

SELF-MEDICATION IN PATIENTS COMING TO A PRIVATE TEACHING DENTAL HOSPITAL IN PESHAWAR

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ABSTRACT

Objective: To determine self-medication among patients visiting a private teaching dental hospital of Peshawar.

Materials and Methods: The cross sectional study was conducted at Sardar Begum Dental College, Peshawar during a time period of 2 months. Data was collected through a customized Performa using closed ended interview based questionnaire. The questionnaire included question about socio-demographic data as well as information about self-medication practices by respondents through closed ended questions. Data obtained were analyzed with the SPSS version 16.

Results: A total of 200 patients participated in this study. There were 146 (73.0 %) females and 54 (27.0%) males. The age of the respondents ranged between 16-64 years. The most common reason of self-medication was pain (68%). Most of the respondents (48%) taking analgesics, 45% combination of antibiotics and analgesics. Half of the subjects (42%) were prompted by family members and pharmacists for taking self-medication. In this study, 60% of the respondents didn't consider self-medication as a good practice but 73% claimed to continue the practice in future.

Conclusion: In the present study, self-medication practices were high. It was distressing to note that every other patient attending dental department for treatment was indulged in self-medication in the past or present and the most disturbing findings were the high prevalence among educated people. Analgesics were the most common drugs abused for self-medication. Among the reasons of self-medication, toothache was the most common one.

Keywords: Self-medication, antibiotics, analgesics, drug resistance, adverse effects

INTRODUCTION

Self-medication has been defined as the “In appropriate consumption of drugs or obtaining drugs without a doctor guidance to self-treat a common health issue”. In Public Health practice medication is of great importance. Since 1980's World Health Organization changed some prescription drugs to be sold over-the-counter in order to overcome the burden on health professionals. Tooth ache has been a common side effect that is principally experienced in the dental calling and analgesics are routinely

utilized along with antibiotics in order to evade the requirements for dental meeting and treatment. In the dental calling, apart from uneasiness because of a fear for dental specialists and their training, toothache is the no doubt manifestation that may warrant patients to leave on self-medication.

Self-medication is regularly practiced everywhere throughout the world. A few reasons have been given for self-medicine, desire of self-care, lack of time, absence of access to social insurance administrations, simple access to drugs, past prescription of the medications, absence of money, ignorance, broad ad, feeling of compassion towards a relative in sickness and wanting to get rid of the complexity related with standard treatment. ,

Advantages of self-medication incorporate

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diminished potential recurrence of doctor visits, patient self-sufficiency and decreased expenses. However, these elective medicinal practices need clinical assessment of the condition by a prepared medical expert. Inappropriate self-medicine, in any case, may result in genuine health risks, for example, adverse medications responses, drug dependence and expended opposition of pathogens which could result in missed finding, postponement of proper treatment, unfavorable medication connections and expended danger of medication harmfulness as consequence of under or overdosing. For the most part it is acknowledged that self-medication has a significant job in minor sickness.

The worldwide recurrence of self-medication changes up to 68 % in European nations while a lot higher in developing nations as 92% in Kuwait. The predominance rates in India are 31 % and 59% in Nepal. , ,

The circumstances in developing nations is discouraging because of poor dental administrations accessible, absence of legitimate control of pharmaceutical items by significant government officers, social impression of specific diseases, and their apparent reactions to indigenous drug are the motivations to make the training an obligation. ^{4,7,17,18}

Objective

To determine self-medication among patients visiting a private teaching dental hospital of Peshawar.

MATERIALS AND METHODS

The cross sectional study was conducted at Sardar Begum Dental Hospital, Peshawar during a time period of 2 months after ethical approval from Ethical Review Board of Sardar Begum Dental College & Hospital, Peshawar. Data was collected through a customized Performa using closed ended interview based questionnaire. This questionnaire was designed and divided into 2 major sections.

The first section was about socio-demographic data of respondents such as age, gender, marital status, level of education and occupation and the second section was regarding self-medication practice by respondents through closed ended questionnaire about the type, reason, duration, route, information, side effects, family members practicing, right dosage and timings and whether they will continue the practice

in future or not. Pilot testing of questionnaire was done to validate the questionnaire. The exclusion criteria included patients under 18 years of age and those who were not practicing self-medication. A non-probability sampling technique was employed. Data obtained was analyzed using SPSS version 16.

