



Research Article

SELF REPORTED PREVALENCE AND MEDICATION STATUS OF WORKING PROFESSIONALS: AN EMPIRICAL STUDY

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ABSTRACT

To determine the prevalence, attitude and knowledge of self-medication amongst selected population of Working Professionals and Public of Coimbatore. Beside this study was to describe and examine the branded medicines used by professionals, awareness, trust in medicine system, reasons behind self medication, drug information resources, danger findings and knowledge of drug profile. This cross-sectional, study was conducted from Aug-Oct 2011 using a self administered questionnaire. A convenience sample of 65 working professional belonging to different regions of Coimbatore were selected randomly. The prevalence of self medication was found to be 33.8% in males and 36.9% in females among working professionals. 66.15% of working professional's had a positive trust in allopathic medicines. The visit to the doctor was about 38% only since people started to practice self medication. The awareness of self medication was found to be 43% in both males and females and 14% of the people were unaware. Involvement in self medication was found to be 37% in females and 34% in males where as 29% of the people were not involved in self medication. People belonging the age group of 26-30 years as found to be highly involved in self medication. The notion that illness/disease is not severe is the major reason why people follow self medication. Immediate cure was found to be the comfortable factor for 47.69% of the people to adopt self medication. Working professionals learn self medication from doctors prescriptions provided during their prior illness. Most of the self medication was involved with headache and fever, cough & cold, gastrointestinal Infection, mouth ulcer & throat infection. Respondents were using Schedule H drugs/potent drugs for minor illness. The results are based on feed backs which were provided by respondents included in study. The percentage of self medication might be change along with locality and region. The prevalence of self medication among working professionals in Coimbatore is high. This descriptive survey shows that the majority of working professional's had a poor knowledge about appropriate self medication while the knowledge of the benefits and risks was not adequate. A number of publics consult pharmacists and follow advertisements on drug information. This issue needs to be addressed by the responsible authorities of State Pharmacy Council/Ministry of Health.

Keywords: Self medication, Pharmacist, Drug

INTRODUCTION

Self-medication is the use of nonprescription medicines by people on their own initiative. Pharmacists have a key role to play in providing them with assistance, advice and information about medicines available for self-medication. This includes acquiring medicines without a prescription, resubmitting old prescriptions to purchase medicines, sharing medicines with relatives or members of one's social circle or using leftover medicines stored at home¹.

It is found that people throughout the world suffer common health problems with the same frequency levels. Surveys when conducted in numerous countries indicated that 9 out of every 10 people suffer from at least one aspect of sickness during the course of 4-week period. People usually respond similarly to these problems, by letting the condition run its course about half the time, turning to non-prescription or over-the-counter (OTC) medications about a quarter of the time. People are cautious and careful when they do use OTCs. Further, when survey was done, most people from every nation read the label carefully before taking an OTC medicine for the first time. People are extremely satisfied with the non-prescription medicines they use – to the

point where many believe that OTC medicines can be as effective for the relevant condition as prescription medicines.

In recent years, the widespread access to these medicines has helped educate people to have a practice of self-care. These days people demand for reliable information about personal healthcare. People irrespective of their aspirations to participate in healthcare activities with their level of ability and preference, shows that there is no fundamental difference between developed and developing countries which in turn might affect their lives. Independent surveys conducted in all continents provides important insights into how consumers have been evaluating and using non-prescription medicines for the past 20 years and how their perception of OTC medicines has been changing².

There is much public and professional concern about the irrational use of drugs³. The prevalence rates are high all over the world; up to 68% in European countries⁴, while much higher in the developing countries⁵ with rates going as high as 92% in the adolescents of Kuwait⁶. Our neighbouring countries have a prevalence rates of 31% in India⁶ and 59% in Nepal [5]. Very few studies regarding self medication have been conducted in Pakistan which have also confirmed high rates of prevalence of

around 51%⁷. It is also alarming that the prevalence rates are on the rise despite efforts to limit this problem⁸. Various previous studies have shown that self medication practices are more common in women and in those; who live alone, have a lower socioeconomic status, have more chronic ailments, have psychiatric conditions, are of younger age and in student^{5,9,10}.

The misuse of nonprescription drugs amongst students has become a serious problem. The youth is especially exposed to the media and the increased advertising of pharmaceuticals poses a larger threat to the young population. This raises concerns of incorrect self-diagnosis, drug interaction, and use other than for the original indication. A survey on widely advertised medications indicated that the majority of college students used at least one of the advertised products, without discussing this with their physicians¹¹.

To our best knowledge, the self medication assessment in youths have been done in Pakistan. In Pakistan, mostly every pharmacy sells drugs without a prescription which is a prominent phenomenon seen in many developing countries¹². Consequently, antibiotics and potentially habit forming medicines are found to be easily available to the common man. This in most of the cases leaves the layman with poor awareness and uninformed about the potentially lethal side effects of some of these drugs. Altogether the lack of a good primary health care system coupled with cost issues causes the general public to approach various other doors instead of them approaching a doctor for help in case of problems.

