# **Drug Information Services in Nepal: An Overview, Present Scenario and Future Perspective**

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#### **INTRODUCTION**

Drug Information Centre (DIC) provides services regarding several aspects of drugs' information, to healthcare professionals and consumers, that are impartial, updated, well-referenced, and critically evaluated.<sup>1</sup> These information required ranges from therapeutic information for the treatment of patient, comparision of efficacy, potency and costs, market availability to even recent advances in drugs.<sup>2</sup> Drug information is a speciality area within the realm of clinical and hospital pharmacy services and drug information specialists have clinical knowledge and skills that allow them to provide clear, concise, and accurate recommendations regarding drug use.<sup>3</sup> Pharmacists or clinical pharmacists or other trained health workers provide drug information service or medicine information service to enhance rational prescribing, improve medication safety by reducing medication error and increase medication adherence.1

# **Need for Drug Information**

In developing countries like Nepal, where most of the general population belong to the low-income category, with multiple health care systems and lack of reliable information about the risks and benefits of drug therapy, a system for authentic, unbiased and evidence-based drug information could explicitly contribute to information needs of the people<sup>.1</sup> In the past, there were limited number of available drugs, but now, newer drugs and multiple treatment combinations are being introduced for effective and efficient treatment and control of various diseases. Doctors get information. especially about newer drugs from medical representatives who are generally biased towards their product.<sup>4</sup> Hence lack of accurate drug information service poses a problem and affects the pharmacotherapeutic process. Furthermore, over 20,000 biomedical journals are available worldwide and more than 6,000 journals published every day.<sup>4</sup> This means literature review itself becomes timeconsuming for doctors to keep themselves well informed with latest drug information. Hence it is challenging for health care professionals to keep themselves up-to-date by extracting unbiased information with available resources. On the other hand patients often are interested to know about drug availability, its side effects and drug interactions if under multiple medications.

# **Evolutional History**

In 1962, drug information service was formally introduced by University of Kentucky Medical Centre, USA.<sup>5</sup> With the success of University of Kentucky, other drug information centers were established. By 1986, the number of pharmacistoperated DIC reached 127.<sup>6</sup> A recent survey found

ARTICLE INFORMATION	NFORMATION Source of Support: Nil	
Received: 23 July 2022	Accepted: 28 August 2022	Published Online: 30 August 2022
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that 82 DICs throughout the USA collectively provide various services.<sup>7</sup>

# Scenario in Nepal

Drug information service in Nepal is still in the developmental stage. In 1992, the United States Pharmacopoeia (USP), began working in developing countries through Rational Pharmaceutical Management (RPM) project with one of its objectives to disseminate unbiased and locally-specific drug information. The RPM project led to the formulation of a strategy to meet the drug information needs of key users continuously.8 In 1994, a clinically oriented drug information unit was established in Tribhuvan University Teaching Hospital to provide information through a questionanswer service and bulletin production.<sup>9</sup> Later in 1995, the National Drug Policy was published which included an objective to improve the dissemination of accurate and unbiased drug information within the country thus stressing upon the need and importance of drug information services.<sup>10</sup>

Drug Information Network of Nepal (DINoN) was established in 1996 to develop and disseminate information about proper use of drugs, possible adverse reactions, contraindications, toxicity, drug standards and efficacy. Unfortunately, due tolack of funds, , DINoN is no longer functional. <sup>1, 11</sup>

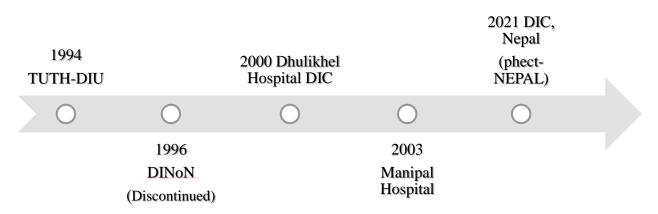


Figure 1: Evolution of Drug Information Services in Nepal. \*Chart illustrating DICs with known establishment date only

# **Current Status of Drug Information Services**

The Department of Drug Administration (DDA), the main governing body in terms of drugs in Nepal provides drug information through regular publication of drug bulletin.<sup>11</sup> By 2020 AD, six institutions provided drug information services in the country.<sup>1</sup> However, it is seen that most of these services are either limited to their staff, their students or their patients. Thus, such services to the general public, the main consumers is still lacking. In order to fill this gap, phect-NEPAL drug information center (DIC, Nepal) was established in 2021 as a nation-wide service available to all.

DIC, Nepal is a social initiative of Public Health Concern Trust-Nepal (phect-NEPAL), which provides unbiased and evidence-based information to health care professionals, patients and/or consumers<sup>.13</sup> It provides free-of-cost service to information seekers and does not promote or discourage the use of any pharmaceuticals. A team of qualified pharmacists runs DIC, Nepal under the guidance of an advisory committee covering all departments/units. The center intends to increase the community knowledge and awareness about drug and drug usage and to support the safe, effective and rational use of medications by providing evidence-based information that will eventually enhance the therapeutic outcomes of the drugs.

Since its establishment DIC, Nepal has been answering queries from general public and health professionals. Besides, DIC Nepal is also involved in conducting CME/CPD for health care professionals and has published counseling aids, and drug information leaflets for health professionals and the general public.<sup>13</sup>

## Journal of Karnali Academy of Health Sciences

#### **Table 1:** Institutions providing drug information services in Nepal.

SN.	Drug Information Center/Unit	
1	TU Teaching Hospital; Maharajganj Campus, Institute of Medicine (IOM), Maharajgunj, Kathmandu	
2	Manipal Teaching Hospital, Pokhara	
3	Dhulikhel Hospital, Dhulikhel, Kavre	
4	Patan Hospital, Patan, Lalitpur	
5	Nepal Cancer Hospital and Research Center, Lalitpur	
6	Department of Drug Administration (DDA), Bijulibazar, Kathmandu	
7	Drug Information Centre, Nepal (DIC, Nepal), Bagbazar, Kathmandu	

### WAY FORWARD

Despite current efforts, establishing and sustaining a Drug Information Center is found to be highly challenging. Alternative funding sources of DICs including fee-for-service payment plans, could help sustain DICs financially. Besides, formal collaboration of drug information centers with health authority, academic institution, pharmaceutical industry or other relevant organizations could further strengthen the system.

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