

Resource Summary Report

Generated by [RRID](#) on Sep 10, 2026

PHARMO Institute

RRID:SCR_004105

Type: Tool

Proper Citation

PHARMO Institute (RRID:SCR_004105)

Resource Information

URL: <http://www.pharmo.nl/>

Proper Citation: PHARMO Institute (RRID:SCR_004105)

Description: An independent scientific research organization dedicated to the improvement of the use, quality and cost-effectiveness of pharmaceuticals. They collect, maintain and perform research on patient-centric data to derive real-life insights for tailoring of medicines. They maintain a large and high quality database network and work closely with (inter)national medical universities and European databases. Through its studies with longitudinal and real-life patient data, they contribute to risk management, outcomes research and provides solutions for decision makers in market access, health economics and health outcomes domains. Academics from Dutch universities or research institutes are granted the opportunity to perform scientific studies using the PHARMO Database Network.

Abbreviations: PHARMO

Synonyms: PHARMO Institute for Drug Outcomes Research, Pharmo Cooperatie UA

Resource Type: institution

Keywords: drug, epidemiology, drug utilization, drug safety, health outcome, healthcare, pharmacy, clinical, hospitalization, mortality, perinatal, pathology, thrombosis, renine, antimycotic, register, pharmaceutical, risk management

Availability: Commercial license, Application required

Resource Name: PHARMO Institute

Resource ID: SCR_004105

Alternate IDs: Wikidata: Q30281788, nlx_158580, grid.418604.f, ISNI: 0000 0004 1786 4649

Alternate URLs: <https://ror.org/01wfg6h04>

Record Creation Time: 20220129T080222+0000

Record Last Update: 20260905T132514+0000

Ratings and Alerts

No rating or validation information has been found for PHARMO Institute.

No alerts have been found for PHARMO Institute.

Data and Source Information

Source: [SciCrunch Registry](#)

Usage and Citation Metrics

We found 15 mentions in open access literature.

Listed below are recent publications. The full list is available at [RRID](#) .

Tonn M, et al. (2026) The Effect of COVID-19 Pandemic Restrictions on Laboratory Monitoring of Lithium Treated Outpatients in the Netherlands: A Controlled Interrupted Time Series Analysis. *Pharmacoepidemiology and drug safety*, 35(3), e70349.

Kuiper JG, et al. (2022) A population-based linked cohort of cancer and primary care data: A new source to study the management of cancer in primary care. *European journal of cancer care*, 31(1), e13529.

Kuiper JG, et al. (2020) Existing Data Sources for Clinical Epidemiology: The PHARMO Database Network. *Clinical epidemiology*, 12, 415.

Ilomäki J, et al. (2020) Application of Healthcare 'Big Data' in CNS Drug Research: The Example of the Neurological and mental health Global Epidemiology Network (NeuroGEN). *CNS drugs*, 34(9), 897.

Stoker LJ, et al. (2019) Effect of reimbursement restriction policy on the use of benzodiazepines in the Netherlands: an interrupted time series analysis. *BMJ open*, 9(9), e029148.

de Bruin IJA, et al. (2019) All-cause mortality with current and past use of antidepressants or benzodiazepines after major osteoporotic and hip fracture. *Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA*, 30(3), 573.

Schink T, et al. (2018) Risk of ischemic stroke and the use of individual non-steroidal anti-inflammatory drugs: A multi-country European database study within the SOS Project. *PloS one*, 13(9), e0203362.

van de Ven LI, et al. (2018) Association between use of antidepressants or benzodiazepines and the risk of subsequent fracture among those aged 65+ in the Netherlands. *Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA*, 29(11), 2477.

van de Garde EM, et al. (2015) Antibiotic prescribing on admission to patients with pneumonia and prior outpatient antibiotic treatment: a cohort study on clinical outcome. *BMJ open*, 5(2), e006892.

Klop C, et al. (2015) The Epidemiology of Hip and Major Osteoporotic Fractures in a Dutch Population of Community-Dwelling Elderly: Implications for the Dutch FRAX® Algorithm. *PloS one*, 10(12), e0143800.

Veldhuis-Vlug AG, et al. (2015) Association of polymorphisms in the beta-2 adrenergic receptor gene with fracture risk and bone mineral density. *Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA*, 26(7), 2019.

Klop C, et al. (2015) Long-term persistence with anti-osteoporosis drugs after fracture. *Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA*, 26(6), 1831.

Schmidt AF, et al. (2015) Bayesian methods including nonrandomized study data increased the efficiency of postlaunch RCTs. *Journal of clinical epidemiology*, 68(4), 387.

Eussen SR, et al. (2011) Costs and health effects of adding functional foods containing phytosterols/-stanols to statin therapy in the prevention of cardiovascular disease. *European journal of pharmacology*, 668 Suppl 1, S91.

Verdel BM, et al. (2010) Use of antidepressant drugs and risk of osteoporotic and non-osteoporotic fractures. *Bone*, 47(3), 604.