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Perception of Community Pharmacist on self-medication in Erode, India

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ABSTRACT

The aim of this study was to explore the perceptions of community pharmacists towards the concept of self-medication Erode, India. A cross-sectional study was carried out in Erode between August 2010 and December, 2010. A 20-item self-completion questionnaire was administered to a randomly selected sample of 50 community pharmacists from Erode. Main outcome measures included understanding of self-medication, reasons for why patients practice self-medication, source for drug of choice, attitude towards Patient counseling, barriers to implementation of patient counseling. Data's were analyzed. Descriptive results were expressed as frequency and percentage. Most patients were seeking self medication for headache 14.72%, Fever 14.29%, urinary tract infections 10.13% etc. The drugs most commonly dispensed or purchased on a self medication basis were NSAIDs 33.7%. Pharmacists 56% and previous prescription 24% were the common sources from where patients get information about drug of choice. Simplicity of the disease 44% was the reason why patients prefer self-medication. Lack of time 60% and lack of interest of the patients 36% were the reasons that pharmacists mentioned for not counselling the patients. Main reason for practicing self-medication irrational self-medication is due to their lack of knowledge about the complications that can occur by practicing self-medication without proper diagnosis. These barriers could be overcome through participation in effective continuing educational programs and creating awareness to the public about the complication of self-medication without proper diagnosis. Patient health awareness programs and pharmacist continuing education are necessary in Erode.

Key words: Community pharmacists, self-medication, Patient counseling.

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INTRODUCTION

William Osler said that “a desire to take medicine is perhaps the great feature which distinguishes man from animals” [4]. Self medication is defined as obtaining and consuming drugs without the advice of physicians either for diagnosis, prescription or surveillance of treatment. This include acquiring medicines without a prescription, resubmitting old prescriptions to purchase medicines, sharing medicine with relatives or members of one’s social circle or using left over medicines stored at home. In simple definition we can say that self medication is the self administration of medication to treat self-recognized illness or symptoms medication not prescribed by or in manner not directed by a physician.

OTC products provide treatment in areas which do not required or desired importance or medical intervention. Self medication has been used very widely to combat behavioral and psychological problems such as smoking. Pharmacists can help patients to choose the right OTC smoking cessation products to help them successfully quit smoking. That is up to 3,00,000 people each year who are able to reduce their risk of lung cancer, emphysema, stroke, heart attack and complications in pregnancy because of self-care products that help them stop. Such readily available products, non-prescription nicotine etc., help people to quit smoking [7].

The problem with self-medication is that it is based on self-diagnosis!!!! Also, the products available for self-medication are mostly designed and intended to only treat the symptom of a minor problem until it goes away on its own, and is not designed or intended to treat the cause.

Role of the Pharmacist in Self-medication

The pharmacist has several functions, the pharmacist should initiate dialogue with the patient (and the patient's physician, when necessary) to obtain a sufficiently detailed medication history; the pharmacist must ensure confidentiality concerning details of the patient's condition. The pharmacist must ensure that the products he/she purchases are from reputable sources and of good quality. The pharmacist must ensure the proper storage of these products. The pharmacist is often assisted by non-pharmacist staff and must ensure that the services rendered by these auxiliaries correspond to established standards of practice [6]. It is imperative that pharmacists develop quality collaborative relationships with: Other health care professionals, the pharmaceutical industry, Governments (local/national), Patients and the general public. As a member of the health-care team, the pharmacist must: Participate in health promotion campaigns to raise awareness of health issues and disease prevention. Provide advice to individuals to help them make informed health choices.

AIM AND OBJECTIVES

To assess the perception of community pharmacist on self-medication. To note the demographic details of community pharmacists. To evaluate the interest of community pharmacist toward patient counseling and to identify reasons for not counseling patients.

METHODOLOGY

A questionnaire based study was conducted on randomly selected 50 community pharmacists from community pharmacies in Erode. Contents of the questionnaire are demographic details of the pharmacists, number of customers approach pharmacy per day of self-medication, reasons for why patients practices self-medication, commonly asked drugs for self-medication, source from where patients gets information about drug of choice, reasons for not counseling the patients etc. All data's were coded, entered, analyzed and descriptive results were expressed as frequency ad percentage.

