

HEB

ADVERSE DRUG REACTIONS ASSOCIATED WITH

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**IMMUNOSUPPRESSIVE THERAPY IN KIDNEY TRANSPLANTATION
PATIENTS AS ASSESSED USING CAUSALITY, SEVERITY AND
PREVENTABILITY SCALES**

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ABSTRACT:

Introduction:

In the management of End Stage Renal Disease renal transplantation is considered superior to dialysis basing on patient outcomes and quality of life of standards. Prevention of organ rejection and reverse acute rejection is an important consideration in organ transplantation, this can be achieved by immunosuppressants. A large variety of immunosuppressants are available and it is proven that they produced desired immunosuppression. However, besides their immunosuppressant action, majority of drugs produce undesirable effects such as Adverse Drug Reactions (ADRs). As a result of which, patient quality of life will be compromised and also there will be an increase in healthcare cost as well.

Aim:

This present study aims to identify the pattern of ADRs associated with the immunosuppressants in patients who underwent Kidney transplantation.

Methodology:

A Retrospective, Observational Study performed over a period of six months at a tertiary care teaching hospital. All the post kidney transplant patients on immunosuppressive therapy attending the nephrology outpatient department in our institute were included in this study. Thus a total of 48 patients were included to study demographic characteristics, clinical patterns, causative drugs and comorbidities.


Results:

A total of 71 ADRs were reported in 48 patients, amongst the 71 ADRs, 65 ADRs were assessed as Probable/Likely and 06 ADRs were found to be Possible with immunosuppressant therapy.

Conclusion:

As Adverse Drug Reactions were most frequent and are severe in nature in few cases in patients with immunosuppressive therapy, a close monitoring and early diagnosis of culprit drug/s is highly recommended to prevent the serious outcomes.

Keywords: Immunosuppressants, End Stage Renal Disease, Adverse Drug Reactions, Cyclosporine, Tacrolimus, Prednisolone.

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