Self medication among elderly poses challenges in urban settings

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INTRODUCTION

Self-medication can be defined as obtaining and consuming one (or more) drug(s) without the advice of a physician.1 Self-medication with over-the-counter (OTC) drugs is an economical choice of treatment for common illnesses. The tendency of using over the counter (OTC) medicine is a common practice in developing countries and WHO has regarded self-medication as a part of self-care.2,3 In developing countries including India, a wide range of medications are easily available without prescriptions.

Ageing is associated with various health related problems like arthritis, diabetes, hypertension, Alzheimer’s etc. This is a common reason that polypharmacy is seen more...
in the geriatric population. This age group is also likely to have more complications like renal, hepatic, GIT related toxicities compared to other age groups. Studies have shown relatively high rates of self-medication among elderly age groups and have suggested awareness programmes among this group.\textsuperscript{4,5}

\textbf{Aim and objectives}

Current study aims to determine the prevalence of self-medication among geriatric population. Objectives of the current study were to know what the common drugs are and to assess the common reasons for self-medication, to assess change in awareness and impact of awareness programme on self-medication.

\textbf{METHODS}

This was a cross sectional, questionnaire based study to evaluate the prevalence and awareness regarding self-medication. Persons of age more than 60 years residing in Surat city (senior citizen clubs/parks in Ghoddod and Adajan areas) were taken for this study. Sample size comprised of all elderly who could be covered in a survey period comprising of 3 months’ duration (1 March 2017 to 30 May 2017). Age more than 60 years and participants willing to participate were included in the study whereas participants not willing to participate and age less than 60 years were excluded from current study. Statistical analysis was done using Chi square test, and other suitable tests.

Questionnaires were designed and modified from previous studies.\textsuperscript{2,4} Briefing was given about the nature of study, and the procedure of completing the questionnaire was explained. Written informed consent is taken from those who were willing to participate in the study. Pre-questionnaire were given to all participants. An interactive session was arranged followed by post-questionnaire. As some of the questions had multiple options to choose from, the sum of percentage did not always add up to 100%.

\textbf{RESULTS}

Number of participants who completed the questionnaire in our study were 100. Majority of the participants were male (60%) as compared to female (40%) (Table 1).

\begin{table}
\centering
\caption{Gender wise distribution of participants (n=100).}
\begin{tabular}{|l|c|c|}
\hline
Gender & N & (\%) \\
\hline
Male & 60 & 60 \\
Female & 40 & 40 \\
Total & 100 & 100 \\
\hline
\end{tabular}
\end{table}

Self-medication was most common in less than 65 years of age (100%), followed by 65-75 years (95.8%) and 94.7% in above 75 years of age (Table 2). Out of 100 participants 28% were illiterate, 21% were educated up to high school, 41% were graduates, 2% were post graduate. In our study 85% were retired and 15% were working in private sectors. Ninety-seven percent were married and 3% were unmarried (Figure 1).

\begin{table}
\centering
\caption{Distribution according to age group (n=100).}
\begin{tabular}{|l|c|c|}
\hline
Age group (years) & N & (\%) \\
\hline
< 65 & 33 & 100 \\
65-75 & 48 & 95.8 \\
>75 & 19 & 94.7 \\
\hline
\end{tabular}
\end{table}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{Figure1.png}
\caption{Educational status of participants.}
\end{figure}

Fifty-seven percent of the study group did not go for health check-up and 43% of them went for regular health check-up. 39% of them exercised daily for fitness while 40% reported not doing any exercise (Table 3). In the study 38% always discussed health issues, 28% discussed sometimes and 21% of them rarely discussed with their friends. 13% percent reported that they never discussed health related issues with their friends (Table 4).

\begin{table}
\centering
\caption{Participants doing exercise (n=100).}
\begin{tabular}{|l|c|c|}
\hline
Exercise & N & (\%) \\
\hline
Daily & 39 & 39 \\
off and on & 7 & 7 \\
Rarely & 14 & 14 \\
Never & 40 & 40 \\
Total & 100 & 100 \\
\hline
\end{tabular}
\end{table}

