

Thesis title	Drug-related admissions to Siriraj Hospital
Name	Naruemon Dhana
Degree	Master of Science in Pharmacy (Clinical Pharmacy)
Thesis Supervisory Committee	Chalerm Sri Pummangura, M.S. Chuthamane C. Suthisisang, Ph.D. Petcharat Pongcharoensuk, Ph.D.
Date of Graduation	6 May B.E. 2540 (1997)

ABSTRACT

It is generally known that concept of pharmaceutical care is to identify, resolve, or prevent drug-related problems (DRPs) in order to achieve patient's definite outcome and improve quality of life.

The study of drug-related hospital admissions (DRHAs) was performed in medical wards, Siriraj Hospital during October-December 1996 (3 months period, 575 patients). The purposes of this study were to find (1) the incidence of drug-related admissions to Siriraj Hospital, (2) categories of DRPs leading to hospital admissions, (3) drugs or groups of drugs most commonly implicated in hospital admissions, and (4) risk factors related to DRHAs.

The result revealed that 171 patients (79 females and 92 males) were admitted to the hospital due to DRPs. This data yielded the incidence rate of 29.7% (171/575). The criteria for categorization of DRPs was adjusted based on Strand's guidelines (28). DRPs leading to Siriraj hospital admissions were drug use without valid indications (38.8%), failure to receive drugs (36.7%) especially antihypertensives, adverse drug reactions (15.8%), intentional

toxicity (attempt suicide 5.1%), drug-drug interactions (2.0%), drug overdose (1.0%), and subtherapeutic dosage (0.5%). The groups of drugs most commonly implicated in hospital admissions were cigarette smoke, alcohol, antihypertensives, corticosteroids, and cardiac drugs. The risk factors of DRHAs were marital status and aging. The incidence rate of DRHAs of divorced patients (75%) was higher than other status (i.e., 50% separated, 32.0% married, 29.7% widowed, and 19.7% single patients). The patients of 60 years onwards were more likely to have DRPs than the younger ones (33.7% and 27.9% respectively).

The result showed that a lot of these DRHAs were preventable or avoidable. Especially, noncompliant patients with hypertension, elderly patients and patients having marital problems should be given more drug information and intensive care. A drug counseling programme can be used for this purpose. Thus, clinical pharmacists should have definite role in identifying these problems which would be prevented or minimized in order to gain definite outcomes and good quality of life of the patients.