Self Medication Pattern and Practices Among Software Professionals in the Urban Population of Chennai.

Medical Science

Dr.S.A.Sridevi	M.D.,Associate professor, pharmacology,ACS medical college and hospital.
Dr. T.Janagan	M.D., associate professor, pharmacology,Srimuthukumaran medical college and hospital.
Dr. M. Ganesh	M.D.,Professor, physiology, ACS medical college and hospital.
Mrs. K. Ramya	M.Sc., assistant professor, ACS medical college and hospital.

ABSTRACT   *AIM:The practice of self medication is growing fast in urban area. This study was undertaken to evaluate self medication practices among software professionals working in urban chennai. 200 IT professionals were randomly recruited for the study.*

METHOD: The study was a questionnaire based study. The participants were asked to fill it. The results were analysed statistically.

Result: 96.5 % (195)were the total respondents of the sample size 200. Male respondents were 111 when compared to female 82. Most common drugs were analgesics(71.5%), antacids(62%) and antipyretics(58.5%). The factors causing self medication were mostly shortage of time(n=166), colleague's advice(n=152), urgency of illness(n=127) and trivial illness(n=117).

Conclusion: There is a need for an awareness campaign to let know people about precautions against the self medications for an ideal treatment strategy.

Introduction:

Self-medication can be defined as obtaining and consuming drugs without the advice of a physician either for diagnosis, prescription or surveillance of treatment.(2) In developing countries like India, easy availability of a wide range of drugs coupled with inadequate health services result in increased proportions of drugs used as self medication compared to prescribed drugs(3). There is always a risk of interaction between active ingredients of hidden preparations of OTC drugs and prescription medicines, as well as increased risk of worsening of existing disease pathology(4). Despite the growing research interest in self-medication, little information has been available about its major determinants especially in developing countries(5). Many resort to the practice instead of contacting professional health care workers because of long waiting periods in hospitals, minor ailments, cost factor, to save time, lack of accessibility, shortage of doctors, or a feeling that their ailment is beyond the knowledge of doctors.(6)

Individuals sometimes self administer medications through drug identification. Trade names were common means of identification and less frequently by generic name, action, colour, shape and common usage names(7). Sources of drug information could be from the sales clerk in the chemist shop,(8) print media, family and friends,(9) pharmacists, general medicine dealers, general and private medical practitioners(10) and among individuals who interact frequently with the public like hairdressers, salespeople and bank officials. Among the young ones, source of drug knowledge include family members especially the mother (for therapeutic purposes), peer groups and the illegal market (for addiction purposes)(11).

METHODOLOGY:

As there is lack of study published regarding self medication among software professionals in an urban set up, this study was undertaken by enrolling 200 IT professionals randomly. The participants included were in the age group of 25 to 35 years. Both males and females were included. The exclusion criteria were people who had major chronic illness, doctor prescribed long term medications, participants who were not willing , pregnancy and lactating mothers.

The questionnaire was set after an extensive literature review.

The information collected from the questionnaire were

- Age
- Sex
- the type of medication,
- illness for which the medication was used
- frequency of self medication
- reasons for not consulting an allopathic doctor.

Basic demographic details:

Table 1: age and sex distribution of the participants

Age groups	No of participants selected	Percentage of respondents	male	female
25-30	120	118(98.3)	78	40
31-35	80	75(93.5)	33	42
total	200	193	111	82

Next comes the type of medication used. Some of them included the over the counter (OTC) drugs.

Table 2:The most common drugs self medicated

Medicines N(%)	Percentage of total respondents
Anti pyretic	112(58%)
Multi vitamin capsules	56(29%)
Antacid/Anti ulcer drugs	120(62%)
Herbal/homeopathic	67(34%)
Street drugs	48(24.8%)
Analgesics	138(71.5%)
Antihistamines	63(32.6%)
Antibiotics	84(43.5%)
Sedatives	79(40.9%)
Tonics	95(49%)
Birth control pills	45(23.3%)

The description of each category of drugs among the IT professionals were fever relieving drugs(anti pyretics), pain killers(analgesics), anti allergy(anti histamines), sleeping pills

(sedatives), drugs for indigestion(antacids and antiulcer drugs),birth control pills(post coital pills).

The next analysis was on common type of illness, the participants took the self medication

Table 3:
Common health conditions for self medication

Illness	Numbers
indigestion	105
fever	110
Cough, cold, sore throat	124
Skin symptoms	58
Headache	97
Gastritis	81
insomnia	75
myalgia	143
diarrhoea	38
Eye symptoms	59
Ear symptoms	63

The frequency of self medication varies from person to person. It is based on the illness they suffer.

Table 4:frequency of the number of respondents taking self medication.

Illness	Frequency of self medication in a year			
	Once	2-3 times/ year	Every few months	Every few weeks
Pain killers	10	11	34	73
Anti pyretics	20	15	32	45
Antacids	6	18	35	61
Antibiotics	17	15	30	22
total	53	59	131	201

The factors for not approaching a physician was evaluated.

Table 5: data listing the reasons and the number of respondents.

reasons	Number
Shortage of time	166
Minor illness/problem too trivial	117
High cost of consultation	46
Previous experience	93
Availability of transport/convenience	76
Urgency of the illness/ problem	127
Colleague's advice	152

Results:

The results were analysed statistically. The basic demographic details include age and sex variation. table1 shows 111 were males and 82 were females. The disproportion in the number of females may be due to the exclusion of pregnancy and lactating mothers.

On the analysis of common medicaments used, analgesics(71.5%) followed by antacids/anti ulcer drugs(62%) as depicted in table 2.The reason for more use of antacids was due to gastritis developed over weekend parties and over alcohol intake. The table shows the list of common illnesses that force them to use self medication. Among them were severe myalgia, fever cough cold and gastritis, as shown in table 3.

The frequency of taking self medication varies among individuals. The factors for not approaching a physician were lack of time, busy time schedule, previous experience with the drug, similar kind of illness, (seen especially with indigestion and gastritis), peer's advice based on their experience, reluctance to fix appointment to a physician, and now the trending internet based datas available, which prompt them to try a drug based on the reviews posted on forums, blogs etc .

Discussion

Out of 200 participants, 193 were respondents when compared to a study conducted on a population on coastal areas of south india (12). The subjects have various reasons to explain their need for self medication, as compared to similar such studies conducted(13). The limitations of this study include the size of the sample which needs to be larger. More number of IT professionals could have been included. Also the elderly age population who are more prone for illness and subsequent self medications were not included.

Conclusion

The pattern and practice of self medication among software professionals were evaluated. This brings out a strong need to educate people on the risk of self medication and the responsibility of health professionals to empower this knowledge to the public. Easy availability, fancy advertisements and catchy drug names by the companies make them attract to these medications. They should be also enlightened about drug resistance, tolerance and drug failure that often arise due to frequent use of self medications.

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