Drug information for the patients in Western Countries

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I introduced “Drug Information (DI) for Shared Decision Making” supported by Medicines Information Project in the UK in the same symposium in 2005. This project encourages that patients should share the information with healthcare professionals and be involved in the decision of treatment choices.

According to the patients survey done recently by MHRA in UK, patients believe that the information about adverse effects/events (AE) is offered appropriately and they have the knowledge of AE enough. The yellow card system reported directly by the patients on the AE has also already started in 2005. Although the report of AE is an important measure of signal detection, countries receiving the report directly from the patients are still restricted to besides the UK, some such as the U.S., Canada, the Netherlands, etc. MedWatch in FDA puts a lot of energy into the early detection of unknown and serious AE. Lareb in Netherlands emphasizes that "the patients have to play a more central role in pharmacovigilance" . Patient’s report system was started in 2003 and it came to occupy around twenty percents of all reports in 2006. MHRA recognizes its importance though the reports by patients are not what replaces the report by healthcare professionals. Eventually, it has come to occupy 13% of the whole reports in the first half of 2007.

While patients are in the position of getting to know information, they would be also bearing the role which disseminates its information. Reviewing the present condition about AE for the patients, I would like to discuss its significance and problems.In addition, I introduce the approach of DI for the patients in PMDA.