

Self Medication Practices Among Patients Attending Ophthalmology Opd in A Tertiary Hospital in Mangalore

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Abstract : The objective of the study was to find the proportion of patients using ophthalmologic self medications and to define the profile of patients who self medicate. Self medication is prevalent in ophthalmological conditions and is still continuing in developing countries like India. An observational study was conducted in ophthalmology opd in a tertiary hospital in mangalore, by using a questionnaire regarding details of self medication in ocular conditions. It was found that out of 360 patients, 135 (37.5%) have self medicated before. Redness (51.8%) was the most common complaint, followed by itching (20.7%), and foreign body in eye (11.1%). We conclude that there is a prevalent practice of self medication before consulting an ophthalmologist and there is a great need for awareness on ocular health.

Keywords : Eye drops, Local practice, Ocular health, Self medication, Questionnaire.

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I. Introduction

World health Organization (WHO) has defined self-medication as the selection and use of medicines by individuals to treat self-recognized illnesses or symptoms [1]. It is also defined as obtaining and consuming one or more drugs without the advice of a physician either for diagnosis, prescription or surveillance of the treatment. Self-treatment for eye diseases are most commonly seen in developing countries [1]. The purpose of this study is to find out the prevalence of self medication, the type of medication used, and the profile of patients who self medicate. Correct identification of these practices and the population profile can guide a healthcare worker in creating adequate awareness in the intended population.

II. Aims and objectives

To find the proportion of patients using ophthalmologic self-medications and to define the profile of patients who self medicate.

III. Methodology

The study was an observational study, which was conducted in Ophthalmology OPD at Father Muller Medical College Hospital Mangalore from February 2017 to April 2017. The patients enrolled in the study were randomly selected in the age group ≥ 18 years. A total of 360 patients visiting the ophthalmology opd was selected were interviewed using a questionnaire. The following formula was used to work out the sample size: $n = Z\alpha^2 P (1-P)/e^2$ Where; n=Desired sample size. $Z\alpha$ = Standard error of the mean which corresponds to 95% confidence level. (1.96) P= Prevalence of condition being studied. e=allowable error (0.05). Prevalence was taken as 35.47% [2]. Hence the value of n=351. The desired sample size is 351 patients. But we included 360 patients in our study. Statistical analysis was done by using frequency, percentage and Chi square test. All participants were then informed about the scope and purpose of the study and that it is voluntary to participate, without any compensation and their medical assistance will not be compromised if they refuse or decide to participate in the survey. Patients were then requested to fill the questionnaires. A questionnaire elucidating details regarding history of self-medication, type of ocular medication used, their reasons for resorting to self-medication etc. were provided to them. An informed consent was then obtained in every case prior to being given the questionnaire.

IV. Results

A total of 360 patients participated in the study. The demographics of the study population is given in

Table 1.

Table 1: Demographics of study population

Variables		Percentage %
Gender	Male	46.2
	Female	53.8
Age	<20	18.5
	21-40	40.6
	41-60	23.2
	>61	17.7
Education	No formal education	10.6
	Primary	15.3
	Secondary	31.9
	Graduate/postgraduate	41.8
Occupation	Manual labourer	12.5
	Student	24.3
	Professional	38.3
	Unemployed	24.9
Self medication	Yes	37.5
	No	62.5

Table 2: Presenting complaint and frequency of self medication

Condition	Self medication		
	Yes	No	Total
Redness	70(51.8%)	98(43.6%)	168(46.7%)
Itching	28(20.7%)	47(20.9%)	75(20.8%)
Foreign body	15(11.1%)	18(8%)	33(9.2%)
Trauma	5(3.7%)	10(4.4%)	15(4.2%)
Visual impairment	10(7.4%)	46(20.4%)	56(15.5%)
Pain	7(5.2%)	6(2.7%)	13(3.6%)

Table 3: Type of medication used in self medication

Type of medicine used	Percentage (%)
Antibiotic	38.3
Antibiotic with steroid combination	28.6
Lubricating	13.5
Antiallergic	10.9
Steroids	2.0
Home-made products	6.7

Table 4: Homebased products used

Homemade preparations/products	No. of patients
Breastmilk	3
Saliva	1
Honey	1
Aloevera extract	2
Coriander seed water	1
Rose water	1

Table 5: Reason for self medication

Reason	Percentage%
Availability of drugs from pharmacy	30.4%
Advice from relatives	23.7%
No time to visit a hospital, busy schedule	20.8%
High cost	11.7%
Long waiting time at hospital	5.1%
Local practice/ancestral wisdom	6.7%
No reason	1.6%

V. Discussion

Self medication is a common practice among the people and popular as they advise the same to their relatives and friends. We have used a questionnaire to examine the practice of ocular self-medication, with eye drops and home based products in patients seen in a private tertiary hospital in Mangalore. In our study, the number of patients who self-medicate was found to be 135 (37.5%). Younger age group of 20-40 years of age self-medicated more than the others. It was also noticed that the educated patients were more likely to self-medicate when compared to the uneducated patients. The number of female patients who self-medicated was more than the male patients, however this difference was not statistically significant. In those patients who self-

medicate, redness (51.8%) was the major complaint followed by itching (20.7%) and foreign body sensation (11.1%) in eye. The drugs commonly used are antibiotics (38.3%) followed by antibiotic with steroid combination (28.6%), lubricating (13.5%) and antiallergic drops (10.9%). Steroids were used by 2 patients. Homemade preparations or products used were honey, aloe vera extract, coriander seed water, breastmilk and rose water. However only 9 (6.7%) patients used homebased products. Common reasons given by the patients for self-medicating was easy availability of drugs from pharmacist (30.4%), advise from relatives who had similar complaints (23.7%), not having time to visit a doctor (20.8%), high cost of medicines (11.7%) and long waiting time at the hospital (5.1%). Those who used homemade products gave their reason as following ancestral wisdom or local practice and 2 patients had no reason. No significant differences were found in the self-medication according to gender ($p = 0.94$), level of education ($p = 0.27$) or age ($p = 0.12$). It was noted that, patients who self-medicated, used drugs that had been recommended by doctors for earlier conditions and they keep the eye drops or ointments and tend to advise their family members to use the same product for similar conditions. Rohini Gupta et al [3] evaluated self medication in northern Indian tertiary hospital and they found that 41.2% of the patients self medicate before coming to a hospital. Similar findings were reported in a study done in Argentinian population in A L Gramajo et al [4]. However in a study done in rural Gurgaon, Haryana, in India by Noopur Gupta et al [5], the number of patients who self medicate were found to be much lesser (26.4%). Self medication in ophthalmology is becoming more popular due to easy availability of drugs from pharmacy without a prescription and lack of awareness among the general population about the serious complications that can result from wrong medication and from the delay in getting the proper treatment for the ocular condition.

VI. Conclusion

There is a tendency to resort to self medication in ophthalmological conditions and consult an ophthalmologist only when the symptoms take a worse turn. Self medication is becoming more rampant in the society especially among the educated due to encouragement from the family members and relatives. Lack of medical knowledge regarding the adverse effect of these drugs is also responsible for this practice. In our study we found that over the counter medications without the prescription from a registered ophthalmologist is the common source for getting medical drugs. Local practice of using homebased materials is still present in the community. Relying on these practices will hinder and delay the proper treatment for a serious disease. There is a need for ocular health awareness in the community and knowledge about the adverse outcomes of these faulty practices.

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