

Awareness about prescribed drugs among patients attending Out-patient departments

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ABSTRACT

Background: Communication skills play an important role in establishing doctor-patient relationship is widely recognized throughout the world. The information passed on to the patients affects the treatment outcomes. **Objectives:** The present study was undertaken to evaluate the level of awareness among OPD patients about prescribed drugs. **Materials and Methods:** A total of two hundred sixty four patients having a valid prescription from a doctor practicing in allopathic system, visiting 4 different chemist shops in a North Indian city were enrolled in the study. All the enrolled patients were given a preformed questionnaire to be answered on the spot. **Results:** It was found that though a considerable number of patients were aware about the therapeutic effects of the drugs and the manner of administration of the medicines; they lacked information regarding the side effects, warnings and the information their doctor may require at the next consultation. **Conclusion:** The study highlighted the fact that doctors need to spend more time with the patients to make them active participants in the drug therapy.

Key words: Communication skill, doctor-patient relationship, patient compliance

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INTRODUCTION

Education of patients about prescribed drugs is becoming an increasingly important aspect of public health care system throughout the world. In a country like India where quacks outnumber the qualified physicians, patients suffer due to lack of knowledge about drugs prescribed to them. There is often a discrepancy between what the patient has been advised and how the patient complies with the given instructions. During recent years lot of attention has been paid to rational use of medicine, but still there are lacunae in educating patients

about the prescribed drugs. Non-compliance rates of 30-80% are consistently reported in the literature even in developed countries.^[1,2] One of the important cause of non-compliance is failure of communication between the health care provider and the patient.^[3] Scenario gets worse due to poor doctor-patient ratio and towering illiteracy rate.

The patient is supposed to attain the information regarding the prescribed drugs at various levels like at the time of consultation with the doctor, when the patient visits the pharmacist to get the medicine and even after the patient has actually started taking drug.

At the first level i.e., at the time of patient's interaction with the doctor, patient should be informed about the disease, progression of the disease, the drugs patient is supposed to take, lag period required for the benefits of prescribed drug to appear, possible side effects, how to recognize those side effects, how serious these are and what measures should be taken by the patient regarding the disease and side effects. At the second level comes the interaction of the patient with the pharmacist. Here again, patient should be re-enforced about the dosage regimen

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prescribed by the doctor and if possible, pharmacist should fit it into the patient's daily routine so that the compliance can be improved. In addition, the patient should be informed about the proper storage method of the drug. The third and the last stage is when patient starts taking the medication, where the patient actually needs the practical application of the above information. At this point of time, patient may not be able to recall many things. Here the written information, if given, by the doctor/pharmacist can be of great help. A lot of information to the patient at this stage can be attained by the Patient Package Insert (PPI) or by searching the internet.

This study was planned to know the knowledge of the patients about the drug information they possess regarding drugs they are going to consume.

MATERIALS AND METHODS

A cross-sectional survey was conducted in the city of North India in September 2011. The patients visiting four chemist shops (in different locations of the city) were given a preformed questionnaire (in English as well as in Vernacular) and answers were sorted. Since most of the patients procure drugs from the chemists in Indian set up, so chemist shop was selected as a source point for patients' enrollment in the study. The questionnaire was adopted from the WHO "Guide to Good Prescribing – A Practical Manual".^[4] It had 19 questions, divided into five sections. Section 1 dealt with therapeutic effects of drugs, section 2 dealt with side effects of drugs, section 3 had questions regarding instructions given to the patient, section 4 was regarding warnings and precautions to be taken by the patient while taking the drugs and section 5 was having questions regarding the information required by the doctor during the next visit.

In addition to this name, age/sex, diagnosis and address of the patient were recorded. The name and qualifications of the prescriber were also recorded. The consent of the patients was taken and nature and scope of the study was explained to them in vernacular language. The patients answered the questionnaire themselves. In case of illiterate patients the questions were read to the patients by the investigator and answers were recorded on the performa. The patients having prescription from the doctors having recognized degree in allopathic system of medicine were included in the study. The questions were answered only by the patients, the relatives and attendants were not allowed to participate in the study. All the answers were recorded as right or wrong and any further detail was not taken into account. The data collected was analyzed in percentages.

RESULTS

Total two hundred sixty four patients having valid prescription from the allopathic doctor were given questionnaire Performa. Of these one hundred fifty eight (59.84%) patients were male and one hundred six (40.16%) were female. The age of participants ranged from 23-68 years. Fifty eight (21.97%) were graduates or above, one hundred eighteen (44.69%) were above matric but below graduation, fifty six (21.21%) were below matriculate and thirty (11.36%) had never gone to school.

Of the two hundred sixty four patients, one hundred sixty two patients (61.36%) knew why they needed the drug but when it came to what symptoms the drug will take care of, only ninety eight patients (37.12%) responded correctly. Only eighty nine patients (33.71%) knew when the effect of drug was expected to start. Seventy one respondents (26.89%) knew what can happen and what to do if the dose is missed. Only thirty five patients (13.26%) knew about the SEs produced by the concerned drug, and

