

## **Reporting of adverse drug reactions by nursing and medicine students in Italy: a questionnaire-based study**

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**Background.** Reporting of suspected ADRs by doctors, nurses and other health personnel is the mainstay of the pharmacovigilance. Under-reporting is one of the major weakness of spontaneous ADR reporting system. The Inman model identifies the determinants of ADRs under-reporting and literature provides the elements of the attitudes of health professionals related to the same reports (Inman WHW, 1996). The aim of this study was to detect the determinants of ADRs under-reporting among nursing and medicine students in Italy.

**Methods.** A cross-sectional, observational, on-line questionnaire-based survey was conducted among nursing (third year of course) and medicine (sixth year of course) students participated on a voluntary basis. The self-produced and pre-validated questionnaire was anonymous and published on a dedicated web page on May 2014. Students were invited to participate through e-mail or invitation from colleagues and data were collected until September 2014.

**Results.** 118 students completed the questionnaire. The results showed lethargy as the first determinant hindering the reports. Students reported that in 40% of cases they observed a suspected serious ADR, in almost 60% a suspected non-serious ADR, but only 6 students reported an ADR (5%). Less than 50% of students attended a course on pharmacovigilance during their health professional training course. 47,5% of the sample reported to know the objectives of pharmacovigilance.

**Conclusions.** Our findings suggest that ADR under-reporting is a very frequent phenomenon already among nursing and medicine students in Italy. Lethargy is the main determinant leading students to under-report suspected ADRs. Health professionals training course should educate students on pharmacovigilance to enhance their knowledge and their belief in reporting ADR.

### **References**

Inman WHW (1996). *British Journal of Clinical Pharmacology*, 41 (5): 434.