\begin{table}
\centering
\caption{Discussion of health related issues (n=100).}
\begin{tabular}{|l|c|c|}
\hline
Discussion of health issues & N & (\%) \\
\hline
Always & 38 & 38 \\
Sometimes & 28 & 28 \\
Rarely & 21 & 21 \\
Never & 13 & 13 \\
\hline
\end{tabular}
\end{table}
In current study 85% have reported consuming non-prescription drugs. 15% of participants had never used drugs without prescription (Table 5), 72% had repeated drugs prescribed earlier to them for similar conditions and 57% had taken drugs prescribed to their relatives or friends for similar conditions previously. Seventy eight percent reported that they were able to get non-prescription drugs easily while 22% reported that they did not get drugs without prescription easily. 65% reported that they took advice from the chemist/pharmacist for minor ailments. 51% of them reported that chemists/pharmacists don’t give advice regarding medicines until they ask for it while 49% stated that their chemists/pharmacists give advice regarding medicine even when not asked for. The most commonly used drugs for self-medication were analgesics (85%) followed by antacids (80%), cough syrups (32%), drugs for insomnia (29%) multivitamin (16%) etc (Figure 2).

Table 5: Medicines used without prescription (n=100).

| Responses | N  | (%) |
|-----------|----|-----|
| Yes       | 85 | 85  |
| No        | 15 | 15  |

Figure 2: Drugs for self-medication by participants.

Majority (78%) of them never had any side effects due to self-medication and 22% reported having side effects. On suffering from side effects 58% stop the medicines, 29% go to doctor, 5% ask their friends/relatives and 5% of them find their solution on internet, 1% go back to chemist. 73% were taking alternate medicines like ayurvedic (50%), homeopathic (36%), naturopathy (5%), others (9%) (Figure 3). Some participants were using herbal products like tablet/capsules (32), juices (13), chawanprash (18), others like powders (8). 32% had not informed their doctor about alternative products they were taking while 68% of them had informed their doctor about the same.

Source of self-medication in study was advertisement (41%), word of mouth by friends/relatives (30%), doctors (12%), brochures (2%), and internet (1%) (Figure 4). Supplementation like multivitamins were taken by 76 of them, iron (48), vitamin D (5) and three of them were taking vitamin B-12. Reasons for self-medication were to save expenses (65), to save time (62), not wishing to trouble family members (42), feeling it is not a serious condition (12), not having someone to accompany them to the doctor (7) and dissatisfaction with doctor’s treatment in past (2) (Figure 5).

Figure 3: Alternative medicines used by participants (n=73).

Figure 4: Source of information about self-medication.

Figure 5: Reasons for self-medication.

Before the sensitization programme 94% of them were not aware about OTC drugs. After training 100% of them
were aware about OTC drugs. Regarding awareness about problems due to self-medication, 77% were not aware before the sensitization programme which increased to (98%) after the session, 1% were not sure and 1% not aware about these problems even after the session. Prior to the session 94% of them wanted to know more about self-medication. After the session 100% felt that the session was helpful. All reported that they would pass this message on to their family and friend circle. All of them were of opinion that such training sessions would help spread awareness about self-medication.

**DISCUSSION**

Self medication is common in especially elderly population similar results were seen in current study.\(^4\) Present study reported that consumption of non-prescription drug was 85% which is similar to study conducted by Jerez et al.\(^5\) Seventy two percent of them repeated the drugs prescribed to them in past for similar conditions as seen in study of Sunder et al.\(^1\) Self-medication is more common in males (60%) in comparison to females (40%) these results are similar to other study conducted by Jaferi et al.\(^4\) Study carried out by Arries et al.\(^6\) showed that analgesics were most commonly used drugs for self-medication similar results were seen in current study. Source of information for self-medication in our study was advertisement (41%) followed by word of mouth by friends/relatives (30%) Most common reason for self-medication was to save expenses and to save time similar to study conducted by Ahmed et al in 2015.\(^8\)

Self-medication is common in especially educated and urban settings.\(^9,10\) All over the world, similar results were seen in our study. Current study reported 73% of participants took alternate medicine like ayurvedic (50%), homeopathic (36%), naturopathy (5%) which is different from other study which shows 69.6% were taking allopathic drugs.\(^1\) Results of current study was supported by other studies.\(^9,10\) As present study was done in two areas of Surat city further studies are needed in other areas of Surat city to increase awareness and education about self-medication.

**CONCLUSION**

Prevalence of self-medication is high in elderly. After sensitization programme, the awareness regarding self-medication has increased. Considering that polypharmacy is prevalent in geriatric population several such sensitization sessions need to be held to increase awareness and education about self-medication.

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