RESULTS

Table- 1 summaries the demographic details of the pharmacists involved in the study. Majority of the pharmacist were males 72% and females 28%. Education qualification showed that 58% were D. Pharm, 40% were B. Pharm, and 2% were M. Pharm. According to pharmacist statistics 40% patients were accessing for one day 24% pharmacists reported that No. of customers' approaches pharmacy per day is 1 to 10. Table 2. showed the self medication related data according to pharmacist's point of view. 58% reported that they get the basic information about that patient. Majority of the pharmacist reported that the information they get from patients are symptoms 86.20% the demographic details 6.89%, previous medicines (6.89%) pharmacists reported that the main source from patients gets information about drug of choice is previous prescriptions 56%.

It was found that 44% pharmacists reported that simplicity of the diseases is the reason why patients choose self medication. Only 4% pharmacist inform to the patients that self medication without proper diagnosis may ignore major complication of a disease and may cause serious side effects. 74% pharmacists do not dispense self medication drugs to the pregnant and breast feeding women. Only 48% pharmacist counsel the patient while dispensing regarding medications in Table 2.

TABLE 1: Demographic details of pharmacists

DEMOGRAPHIC FACTORS	CATEGORIES	NO. (%)
Gender	Male	36(72.00%)
	Female	14(28.00%)
Educational qualification	D.pharm	29(58.00%)
	B.pharm	20(40.00%)
	M.pharm	1(2.00%)
Marital status	Married	27(54.00%)
	Unmarried	23(46.00%)

Dose	1 week	6(12.00%)
	One day	20(40.00%)
	One dose	7(14.00%)
	Two days	17(34.00%)
No. of customers approach pharmacy per day	1 to 10	12(24.00%)
	10 to 20	16(32.00%)
	20 to 30	11(22.00%)
	30 to 40	5(10.00%)
	40 to 50	6(12.00%)

TABLE 2: Results from community pharmacist about the self-medication practice among customers.

SELFMEDICATION RELATED DATAS	CATEGORIES	NO. (%)
Basic information's get or not	Yes	29(58.00%)
	No	21(42.00%)
Basic information's they gets are :	Demographic details	2(6.89%)
	Previous medicines	2(6.89%)
	Symptoms	25(86.20%)
Source	Drugs directory	0(0%)
	Family, friends	10(20%)
	Pharmacists	28(56%)
	Previous prescriptions	12(24%)
	Self decision	0(0%)
Reason	Disease is simple and did not require intervention of doctor	22(44%)
	Treatment cost is high in the hospital or to save money	11(22%)
	Previous experience with the ailment	17(34%)

Perception of Community Pharmacist Towards Self-Medication.

Table 3. 60% pharmacists' don't inform to the customers that self medication without proper diagnosis may ignore major complication of the disease. Most of our pharmacists 74% do not dispense drugs to pregnant women without prescription. 52% pharmacists don't counsel the patients regarding medication.

Table 4, describes that 60% pharmacist suggested that lack of time is reason for not counseling the patients regarding medication and 36% pharmacist reported lack of interest of

patient is the reason 4% reported that they do not have enough knowledge to counsel the patient. Describes that 30% of pharmacist reported that reason for not encouraging the self medication is due to the side effects. Only 2% pharmacist describes that pharmacist has no right to prescribe drugs in Table 5.

TABLE 3 Perception of community pharmacist towards self-medication

SELFMEDICATION RELATED DATAS	YES OR NO	NO. (%)
Do they inform that self medication without proper diagnosis may ignore major complication of a disease and cause serious side effects to the patient	yes	20(40.00%)
	no	30(60.00%)
Do they dispense self medication for pregnant and breast feeding women	yes	13(26.00%)
	no	37(74.00%)
Do they counsel the customer regarding the medication	yes	24(48.00%)
	No	26(52.00%)

TABLE 4 REASONS FOR NOT COUNSELLING AND DENYING DISPENSING CERTAIN DRUGS PATIENTS

SELFMEDICATION RELATED DATAS	CATEGORIES	NO. (%)
If pharmacists do not counsel patients while dispensing, what are the reasons	Lack of interest of patients	18(36%)
	Lack of time	30(60%)
	Lack of knowledge	2(4%)
Denied to dispense any drug or not	Yes	30(60.00%)
	No	20(40.00%)
If denied which all drugs	Antiepileptic	2(6.66%)
	Antipsychotics	14(46.66%)
	Cardiac medicines	6(20%)
	Drugs used for abortion	3(10%)
	Hormonal drugs	5(16.66%)
	Total	30(60%)