RESULTS

A total of 200 patients participated in this study .There were 146(73.0%) females and 54 (27.0%) males. Out of 200, 64 were single and 136 were married. The age of the respondents ranged between 18 to 64 years. Amongst the participants, 45% were educated, 44% were uneducated and 11% had passed Madrassa. In this study most common reason of self-medication was pain 68%, most of the respondents (48%) were taking analgesics, 45% combination of antibiotics and analgesics, while 7% only used antibiotics (Fig 2). Majority of them i.e. 92% were taking self-medication orally and 42% were prompted by family members and pharmacists for taking self-medication. Around 85% of the respondents claimed that their problem was relieved with self-medication and 90% of the participants did not report any side effects while practicing self-medications.

Out of all subjects, 64% did not know the right dosage and timings of medicines and 79% stopped taking medicines (antibiotics) after the symptoms disappeared and 17% at completion of antibiotic course. Majority of respondents (80%) were taking self-medication along with their family members. In this study, 60% of the respondents did not consider self-medication as a good practice but 73% claimed to continue the practice in future.

DISCUSSION

The present study was an attempt to contemplate the prevalence, pattern and familiarity with self-medication practices. To our knowledge, this was the primary study to look at patient's attitude towards self-medication. Prescription tranquilizer and antibiotics in Pakistan are effectively accessible over-the-counter, as opposed to developed nations where severe criteria are set up to administer drugs.

The present study showed that participants who practiced self-medication, toothache was the principle reason as the triggering factors for administration of self-medicine. As there where not such investiga-

Table 1: Attitude of patients regarding self-medication

Questions	Yes	No	Not Sure
Does the medication relieve problem?	84%	4%	11%
Do you think self-medication can harm you?	40%	60%	-
Did you experience any side effects from self-medication?	10%	90%	-
Does other members of your family practice self-medication?	80%	20%	-
Would you practice self-medication in future?	72%	18%	10%

Table 2: Association of gender with reasons for Self- Medication

Reasons for self-medication	Gender		Total	P- Value
	Male	Female		
Pain	32	104	136	0.016
Dental phobia	0	2	2	
Cost	2	4	6	
Time	4	2	6	
Lazy	2	0	2	
Any other	2	2	4	
Pain + time	4	16	20	
Pain + time +lazy	2	10	12	
Lazy + time	0	2	2	
Lazy + time + dental phobia	6	4	10	
Total	54	146	200	

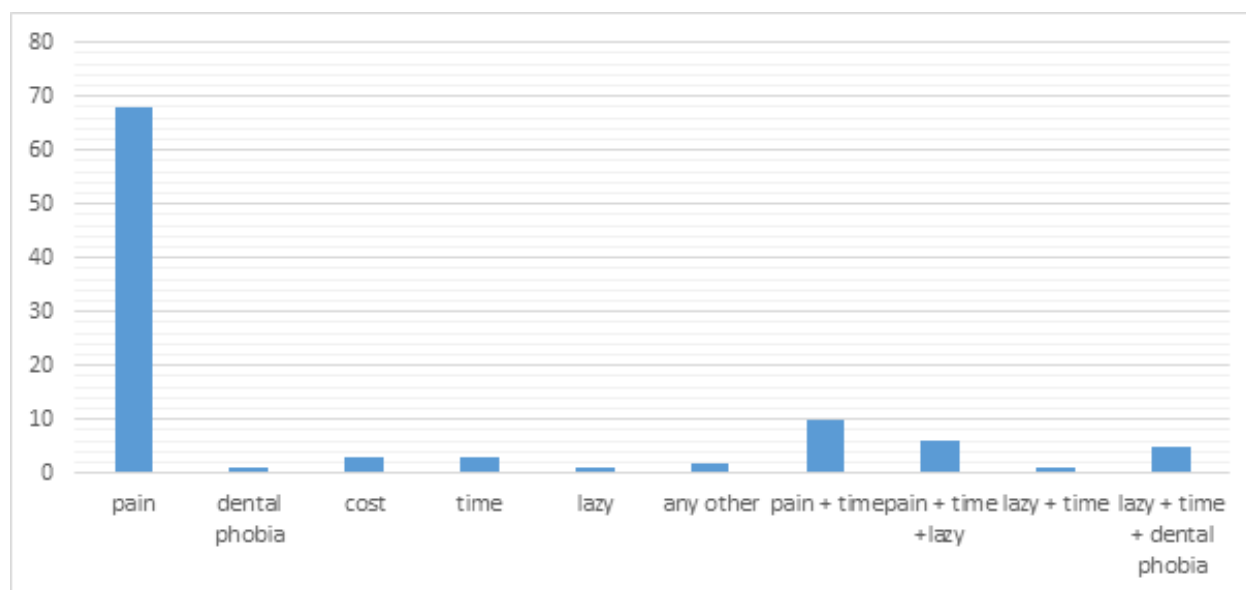


Fig 1: Reasons for Self medication

tions which have been done till date to survey the act of self-prescription in connection to oral issues. It has been reported that dental issues were considered as one of the reason of self-prescription alongside

general health issues.

