



# MedDRA - Terminologies & Coding

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MedDRA

# Coding?



- What is Coding ?



- Why code?







MedDRA

How does this look to you?







MedDRA

What do you see ?





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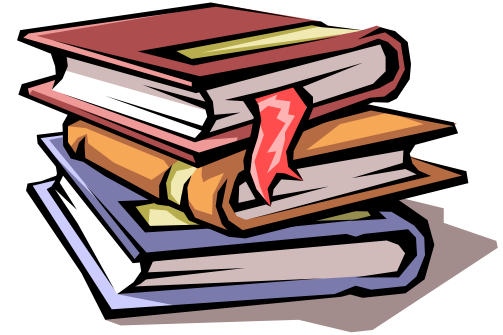
# What is MedDRA?

**Med** = Medical

**D** = Dictionary for

**R** = Regulatory

**A** = Activities



MedDRA is a clinically-validated international medical terminology used by regulatory authorities and the regulated biopharmaceutical industry. The terminology is used through the entire regulatory process, from pre-marketing to post-marketing, and for data entry, retrieval, evaluation, and presentation.





MedDRA

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MedDRA Subscription Types	2019 Annual Subscription Rates
Regulatory Authority	\$0 USD
Non-Commercial / Non-Profit	\$0 USD
Commercial (Parent Company Annual Revenue or Turnover)	
Level 0 (Annual Revenue < \$1 Million)	\$154 USD
Level 1 (Annual Revenue \$1-\$10 Million)	\$654 USD
Level 2 (Annual Revenue \$10-\$20 Million)	\$2,496 USD
Level 3 (Annual Revenue \$20-\$500 Million)	\$4,727 USD
Level 4 (Annual Revenue \$500 Million-\$1 Billion)	\$9,918 USD
Level 5 (Annual Revenue \$1-\$5 Billion)	\$41,150 USD
Level 6 (Annual Revenue \$5-\$20 Billion)	\$54,334 USD
Level 7 (Annual Revenue > \$20 Billion)	\$70,889 USD
System Developer	\$2,556 USD

**77% of all MedDRA users pay no fee or \$654 (or less)**





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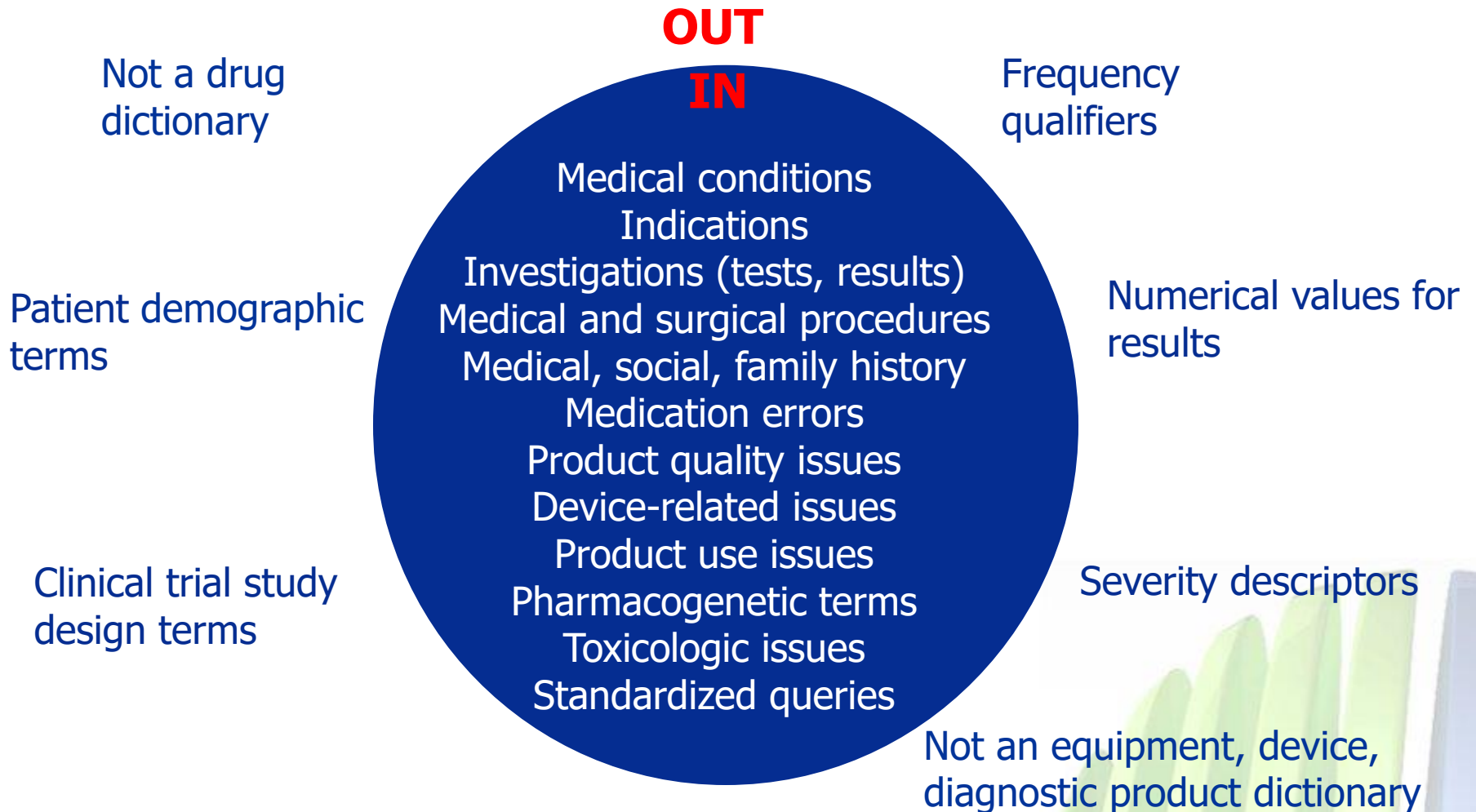
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MedDRA

