Journal of Nursing Management

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Special Issue on

Adverse Drug Reactions: Problems, Interventions, and Solutions

CALL FOR PAPERS

Medicines are the main treatment strategy for most patients and bring great benefits. In the UK, over the last two decades, adverse drug reactions (ADRs) have been responsible for 5-8% of unplanned hospital admissions annually, rising to 8.7% in older people and 18.4% in recent medical admissions; most ADRs were predictable and avoidable. Voluntary reporting of serious ADRs omits 94% of cases, but analyses of gastrointestinal haemorrhage suggests that <1% of cases are reported via the UK scheme. Each year, "definitely avoidable" ADRs alone cause 712 deaths directly, and contribute to another 1,708, costing the UK National Health Service (NHS) ~£98.5 million. Potentially inappropriate prescribing doubles costs in primary care. Meanwhile, non-indicated and unnecessary prescribing of dependency-forming medicines costs England's NHS ~£500,000 each year.

The WHO states that medication harm accounts for around 50% of the overall preventable harm in medical care and costs ~$42 billion USD annually. However, we need more information on the true extent of medicines-related harm, particularly amongst marginalized or medically complicated populations, such as pregnant and breastfeeding women. Medicines optimisation means getting the best patient outcomes: maximum benefit with minimum harm. To avoid unnecessary suffering and health service costs, managers, clinicians, educators, and researchers need to collaborate to meet this challenge. Our challenge for this Issue is to present a coherent evidence-based plan of feasible, data-driven incremental changes involving all aspects of the services and the patient voice. There are suggestions that medicines optimization is predicated upon patients being monitored for clinical problems or changes that might be linked to medicines, and the information being shared within the multidisciplinary team. This shift in emphasis from processes to patient outcomes means increased engagement in medicines management for all healthcare professionals, including nurses, managers, and patients. A further challenge is to identify which professionals are responsible for checking patients to ensure adverse effects are minimized and how transformational leadership, in terms of role modelling, commitment, and encouragement, can improve patient outcomes in post-pandemic services.

This Special Issue will highlight the adverse event problem, and how nurse-led interventions can improve medication safety, reduce ADRs and benefit patients and service delivery. We invite research contributions on medicines, nursing, management, and the roles of management and multidisciplinary teams in all aspects of medicines management, from all perspectives. We particularly welcome original research and review articles presenting empirical research of all designs, including case studies and systematic reviews, contributing to the global knowledge of the problems, interventions and solutions.

Potential topics include but are not limited to the following:

- Medicines management and the antecedents of adverse drug reactions
- Patient safety
- Adverse events and adverse drug reactions
- Medicines monitoring: the time and knowledge resources needed
- Nursing and multidisciplinary team working
- Patient perspectives of medicines management, monitoring and adverse events
- Interventions and evaluations, including clinical gain, costs and cost-effectiveness
- The epidemiology of patient safety, medicines use, adverse events
- Reporting and managing adverse events
- Educational preparation in medicines management or pharmacology
- Educational input and clinical outcomes

Authors can submit their manuscripts through the Manuscript Tracking System at https://review.wiley.com/submit?specialIssue=980529.

Papers are published upon acceptance, regardless of the Special Issue publication date.

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