accumulation of GAGs, progressive mental and physical deterioration, multi-organ failure and premature death. Quality of life (QOL) is very low in MPS patients. The MOS 36-Item Short Form Health Survey (SF-36) was designed to measure the eight (8) dimensions of health in clinical and general population settings. The purpose of this survey was to measure quality of life for the 61 patients with MPS registered in Samsung Hospital, Seoul Korea and the adaptability of the MOS 36-Item Short Form Health Survey (SF-36). The following results for 48 patients were obtained from the survey using this questionnaire from September to November 2001. The collected and modified data were analyzed with LISREL 8.0 using confirmatory factor analysis. As results, SF scores were physical functioning 56.9 ±20.4, role physical 66.9±20.2, bodily pain 61.2±23.0, general health 44.4±17.6, vitality 58.2±17.3, social functioning 65.3±26.8, role emotional 72.2 ±22.9, metal health 62.1±17.4 and all area 60.9±16.5. Older kids with longer duration of MPS and type of MPS III had lower QOL as 48.6±14.9 and 44.2± 10.4, respectively. Cronbach α co-efficient (reliability) ranged from 0.70 to 0.94. The highest correlation was observed between role limitation due to physical problem and role limitation due to emotional problem.
In conclusion, the MOS questionnaire SF-36 was applicable for MPS patients. MPS patients had very quality of life without appropriate treatment.

Poster Presentations - Field F2. Social Pharmacy

[PF2-1] [10/18/2002 (Fri) 13:30 - 16:30 / Hall C]

Cases of Adverse Drug Reaction Monitoring

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Drug used in hospital is allowed marketing through after pharmacological and toxicological tests using various animals and clinical test of human in developing state. But as pre-marketing clinical study take short period with relatively a few of patients and strict selection criteria of people, pediatric, geriatric, pregnancy, liver and kidney patients may be excluded. As the safety of drug isn't completely evaluated before launching, it is important to collect and evaluate drug adverse reaction newly reported by medical practitioners and pharmacists. At these sight of view, today world wide nations make an effort to manage information of drug adverse reaction through post marketing surveillance. Seoul national university took to heart need and necessity of these ages, as the most leading hospital we made adverse drug reaction monitoring team included medical doctor, clinical pharmacology doctor, pharmacist, nurse, preventive medical doctor at January 30th 2002. For effectiveness of task processing, we putted adverse drug reaction monitoring subcommittee below drug committee. And practical team putting below participant staff was made for task activation. Spontaneous adverse drug reaction reporting system was operated inside of hospital computer system name as medical information system (MIS), patient's lab. data and drug history was automatically been reporting on the server of this. From June 2001 to May 2002, reporting acceptance was total 10 cases included 23 drugs and 17 symptoms of which liver function abnormality was the most popular symptom. And we reported 8 cases (80%) to Korean food and drug administration(KFDA). We subcommittee studied a rate of incidence of adverse drug reaction in hospital and ran parallel pharmacoepidemiologic study with problematic worldwide adverse drug reaction such as rhabdomyosis of cerivastatin, liver function abnormality of nefazodone. As a conclusion, we adverse drug reaction monitoring subcommittee constructed investigative and evaluating computer system, we have been effort to prevent unpredictable adverse drug reaction for the improvement of quality of medical service through adverse drug reaction monitoring for safe use of drug.