# Scope of MedDRA





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# MedDRA Structure

System Organ Class (SOC) (27)



High Level Group Term (HLGT) (337)



High Level Term (HLT) (1,737)



Preferred Term (PT) (23,708)



Lowest Level Term (LLT) (80,262)





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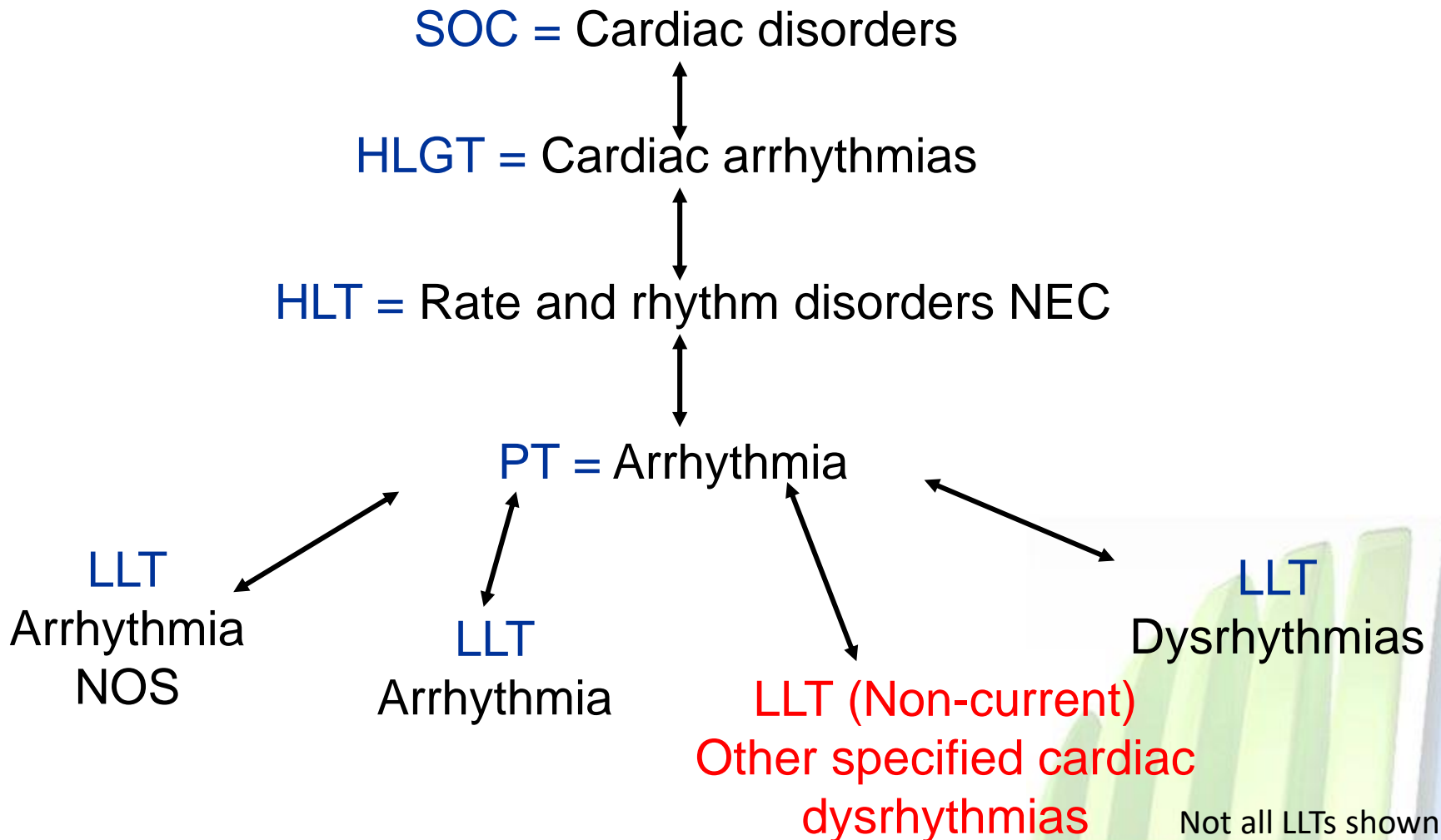
# System Organ Classes

