Self Medication Practices in Medical Students of Nishter Medical University; A Cross Sectional Study

Noaman Ishaq, ¹ Muhammad Usama Ilyas.² Maria, ³ Kamran Ahmed Malik, ² Zainab Rahman, ⁴ Nausheen Ata, ⁵ Hafiz Bilal Murtaza⁶

Abstract

Objective: This study aims to evaluate how medical students perceive and use self-medication. We also intend to find how the prevalence varies between the pre-clinical (MBBS Year 1 and 2) and clinical (MBBS Year 3,4 and 5) students.

Material and Method: The study was carried out in Nishtar Medical University from Aug 2022 to Oct 2022. A total of 400 students, 200 preclinical and 200 clinical, were chosen through non probability convenient sampling and were asked to fill a pre designed questionnaire form to complete this cross-sectional study.

Results: Comparison of the prevalence of self-medication in clinical and preclinical students exhibited a p value of 0.026, with 84.2 % clinical and 74.7% pre-clinical students practicing self-medications.

Conclusion: It has been observed that medical students frequently perform self-medication in both their preclinical and clinical groups.

Keywords: Self Medication, Clinical Students, Pre-clinical students,

How to cite: Ishaq N, Ilyas MU, Maria, Malik KA, Rahman Z, Ata N, Murtaza HB. Self Medication Practices in Medical Students of Nishter Medical University; A Cross Sectional Study. Esculapio - JSIMS 2023; 19(03):300-304

DOI: https://doi.org/10.51273/esc23.25131938

Introduction

Taking medication without doctor's prescription, using previously sought clinical advice or written prescription and administering available medication at hand without proper instruction, all come under the umbrella of Self Medication (SM).¹ Self-Medication is defined as use of over-the-counter medications to treat self-diagnosed symptoms and disorders or for the continuation and reuse of prescribed medication for recurrent diseases.² The most frequent causes of SM include prior disease experience, a lack of knowledge about the condition, financial limitations to seek medical care, lack of time, and easy availability to drugs parti-

Correspondence:

Dr Noaman Ishaq, Assistant Professor Pharmacology, Bakhtawar Amin Medical and Dental College, Multan. noamanishaq@yahoo.com

Submission Date:	19-08-2023
1st Revision Date:	29-08-2023
Acceptance Date:	12-09-2023

cularly in developing nations.³ To prevent irrational drug usage, which can waste resources, develop pathogen resistance, and result in major health risks such extended pain, drug reactions, and drug dependence.⁴ Lack of access to the necessary medication for the underlying illness, which could delay the detection and treatment of the real disease condition, is another risky consequence of SM.^{5,6} Though responsible use of Self Medication may lessen the burden on governments and healthcare systems by minimizing the time patients must wait to see doctors at the hospital and the total expense of medical services, when used improperly it can endanger human well-being and cause serious health-related consequences.^{7,8} The rising prevalence of SM among medical students can be attributed to a variety of factors. Label of a medical student is the main cause of medication access.' The purpose of this study is to evaluate and compare the ratio of prevalence of SM in preclinical (1st and 2nd year) and clinical (3rd, 4th and final year) MBBS students of Public Medical University.

Material and Method

The study was conducted from August 2022 to October 2022 in Nishtar Medical University. Non probability convenient sampling was used to select the students to

^{1.} Pharmacology, Bakhtawar Amin Medical and Dental College, Multan

^{2.} Nishtar Medical University, Multan

^{3.} RHC Shehar Sultan, District Muzaffar Ghar

^{4.} Army Medical College, Rawalpindi

^{5.} Foundation University Medical College, Islamabad

^{6.} University of Agriculture, Faisalabad

fill a pre designed questionnaire form to complete this cross-sectional study.¹⁰ The questionnaire was of Multiplechoice format and had questions related to demographics. concept of Self Medication, reasons and caused of selfmedication. Total number of participants were 400 out of which 200 were pre-clinical students (1st year and 2nd year MBBS) and 200 were clinical students (3rd year, 4th year, Final year MBBS). Informed consent was obtained from each of them. Students who had doctor parents were considered as non-self-medicating students. Prior permission from the ethical committee of Nishtar Medical University was obtained for conducting the study.^{11,12} Inclusion criteria were Medical Students from MBBS Year 1 to Final year MBBS while Students of BDS and other allied disciplines were excluded. Data was analyzed using SPSS Version 25. Since it was quantified data, we used student t test.

