

Editorial

Introduction to IJRSM 35(2): Celebration of independent health research targeted at fostering safety of health interventions

Liliya Eugenevna Ziganshina^{a,b,c},

^a*Russian Medical Academy for Continuing Professional Education (RMANPO), Moscow, Russian Federation*

^b*The Peoples' Friendship University of Russia named after Patrice Lumumba (RUDN University), Moscow, Russian Federation*

^c*The Kazan State Medical University, Kazan, Russian Federation*

E-mail: lezign@gmail.com

Dear colleagues,

This is the second issue of the *International Journal of Risk & Safety in Medicine* (IJRSM) in 2024, which contains seven exciting papers. With this issue, we celebrate and demonstrate the value of independent health research targeted at fostering safety of health interventions. The issue welcomes important research papers and a systematic review from universities, academia and health institutions in Bahrain, Canada, Denmark, Indonesia, Iran, Portugal, Spain, and USA.

The papers in this issue come together in their focus on pharmaceuticals-induced health problems, risk measurements, identification of potential helpful interventions, including medication reconciliation, and contributing to better global health.

We open this issue of IJRSM with the systematic review entitled “Interventions to help patients withdraw from depression drugs: A systematic review” from the Institute for Scientific Freedom, Denmark [1]. Similar to the last issue, we emphasize the detrimental effects of antidepressant use on mental health and quality of life and thereby bridge these two IJRSM issues. Together with the authors we call for better interventions for safe withdrawal from antidepressants. The authors conclude that the true proportion of patients who consume antidepressants and could stop taking them without relapse safely would likely be higher than the 50%.

Among the research papers looking at drug-induced risks, we would like to highlight the paper “Iopromide safety assessment in a radiology department: A seven-year retrospective characterization of

adverse events” from Coimbra Health School, Portugal, and the University of Salamanca, Spain [2]. In this observational, retrospective descriptive study the authors analysed the impressive dataset of iopromide use as a contrast agent in 15,640 cases (with a total of 77,449 computed tomography (CT) registered) for adverse events and procedures used to deal with them. The authors characterised iopromide risk profiles describing frequencies of various adverse events, including serious ones such as stridor, breathing difficulties and syncope, and identified the abdominal-pelvic CT scan as the most risky.

The paper from the College of Medicine and Medical Sciences, Kingdom of Bahrain, shows a huge burden of drug therapy in 63 hemodialysis patients with high proportions of the use of potentially inappropriate medicines, complex drug regimens, including prescription of drugs known to pose risks of cardiac arrhythmia (Torsades de Pointes). The authors call on implementation of clinical decision support tools, rational prescribing, antimicrobial stewardship, and stepwise deprescribing [3].

The authors from Iran compared medication reconciliation models in an elegant prospective six months quasi-experimental study of over 1100 medication reconciliations and showed the advantages of the proactive model as a timely and effective method of medication reconciliation, particularly in improving medication safety for high-risk patients [4].

A case study from Denmark, performed by US researchers, examined the informed consent form and recruitment brochure of one of the Gardasil vaccine trials, by interviewing several trial participants and their treating physicians and reviewing regulatory documentation. The authors suggest that “*the routine use of aluminum adjuvants as “placebos” in vaccine clinical trials is inappropriate as it hinders the discovery of vaccine-related safety signals*” [5].

This second issue of IJRSM brought together contributions from diverse authorship from all over the world and emphasised the values of independent research for minimising risks and ensuring safety in medicine for better health globally.

We congratulate the authors on their valuable contributions to this issue.

Together with the entire editorial board, we hope that you enjoy reading this issue.

Liliya E. Ziganshina
Editor-in-Chief

References

- [1] Gøtzsche PC, Demasi M. Interventions to help patients withdraw from depression drugs: A systematic review. *International Journal of Risk & Safety in Medicine*. 2024;35(2):103–116. doi:[10.3233/JRS-230011](https://doi.org/10.3233/JRS-230011).
- [2] Joaquim J, Matos C, Mateos-Campos R. Iopromide safety assessment in a radiology department: A seven-year retrospective characterization of adverse events. *International Journal of Risk & Safety in Medicine*. 2024;35(2):117–129. doi:[10.3233/JRS-230021](https://doi.org/10.3233/JRS-230021).
- [3] Sridharan K. Assessment of drug utilization and potentially inappropriate medications in hemodialysis patients with end-stage renal dysfunction: A study in a tertiary care hospital in Bahrain. *International Journal of Risk & Safety in Medicine*. 2024;35(2):131–141. doi:[10.3233/JRS-230004](https://doi.org/10.3233/JRS-230004).
- [4] Ahmadimoghaddam D, Akbari P, Mehrpooya M et al. Comparison between proactive and retroactive models of medication reconciliation in patients hospitalized for acute decompensated heart failure. *International Journal of Risk & Safety in Medicine*. 2024;35(2):143–158. doi:[10.3233/JRS-230034](https://doi.org/10.3233/JRS-230034).
- [5] Tomljenovic L, McHenry LB. A reactogenic “placebo” and the ethics of informed consent in Gardasil HPV vaccine clinical trials: A case study from Denmark. *International Journal of Risk & Safety in Medicine*. 2024;35(2):159–180. doi:[10.3233/JRS-230032](https://doi.org/10.3233/JRS-230032).