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## DON'T FORGET ABOUT YELLOW CARDS

Community pharmacists have been entitled to fill in yellow cards when they come across a suspected adverse drug reaction for nearly three years. Hospital pharmacists were made part of the scheme nearly two years before that. However, as an article from Dr Edmund Major of the Medicines Control Agency in this week's issue explains (p25), although pharmacists are making a valuable contribution to the reporting of suspected ADRs, the number making use of the yellow card scheme is disappointingly small and an enormous potential source of information remains untapped.

Pharmacists, particularly those in the community, are likely to be the last contact patients have with a health care professional before they begin taking their new or changed medicines. Casual words to such patients — "Do come and tell me if you have any problems with your medication" — might encourage them to continue to take the medicine (knowing that they can seek advice if things do not go as expected). Pharmacists would then be alerted if things went wrong, giving them the opportunity, which they should grasp, to complete a yellow card. This is particularly important if the patient has been prescribed a "black triangle" medicine. Of course, if a patient suffers a severe reaction, he or she is more likely to return to the general practitioner to discuss the issue. But pharmacists should be able to pick up less worrying problems, which may or may not have stopped the patient taking the medicine, but which are still of interest to the Committee on Safety of Medicines.

The CSM had hoped that pharmacists would be a valuable source of reports on products, such as herbal medicines, which were outside mainstream therapy, but as Dr Major points out in his article, 80 per cent of these reports came from sources other than pharmacists.

Why then, do so few pharmacists participate in the scheme? It is partly a question of time: pharmacists are already struggling with their workload. They may also be uncertain about the nature of the yellow card scheme and what should be reported. Pharmacists, it seems, are reluctant to report an ADR unless they are absolutely sure that the problem is caused by the drug. But, as Anthony Cox points out in an accompanying "Broad Spectrum" article (p14), the merest suspicion of an ADR should have pharmacists reaching for their yellow cards. A welcome development is that the yellow card scheme is now part of the syllabus in most schools of pharmacy.

In 1999, when the results of the first year of hospital pharmacist ADR reporting were published, we wrote "Good, but could do better" (*Pfj*, 13 March 1999, p345). We could say the same today. If all UK pharmacists filled in just one yellow card per year, the number of reports to the CSM would be doubled and pharmacists' important contribution to pharmacovigilance and patient safety would likewise be increased.