Results

We had a total of 400 questionnaires distributed equally among preclinical and clinical students. Response was received from a total of 186 preclinical and 190 clinical students. Data of 6 students from the clinical group and data of 12 preclinical students was excluded as their questionnaires were incomplete. The total number of questionnaires analyzed for clinical and preclinical students were 184 and 174 respectively. Male participants were more from clinical years as compared to a majority of female responders from the preclinical stu-

Table 1: Comparison between demographics of preclinical and clinical students

Clinical			Preclinical		
Variable		Self- medicating N (%)	Non-self- medicating N (%)	Self- medicating N (%)	Non-self- medicating N (%)
der	Male	82 (44.6)	16 (8.7)	43 (24.7)	20 (11.5)
Gender	Female	73 (39.7)	13 (7.1)	87 (50.0)	24 (13.8)
	Mean	22.1	21.9	19.7	19.6
	17	-	-	1 (0.6)	-
	18	-	-	18 (10.3)	7 (4.0)
	19	-	-	30 (17.2)	15 (8.6)
(years)	20	8 (4.3)	1 (0.5)	56 (32.2)	11 (6.3)
(ye	21	44 (23.9)	10 (5.4)	20 (11.5)	11 (6.3)
Age	22	52 (28.3)	12 (6.5)	5 (2.9)	-
V	23	32 (17.4)	2 (1.1)	-	-
	24	12 (6.5)	4 (2.2)	-	-
	25	6 (3.3)	-	-	-
	26	1 (0.5)	-	-	-

dents (Table 1). The mean age for self-medicating clinical students was 22.1 and the mean age of self-medicating preclinical students was 19.7. The major source of information for self-medication drugs for clinical students was previous prescription (54.3%), followed by textbook (13.6%), classroom teaching (9.2%) and advertisement

Table 2:	Comparison	between	Preclinical	and	Clinical
students					

Va	riable		Preclinical	P-
v a		(%)	(%)	Value
Self-Medica	ntion	84.2	74.7	0.026
Factors fav	ouring Self Me	edication		
	visit doctor for	81.3	82.3	0.825
minor illnes				
Quick relief		56.1	45.4	0.071
Time saving	•	65.2	57.7	0.199
Confidence medical know	-	34.2	29.2	0.373
Economical		40.0	28.5	0.042
Ease and Co	onvenience	65.2	55.4	0.094
Learning op	portunity	14.8	14.6	0.958
Crowd avoi	dance	29.0	25.4	0.493
Drugs used				
Analgesics		89.7	64.8	<0.001
Antimicrobi	als	47.7	50.0	0.803
Multivitami	ns	56.8	57.0	0.917
Antispasmo	dics	18.1	7.0	0.005
Decongesta	Decongestants		6.3	<0.001
Lozenges		24.5	24.2	0.896
Antiallergics		0	1.6	0.122
CNS (Antidepressants,		1.3	2.3	0.516
Antianxiety)				
Factor Opposing use of Self Medication				
Lack of med knowledge	lical	57.1	57.5	0.811
Risk of adverse effects		64.3	67.5	0.953
Risk of using wrong drugs		67.9	70.0	0.872
Risk of misdiagnosing		42.9	47.5	0.881
Risk of drug dependence		42.9	32.5	0.304
Strong Immune system/ Do not fall ill		10.7	0	0.083
Frequency	Always	4.5	38.5	
of self-	Sometimes	60.6	57.7	0.143
medication	Rarely	34.8	3.8	
Visit to	Always	17.4	20.0	
qualified	Sometimes	59.4	53.1	0.033
medical practitioner	Rarely	23.2	26.9	0.055

(7.1%). Self-medication was not practiced by 15.8%students were not self medicating among which (8.2%)had doctor parents. The major source of drug was medical store (64.7%) and home (19.6%). For preclinical students, previous prescription (64.9%) was also the major source of information for self-medication drugs, advertisement (6.3%) the second most major, textbook and classroom teaching being the most minor sources with (2.9%) and (0.6%) respectively. (25.3%) students did not self-medicate. The major drug sources for preclinical students were medical store (50.6%), home (24.1%) and doctor parents (12.6%). Students who did not selfmedicate accounted for (12.6%) of the total preclinical responses. P values were obtained by doing individual t test on all variables except frequency of self-medication and visit to qualified medical practitioner which were analyzed through chi square test. Comparing p value, we can see that clinical students practiced self-medication more than their preclinical peers (Table 2). Clinical students were also more likely to visit a qualified medical practitioner. Further examining Table 2, we can see that the only reason for self-medication which showed significant differences between clinical students and preclinical students was self-medication being economical. Clinical students also used significantly higher analgesics, antispasmodics and decongestants for their general presentations.

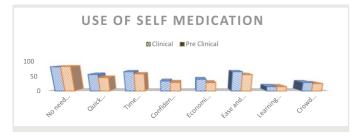


Figure 1: Comparison of factors favoring use of selfmedication in pre-clinical and clinical students

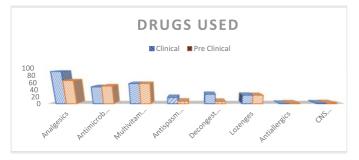


Figure 2: Drugs used for self-medication in pre-clinical and clinical students

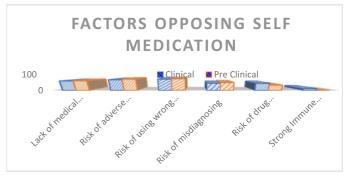


Fig-3: Comparison of factors favoring use of selfmedication in pre-clinical and clinical students

Preclinical students also used more antimicrobials, antiallergics and CNS drugs, but the differences between the two groups- clinical and preclinical- are not significant.

