ISSN: 2347-6567

International Journal of Allied Medical Sciences and Clinical Research (IJAMSCR)

IJAMSCR |Vol. 14 | Issue 3| Jul - Sep 2026

www.ijamscr.com

DOI : https://doi.org/10.61096/ijamscr.v14.iss3.2026..1451.1455

# Review Article: Adverse Drug Reaction (ADR) Signal Detection

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Published on: 19.08.2026
Published by: Futuristic Publications
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**Abstract:** Adverse drug reaction (ADR) signal detection is the process of identifying new or previously unclear associations between a medicine and an unwanted effect, using data collected after the medicine has been approved for use. Because clinical trials involve limited numbers of patients over a short period, many uncommon or delayed reactions only come to light once a drug is used by a much larger and more varied population. This review explains what a safety signal is, describes the main sources of pharmacovigilance data, and summarises the statistical and computational methods used to detect signals, including disproportionality analysis, epidemiological study designs, and newer approaches based on artificial intelligence. The regulatory systems that support global drug safety monitoring, the common challenges faced during signal detection, and possible future improvements are also discussed. The aim of this review is to present a clear and organised overview of ADR signal detection for students and early-career professionals in pharmacy and healthcare.

**Keywords:** pharmacovigilance, adverse drug reaction, signal detection, disproportionality analysis, drug safety.

## 1. Introduction

Every medicine carries some risk of causing unwanted effects alongside its intended benefit. Before a drug is approved, it is tested in clinical trials, but these trials usually include a limited number of patients, followed for a relatively short time, and often exclude groups such as pregnant women, children, or people with multiple illnesses. As a result, some adverse drug reactions, especially rare or long-term ones, are not discovered until the medicine is used widely in everyday clinical practice. This is where pharmacovigilance, the science of monitoring the safety of medicines after they reach the market, becomes essential.

A central part of pharmacovigilance is signal detection, which refers to the systematic screening of safety data to identify new or incompletely understood links between a drug and an adverse event. Once a possible signal is found, it is investigated further to decide whether it represents a genuine safety concern that requires regulatory action, such as updating the drug label, restricting its use, or, in serious cases, withdrawing it from the market. This review discusses the concept of a safety signal, the sources of data used for detection, the main detection methods, and the challenges that pharmacovigilance professionals continue to face.

## 2. What Is a Safety Signal?

According to the World Health Organization's Uppsala Monitoring Centre, a signal is information that suggests a possible, previously unknown or incompletely documented, causal relationship between a drug and an adverse event. A signal is not proof that a drug causes a particular reaction; it is simply a hint or

hypothesis that needs to be checked further using additional data and expert judgement. A single unusual case report is usually not enough to raise a signal, but a cluster of similar reports, especially if they share a consistent pattern in terms of timing, dose, or outcome, may justify closer investigation.

Signals can relate to a completely new adverse effect, a known effect that is happening more often or more severely than expected, a reaction in a group of patients not studied before, or an interaction between two or more drugs taken together. Recognising the difference between a true signal and random variation in the data is one of the most difficult parts of pharmacovigilance work.

## 3. Sources of Data Used for Signal Detection

Signal detection relies on several different types of data, each with its own strengths and drawbacks. In practice, information from more than one source is usually combined to build a stronger case for or against a possible signal.

- **Spontaneous reporting systems:** Voluntary reports sent in by doctors, pharmacists, other healthcare workers, or patients themselves, collected in national and international databases such as the FDA Adverse Event Reporting System (FAERS), the WHO's VigiBase, and the EU's EudraVigilance. These systems cover very large populations but suffer from under-reporting and the lack of an accurate figure for how many patients actually took the drug.
- **Electronic health records:** Digital patient records from hospitals and clinics containing diagnoses, prescriptions, lab results, and doctors' notes. These records give a clearer picture of how many patients were exposed to a drug, though extracting useful information from free-text notes can be difficult.
- **Insurance and claims databases:** Records generated when patients are billed or reimbursed for treatment, covering large and well-defined populations over time, though the diagnostic codes used may not always be very precise.
- **Published scientific literature:** Case reports, case series, and clinical trial articles that describe individual or grouped instances of suspected reactions, often containing rich clinical detail.
- **Social media and patient forums:** Posts and discussions where patients describe their own experiences with a medicine. This source can reveal problems early and reflects the patient's own perspective, but the information is often unverified and hard to interpret with confidence.
- **Registries and cohort studies:** Data collected, often prospectively, on patients with a specific disease or exposure, offering high-quality, well-followed information, though usually on a smaller and more specific group of patients.

## 4. Methods Used in Signal Detection

### 4.1 Manual Case Review

Traditionally, trained assessors reviewed individual case reports one by one, looking at factors such as how soon the reaction appeared after starting the drug, what happened when the drug was stopped or restarted, whether the reaction made biological sense for that drug, and whether other explanations, such as the patient's underlying illness, could account for it. Structured tools such as the WHO-UMC causality categories and the Naranjo algorithm are still used to support this kind of clinical judgement, particularly once a possible signal has already been flagged by other means.

### 4.2 Disproportionality Analysis

Since spontaneous reporting databases now contain millions of reports, reviewing every case by hand is not practical. Disproportionality analysis is a statistical screening method that compares how often a particular drug and a particular adverse event are reported together against how often this would be expected if there were no real association between them. If a drug-event pair appears far more often than expected, it is flagged as a possible signal for further review. The most commonly used disproportionality measures include the following.

- **Proportional Reporting Ratio (PRR):** A simple statistical comparison of how often an event is reported with a given drug compared with all other drugs in the database; a PRR of 2 or more, together with a minimum number of cases, is often used as a threshold for further review.