- Blood and lymphatic system disorders
- Cardiac disorders
- Congenital, familial and genetic disorders
- Ear and labyrinth disorders
- Endocrine disorders
- Eye disorders
- Gastrointestinal disorders
- General disorders and administration site conditions
- Hepatobiliary disorders
- Immune system disorders
- Infections and infestations
- Injury, poisoning and procedural complications
- Investigations
- Metabolism and nutrition disorders
- Musculoskeletal and connective tissue disorders
- Neoplasms benign, malignant and unspecified (incl cysts and polyps)
- Nervous system disorders
- Pregnancy, puerperium and perinatal conditions
- Product issues
- Psychiatric disorders
- Renal and urinary disorders
- Reproductive system and breast disorders
- Respiratory, thoracic and mediastinal disorders
- Skin and subcutaneous tissue disorders
- Social circumstances
- Surgical and medical procedures
- Vascular disorders



# Lowest Level Term

Synonyms, lexical variants, sub-elements





# Non-Current Terms

- Flagged at the LLT level in MedDRA
- Not recommended for continued use
- Retained to preserve historical data for retrieval and analysis
- Terms that are vague, ambiguous, outdated, truncated, or misspelled
- Terms derived from other terminologies that do not fit MedDRA rules





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# Codes and Languages



Electronic Submission





# A Multi-Axial Terminology

- Multi-axial = the representation of a medical concept in multiple SOC's
  - Allows grouping by different classifications
  - Allows retrieval and presentation via different data sets
- All PTs assigned a primary SOC
  - Determines which SOC will represent a PT during cumulative data outputs
  - Prevents “double counting”
  - Supports standardized data presentation
  - Pre-defined allocations should not be changed by users

# A Multi-Axial Terminology (cont)

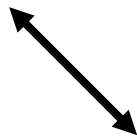
SOC = Respiratory, thoracic and  
mediastinal disorders  
(Secondary SOC)



HLGT = Respiratory tract  
infections



HLT = Viral upper respiratory  
tract infections



PT = Influenza

SOC = Infections and  
infestations  
(Primary SOC)



HLGT = Viral infectious  
disorders



HLT = Influenza viral  
infections







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# What are coding conventions?





