лікування полегшує стан хворого і допомагає його організму в процесі одужання, до того ж, на відміну від інших симптомів ГРВІ, лікування кашлю слід починати якомога раніше.

Висновки. Вибір лікарського засобу для лікування сухого кашлю на засадах доказової медицини та фармації буде сприяти підвищенню ефективності та безпеки лікування даної категорії хворих.

IMPACT OF PROPER DOCUMENTING DURING CLINICAL TRIAL ON DATA QUALITY AND INTEGRITY

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Introduction. The healthcare industry involves a significant amount of data that is collected manually using internal IT systems and numerous documents, databases and forms. According to Mordor Intelligence, in 2019 the market for electronic document management systems was valued at US\$ 4.89 billion and by 2025 it is expected to reach US\$ 10.17 billion as the disorganized structure of document management systems makes it difficult for large organizations to obtain business-related information and use of available data.

The aim of the research was to study the impact of proper documenting during clinical trial (CT) on data quality and integrity.

Materials and methods. To follow the aim of the research the modern tools and recommendations on clinical trials documenting were studied. Methods of synthesis, generalization and analysis were used.

Research results. The conducted studies revealed that in the case of working with a large number of documents during the CT of new drugs, researchers may make mistakes, some of which may later affect the quality of the data obtained in the test or make part of the documents/forms unsuitable for further use. The use of electronic systems for entering information about CT should reduce the total number of errors, in particular by eliminating those that occurred during the transfer of information from paper forms to databases, as well as by notifying the researcher about the entered value that exceeds the limit values. Another reason for errors in working with paper forms of documents during the organization and conduct of the CT can be damage to the form (for example, bending of the page in the case of its copying), which can lead to the loss of part of the data contained in the document. It is also worth noting that the FDA does not recommend using paper documentation as primary due to possible human error. Although, unlike electronic, paper documentation is familiar to the staff of most clinical sites and does not require additional training to work with it.

Conclusions. The implementation of document management systems allows healthcare participants to create electronic patient records, thereby minimizing the risk of losing important documentation and increasing access to security. The conducted studies proved that the document management system is effective in overcoming such challenges.