- **Reporting Odds Ratio (ROR):** A similar odds-based measure to the PRR, where a lower confidence limit above 1 is generally taken as worth investigating.
- **Bayesian Confidence Propagation Neural Network (BCPNN):** A Bayesian method that adjusts, or 'shrinks', extreme values toward the overall average, which makes it more reliable when the number of reports for a particular drug-event pair is very small.
- **Multi-item Gamma Poisson Shrinker (MGPS):** Another Bayesian shrinkage approach, widely used by the US FDA, which produces a score called the Empirical Bayes Geometric Mean (EBGM).
- **Tree-based scan statistic:** A data-mining technique that scans groups of related medical terms arranged in a hierarchy to spot clusters of adverse events that are reported unusually often.

These frequentist and Bayesian methods each have trade-offs: simpler measures such as PRR and ROR are easy to calculate but can produce many false alarms when case numbers are small, while Bayesian methods are generally more stable for rare events but are more complex to interpret.

### 4.3 Methods Using Electronic Health Records and Claims Data

When researchers have access to electronic health records or claims data, they can use epidemiological study designs that take advantage of knowing exactly which patients were exposed to a drug and for how long. Designs such as the self-controlled case series, case-crossover analysis, and sequence symmetry analysis compare periods of drug exposure with periods of non-exposure within the same patient, which helps to reduce some forms of confounding. These approaches are increasingly used alongside spontaneous report data through initiatives such as the US Sentinel Initiative and the EU's DARWIN EU network.

### 4.4 Text Mining and Natural Language Processing

A large amount of safety-related information exists as free text rather than structured data, for example in clinical notes, case narratives, and social media posts. Natural language processing techniques are used to automatically identify drug names, adverse event terms, and the relationships between them within this unstructured text, turning it into a form that can be analysed alongside structured pharmacovigilance data.

### 4.5 Artificial Intelligence and Machine Learning

More recently, machine learning methods such as random forests, gradient boosting, and neural networks have been applied to pharmacovigilance databases to detect patterns that traditional statistical methods might miss. Some studies have reported that machine learning models can identify true safety signals earlier than conventional methods and can help prioritise the very large number of statistical alerts generated by routine screening. However, these methods are still considered a support to, rather than a replacement for, established statistical techniques and expert clinical review, mainly because complex models can be difficult to interpret and validate.

## 5. The Signal Management Process

Signal detection is only the first step in a larger cycle known as signal management, which most pharmacovigilance systems follow in roughly the same order.

1. Signal detection: a possible drug-event association is flagged, either through statistical screening or manual review.
2. Signal validation: the available evidence and data quality are checked to confirm that the signal deserves further attention.
3. Signal prioritisation: validated signals are ranked according to how serious and clinically important they appear to be.
4. Signal assessment: a team of experts carefully reviews the evidence to judge whether the drug is likely to be causing the reaction.
5. Regulatory action: depending on the outcome, this may include updating the drug label, adding warnings, restricting use, or withdrawing the product.
6. Communication and continued monitoring: the decision is shared with healthcare professionals and the public, and monitoring of the drug-event pair continues.

## 6. Regulatory Systems Supporting Signal Detection

Several organisations maintain the databases and rules that support pharmacovigilance around the world. The WHO Programme for International Drug Monitoring, coordinated by the Uppsala Monitoring Centre, brings together reports from many countries into VigiBase, one of the largest safety databases in the world. In the United States, the FDA Adverse Event Reporting System (FAERS) supports post-marketing surveillance, and the Sentinel Initiative adds active monitoring using real-world healthcare data. In the European Union, the European Medicines Agency runs EudraVigilance for spontaneous reports and the DARWIN EU network for studies using real-world data from multiple countries. Many individual countries, including India through its Pharmacovigilance Programme of India (PvPI), maintain their own national centres that both contribute to and benefit from this global network.

## 7. Challenges in Signal Detection

- **Under-reporting:** Only a small proportion of actual adverse reactions are ever reported, and reporting habits can be influenced by media attention or how new a drug is.
- **No reliable denominator:** Spontaneous report databases usually do not record exactly how many patients took a drug, making it difficult to calculate a true incidence rate.
- **Duplicate and incomplete reports:** Missing details and repeated submissions of the same case can distort statistical results.
- **Confounding factors:** Other medicines taken at the same time, or the patient's underlying illness, can make it hard to tell which factor actually caused the reaction.
- **False positives:** Because so many drug-event combinations are screened at once, some statistically significant results will occur purely by chance and need to be filtered out through clinical review.
- **Combining different data types:** Merging spontaneous reports, health records, and free text requires consistent terminology and coding, which is not always available.

## 8. Future Directions

Signal detection is likely to keep evolving as more types of health data become available and easier to combine. Greater use of real-world data from multiple countries, better tools for making machine learning models easier to understand and trust, and stronger involvement of patients' own reported experiences are all expected to shape the next generation of pharmacovigilance. Building stronger pharmacovigilance systems in low- and middle-income countries and further standardising how safety data is recorded and shared will also help make signal detection faster and more reliable worldwide.

## 9. Conclusion

ADR signal detection has grown from a purely manual, case-by-case activity into a field that combines statistics, epidemiology, informatics, and increasingly artificial intelligence. Disproportionality analysis of spontaneous reports remains the most widely used screening method, supported by study designs applied to electronic health records and by careful expert review. As new data sources and analytical tools continue to develop, signal detection is expected to become faster and more accurate, helping regulators and healthcare providers identify and respond to drug safety concerns earlier, and ultimately making medicines safer for everyone.

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