



Adverse drug reactions and medication errors: Not always a clear distinction

All is not clear when it comes to thinking about adverse effects of drugs.

Since the Institute of Medicine published its landmark report on medical errors,¹ which called attention to the high frequency of medication errors, our concepts about adverse drug events have matured. We now acknowledge that adverse drug events are of two types: adverse drug reactions (unpredictable but known side effects of drugs) and medication errors (preventable mistakes such as giving the wrong drug or wrong dose).

The distinction is not always clear-cut. The risk of an adverse drug reaction may be acceptable when the disease under treatment is serious, but adverse drug reactions that go unrecognized can quickly become medication errors. Further blurring this determination is the occasional difficulty in distinguishing an adverse drug reaction from a manifestation of the disease for which the drug is being given.

On pages 782–795 in this issue, Drs. Özkan, Dweik, and Ahmad discuss adverse pulmonary reactions to drugs,² and their discussion illustrates how thorny the problem of dealing with adverse drug events can be. One of the adverse reactions they mention is the development of fibrosing pneumonitis in patients with rheumatoid arthritis being treated with methotrexate. Rheumatoid lung disease, however, can manifest as fibrosing pneumonitis. Thus, a physician must decide whether methotrexate should be stopped or increased in a patient with this disorder. The better part of valor would be to stop, since there are other therapeutic options. If the disease progresses in the face of continuing methotrexate, this adverse drug reaction soon becomes a medication error, and a potentially deadly one at that.

As you read the article, stop to ponder these situations and pick your drugs wisely.

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■ REFERENCES

1. Kohn LT, Corrigan JM, Donaldson MS, editors. Institute of Medicine Committee on Quality of Health Care in America: To Err is Human. National Academy Press, Washington, DC, 1999.
2. Özkan M, Dweik RA, Ahmad M. Drug-induced lung disease. *Cleve Clin J Med* 2001; 68:782–795.