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Edited by
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DRUG PRESCRIPTION MONITORING SYSTEMS IN GENERAL PRACTICE

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FOREWORD

The monitoring of drug prescription in "general practice" gives a unique opportunity for improving the quality of care. The prescription of drugs in the out-patient setting highlights at least three areas in which even the most accurate clinical trials, conducted to bring evidences on the efficacy of new drugs, fail to produce adequate information. The monitoring of prescription can fill this gap.

The first area refers to the appropriateness of prescriptions. It is well known that some effective drugs are not only prescribed for the specific clinical condition for which they have been developed but also for the treatment of other conditions for which either evidence of efficacy is lacking or randomized clinical trials have shown clear evidence of no effect. Anti-H2 and antibiotics are only two of the numerous examples reported in the literature. The high variability among general practitioners (GPs) in the prescription of important and effective drugs is not attributable to differences in the GPs' case mix. It is, on the contrary, the variability in the attitude to recognize clinical problems, in the prescribing preferences, and in the reliance on drugs that seems to play a more important role.

The second area is represented by the study of adverse drug reactions. Clinical trials of new drugs, given the number of people involved and the average length of duration, reveal only adverse events with relatively high frequency and short latency. Unfortunately, the history of drug research makes us aware of the deep limits of such constraints. The monitoring of prescription enables to define and follow up cohorts of populations exposed to drugs. The analysis either by the application of models and by the linkage with other data bases, such as that of the hospitalized patients, allows to implement descriptive and etiological studies. While it is not realistic to prevent the onset of every adverse drug reactions caused by new drugs, it is an ethical commitment for health care authorities, drug companies, GPs and researchers to reduce the frequency of undesired effect.

The third main area of interest deals with the impact of national policies towards drugs, the appropriateness of prescription and of drug risks on the expenditure side. Considering the magnitude and the increasing share of health care expenditure devoted to drugs, the development of prescription monitoring systems should not be treated as luxury. Many studies have shown that the implementation and running costs of monitoring systems are well below the savings achieved. Moreover, the conceptual framework of cost-benefit and risk-benefit analysis may provide insights for health care authorities as well as general practitioners for a more conscious use of the resources available.

It has to be stressed that monitoring systems, in order to be effective, need the direct involvement of the general practitioners: external controls are largely insufficient. The implementation of continuing education and peer review programmes based on the analysis of the prescriptions issued by groups of doctors working in the same area is certainly the main intermediate outcome of the monitoring systems.

The important contributions that follow report the results already reached by the development of monitoring systems in some European countries and in the United States. The experience developed within each country, together with the support given by the Drug Utilization Research Group of the WHO, appears very promising for future research in this field.

The Editors
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