METHODS AND PROCEDURES

Design and sampling: The study design consisted of a multi-stage equal probability sample. The first stage involved dividing the population into two primary sampling units (PSU). The sample chosen was Working professionals and Publics among the selected region of Coimbatore. This procedure resulted in the selection of 800 PSUs. The data was collected based on people residing in rural and urban areas including their family status, education and awareness of side effects of drugs. The

survey successfully completed the questionnaire interview of 800 subjects

Questionnaire and interviews: Well-trained and well-experienced interviewers assisted to carry out in-person oral interviews. The interviewers elicited answers from the subject and recorded all answers on printed copies. The questionnaire included questions to elicit information on personal, socioeconomic, demographical, anthropometrical, and health and living status. The entire process took approximately 20-30 minutes. The present report involved only sections of the questionnaire related to the prevalence and medication status among Working Professionals and Publics. These questions included (a) "Are you aware of self medication and the choices provided were "yes" and "no". Those who answered "yes" were further asked (b) "Are you involved in selfmedication?" and the answers provided were "yes" and "no". Those who answered "yes" to the last question were further asked (c) "Reasons influencing self medication?" Answers were provided with certain options that the individuals commonly face nowadays like -lack of time, disease not being severe etc..(d) "Duration of self medication ?" and the answers provided were (1) "1 day;" (2) "2 days " and (3) "until cure." Those who answered "yes" to question (b) were the individuals using self medication and those people were asked for several questions including what all drugs they prefer and for what all diseases they go for self medication. Finally their involvement in self medication and awareness of the side effects was estimated by five point scale like -Aware, Unaware, Neutral, Totally aware and Totally unaware. For those respondents who could not provide useful information, the interview was carried out with certain examples that would make them understand it easily. Efforts were made to contact the missing subjects for make-up interviews as quickly as possible. All field interviews took place within a period of 12 weeks from Aug-Oct 2011. The study protocol was verified by Professionals of Managing Department and Professionals of Health Sciences.

Statistical Analysis: Results were statistically analyzed with the Statistical Analyses System

RESULTS

Table 1: Distribution of demographics characteristics within the study

Respondent's Characteristics	Distribution of total no of respondent	Distribution of respondent reported drugs use
Gender		
Male	34(52.3%)	22(33.8%)
Female	31(47.6%)	24(36.9%)
Age		
20-25	3(4.61%)	3(4.61%)
26-30	21(32.3%)	17(26.1%)
31-35	15(23%)	10(15.38%)
36-40	11(16.9%)	7(10.76%)
41-45	9(13.8%)	4(6.15%)
46-50	3(4.61%)	2(3.07%)
51-55	2(3.07%)	2(3.07%)
56 years and above	1(1.53%)	1(1.53%)
Education		
UG	1(1.53%)	NIL
PG	31(47.69%)	24(36.9%)
PhD	33(50.76%)	22(33.8%)

