

the nature and extent of the risk must be communicated. The Australian Adverse Drug Reactions Bulletin is the main vehicle for communication of these risks. The Bulletin is distributed with *Australian Prescriber* to approximately 60 000 healthcare professionals and is also available online.* The database belongs to all Australians and anyone in Australia can contribute or request information. Currently searches can be requested via email to adrac@health.gov.au. An online facility for searching aggregated data is under development.

* <http://www.tga.gov.au/adr/aadrb.htm>

References

1. Evans SJ, Waller PC, Davis S. Use of proportional reporting ratios (PRRs) for signal generation from spontaneous adverse drug reaction reports. *Pharmacoepidemiol Drug Saf* 2001;10:483-6.
2. Gutterman EM. Pharmacoepidemiology in safety evaluations of newly approved medications. *Drug Inf J* 2004;38:61-7.

Conflict of interest: none declared

Report adverse drug reactions

Blue card

Fax: 02 6232 8392

Online at www.tga.gov.au/problem/index.htm#medicines

Dental notes

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Reporting adverse reactions

A large section of the public regularly visit their dentist, often much more frequently than they visit other health professionals. Dentists may well be in a unique position to be able to assess potential adverse reactions to the medication that we prescribe and that prescribed by our medical colleagues.

The Australian system of spontaneous reporting relies on both the public and health care professionals to have a high level of suspicion and to report potential adverse reactions. Such was

the case with the recently observed association between the use of bisphosphonates and avascular necrosis of the jaw.¹ It is incumbent on dentists to be vigilant with regard to potential adverse reactions and be willing participants in the reporting of these events. Reactions can be reported to the Adverse Drug Reactions Advisory Committee using the blue card enclosed with this issue of *Australian Prescriber*.

Reference

1. Carter G, Goss AN, Doecke C. Bisphosphonates and avascular necrosis of the jaw: a possible association. *Med J Aust* 2005;182:413-5.