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Clinical profile, investigation findings, prescription-pattern and adverse drug reaction in ischemic heart disease inpatients of a tertiary hospital of eastern Nepal: A record-based descriptive study

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Statement of the Problem: Ischemic Heart Disease (IHD) is a condition resulting from reduced blood supply to the myocardium. An accurate documentation and analysis of IHD clinical profile, investigation, prescription pattern and resulting Adverse Drug Reactions (ADRs) in a specified population is essential for the implementation of education and better treatment. The study was carried out with the objective of describing the clinical profile, investigation findings, prescription-pattern and ADRs of IHD inpatients of a tertiary hospital of eastern Nepal in the previous year.

Method: It was a record-based descriptive cross-sectional study carried out during 19th April to 16th May, 2017. 165 physician-diagnosed IHD were the sampling frame. CCU files of past one year were obtained from hospital record section. Any inpatients with IHD in the hospital were included. Patient Leaving Against Medical Advice (LAMA) were excluded. Data entry software epidata ver. 3.1 was employed for data-entry and analysis was done using Microsoft excel sheet and the latest available SPSS software.

Findings: Most patients were from Dharan (29%) where the hospital was located, mostly male (60.37%) and dependent (62.42%). ST Elevation Myocardial Infarction (STEMI) was the most common diagnosis (58.79%). Median age was 62 years with IQD 54-70 and patients stayed mostly for 4 days with IQD 2-6.7. Tobacco consumption (50.3%), alcohol use (22.8%), diabetes (25%) and hypertension (43.1%) were frequent among the patients. Typical chest pain (60.6%), dyspnea (42.0%) and diaphoresis (23.7%) were very common. 54.0% patients had anemia and 41.6% had leukocytosis. Aspirin (100.00%), Clopidogrel (97.55%) and HMG-CoA inhibitor (97.55%) were used in almost all patients.

Conclusion & Significance: Our study established conventional clinical profile, investigation findings and prescription pattern among the IHD inpatients of the hospital. However, adequate ADR documentation and reporting could not be appreciated.

Biography

Dipesh Raj Panday has completed his Master's in Pharmacology from B.P. Koirala Institute of Health Sciences, Nepal.

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