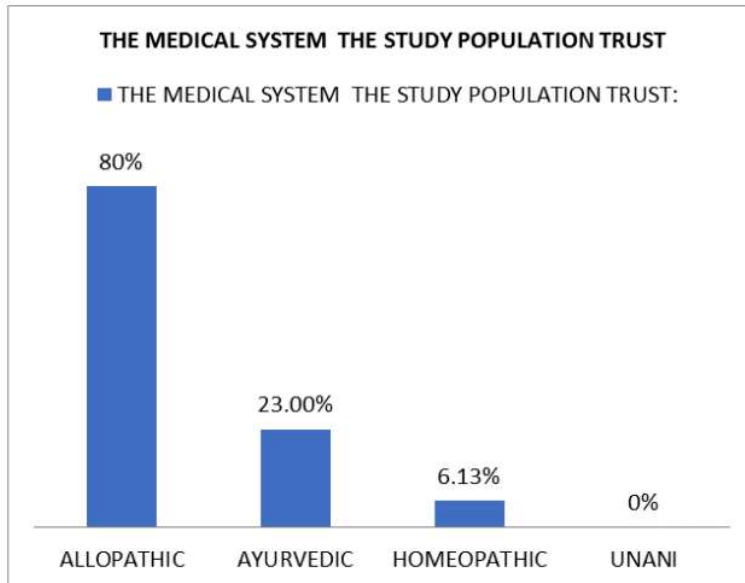


Figure 1: The Medical System the Study Population Trust

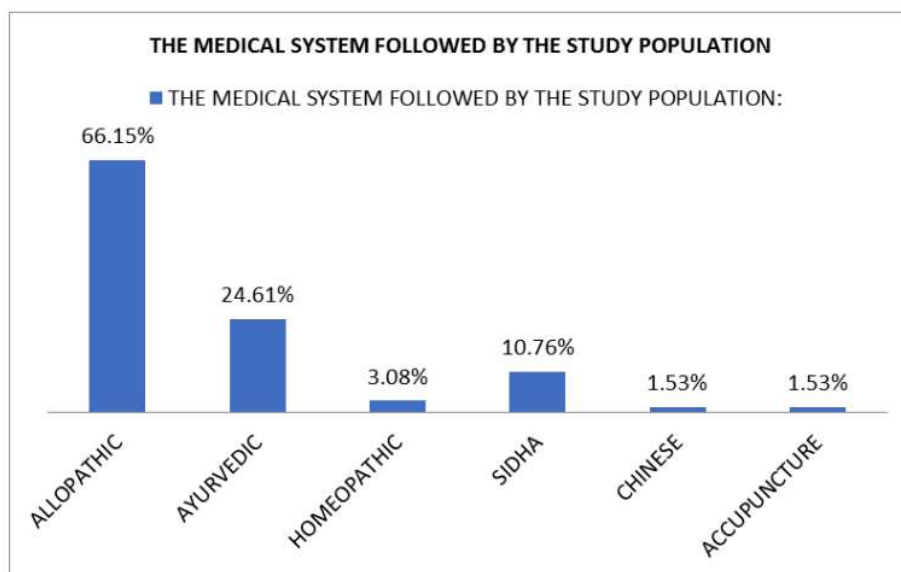


Figure 2: The medical system followed by the study population



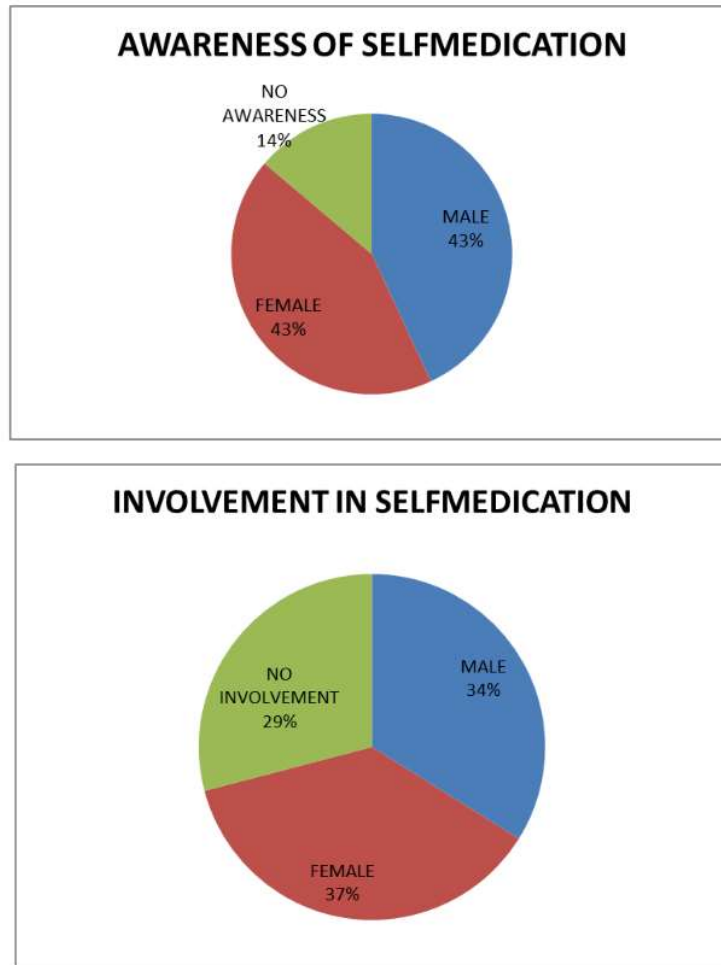
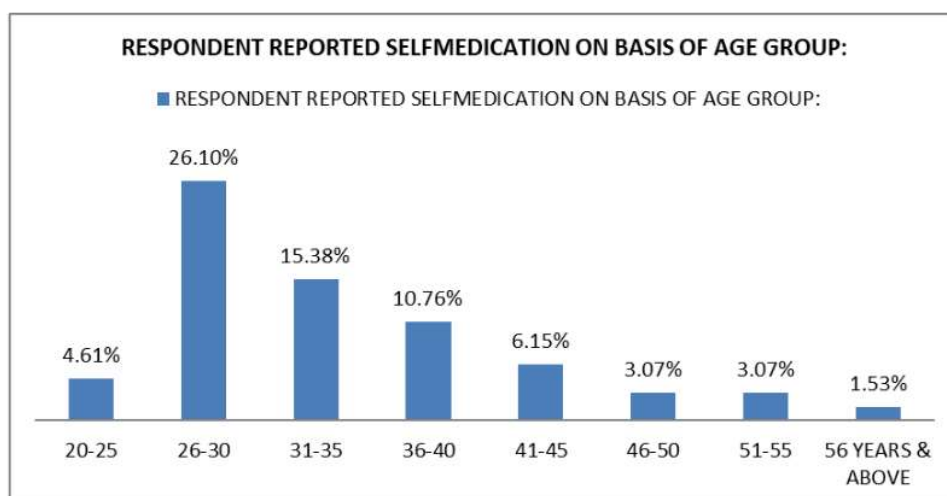