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# ICH MedDRA Coding Guide

## MedDRA Term Selection: Points to Consider (MTS:PTC)

### **MedDRA® TERM SELECTION: POINTS TO CONSIDER** ICH-Endorsed Guide for MedDRA Users

*Release 4.17*  
*Based on MedDRA Version 22.0*

**1 March 2019**

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MedDRA® trademark is registered by IFPMA on behalf of ICH

- Provides term selection advice for industry and regulatory purposes
- Objective is to promote accurate and consistent term selection to facilitate a common understanding of shared data
- Recommended to be used as basis for individual organization's own coding conventions



# General Term Selection Principles

- Quality of Source Data
- Quality Assurance
- Do Not Alter MedDRA
- Always Select a Lowest Level Term
- Select Only Current Lowest Level Terms
- When to Request a Term
- Use of Medical Judgment in Term Selection
- Selecting More than One Term
- Check the Hierarchy
- Select Terms for All Reported Information, Do Not Add Information



# Term Selection Points

- Diagnoses and Provisional Diagnoses with or without Signs and Symptoms
- Death and Other Patient Outcomes
- Suicide and Self-Harm
- Conflicting/Ambiguous/Vague Information
- Combination Terms
- Age vs. Event Specificity
- Body Site vs. Event Specificity
- Location-Specific vs. Microorganism-Specific Information
- Modification of Pre-existing Conditions
- Exposures During Pregnancy and Breast Feeding
- Congenital Terms
- Neoplasms
- Medical and Surgical Procedures
- Investigations



# Term Selection Points (cont)

- Medication Errors, Accidental Exposures and Occupational Exposures
- Misuse, Abuse and Addiction
- Transmission of Infectious Agent via Product
- Overdose, Toxicity and Poisoning
- Device-related Terms
- Drug Interactions
- No Adverse Effect and "Normal" Terms
- Unexpected Therapeutic Effect
- Modification of Effect
- Social Circumstances
- Medical and Social History
- Indication for Product Use
- Off Label Use
- Product Quality Issues







## Some Points to consider

- Obtain clarification of data that are ambiguous, confusing, or unintelligible
- Do Not Alter MedDRA :Users must not make ad hoc structural alterations, including changing the primary SOC allocation
- Avoid company-specific “work-arounds” for MedDRA deficiencies, submit change request to MSSO
- Select current LLTs only
  - Non-current terms for legacy conversion/historical purposes



# Some Points to consider

- Lowest Level Term that most accurately reflects the reported verbatim information should be selected
- Degree of specificity may be challenging
  - Example: "*Abscess on face*" → select "*Facial abscess,*" not simply "*Abscess*"
- If no exact match in MedDRA, use medical judgment to match to an existing term that adequately represents the concept
- Check the hierarchy above a selected LLT (PT, HLT, HLGT, SOC) to ensure placement accurately reflects meaning of reported term



## Some Points to consider

- Can select more than one LLT to represent reported information. Document procedures.
- Select terms for every AR/AE reported, regardless of causal association
- Select terms for device-related events, product quality issues, medication errors, medical and social history, investigations and indications as appropriate
- Do not make diagnosis if only signs/symptoms reported



