of participants	Number of sessions
Regional Medicines Information pharmacists	1 hour	20	1
Birmingham University medical students –	half day	70	6
Prescribing Passport Examination			
University of Birmingham roadshow to 5 th year	whole day		1
medical students			
MHRA SpR training day (attended)	whole day		1
Birmingham University MSc lectures in toxicology	4 hours		1
Birmingham University medical school – safe	6 hours	460	1
prescribing lecture			
Drug Safety Induction talks	1 hours	10-30	26
Warfarin interactions and Yellow Card scheme:	1 hour	15-25	6
Birmingham University Primary care unit			
Hertfordshire University – Pharmacovigilance MSc	1 hour	50	1
– Principles of Pharmacovigilance			

Lectures given

- European Association of Poison Control Centres and Clinical Toxicologists: 'Expert evidence in forensic toxicology.' London, May 2012
- Causality Assessment in an Evolving Pharmacovigilance Landscape: 'Determining causality on a case basis.' Uppsala, May 2012.
- London Toxicology Group 'The Clinical Pharmacology of Harm' London, October 2012.
- International Society of Pharmacovigilance 'The Law of Mass Action' Cancun, October 2012
- British Pharmacological Society Lilly Prize Lecture: 'Harms from medicines-inevitable, in error, intentional' London, December 2012
- Clinical Pharmacology Colloquium 19th May 2012: 'The Law of Mass Action'
- European Association of Poison Control Centres and Clinical Toxicologists, London, May 2012: Expert evidence in forensic toxicology'
- Causality Assessment in an Evolving Pharmacovigilance Landscape, Uppsala, May 2012: 'Determining causality on a case basis'
- London Toxicology Group 'The Clinical Pharmacology of Harm'
- International Society of Pharmacovigilance 'The Law of Mass Action'
- British Pharmacological Society, London, December 2012: Lilly Prize Lecture 'Harm from Medicines'
- MSc Toxicology, University of Birmingham, 2012 'Adverse Drug Reactions'
- MSc Experimental Pharmacology, University of Oxford, 2012, 'Adverse Drug Reactions'
- Adverse Drug Reactions: Association of Pharmacy Technicians UK Annual conference in Reading on the 9th of June 2013.
- What EU Pharmacovigilance Legislation means for pharmacists, Novara, Italy Italian Hospital Pharmacists Association and Italian Medicines Agency AIFA.

6. PUBLICATIONS AND CONFERENCES

Publications for 2012/13 include:

Cox AR. Cardiovascular risk and NSAIDs: prescribing slow to change. Prescriber 2013; 24(8):5-6

Pearson H, Hirsch CA, Cox AR, Thomas SK, Phipps G, Whallett A. Promoting practical prescribing: an interprofessional approach (Presented at the 9th Joint National Conference of GHP/UKCPA, Harrogate, United Kingdom, 17th-19th May 2013)

Butt TF, Cox AR, Oyebode JR, Ferner RE. Internet Accounts of Serious Adverse Drug Reactions: A Study of Experiences of Stevens-Johnson Syndrome and Toxic Epidemal Necrolysis. *Drug Safety* 2012;**35(12)**:1159-1170

Cox AR, Butt TF. Adverse Drug Reactions: When the Risk Becomes a Reality for Patients. *Drug Safety* 2012;**35(11)**:977-981

Krska J, Cox AR. Adverse Drug Reactions. In: Clinical Pharmacy and Therapeutics. Walker R, Whittlesea C. (Eds). Churchill Livingstone; Edinburgh, 2012.

Ferner RE, Cox AR. Drug-induced neurological disease. In: A new textbook of medicine. Davey P, Spriggings D, Eds. Oxford University Press (Accepted).

The British Medical Journal and prescribing of minocycline for acne. Moss C, Ferner RE. Br J Dermatol. 2013 Mar;168(3):667-8. doi: 10.1111/bjd.12022.

Dose omissions in hospitalized patients in a UK hospital: an analysis of the relative contribution of adverse drug reactions. Coleman JJ, McDowell SE, Ferner RE. Drug Saf. 2012 Aug 1;35(8):677-83. doi: 10.2165/11630750-000000000-00000.

Summertime. Ferner R. BMJ. 2012 Jun 19;344:e4245. doi: 10.1136/bmj.e4245.

Consequences. Ferner R. BMJ. 2012 Apr 20;344:e2859. doi: 10.1136/bmj.e2859.

Defining rewardable innovation in drug therapy. Aronson JK, Ferner RE, Hughes DA. Nat Rev Drug Discov. 2012 Mar 30;11(4):253-4. doi: 10.1038/nrd3715.

Toxicological evidence in forensic pharmacology. Ferner RE. Int J Risk Saf Med. 2012;24(1):13-21. doi: 10.3233/JRS-2012-0548.

Boundaries. Ferner R. BMJ. 2012 Mar 14;344:e2028. doi: 10.1136/bmj.e2028.

Medication errors. Ferner RE. Br J Clin Pharmacol. 2012 Jun;73(6):912-6. doi: 10.1111/j.1365-2125.2012.04236.x.

Interactions. Ferner R. BMJ. 2012 Feb 8;344:e865. doi: 10.1136/bmj.e865.

Deriving dose limits for warnings in electronic prescribing systems: statistical analysis of prescription data at University Hospital Birmingham, UK. Coleman JJ, Hodson J, Ferner RE. Drug Saf. 2012 Apr 1;35(4):291-8. doi: 10.2165/11594810-000000000-00000.

Decision support for sensible dosing in electronic prescribing systems. Coleman JJ, Nwulu U, Ferner RE. J Clin Pharm Ther. 2012 Aug;37(4):415-9.

7. RESEARCH

Our current research activity is concerned with adverse drug reactions, including classification, monitoring, and the patient experience of adverse drug reactions and the Yellow Card scheme.