Figure 3: Awareness of self-medication



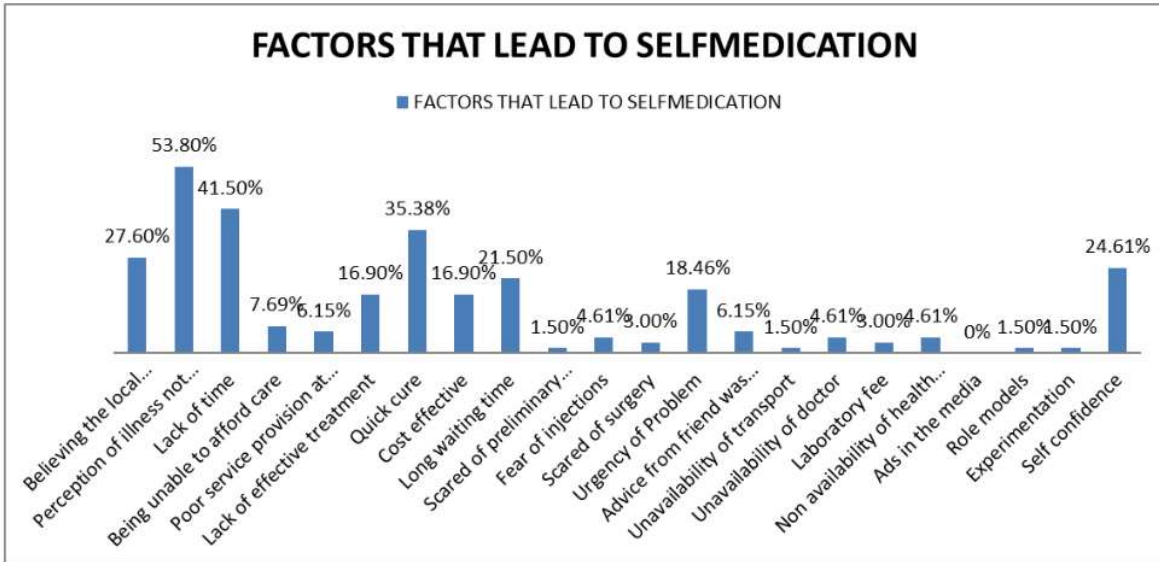
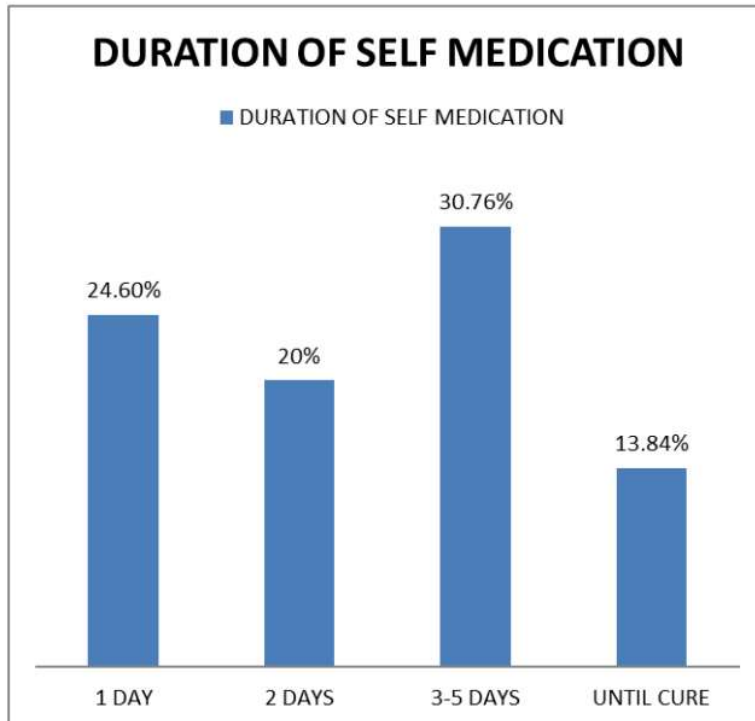


Figure 4: Respondent reported self-medication on basis of age group



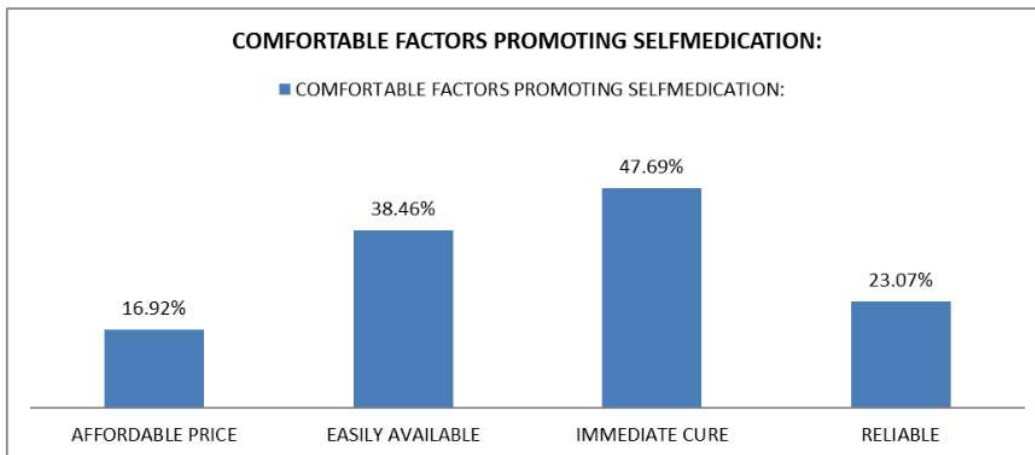
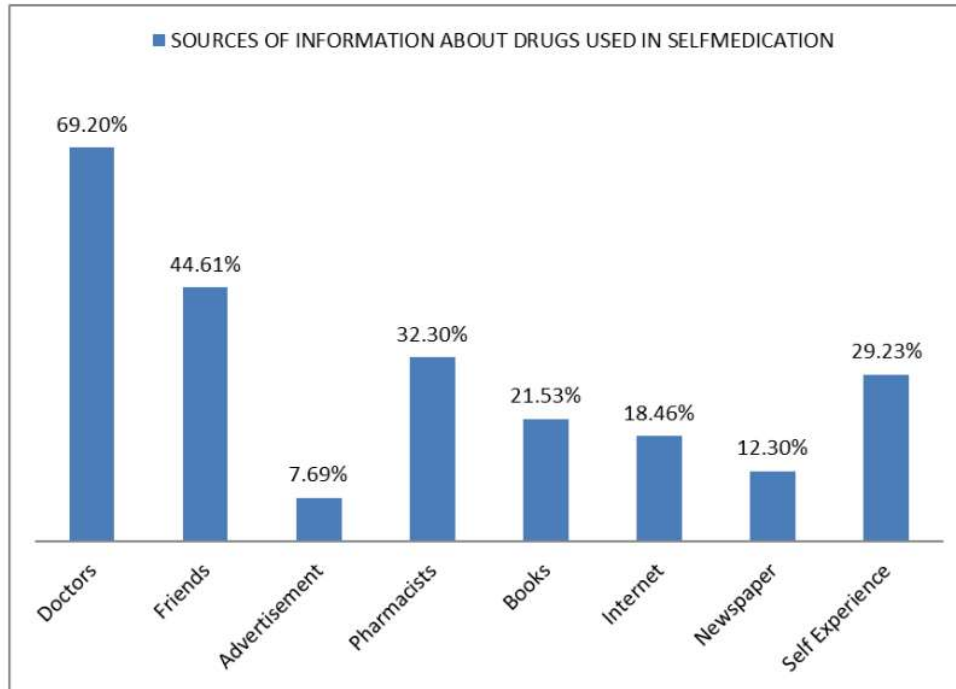


Figure 5

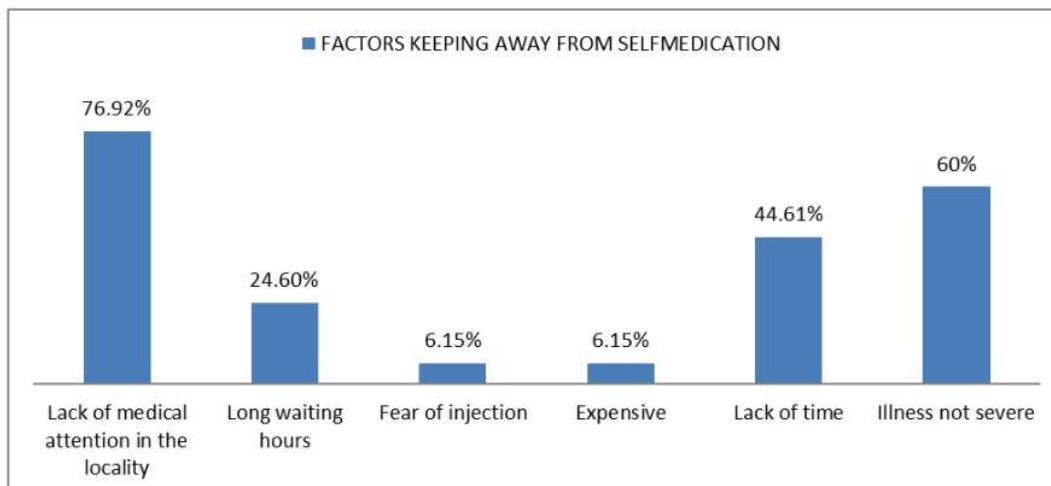
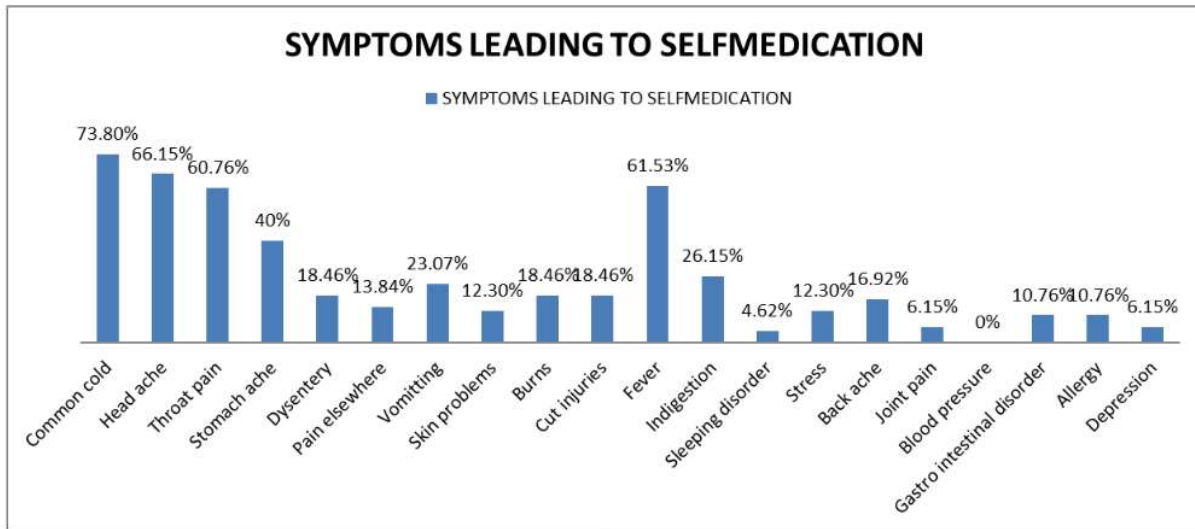
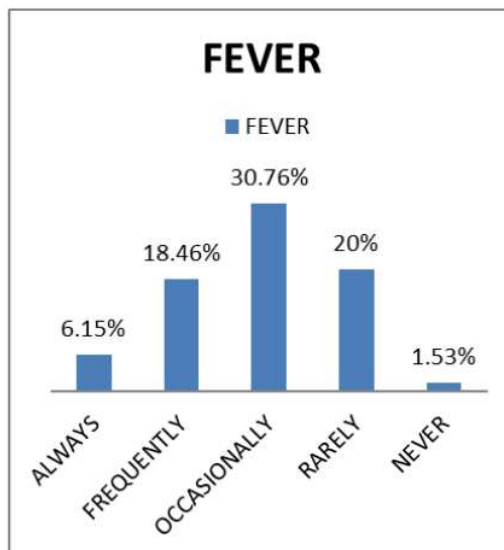
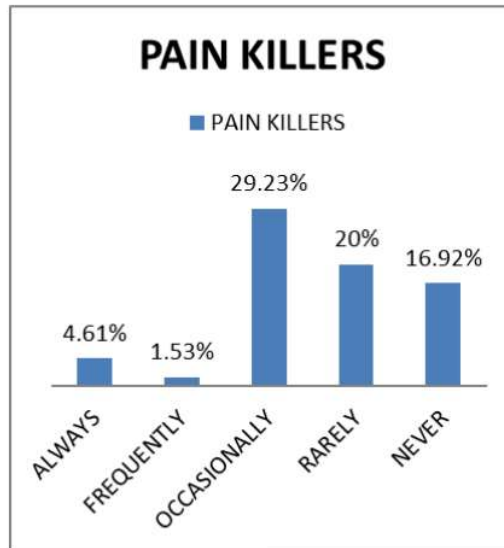


Figure 6: Factors which keeps people away from visiting the doctor



DISEASES/SYMPTOMS FOR WHICH SELF-MEDICATION IS COMMONLY USED



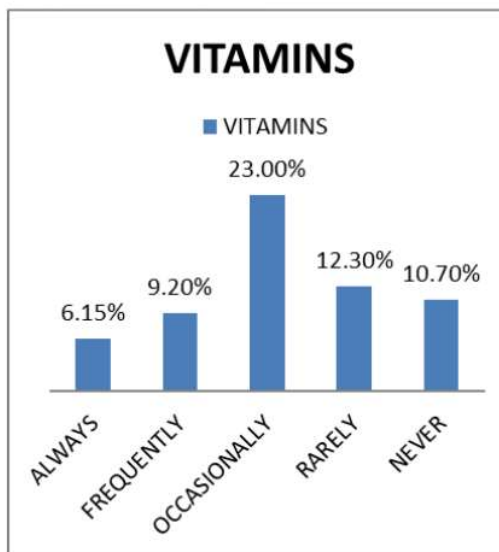
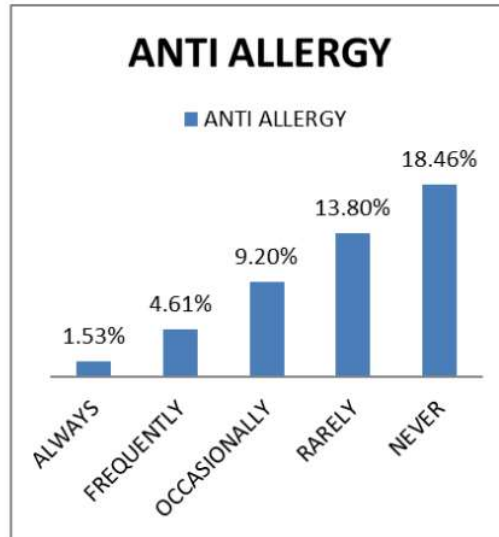
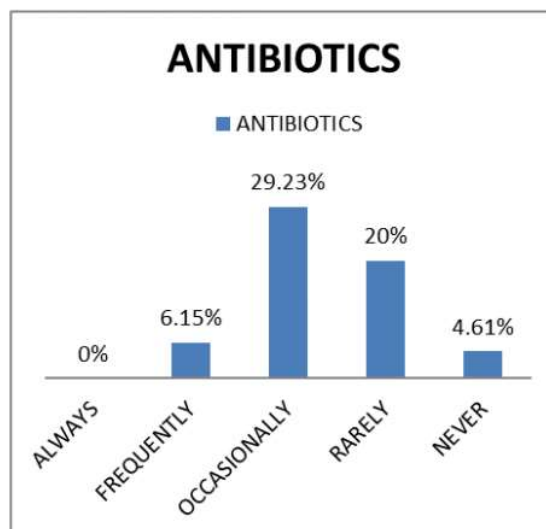