Discussion

Self-Medication (SM) is the practice of using drugs without properly seeking medical advice of physician. SM is emerging at an alarming rate in developing countries but is a general global issue. The purpose of this study was to evaluate the prevalence of SM and to compare the incidence between clinical and preclinical students of Nishtar medical university, Multan. Our findings were that 84.2% of clinical students practiced SM while the percentage was 74.7% for pre-clinical students. In similar national studies conducted in Abbottabad the prevalence of SM was 99%, 34.5% of which were 4th year medical students.⁵ Internationally study conducted in Alexandria faculty of medicine showed the prevalence to be much lower at an average of 52.7%, 67.3% reported in those who have completed their medical school and 40.4% in those in 2nd year; another study conducted in India showed the prevalence to be 65%.¹³ In Nepal, the prevalence was found to be 81.9%¹⁴. The factor which influences students highest to practice SM in this study is that there is no need to visit doctor for minor illness, this thought is shared by both clinical -81.3% and preclinical-82.3% students. This is followed by students saving time clinical - 65.2%, pre-clinical 57.7%. However the study in Abbottabad and Ahmedabad showed that majority did it because it was time saving (19.7%) and (41.2%) respectively. 33.85 % of students from Faisalabad said that previous good experience of self-medication prompted them to use selfmedication again. In a study from Saudi Arabia, the health problem not really being significant was the most common answer of students practicing SM (63.9%).¹⁵ A Serbian study showed SM was done by students because

the symptoms of their disease were not serious (60.1%). The most popular drug group used for self-medication by students in our study was Analgesics (89.7%) that was supported by Serbian study with the most common finding at 55.4% were students using Analgesics as SM^{16} . Unlike the results from our study, Students from Gulbarga, India (63.91%) and West Bengal (31.09%) used Antibiotics most commonly. In Ethiopia, Antipyretics (46.3%) were used majorly.¹⁷ It was noted that previous prescriptions are the most widely cited resource for knowledge on self-medication, the same applied to both clinical (54.3%) and pre-clinical students (64.9%). However, it was followed by textbook (13.6%) for clinical students and advertisement (6.3%) for preclinical students. This is due to the fact that Pharmacology is a subject taught to clinical students and not to preclinical students.¹⁸ Clinical students can also confirm and rationalize previous prescriptions from their textbook based on their symptoms and this adds to the fact that lesser percentage of students use previous prescriptions as major source of information in clinical group as compared to preclinical group.¹⁹ Student's sources of drugs in the study, medical stores and homes accounted for 64.7% and 19.6%, respectively in clinical students and 50.6%, 24.1% respectively in pre-clinical students. This is was in accordance to Saudi and Sri Lankan study where 94.3% and 83% students respectively got the medications from pharmacies.²⁰ When asked about the reason why the students preferred not to Self-Medicate, 67.9% Clinical and 70 % Pre-Clinical Students answered that they thought of the risk of using wrong medication. It was also concluded in Saudi Arabia that very few participants anticipated the side effects.^{13,21} The uniqueness of our study lies in the fact that participants had never before been equally split between the clinical and pre-clinical student groups and the results from the data analyzed has not been compared previously. The results are more trustworthy when the participation rates from both groups of pupils are under control. There were some limitations in the conduction of the study, because the study relied on self-reported information on self-medication, memory bias is a possibility and it was not completely possible to rule out the likelihood of student influence on one another while answering questionnaire.

Conclusion

It is a common tendency in medical students both in Pre-Clinical and Clinical group to practice Self-medication.

Conflict of Interest	None
Funding Source	None

References

- 1. Pandya RN, Jhaveri KS, Vyas FI, Patel VJ. Prevalence, pattern and perceptions of self medication in medical students. Int J Basic Clin Pharma. 2013; 2(3):275-80.
- 2. Montastruc JL, Bondon-Guitton E, Abadie D, Lacroix I, Berreni A, Pugnet G, et al. Pharmacovigilance, risks and adverse effects of self-medication. Therapies. 2016; 71(2):257-62.
- 3. Abdi A, Faraji A, Dehghan F, Khatony A. Prevalence of self medication practice among health science students] in Kermanshah, Iran. BMC pharm Toxicol. 2018, 19 (1): 1-7
- 4. Kasulkar AA, Gupta M. Self medication practices among med students of a private institute. Ind J pharm sci. 2015; 77(2):178-182.
- Kanwal ZG, Fatima N, Azhar S, Chohan O, Jabeen M, Yameen MA. Implications of self medication among medical students - A dilemma.. J Pak Med Assoc. 2018; 68(9):1363-7.
- 6. Nepal G, