

IMPACT OF CLINICAL PHARMACIST TO IDENTIFY RISK FACTORS OF SELF-MEDICATION PRACTICES AMONG ELDERLY IN BANGALORE- A SURVEY

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ABSTRACT

Self-medication defined as the exploit of a item for consumption without proper therapeutic supervision and no prescription in order to indulge a disease to promote health. Self-medication usage has been triggered by few criteria like economic, political, cultural factors and the practice is becoming a foremost health problem among public worldwide. The Main motto of the study was based on the Impact of clinical pharmacist to identify risk factors of self-medication practices among elderly. It is a community based, Prospective, cross-section and observational study. The purpose of our research was to examine risk factors of self-medication practices amongst elderly people. Various studies revealed that self-medication practices is common throughout the world. Prevalence of self-medication is 84.21% practices are also high in this study was comparable prevalence has been reported in studies conducted among Nepal 81.9%, South western Nigeria 91.4%. In the present study self-medication practices among elderly is about 10% but in other report is about 16.9%. The major objection related to self-medication practices was fever and headache (40%) , followed by cough(22.63%) , pain and chills(14.73%). Classes of medicines which are used recurrently for self-medication in the current study were Analgesics (25.26%), Antipyretics (19.47%), and Antibacterial (13.68%). The common reason for self-medication practices reported by our study respondents are previous experience, sufficient. The study concluded that majority of the study participants had self-medication (84.21%), the study found that the fever, headache, infection etc were the main ailments for the participants that took to self-medication the most recurrently used class of drugs were Analgesics (25.26%), Antipyretics (19.47%), and Antibacterial (13.68%).

INTRODUCTION

Self-medication defined as the utilize of a product without Physician prescription or medical consultation in order to prevent or treat a disease to promote health status at that point of time.^[1] According to WHO's definition, self-medication involve the consume of medicinal products by the consumer to treat self-diagnosed disorders or symptoms and continued use of medication prescribed by a physician for chronic or recurrent diseases symptoms.^[2] A study in 2000-2004 confirmed an drastic raise of self-medication habit in the last years from 17% to 35.5%.^[3] Globally constant raise in self-medication has been triggered by few criteria's like economic, political are the practice is becoming a

major public health problem^[4] However, there is a variation in the prevalence of self-medication practices among few countries in relative to the variations in socioeconomic factors, dissimilarities in health care systems such as compensation rules, access to health care, and medicine dispensing policies.^[5] In specific, over-the-counter (OTC) drugs are of confirmed efficacy and safety their indiscriminate use improper knowledge of the interactions in extreme age groups and in special conditions such as pregnancy and lactation can have serious implications.^[6-7] For decreasing the threat of antibiotic resistance, limitation of self-medication practices of antibiotics is required.^[8]

AIM AND OBJECTIVES

The plan of the study was based to identify reasons of Practices of Self-Medication among elderly and create awareness so as to prevent the unnecessary usage of medicines without prescription.

METHODOLOGY

Study sample: The sample size considered is [N= 190 Patients.]

Study Design:

It is A Community -based, Prospective, cross-sectional and observational study.

Study Period:

The current study was conducted for a period of 8 months from July 2019 to February 2020.

Study site: The study was conducted in few areas of Bangalore.

STUDY CRITERIA

Inclusion criteria:

People around the age group of 18-55 years and who are ready to participate are included.

Exclusion criteria:

People below the age <18 years and above the age group of 55 years were excluded.

People who are not prepared to participate are excluded

SOURCE OF DATA

Method of collection of data:

All the samples satisfying the inclusion criteria were selected after explaining the study to the subjects then included in the study. Tool of data collection Structured interviewing questionnaire was designed to collect data.

Statistical tools:

Data were collected from the patient’s chart and was subjected to analyze by performing descriptive statistics. The obtained data tabulated and analysed in terms of objectives of the study, by using inferential and descriptive statistics.

RESULTS

Table: 1 Basic demographic details of the patient

S.no	DEMOGRAPHIC DETAILS	NUMBER	PERCENTAGE
1.	Gender		
	Male	67	35.26%
	Female	123	64.73%
2.	Age: (In years)		
	18-25	67	35.26%
	25-35	46	24.21%
	35-45	35	18.42%
	45-55	23	12.10%
	>55	19	10%

3.	Marital Status		
	Married	75	39.47%
	Single	56	29.47%
	Separated	18	9.47%
	Divorced	41	21.57%
4.	Academic Status		
	Illiterate	21	11.05%
	Read & write but no formal education	35	18.42%
	Primary & Secondary education	16	8.42%
	Higher education	46	24.21%
		72	37.89%
5	Monthly Income		
	<1500	41	21.57%
	1500-3000	85	44.73%
	>3000	64	33.68%
6.	Have Insurance		
	Yes	65	34.21%
	No	125	65.78%
7.	Number of Children		
	0	45	23.68%
	1	67	35.26%
	2	48	25.26%
	>2	30	15.78%
8.	Place of Residence		
	Rural	102	53.68%
	Urban	88	46.31%

Table:2 Every Practiced Self-Medication

Yes	160	84.21%
No	30	15.78%

Figure-1: Complaints of Self-medication

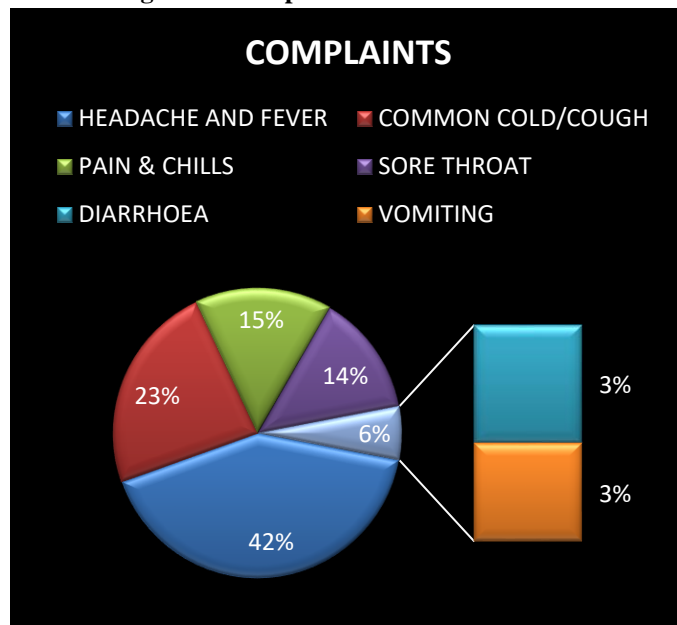
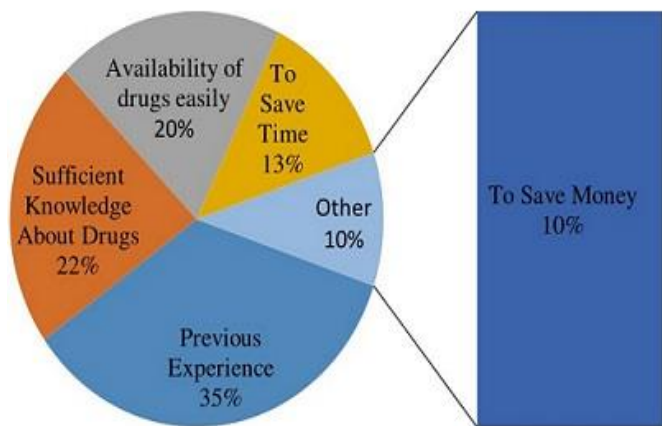


Figure-2: Reasons of Self-medication
Reasons of self medication



south western Nigeria reported UTI, Sore throat and diarrhoea as the major complaints which correlates with our study. Classes of medicines which are used recurrently for self-medication in this study were analgesics (25.26%), antipyretics (19.47%), and antibacterial (13.68%). Our study correlates with similar findings were observed in another study from Nepal in which antipyretic, analgesics, and antibacterial were the drug commonly used for self-medication. But in our study it was found to be least reported medicine (2.63%) [10]. The reason behind selection of these medicines could be due to mild illness, previous experience of good results. The regular reason for self-medication practices reported by our study respondents are previous experience, sufficient knowledge about drugs, and availability of drug easily, to save time, to save money and health facility is too far.

Table 3: Class of Medicines Used In Self-medication

List of medicine used in self-medication	frequency	percentage
Analgesics	48	25.26%
Antipyretics	37	19.47%
Antibacterial	26	13.68%
Vitamins & minerals	19	10%
Antiemetic	16	8.42%
Antacids & Antiulcer	14	7.36%
Antifungal	8	4.21%
Anti-allergy & medicine used in anaphylaxis	8	4.21%
Anti-malarial	5	2.63%
Ophthalmic medicines	4	2.10%
Laxatives	3	1.57%
Cathartic	2	1.05%

DISCUSSION

The purpose of our research was to consider risk factors of self-medication practices among elderly people. Various studies revealed that self-medication practices is common throughout the world. Prevalence of self-medication practices in our study was 84.21%. Similar incidence has been reported from Serbia students 79.9% [9] Nepal 81.9% [10] South-western Nigeria 91.4%. In the present study self-medication practices among elderly is about 10%. But in other study report the self-medication practices among elderly is about 16.9%. This study shows that the major objection related to self-medication practices was fever and headache (40%), Followed by cough (22.63%), pain and chills (14.73%). A study in

CONCLUSION

The study concluded that greater part of the study participants had self-medication (84.21%), the study states that more than 10% among elderly practiced self-medication. The study showed females practiced self-medication more than males. Their common reason were for practice were found to be previous experience, knowledge in relation to the drug, the study found that the fever, headache, infection. Were the main ailments for the participants that took to self-medication the most recurrently used class of drugs were analgesics (25.26%), antipyretics (19.47%), antibacterial (13.68%). The monthly income & knowledge about self-medication drugs were both associated with SMP (self-medication practice).

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CONFLICT OF INTEREST None declared

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