Table 1: Response of the participants to the study questions

Questionnaire	Right N (%)	Wrong N (%)
Effects of drugs		
Why the drug is needed	162 (61.36)	102 (38.64)
Which symptoms will disappear, and which will not	98 (37.12)	166 (62.88)
When the effect is expected to start	89 (33.71)	175 (66.29)
What will happen if the drug is taken incorrectly or not at all	71 (26.89)	193 (73.11)
Side effects		
Which side effects may occur	35 (13.26)	229 (86.74)
How to recognize them	15 (5.68)	249 (94.32)
How long they will continue	10 (3.79)	254 (96.21)
How serious they are	16 (6.06)	248 (93.94)
What action to take	11 (4.17)	253 (95.83)
Instructions		
How the drug should be taken	240 (90.91)	24 (9.09)
When it should be taken	244 (92.42)	20 (7.58)
How long the treatment should continue	188 (71.21)	76 (28.79)
How the drug should be stored	58 (21.97)	206 (78.03)
Warnings		
When the drug should not be taken	30 (11.36)	234 (88.64)
What is the maximum dose	8 (3.03)	256 (96.97)
Why the full treatment course should be taken	138 (52.27)	126 (47.73)
Future consultation		
When to come back (or not)	190 (71.97)	74 (28.03)
In what circumstances to come earlier	45 (17.05)	219 (82.95)
What information the doctor will need at the next appointment	52 (19.70)	212 (80.30)

only fifteen of them (5.68%) knew how to recognize them. Of these, only 10 patients (3.79%) knew for how long those SEs can continue. Sixteen patients (6.06%) knew about the seriousness of the SEs, eleven patients (4.17%) knew what should be done if SEs occur [Table 1].

Of two hundred sixty four patients, two hundred forty respondents (90.91%) knew about the correct method of consuming the drug and two hundred forty four patients (92.42%) knew about the time when it should be taken. One hundred eighty eight patients (71.21%) knew about the duration of the therapy. Only fifty eight patients (21.97%) had correct knowledge regarding the storage of the drug. Thirty of the enrolled patients (11.36%) knew about the conditions in which the drug should not be taken. Only 8 patients (3.03%) knew about the maximum dose which can be taken safely. One hundred thirty eight respondents (52.27%) knew about the importance of completing the full treatment course. In response to a question about when to report back to doctor or not to report, one hundred ninety respondents (71.97%) responded correctly. Only forty five respondents (17.05%) knew about the circumstances in which they should report earlier to the doctor. In response to the query about the information which will be required by the doctor at the next visit, fifty two respondents (19.70%) responded correctly [Table 1].

DISCUSSION

It is a well known fact that communication matters, especially in situations involving public dealings, yet this concept is routinely ignored in the education of clinicians. We are in the situation of breakdown in communication between patients and doctors, increasing patient dissatisfaction, rising number of complaints and claims for malpractice and abandonment of conventional medicine for alternatives that are often unproved.^[5] The present study was planned with the objective to assess the level of communication between the doctor and the patient. It should be noted that this study was done in an urban area, where 31.81% of patients were graduate or above, and that the patients' responses were simply recorded as right or wrong and were not verified further.

The results of the study showed mixed responses of the patients' information regarding various aspects of drug usage. The awareness of the patients regarding the therapeutic effects of the drugs was relatively better as compared to their knowledge regarding side effects thus highlighting the fact that doctors are not open to talk about the side effects of the drug with the patients. Though it is not a formal obligation on part of doctors to warn the patients of all possible side effects of the treatment/drug but it is their moral duty to give sufficient information (not too little and not too much which can cause

confusion) to patients so that their interests are protected. It seemed that the patients were well aware about how and when to take the drug, though relatively few patients were aware of how to store the drug (21.97%) and this may possibly be due to the lack of trained pharmacists in most of the private health care settings. Significantly, fewer patients knew about the drug related warnings and the information required by doctors at the future consultations.

The lack of information on the part of the patient may result from poor doctor-patient ratio which in turn leads to larger number of patients examined by a doctor resulting in lesser time spent per patient. Several studies have shown that doctors and patients have different opinions on what makes good and effective communication.^[6,7] These differences greatly influence the level of interaction between doctors and patients which in turn affects patient compliance and health outcomes. Having good communication is the key skill for doctors to establish good doctor patient relationship. The commonest complaint of patients is that doctors do not listen to them. Studies have shown positive correlation between doctor's skill to communicate and satisfaction of the patient.^[8] In a study by Roter *et al.*, the improvement in doctors' communication skills was shown to be associated with a reduction in emotional distress to the patient.^[9]

There is great deal of evidence that changing doctors' behavior and communication skills can be achieved quite easily with proper teaching and it lasts for considerable time.^[8,10,11] The Toronto Consensus statement published in 1991 clearly showed that communication problems in clinical practice are important and common. It also outlined that quality of communication is related to health outcome for the patients, but that traditional medical education is ineffective at teaching communication skills.^[12] Not surprisingly, many undergraduate and post-graduate medical education and training programs have made the attainment of good communication skill a essential requirement. The medical trainees are required to be sensitized about the patients' perspective and emotional needs. Medical educators should use knowledge of patient's perception of care to focus teaching on areas that will help trainees to meet patient's expectations.^[6]

Although requirement for better communication skill is well recognized, the training of this aspect is still neglected in medical courses in India. It is recommended that exercises emphasizing communication skills with patients in simulated clinical environment may be included at appropriate levels of medical training. This will help the students acquiring better communication skills in the formative years of their carrier and thus improve the scenario in the coming years.

CONCLUSION

On the surface, skill to communicate appears to be a simple concept within health care but it is a skill difficult to acquire and implement. The lack of communication limits the quality of service that a patient can get. In the present study also, the lacunae were found in the communication between the doctor and the patients. The key areas that need to be stressed upon are, informing the patients about the side effects, warnings and future consultations. The good communication skill can result in better health outcomes, higher compliance rates and of course, greater satisfaction of the patient.

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