FREQUENCY AND PATTERN OF SELF MEDICATION PRACTICES AMONG THE STUDENTS AND LOWER STAFF OF MUHAMMAD MEDICAL COLLEGE

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Abstract
Background: Self medication can be defined as obtaining drugs without the advice of doctor (need to write full definition with reference as some books say that self medication means self-administration of prescribed medication. It is common in developing countries especially in Pakistan (reference?). Any other comparison? Objective of our study is to determine the reason, extent and (Not sure it makes sense)of self medication practices among the medical students and lower staff member (define lower staff)
Need to write why did you choose this question

Keywords: Self medication, students, Para medical staff (you haven’t used this word before), MMCH.

Abstract:
Methodology:
A cross sectional study was conducted in which pre tested questionnaire was administered to 100 students and 100 non doctor staff members of MMCH. Why 100. convenience sample? Over how many months? Which year? If you picked 100, these are out of how many total population (number of staff). Otherwise how do you comment on prevalence. Did you ask someone to look at protocol (e.g., governance committee and ethics committee)? Where is your sample questionnaire?

Results:
For medical students sample size was 100 and Participants were equally selected gender and Year wise. 81/100 students do self medication The most commonly used medication is pain killer (67%), metronidazole (60%) PPI (40) antibiotic (38) Anti emetics (22%) H2 receptor antagonist (21%) spasmylocics (15%) anti diarrheal (14%) Laxatives (10%), antacids and sedatives (9%) Sucrets and anti depressants (1%) Need number with median and mean. (44%) of them Take daily (5%) take weekly. (54%) take when Symptoms occur. (57%) 1/day. (25%) twice/day (19%) > 3/day reason of self medication is pain (73%), GI upset (40%), infection (31%), stress (15%) dietary cause (%). (8%) faced side Effects like allergy, intolerance etc. among lowers

Staff sample size was 100 participants were Equally selected gender wise 93/100 staff do self medication. Most common medication is Metronidazole (44%), PPI (33%) anti emetics (26%) h2 receptor antagonist and pain killer (18%) anti biotic (16%). spasmylocics and antacid (6%).
Anti histamine (3%), sucrets and sedatives (1%). (22%) take daily, (17%) weekly (69%) take when Symptoms occur (64%) take once/day. (27%) 2/day and (8%) more than 3/day. Reasons of self medication is (59%) pain, (39%) GI upset, (21%) stress, (18%) infection, (4%) due to diet, (5%) other causes, (5%) lack of money and (6%) face side effects need to write over how many

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months/years, they took these medications? any idea of
demography of staff? age? gender? education back-
ground? socio-economic background? also the same
about students. Although age and education background
is clear.

Conclusion:
In our brief comparative study we have found that the
prevalence of self medication is high in staff members
(93%) than in students (81%), the number of medications
used among students is analgesic, but which type? Are
these opioids e.g., codeine, Tramadol which are more
addictive than NSAID. metronidazole, PPI and antibiotic
while in staff member’s metronidazole, PPI anti emetics
pain killers and H2 receptor antagonist are common.
(This is part of discussion, not conclusion)

Discussion:
The occurrence of self medication among medical stu-
dents is considerably high. How do you know? If there
are 6000 students at MMC and out of 100, only these
people are taking, it is not high. Need to write proper
numbers. The major factor associated with self medica-
tion are assumed knowledge on diseases and their treat-
ment, prior experience of use of medicine by the medical
students and lower staff . If you think, it is bad practice,
you must write argument and references here.

- The present study showed that the self medication
  was widely practice by students and lower staff.
  Prevalence of self medication was high in staff mem-
  bers (93%) then in students (81%) the most com-
  monly self prescribe medicine were analgesics, met-
  ronidazole, PPI and antibiotics in medical students
  and lower staff members
- Compare with the ration of different studies revealed
  that self medication of anti malarial drug and antibi-
  otic was high in the University of South Western Ni-
  geria, based on the fact that these drugs are readily
  available. Frequency of use of these drugs in stu-
  dents was high because they live d in malaria en-
  demic region. Reference?
- Another study showed wide use of self medications
  in first year students (44.8%) in Bahrain 2006 and
  (76%) in Karachi. Reference?
- A study conducted at KAMATAKA where is it? re-
  vealed (53%) students practicing self medication. A
  notable finding in this study was final year practiced
  self medication more frequently than first year (P
  value <0.001) reference?
- A study done in Spain and turkey revealed that the
  ratio of self medication was (12.7%) and (45%),
  (57.05%) in medical students of west Bengal. (67%)
  in India and (38.5%) in Ethiopia. In Hong Kong it was
  (94%) which showed that self medications was not
  only in under developed countries but in developed
countries as well. Reference? Also Spain and Hong
  Kong may be classified as industrial countries but
  India/Bengal?
- According to above mention studies with references
  it is quite clear that self medication is considerably
  high all over the world having variable factors like
  previous experienced was the major reason besides
  non availability of doctors and transport, ability to self
  manage, assumption of better knowledge, lack of
time and cost of treatment were the other contrib-
uting factors (Sogunro and ogunremi 1990, hussain
and khanum 2008and sheriff 2011) need to use Van-
couver referencing as that is standard for JMMC.
Additionally fever, cough and headache are consid-
ered as condition responsible for self medication by
students in Pakistan and. The source of drugs was
patent medical stores, friends, relatives and left
over’s from previous prescriptions which are also
playing an important role
- WHO considers self medication as part of self care
  that helps efficient use of burdened health care sys-
tem, with guidelines of for regulatory assessment of
medicinal products for use in self medication. The
case of advocating for self medication is quite weak,
where the drug resistance is emerging and even
prescription medicines are readily available and can
be expensed through inexpert hands. Can self medi-
cation cause harm?
To us self medication may be justified only in safe
hands that are aware of the nature of drugs and able
to perceive the drug related side effects. This study
has an element that indicates toward the risks and
hazards perception ability of students, it showed that
self medication among youth is equally prevalent
regardless of education type and knowledge of
medicines. The self medication industry, 1999,p16

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