

14th PCNE working conference

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WS1: DRUG RELATED PROBLEM CLASSIFICATION

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Classification for Drug related problems

V9.1

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This classification can freely be used in Pharmaceutical Care Research and practice, as long as the PCNE association is informed of its use and results of validations. The classification is available

The basic classification

	Code V9.1	Primary domains
Problems (also potential)	P1	Treatment effectiveness There is a (potential) problem with the (lack of) effect of the pharmacotherapy
	P2	Treatment safety Patient suffers, or could suffer, from an adverse drug event
	P3	Other
Causes (including possible causes for potential problems)	C1	Drug selection The cause of the DRP can be related to the selection of the drug
	C2	Drug form The cause of the DRP is related to the selection of the drug form
	C3	Dose selection The cause of the DRP can be related to the selection of the dosage schedule
	C4	Treatment duration The cause of the DRP is related to the duration of treatment
	C5	Dispensing The cause of the DRP can be related to the logistics of the prescribing and dispensing process
	C6	Drug use process The cause of the DRP is related to the way the patient gets the drug administered by a health professional or carer, in spite of proper instructions (on the label)
	C7	Patient related The cause of the DRP can be related to the patient and his behaviour (intentional or non-intentional)
	C8	Patient transfer related The cause of the DRP can be related to the transfer of patients between primary, secondary and tertiary care, or transfer within one care institution.
	C9	Other
Planned Interventions	I0	No intervention
	I1	At prescriber level
	I2	At patient level
	I3	At drug level
	I4	Other
Intervention Acceptance	A1	Intervention accepted
	A2	Intervention not accepted
	A3	Other
Status of the DRP	O0	Problem status unknown
	O1	Problem solved
	O2	Problem partially solved
	O3	Problem not solved

Gap

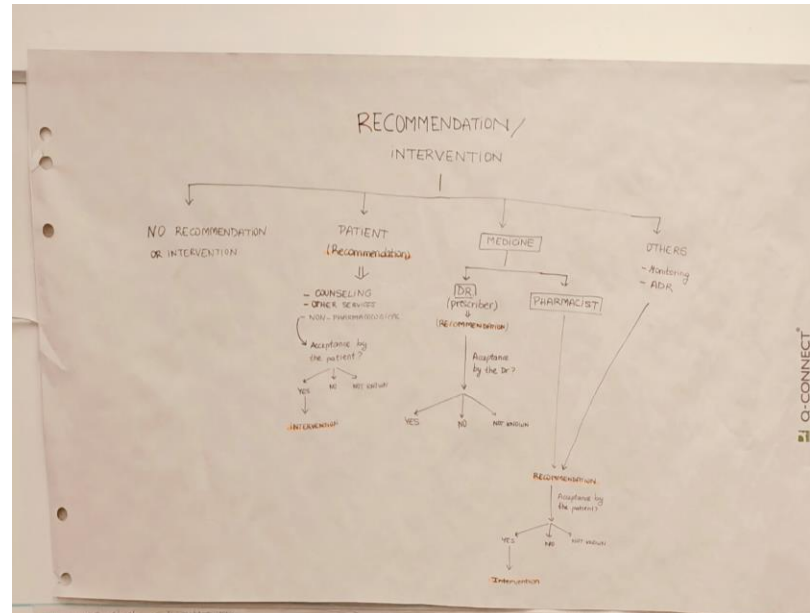
- What was the gap: more detailed discussion about “recommendations (and actions)”
- Why needed: to be able to measure the type of recommendations
- Re-named (?) Recommendations (and actions)

What we did

- Very good robust discussion
- Consumed: Tim Tams, Minties, Caramello Koalas
- What we did: Evaluated case studies for their recommendations, including testing of CVI and reliability
- Suggested changes to the “recommendations (and actions)” taxonomy
- Yoga session