Figure 7: Frequencies of most commonest drugs used for selfmedication



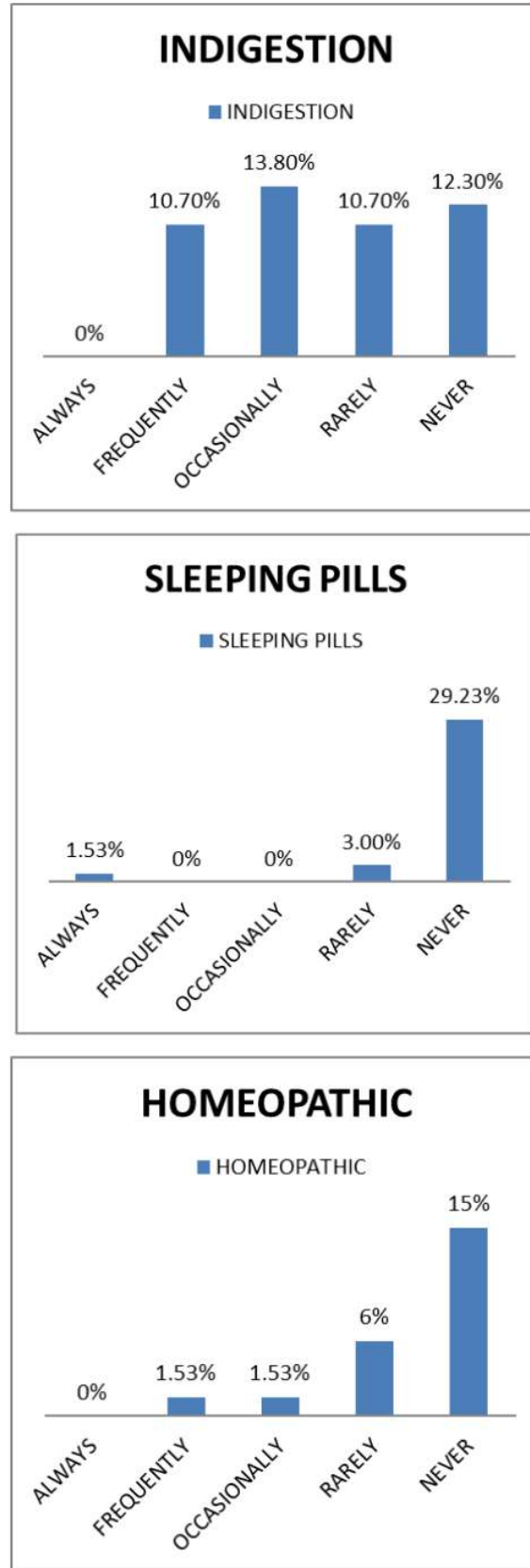
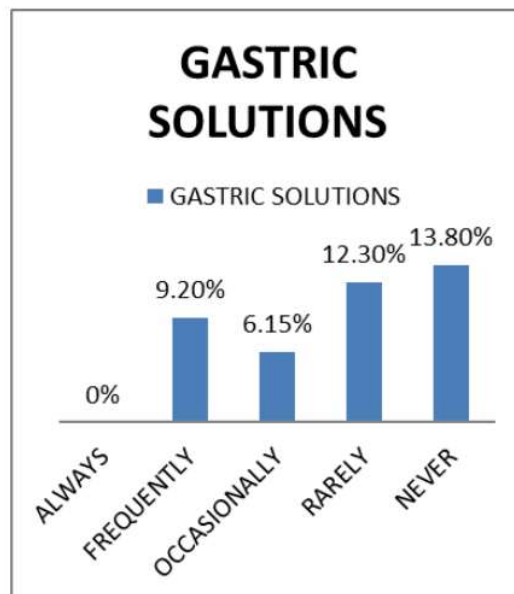
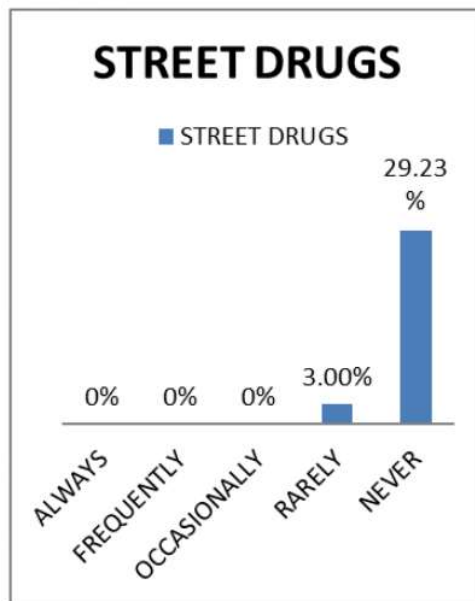
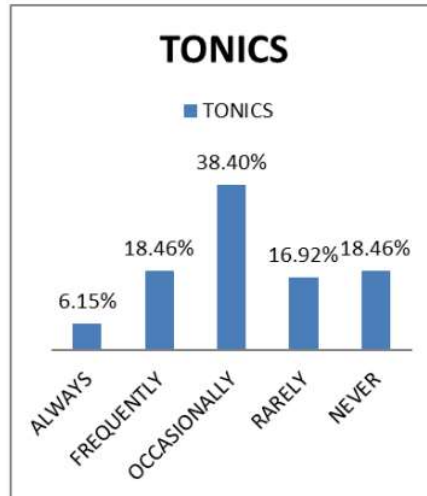