MedDRA

# MedDRA Browser & Demonstration





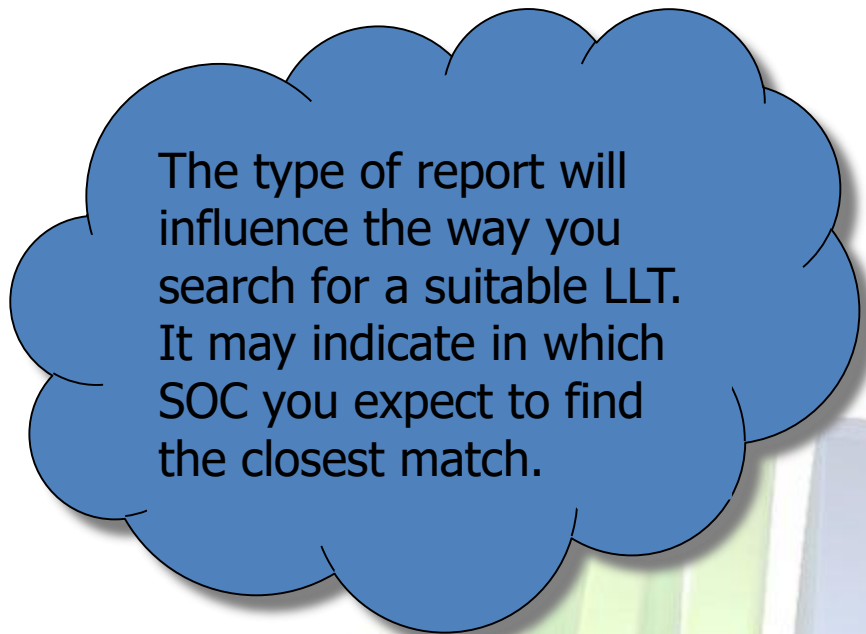
# MSSO's MedDRA Browsers

- MedDRA Desktop Browser (MDB)
  - Download MDB and release files from MedDRA website
- MedDRA Web-Based Browser (WBB)
  - <https://tools.meddra.org/wbb/>
- Features
  - Both require MedDRA ID and password
  - View/search MedDRA and SMQs
  - Support for all MedDRA languages
  - Language specific interface
  - Ability to export search results and Research Bin to local file system



# Assessing the Reported Information

- Consider what is being reported. Is it a:
  - Clinical condition - Diagnosis, sign or symptom?
  - Indication?
  - Test result?
  - Injury?
  - Procedure?
  - Medication error?
  - Product use issue?
  - Product quality issue?
  - Social circumstance?
  - Device issue?
  - Procedural complication?
- **Is it a combination of these?**



The type of report will influence the way you search for a suitable LLT. It may indicate in which SOC you expect to find the closest match.



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# Coding Example 1

## Specificity

The patient suffered from an allergic reaction to an antibiotic





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# Coding Example 2

## Symptoms

The patient states she has been experiencing cold  
sweats





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# Coding Example 3

## Investigations

Lab results indicate the patient has increased troponin and increased CPK-MB





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# Coding Example 4

## Patient demographics

A 2 day old baby was noted to have a mild fever







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# Coding Example 5

## Indications

A 35 year old woman was taking Drug X to prevent relapses of multiple sclerosis





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# Coding Example 6

## Product quality issues

It was determined that the product was counterfeit





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# Coding Example 7

## Social circumstances

The patient was confined to a wheelchair





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# Coding Example 8

Medication errors/Product use errors and issues

The pharmacist made a mistake in compounding the medication





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# MedDRA Coding Exercise



# Which LLT Would You Select?

Verbatim: "Man with decreased fertility."

- A. Infertility
- B. Fertility decreased male
- C. Infertility male
- D. Fertility decreased





# Which LLT Would You Select?

Verbatim: “Became color blind in adolescence”

- A. Color blindness
- B. Blindness color
- C. Colour blindness acquired
- D. Color blindness acquired





# Which LLT Would You Select?

Verbatim: “Turned very greasy”

- A. Ill-defined disorder
- B. Unevaluable event
- C. Skin greasy
- D. Unevaluable reaction





# Which LLT Would You Select?

Verbatim: “Deliberately took an overdose”

- A. Intentional overdose
- B. Overdose NOS
- C. Deliberate overdose
- D. Overdose





# Which LLT Would You Select?

Verbatim: “Toddler accidentally took her mother’s medication”

- A. Accidental overdose
- B. Accidental exposure to product by child
- C. Accidental drug intake by child
- D. Accidental ingestion





# Which LLT Would You Select?

Verbatim: “Infection after surgery”

- A. Infection
- B. Postoperative wound infection
- C. Surgical wound infection
- D. Postoperative infection





# Which LLT Would You Select?

Verbatim: “He sold his father’s medication”

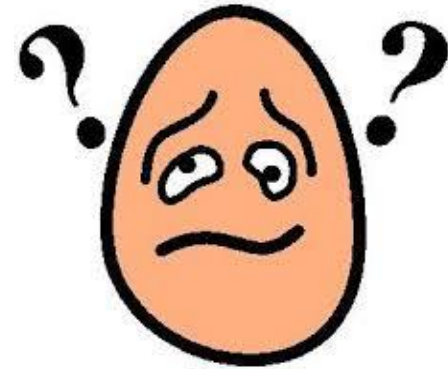
- A. Drug diversion
- B. Intentional product misuse
- C. Drug use for unapproved indication
- D. Intentional drug misuse



# Which LLT Would You Select?

Verbatim: “Had MI”

- A. Myocardial infarction
- B. Ill-defined disorder
- C. MI
- D. Unevaluatable event