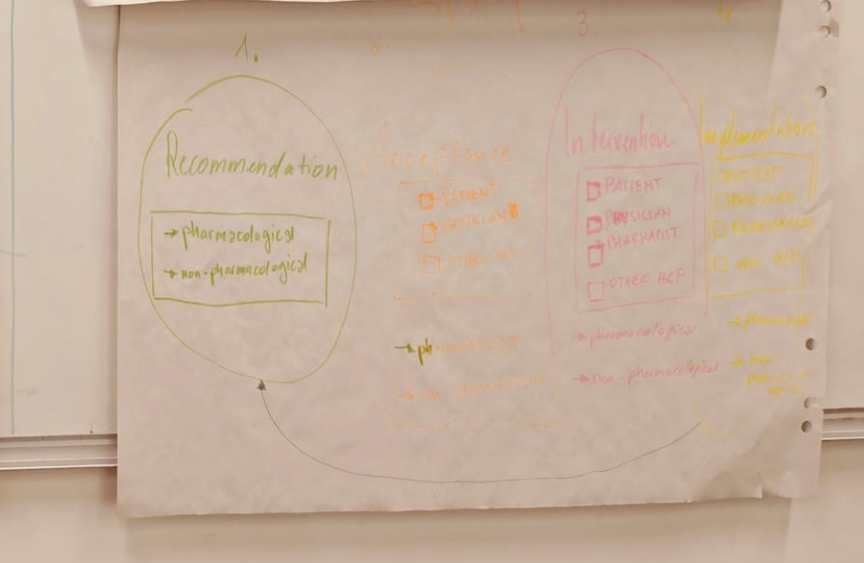
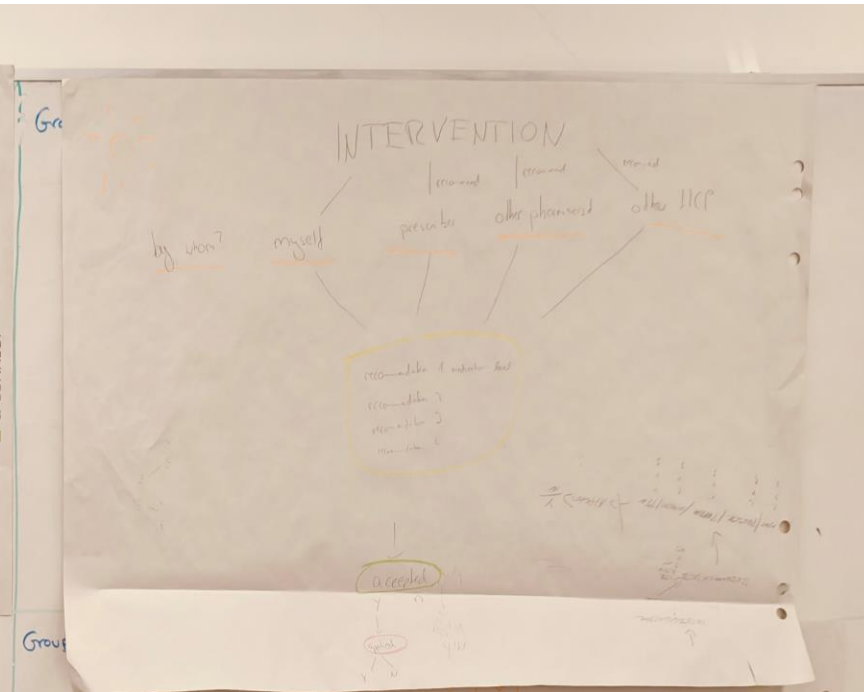
Structure ideas



P	C	R	Who	Acceptance	Out come
Problem	Course	Recommendation or Intervention proposals (A, B, C, D)	W	A	O
R1	Control factors		W1: Pharmacist/Physician	A1	
R2			W2: Patient	A2	
R3			W3: Caregivers	A3	
R4			W4: others	A4	
R10 (G. 10. 91)					
R11 (new education ideas)					

How to do NME

- SDM
- Communication



Summary and concluding comments – DRP workshop

Future:

- Update taxonomy based on workshop feedback
- Validate in research context for later use in clinical practice
- Planned online discussion and follow up two monthly
- Publication
- PCNE adoption of validated “Recommendations (and actions)” component?