

Original Article

Self Medication Behaviour in Hypertensive Patients in a Tertiary Care Hospital

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ABSTRACT:

Aim: This study aims to study the pattern of self medication in hypertensive patients. **Materials and method:** Study was conducted in hypertensive patients in a tertiary care hospital of Jammu. Hypertensive patients were asked about the self medication behaviour pattern. Demographic data was also recorded. **Results:** Out of 60 females, 20 were postmenopausal, others were in perimenstrual phase. Only 5 females were smokers, none was taking alcohol. Among males 26 patients were smokers, 15 were taking alcohol. Self medication pattern was recorded. Out of 100 patients, 30 patients were taking self medication with antihypertensive medicines, 24 patients were taking herbal medicines, and others were taking both the drugs prescribed by doctors and other means to reduce blood pressure of their own. 40% of the patients were taking medicines prescribed by doctors. **Conclusion:** Patients with hypertension have a tendency to start medication of their own either allopathic or herbal drugs which can prove to be detrimental to the patient because of certain interactions. As the incidence of hypertension is rising, proper education of patient about drug interactions and harmful effects of self medication is important.

Key words: Self medication, behavior, anxiety.

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INTRODUCTION:

Hypertension is a non communicable disease and presently remains a challenge to the world (1,2). It is associated with many complications such as cardiovascular diseases, renal diseases, stroke. Around 970 million people presently suffer from hypertension and this figure is estimated to rise to 1.5 billion by 2025 (3). Various treatment modalities are available but only 25% of the patients have the controlled blood pressure even after treatment (4). Treating the hypertension also decreases the incidence of complications associated with hypertension. Health care services and drug utilization often remains a challenge in developing countries as people tend to care advice from every nook and corner to treat their disease. Self medication is very common health care pattern in developing countries (5). It is defined as use of products (including over the counter drugs) herbal products, dietary supplements, nutraceuticals, vitamins, minerals to treat their own symptoms of a particular disease (6). Patients may also get medicines for their ailments after seeing friend's or relative's medicines, may get old prescriptions to get

medicine for the disease they never had before. It allows patient to self treat their disease without any supervision. Use of self medication can lead to side effects, adverse effects, toxicity, drug interactions between different products and may cause harm to the patient. It may prove to be potentially dangerous (7). Inappropriate use of self medication can lead to inappropriate diagnosis, prolonged treatment, prolonged duration of use (8). Many diseases are taken by patients as non serious issues and they tend to avoid proper consultation by doctor for the same. Life style diseases are the commonest among them like diabetes and hypertension. Studies of patients with cardiovascular diseases and hypertension have reported the use of self medication very frequently.

In developing countries drugs are easily accessible even without prescription which make it easier for the patient to acquire the drug. Moreover financial constraint also play a great role as patient avoids to visit doctor and pay the consultation fees. Various factors are responsible for self medication – cultural, socioeconomic, demographic, dissatisfaction with the treatment being taken, adverse effects.

Understanding the use of self medication is necessary to properly manage the patient of hypertension. However it is very important to recognize that self medication can present not only as self administered medicines but use of herbal medicines, vitamins, minerals, home remedies, over the counter drugs in broadest sense (8). This study aims to study the pattern of self medication in hypertensive patients.

MATERIALS AND METHODS:

An observational study was conducted in hypertensive patients in a tertiary care hospital of Jammu. Hypertensive patients were asked about the self medication behaviour pattern. Demographic data was also recorded.

RESULTS:

100 hypertensive patients were taken, 60 were females and 40 were males. Out of 60 females, 20 were postmenopausal, others were in perimenstrual phase. All were married, 5 were widows, 3 were separated. Only 15 females were working, others were home makers. Out of total 40 males, 15 were in service, 20 had business and 5 were retired sitting at home. 64 patients had family history of hypertension. Only 5 females were smokers, none was taking alcohol. Among males 26 patients were smokers, 15 were taking alcohol (Table 1). Most of the patients had comorbidities associated like diabetes, obesity, hypothyroidism, arthritis, heart diseases, asthma etc. Perception about their disease was also recorded. Some patients perceived their disease as bad luck, result of tension and anxiety, high salt intake, hereditary, because of obesity, sedentary life style, medical reason (Table 2). Self medication pattern was recorded. Out of 100 patients, 30 patients were taking self medication with antihypertensive medicines, 24 patients were taking herbal medicines, and others were taking both the drugs prescribed by doctors and other means to reduce blood pressure of their own. 40% of the patients were taking medicines prescribed by doctors (Table 3).

Table 1 Showing the demographic profile

Gender	
Male	40
Female	60
Menstrual Status	
Postmenopausal	20
Perimenstrual	40
Occupation	
Working females	15
Home makers	45
In service males	15
Business males	20
Retired males	5
Smokers	26
Alcoholic	15

Table 2 Showing perception about their disease

Badluck	10
Result of tension and anxiety	13
High salt intake	15
Hereditary	27
Obesity	4
Sedentary life style	10
Medical reasons	21

Table 3 Showing medication behavior in patients

Patients taking self medication with antihypertensive drugs	30
Patients taking self medication with herbal drugs	24
Patients taking bith herbal drugs and antihypertensives	6
Patients taking drugs prescribed by doctors	40

DISCUSSION:

The International Pharmaceutical Federation defines self-medication as the use of non-prescription medicines by people on their own initiative. Self-care by different means, one of them being self medication has been a feature of healthcare for many years as people nowadays, being keen to accept more personal responsibility for their health status. Self medication has both pros & cons but, if used irrationally may lead to adverse outcomes for the patient. There are many drug interactions between different drugs and between herbal medicines with drugs which patient does not know. It may prove fatal as every patient is different but people usually ask each other and start medicines of their own.beliefs about disease in our study were similar to that of study in Nigeria (9). 30% patients in our study were taking antihypertensive drugs as self medication.

Two studies (10,11) identified self-medication with anti-hypertensive agents. *Balbuena et al.* reported that 131 of 245 older Mexican adults purchased medications without prescriptions (12). Of 246 non-prescription medications taken by patients, 27 (11%) were anti-hypertensive agents (10). A smaller study in the Philippines showed that 4 of 33 (11%) patients took anti-hypertensive drugs as self medication (11). Self-medication with other prescription-only medicines among outpatients living with hypertension was also reported in a study in the Republic of Trinidad and Tobago, with most of these medicines, such as diazepam/ and lorazepam, being related to sleep disorders (12). The study also identified the concurrent use of NSAIDs with anti-hypertensive agents (e.g. angiotensin-converting enzyme inhibitors, beta blockers, thiazides),potentially reducing the effects of the latter (12).

24% of the patients were using complementary and alternative methods to reduce hypertension in our study. Herbal medicines and dietary supplements were the most common types of CAMs used by patients (13-17). Various

types of herbal medicines used for treating hypertension were identified in the studies reviewed, including garlic, neem, ginger, vinegar, lemon, tea, bitter leaf, aloe vera (18,19). The use of garlic for hypertension was also commonly reported in another 12 studies (20,21). Ayurveda was chosen by 57% patients with hypertension in India (22). Mindbody interventions (healing rituals, prayer, meditation, stress-management classes) were commonly used for hypertension among patients (23). The concurrent use of CAMs with anti-hypertensive agents was reported in many studies (18,19). These patients subsequently discontinued the use of CAMs because of adverse effects (18).

CONCLUSION: Patients with hypertension have a tendency to start medication of their own either allopathic or herbal drugs which can prove to be detrimental to the patient because of certain interactions. As the incidence of hypertension is rising, proper education of patient about drug interactions and harmful effects of self medication is important.

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