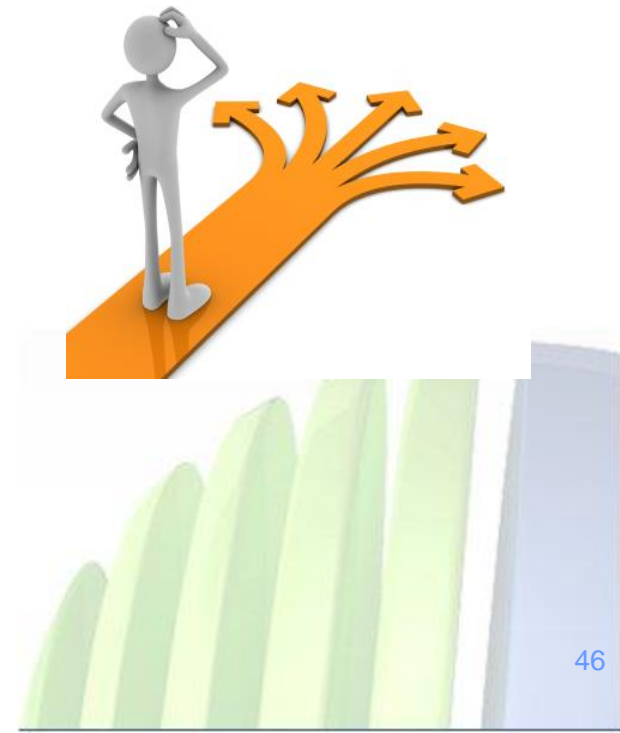


# Which LLT Would You Select?

## Verbatim:

“Hypernatraemia (Serum sodium = 115 mEq/L)”

- A. Serum sodium abnormal
- B. Hypernatraemia
- C. Hyponatraemia
- D. Serum sodium decreased







# Which LLT Would You Select?

Verbatim: “Took intramuscular drug by mouth”

- A. Wrong route of administration
- B. Drug administered via inappropriate route
- C. Medication error
- D. Intramuscular formulation administered by other route

# Which LLT Would You Select?

Verbatim: “The doctor mistakenly prescribed the wrong drug; the pharmacist noticed the error before dispensing the drug”



- A. Wrong drug dispensed
- B. Medication error
- C. Intercepted drug prescribing error
- D. Intercepted drug dispensing error

# Which LLT Would You Select?

Verbatim: Patient attempted to commit suicide by walking into the sea; unfortunately, he could swim

- A. Suicidal behaviour
- B. Attempted suicide
- C. Completed suicide
- D. Death





# Which LLT Would You Select?

Verbatim: “Dose taken was below the minimum recommended dose in the product label”

- A. Underdose
- B. Drug administration error
- C. Accidental underdose
- D. Incorrect dosage administered





# Which LLT Would You Select?

Verbatim: "After taking an antihistamine along with her prescribed proton pump inhibitor, a 53-year-old woman developed vertigo."

- A. Drug interaction NOS
- B. Vertigo subjective
- C. Vertigo
- D. Drug interaction





# Which LLT Would You Select?

Verbatim: “The medication was stored at room temperature instead of in the refrigerator where it belonged.”

- A. Incorrect storage of drug
- B. Improper storage of unused product
- C. Intercepted medication error
- D. Product storage error temperature too high



# Which LLTs Would You Select?

Verbatim: The 66 year old man died from a ruptured aortic aneurysm

- A. Aortic aneurysm rupture
- B. Ascending aortic aneurysm rupture
- C. Dissecting aortic aneurysm, ruptured
- D. Death
- E. A & D both







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## Quick Guess?

