FREQUENCY OF SELF-MEDICATION AMONG PATIENTS PRESENTING WITH FEVER IN OUTDOOR DEPARTMENT

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ABSTRACT:
Self-medication is a human behavior in which an individual uses a substance or any exogenous influence to self-administer treatment for physical or psychological ailments. The most widely self-medicated substances are over-the-counter drugs used to treat common health issues at home, as well as dietary supplements. This cross-sectional study was conducted among outdoor patients presenting with complaints of fever in different hospitals. Name, age, gender, disease duration, whether they do self-medication or not, reasons of self-medication were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. There were 125 patients included in this study. The mean age of the patients was 36.12±2.11 years. There were 65 males (52%) and 60 females (48%) in this study. Out of 125 patients, 23 patients had history of self-medication i.e. they took medicines on their own for fever. When asked about the reasons few told that they already had experienced similar kind of fever in the past and few patients said that they took paracetamol only for fever which is commonly used for fever.

KEYWORDS: SELF-MEDICATION
INTRODUCTION:
Self-medication is a human behavior in which an individual uses a substance or any exogenous influence to self-administer treatment for physical or psychological ailments. The most widely self-medicated substances are over-the-counter drugs used to treat common health issues at home, as well as dietary supplements. These do not require a doctor’s prescription to obtain and, in some countries, are available in supermarkets and convenience stores. The field of psychology surrounding the use psychoactive drugs is often specifically in relation to the use of recreational drugs, alcohol, comfort food, and other forms of behavior to alleviate symptoms of mental distress, stress and anxiety, including mental illnesses and/or psychological trauma, is particularly unique and can serve as a serious detriment to physical and mental health if motivated by addictive mechanisms. In postsecondary (university/college) students, the use of self-medicating of study-drugs such as Adderall, Ritalin, and Concerta has been widely reported and discussed in literature. Products are marketed by manufacturers as useful for self-medication, sometimes on the basis of questionable evidence. Claims that nicotine has medicinal value have been used to market cigarettes as self-administered medicines. These claims have been criticized as inaccurate by independent researchers. Unverified and unregulated third-party health claims are used to market dietary supplements. Self-medication is often seen as gaining personal independence from established medicine, and it can be seen as a human right, implicit in, or closely related to the right to refuse professional medical treatment. Self-medication can cause unintentional self-harm.
Self-medicating excessively for prolonged periods of time with benzodiazepines or alcohol often makes the symptoms of anxiety or depression worse. This is believed to occur as a result of the changes in brain chemistry from long-term use. Of those who seek help from mental health services for conditions including anxiety disorders such as panic disorder or social phobia, approximately half have alcohol or benzodiazepine dependence issues. Sometimes anxiety precedes alcohol or benzodiazepine dependence but the alcohol or benzodiazepine dependence acts to keep the anxiety disorders going, often progressively making them worse. However, some people addicted to alcohol or benzodiazepines, when it is explained to them that they have a choice between ongoing poor mental health or quitting and recovering from their symptoms, decide on quitting alcohol or benzodiazepines or both. It has been noted that every individual has an individual sensitivity level to alcohol or sedative hypnotic drugs, and what one person can tolerate without ill health, may cause another to suffer very ill health, and even moderate drinking can cause rebound anxiety syndrome and sleep disorders. A person suffering the toxic effects of alcohol will not benefit from other therapies or medications, as these do not address the root cause of the symptoms (1-3). The objective of this study was to see the frequency of self-medication among patients presenting with the complaint of fever in outdoor department.

MATERIAL OF METHODS:
This cross-sectional study was conducted among outdoor patients presenting with complaints of fever in different hospitals. Name, age, gender, disease duration, whether they do self-medication or not, reasons of self-medication were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. The
quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

RESULTS:
There were 125 patients included in this study. The mean age of the patients was 36.12±2.11 years. There were 65 males (52%) and 60 females (48%) in this study. Out of 125 patients, 23 patients had history of self-medication i.e. they took medicines on their own for fever. When asked about the reasons few told that they already had experienced similar kind of fever in the past and few patients said that they took paracetamol only for fever which is commonly used for fever.

DISCUSSION:
Self-medication in regards to antibiotics is reported as being highly prevalent and common in developing nations in Asia, Africa, the Middle East, and South American. While being cited as an important alternative to a formal healthcare system where it may be lacking, self-medication can pose a risk to both the patient and community as a whole. The reasons behind self-medication are unique to each region and can relate to health system, societal, economic, health factors, gender, and age. Risks include allergies, lack of cure, and even death.

Self-medication with antibiotics is commonplace in other countries too such as Greece. Such use is cited as a potential factor in the incidence of certain antibiotic resistant bacterial infections in places like Nigeria. Also inappropriate use of over-the-counter ibuprofen or other nonsteroidal anti-inflammatory drugs during winter influenza outbreaks can lead to death, e.g. due to haemorrhagic duodenitis induced by ibuprofen, or the consequences of exceeding the recommended doses of paracetamol by combining doses of the generic product with proprietary
flu-remedies and Tylex (paracetamol and codeine).

In a questionnaire designed to evaluate self-medication rates amongst the population of Khartoum, Sudan, 48.1% of respondents reported self-medicating with antibiotics within the past 30 days, 43.4% reported self-medicating with antimalarials, and 17.5% reported self-medicating with both. Overall, the total prevalence of reported self-medication with one or both classes of anti-infective agents within the past month was 73.9%. Furthermore, according to the associated study, data indicated that self-medication "varies significantly with a number of socio-economic characteristics" and the "main reason that was indicated for the self-medication was financial constraints" (4-6).

REFERENCES: