Meeting report: Asian conference on clinical pharmacology and therapeutics

31 October–4 November 1993, Yogjakarta, Indonesia

An interesting and important meeting on clinical pharmacology and therapeutics was held in Yogjakarta, Indonesia from 31 October–4 November 1993 under the Chairmanship of Professor Budiono Santoso of Yogjakarta with support from the Drug Action Programme of the World Health Organisation, the International Network for the Rational Use of Drugs (INRUD) (Boston) and Gadjah Mada University of Yogjakarta. The meeting was notable for its focus on issues of quality of drug usage in Asia and the degree of interaction between participants from the widely diverse countries in the region.

Dr Hans Hogerzeil of the WHO Action Programme on Essential Drugs argued the case for a limited list of essential drugs as a way of improving drug supply and quality as well as promoting more rational prescribing because prescribers need to know about fewer drugs. He argued that this concept was applicable to some degree in all countries, in both the public and the private sector for the benefit of all including the pharmaceutical industry.

An interesting workshop on strategies to establish a clinical pharmacology unit in an existing academic institution was chaired by Tony Smith, Australia and Armen Muchtar, Indonesia. The concept of the clinical pharmacologist and the clinical pharmacology unit being the ‘glue’ for the diverse elements of the ‘therapeutic milieu’ was developed. The importance of continuous availability of clinical pharmacologists for enquiries concerning drug therapy, involvement and leadership in drug utilisation review, a high level of involvement in drug and therapeutic committees, increasing involvement in pharmacoeconomic issues, and the importance of positive collaboration with clinical pharmacists and other health professionals were some of the many themes discussed.

Many examples of drug utilisation reviews and educational initiatives were presented. Thus promotion of rational prescribing by screening of prescriptions (Saariff & Manen, Malaysia), the effect of antibiotic guidelines (Th-Akib, Indonesia), the availability of essential drugs combined with training on prescribing (Azad Chowdhury et al., Bangladesh) and the results of studying prescribing using the INRUD drug use indicators (Biola Mabadege, Nigeria) are just a few of the many presentations on prescribing practices and attempts to influence these.

There was much interest in the measurement of drug use in health facilities by the development of selected indicators for rational drug use. Richard Laing, Drug Use/INRUD Coordinator, Boston reported on INRUD and WHO’s progress on developing a standard set of drug use indicators which could quickly and reliably assess critical aspects of pharmaceutical use. These indicators were field tested and shown to be applicable in different countries in the region. Data can be collected from medical records or by direct observation at individual health facilities, and for a reliable survey, at least 20 facilities need to be randomly selected and 600 encounters surveyed. Retrospective data collected over the year prior to survey are satisfactory but prospective data can also be used.

Improvement in the standards of use of drugs was achieved in five large hospitals in the East Kalimantan and West Nusa Tenggara provinces in Indonesia by an eight stage educational programme based on behavioural strategies and, in particular by involvement of prescribers in consensus development.

Mary Hemming, Melbourne outlined the development of peer consensus therapeutic guidelines, widely accepted and used in Australia using methods developed during the last 15 years. These guidelines now cover antibiotics, analgesics, psychotropics, cardiovascular, gastrointestinal and respiratory drugs.

An analysis of the role of private pharmacies in the treatment of diarrhoea in Kenya and Indonesia was presented by Dennis Ross-Degnan and colleagues from the USA, Kenya and Indonesia. Although 69% of 70 pharmacy attendants in Kenya and 51% of 39 in Indonesia reported selling oral rehydration solution (ORS) for the previous case of child diarrhoea, in fact at only 33% and 12% of visits to these pharmacies undertaken by study personnel masquerading as consumers needing treatment for a child with diarrhoea was ORS actually sold. Similar data and discrepancies were found with respect to sales of other drugs. These data were followed by meetings with pharmacy shop attendants to examine deficits in knowledge, mistaken beliefs about drugs and factors that motivate practice. This led to interventions including well designed print materials, targeting specific behaviours, small group or one-on-one interactions and ‘academic detailing’. These activities led to significant changes in product sales with increased sales of ORS and decreased sales of anti-diarrhoeal drugs. There was also an increase in the collection of appropriate information by pharmacy attendants, e.g. questioning concerning bloody stools and intake of fluid, in order that appropriate advice could be given.

Another highlight of the meeting was training in rational prescribing and in this context Professor Theo de Vries of the Netherlands described the development and effectiveness of the problem solving model he has developed in Groningen. This theme was developed further by Hans Hogerzeil who noted that undergraduate teaching remains characterised by transferring knowl-
edge about drugs rather than training students to treat patients in an individual and rational manner. The WHO training manual, a model guide to good prescribing, was presented. It is based on students developing their own personal formulary, and provides guidance on how to define therapeutic objectives, choose the most appropriate drug and its dosage regimen, how to inform the patient about the therapy and finally how to monitor the effectiveness of treatment. Results of the use of this approach were reported from Groningen, Kathmandu, Lagos, Newcastle – Australia, New Delhi, San Francisco and Yogjakarta. In general students from these different locations remembered how to solve a patient problem discussed previously (retention effect) but could also apply this knowledge to other patient problems (transfer effect). These effects were maintained for at least 6 months following the training session. Molly Thomas from Velore, India also discussed methods of measuring the impact of training in rational prescribing methods developed over some years.

This was a very good meeting. Not only were high quality studies presented on new drug developments, drug action, pharmacokinetics, metabolism and pharmacodynamics but also there was considerable emphasis on the outcome of drug therapy; methods of measuring this; and factors which influence or might improve health through better use of drugs.

RICHARD DAY
St Vincent's Hospital and University of New South Wales, Sydney, Australia.