Figure 8



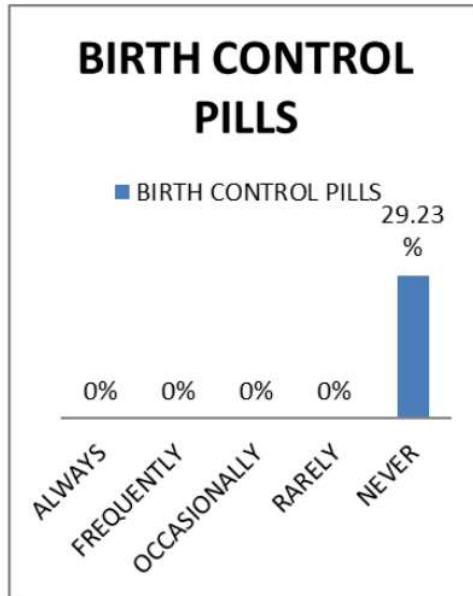


Figure 9

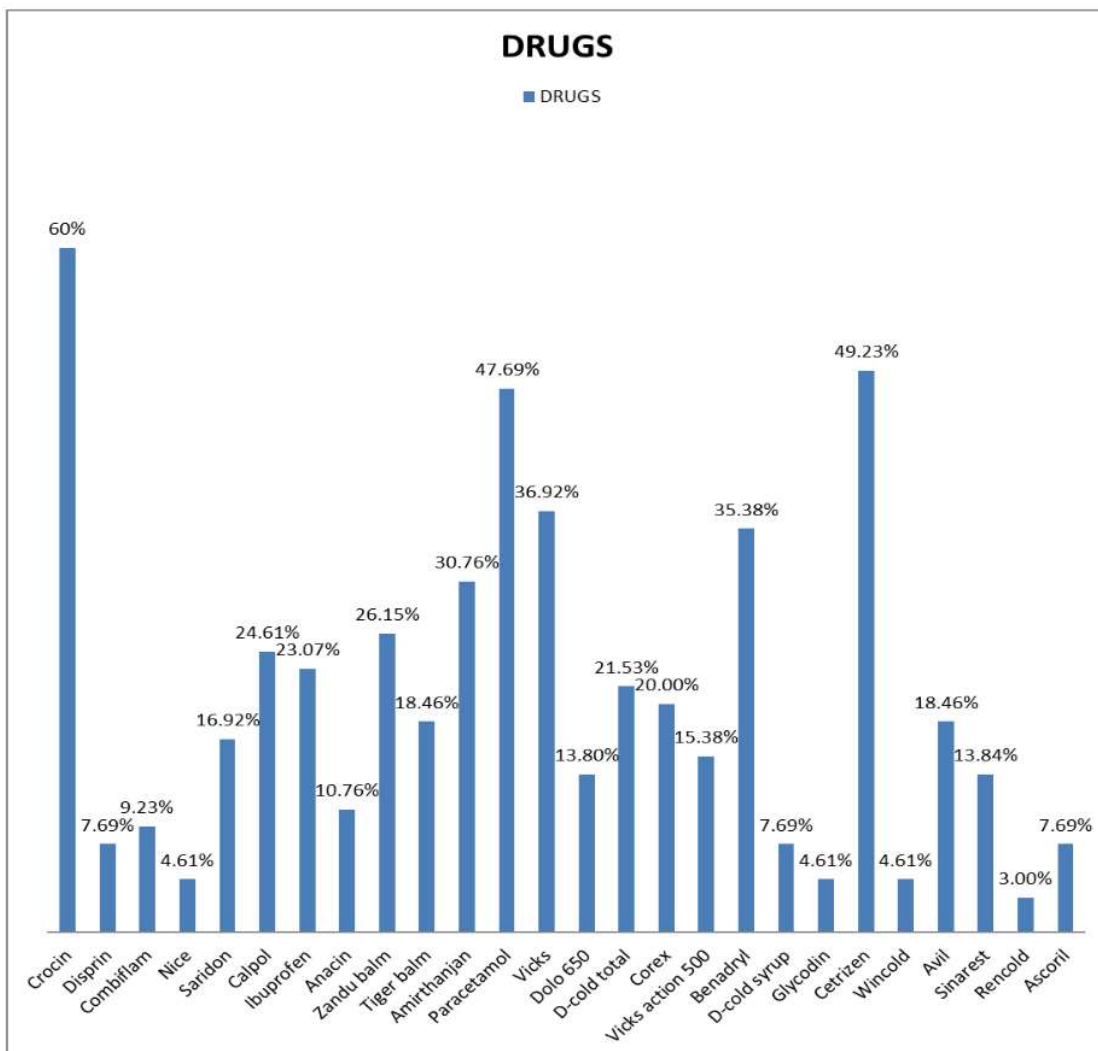


Figure 10: Common drugs used for headache/fever/cough/cold in self medication

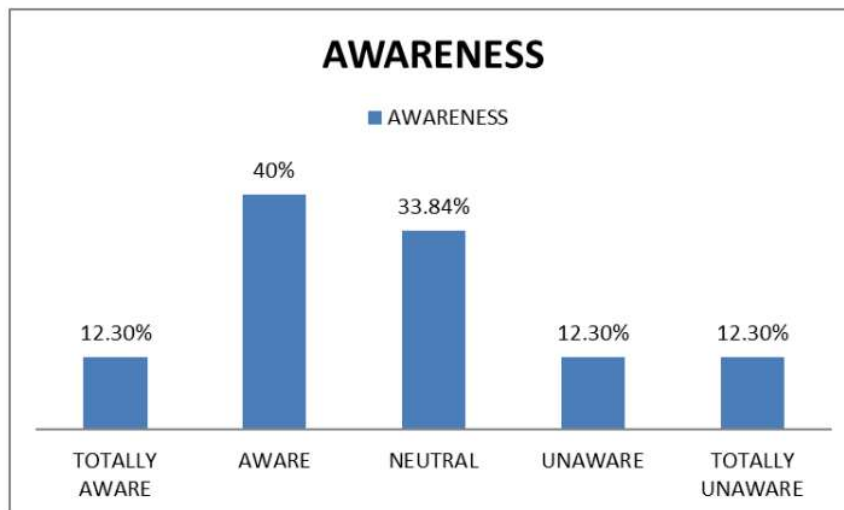


Figure 11: Awareness of the side effects of self medication

CONCLUSION

Self medication practices are high among educated people, despite of being aware about the side effects. Most of the respondents are found to have positive attitude in self medication during minor illness. Almost every self medication was involved with headache and fever, cough & cold, gastrointestinal infection, mouth ulcer & throat infection. However, if not diagnosed properly minor illness may cause major problems. Usually fatal diseases have symptoms like fever, body ache and head ache. An effort should be taken to prevent the self medication from escalating which involves (i) awareness and education regarding the societal implications of self medication (ii) strategies to prevent the supply of medicines without prescription by pharmacies (iii) strict rules on pharmaceutical advertising and (iv) strategies to reduce the difficulties in procuring health care facilities. These approaches and strategies would definitely reduce the incidence of drug related mishaps and helps maintain the good health of individual and society. This study has contributed to a better understanding of self-medication in educated populations This is possibly due to the fact that there has been little or no change in the OTC drugs since 1996. Also the National Health guidelines which influence this policy have not varied significantly during this period. In the case of a mild/moderate health problem the results with regard to age, professional status and source from which advice was sought, were as expected. Prevalence of self-medication is high in the educated people, despite majority being aware of its harmful effects. There is a need to educate the youth to ensure safe practices. Strict policies need to be implemented on the advertising and selling of medications to prevent this problem from escalating.

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