



Drug-induced shock

Jerzy Liebhart, Bernard Panaszek

Department of Internal Diseases and Allergology, Wrocław University of Medicine, Traugutta 57/59,
PL 50-417 Wrocław, Poland

Correspondence: Jerzy Liebhart, e-mail: Jerzy.Liebhart@dilnet.wroc.pl

Abstract:

Drug therapies grow more complex, thus a wide range of drug-related problems (DRPs) may arise. Adverse drug reactions (ADRs) are responsible for approximately 10% of all DRPs. The most severe form of ADR is an anaphylactic shock. It is estimated that severe anaphylaxis affects annually 1–3 per 10 000 people and causes death of 0.65–2% of those patients, i.e. 1–3 per 1 000 000 people. Fatal drug-induced anaphylactic shock is rare and its incidence can be estimated at 0.3 case per million inhabitants per year. The drug categories most frequently associated with life threats are: antimicrobials, dextrans, radiocontrast agents, and nonselective nonsteroidal anti-inflammatory drugs (NSAIDs). The unpredictability of anaphylaxis makes the prevention of drug-induced shock (DIS) difficult. However, there are several measures that ought to be undertaken to reduce a risk of its occurrence. Extremely important is the prompt introduction of thorough treatment, as soon as first symptoms of DIS are manifested.

Key words:

adverse drug reaction, anaphylaxis, drug, shock, epidemiology, pathomechanism