The role of education in self-medication is unique, due to the fact that increased education

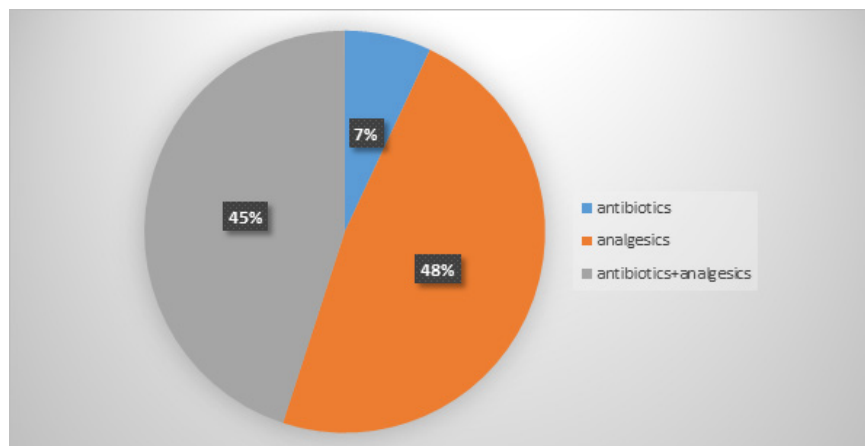


Fig 2: Types of Medications

makes individual confident of self-prescription while respondents who are unskilled may know the common medication names, color, and shape which assist them in self-medication.

There was no statistically noteworthy association between self-prescription and consulting a dentist, whereas, an increase in self-drug was emphatically connected with the time elapsed since the last dental visit. This could be ascribing to the way that during the ongoing dental visit, the respondent may have been told on taking medication by the dental specialist. This finding underlines the way that ordinary dental visits might be advantageous to the patient in anticipating self-medication. The finding that the habitually self-cured medications were analgesics followed by antibiotics is similar to observation of previous studies.^{3,24}

According to the present study, females especially married women's were more likely to utilize self-recommended drugs than males. Conversely, one examination announced from Turkey found that males were 1.24 times more likely to utilize self-recommended antibiotics than females. In contrast to a past report, in Nigeria there was no relationship between marital status and self-prescription practices.

In our study the frequency of self-medication was 100%. This is higher when contrasted with the findings announced in China 32.5%,⁹ India 34.5%, Turkey 45%, yet less when contrasted with findings done in Sudan 73.9% and in Kuwait 92% .

In this survey the mean age group ranged from 16 to 64 years, and the participants mean age was 35years showing that most of the study participants

were middle-aged and had practice of self-medication. This finding is as per the investigation led by Shankar et al. in 2002 and Ritu et al. in 2011 observed that middle-aged participants had routine with regards to self-prescription when contrasted with outrageous age groups. The explanation behind such pattern is because of the reality this age group in the population are the person who are at more pressure and outstanding task at hand and furthermore in the meantime the working population in the general public.^{16,22}

As indicated in this study, most common reason of self-medication is pain (68%), rather than other study in Pakistan (40%), and India (61.04%) considered cost to be the reason, in Saudi Arabia (58%) and (61.04%) absence of time was considered in India, while dental fear is 52% in Pakistan and 28.42% in India.

In this study, 64% of respondents did not know the correct dosage and timings of medicines and 79% stopped taking antibiotics after the symptoms disappeared while interestingly a study in India showed that 70% did not have the knowledge about the right dosage and timings of medicine.

CONCLUSIONS

This study concluded that pain was the most common cause of self-medication. Female patients were found to be more inclined towards self-medication as compared to male patients. Patients were also unaware about the right dose and timings of antibiotics. Majority of the patients reported to continue self-medication despite partially aware of the risks involved. Over the counter availability of antibiotics

and lack of regulations from the government may lead to increase in drug resistance to antibiotics.

Limitations

Due to lack of time the sample size of the study was limited. A more representative multi-centric study with large sample size may improve the validity of the study.

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