

CORRESPONDENCE

The Editor,
Singapore Medical Journal,

Dear Sir,

**Re: Hospital Monitoring of Adverse
Drug Reactions**

Although it is fully appreciated that continued active surveillance is necessary in every patient on medication and much more can be done to reduce adverse reactions from drugs, it is impossible to prevent them altogether as the cases cited by Dr. P. C. Teoh clearly show.

A good proportion of Singapore's female population of child-bearing age are currently on contraceptive pills. In effect, this is "priming" them for the possibility of drug interaction. With this in mind, who can predict with any confidence, what drug will not interact with the circulating synthetic hormones to produce adverse effects in any of the body-systems? Already per se, a wide range of reactions, including cardio-vascular, haematological and endocrinological changes have been shown to occur with the prolonged use of the pill in some women.

Genetic specificity and deficiency in terms of the misplaced amino-acid in the nucleopeptide chain, apart from immunological responses, are factors worth considering in the evaluation of drug reactions.

In Singapore, it is a fact of life that patients do self-medicate themselves with a diverse range of drugs, do overdose themselves contrary to medical instructions and also do take Chinese Herbal Medicines in addition to what have been prescribed for them. The problem is compounded by the fact that Chinese Herbal Medicines have, by and large, not been pharmacologically studied and documented to any significant extent. To make things even worse, some drugs of Chinese origin are contaminated with arsenic. This of course raises the doubt

that the manufacturer is a qualified pharmacist.

No drug is entirely harmless or non-toxic to the partaker and treatment is essentially a balance between its baneful and useful effects. Drug-Drug, Drug-Disease, Drug-Food & Alcohol, Drug-Sunlight interactions etc. are increasingly reported in the medical literature and this is not at all surprising when the body has to contend with such a multiplicity of "invasive factors".

It is certainly essential to be vigilant in the surveillance of drug reactions and to document the yet unknown side-effects of drugs. But, as long as there are drugs and people, doctors can expect more and more cases of iatrogenic diseases caused by drug interactions. Therefore, it would be prudent to allocate sufficient beds in anticipation of just these needs. Being the ninth most common cause for admission into medical wards, a prima facie case has already been established for the demand and allocation of beds for these drug casualties.

It is often forgotten that the proliferation of machines gave birth to "traumatic surgery" as a medical discipline. It should not be forgotten, that with the proliferation of drugs, "traumatic therapeutics" as a discipline has already been born.

Finally, I support the suggestion of Dr. P. C. Teoh on the need to set up locally a body similar to the Committee of Safety of Drugs in England to whom any adverse drug reactions should be reported by any doctor who encounters them. The reasons in its favour are overwhelming because in Singapore there is a multiplicity of medical systems. It is not unusual to find patients flitting from one system to another, sometimes all within one single day.

Dr. Leong Vie Chung,
234, Serangoon Road,
Singapore-8.

1st March, 1975

*

*

*