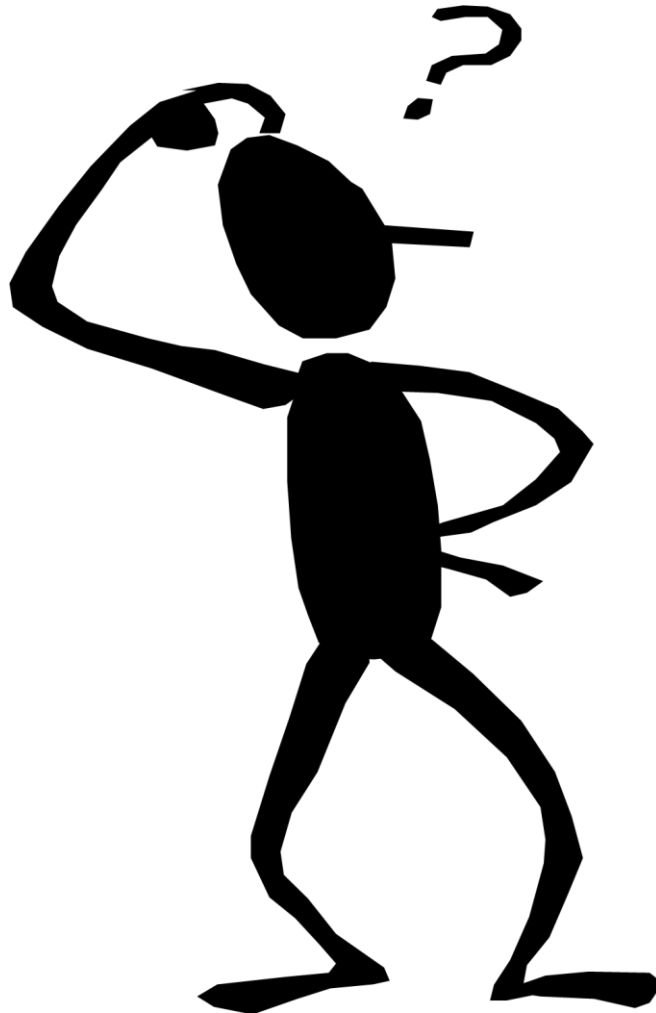
- Hippo tension
- Mousy feeling in chest
- Patient recently began new job where he works around chicken wings and barbecue sauce
- Loss of brain
- Spray it in the nose as much as you want and the Septum is gone
- Medication messed up with the brain
- Adult teeth came in three different colors – yellow, green and white
- Husband had his uterus scrapped and frozen
- Death-worsened clinically by end of 4 hrs rx
- Even Need to spend more time with my wife (as the subject stated)





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After Coding?





# How is MedDRA Used for Analysis?

- MedDRA can be used to summarise large volumes of data
  - Standard approach is to list data at PT and SOC levels for overview
- Focused searches can be made using features of MedDRA
  - Searching for specific PTs
  - Summarising at HLT or HLGT levels
  - Using multiaxial links to group diagnoses with signs and symptoms
  - Selecting a set of relevant PTs which reflect the condition of interest
  - Using Standardised MedDRA Queries (SMQs) for signal detection
  - Customized search /Modified MedDRA Queries



# More on SMQ and Data Retrieval ?

- Documentation :

- SMQ Introductory Guide

<https://www.meddra.org/how-to-use/support-documentation>

- Processes :

- MedDRA Data Retrieval and Presentation: Points to Consider

<https://www.meddra.org/how-to-use/support-documentation>

- Training :

- Face-to-Face Training - MedDRA: Safety Data Analysis and SMQs
- Webinar
- Training Videocast

<https://www.meddra.org/training/offerings>



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# Know more?

- Visit : [www.meddra.org](http://www.meddra.org)

The screenshot shows the MedDRA website homepage. At the top left is the MedDRA logo and the text "Medical Dictionary for Regulatory Activities". To the right are navigation links: WBB, PtC, Contact, FAQs, Downloads. Below this is a search bar and a row of menu buttons: Home, About MedDRA, How to Use, Training, Subscription, News & Events, RSS, and a plus sign. The main content area is divided into several sections:

- Welcome to MedDRA**: A paragraph explaining the history of MedDRA, developed in the late 1990s by the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH).
- Multilingual Access**: A list of languages including Chinese, Czech, Dutch, English, French, German, Hungarian, Italian, Japanese, Portuguese, Russian, and Spanish.
- Discover MedDRA**: A banner for "MedDRA Access How to subscribe" with a "Learn more" button and a green checkmark icon.
- Help to Shape the MedDRA Terminology**: A call to action for submitting change requests, accompanied by a green pen icon.
- Recent News**: Two news items:
  - 16 August 2019: Register for the MedDRA & UMC WHODrug User Group Meeting. Bristol-Myers Squibb is hosting the next US Industry MedDRA User Group meeting on 3 October and the UMC WHODrug meeting on 4 October.
  - 15 August 2019: MedDRA v22.1 will be...





**MedDRA**

Medical Dictionary  
for Regulatory Activities

**Thank You!!**

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