TABLE 5 REASONS FOR NOT ENCOURAGING SELF-MEDICATION

SELF MEDICATION RELATED DATAS	CATEGORIES	NO. (%)
Encourage Self-medication Or not	Yes	6(12.00%)
	No	44(88%)
Reasons for not Encouraging Self-medication	Can't do proper diagnosis	8(16.00%)
	Can't give correct dose	5(10.00%)
	Complications of disease will b unnoticed	9(18.00%)
	Disease can't be cured properly	3(6.00%)
	May cause lethal death to patients	4(8.00%)
	May cause over dosage	1(2.00%)
	Pharmacist has no right to prescribe drugs	1(2.00%)
	Side effects	15(30.00%)

DISCUSSION

In India, access to medications is easy. Many patients directly purchase medications from that community Pharmacies because they are easily accessible, fast and less expensive than going to the doctor's clinic first. This is even more obvious in village areas where medical services are in adequate [1, 5]. Surveys have found that community pharmacies are very often the first and only source of health care outside the home. In Nepal, the department of drug Administration, the national drug controlling authority under the ministry of health and population in the year 1981, established a 45 hours course for drug retailers, which emphasized practical training as well as formal teaching on pharmacology, ethics, storage of drugs, and legal issues [2]. For running a community pharmacy, the DDA (drug department administration) has allowed pharmacist, assistant pharmacists or persons who had taken 45 hours course or training, as capable for running a pharmacy.

In our study majority of the Pharmacists were D. Pharm holders and most of them were the owners of the pharmacy. Male pharmacists were more when compared to female and majority were married too. This is controversial to the result obtained from another study conducted in East Jakarta where there female pharmacists were more [3].



Our study found that in most of the pharmacy 10-20 patients' visits per day for self medication drugs. Most of the pharmacists get basic information about the demographic details of the patients.

It was found that majority of the pharmacists suggest simplicity of the ailments is the reason for taking self medication which is similar to that found in on patients characteristics.

This study it was reported that according to pharmacist statistics most of the patients ask the drug for one day.

Most of the pharmacist reported that pharmacist and previous prescription is the source from where patient came to know about the choice of drug for self medication. The similar to that found in the study on patients.

Most of the pharmacist suggested that head ache is the common disease for which patients asks drug for self medication. All pharmacists know that self medication without proper diagnosis may ignore major complication of a disease and cause serious side effects. But only 20% informs this to the patients. This may be due to the lack of time or due to personal profit. 74% pharmacists do not dispense drugs to pregnant and breast feeding women without prescription. Most of these dispensers in this study are interested in patient counseling. But they suggested that lack of interest of the patients is the major reason for not counseling the patients. The newly drafted national good pharmacy practice guidelines suggest that the pharmacist should provide counseling. 30% pharmacist sometimes denied dispensing certain drugs. Among them 16% pharmacist do not dispense antipsychotic drugs for self-medication practice. 88% pharmacists do not encourage self medication drug many reasons. Majority of pharmacist do not encourage self medication due the side effects and complications that occur without proper diagnosis.

CONCLUSION

The study indicated that many of the patients were using community pharmacy for treatment of minor ailments. The potential effectiveness of self medication is questionable because of the lack of medical follow-up, inadequate information supplied to the patient by community pharmacists and above all the incorrect diagnosis or therapy. Nephropathy and drug induced gastric ulceration may be two major problems regarding self-medication with NSAIDS. Furthermore, these irrational self medication and over the counter practices might cause serious drug interactions or adverse reactions among patients taking medications for chronic diseases. Lack of time and lack of interest of patients were the reasons which we found in the study which drags away community pharmacist from patient counseling. This can be overcome by increasing the number of pharmacists in the pharmacy and creating awareness about complications of self-medication without proper diagnosis to the patients while dispensing. Main reason for practicing self-medication irrational self-medication is due to their



lack of knowledge about the complications that can occur by practicing self-medication without proper diagnosis. This indicates the need for an educational campaign on necessity of proper medication use among the public. A forum or work shop should be organized for community pharmacists regularly to update and improve their knowledge in managing simple complaints and dispensing OTC drugs. In simple way we can create awareness about self-medication through Medias like news paper, magazine etc.

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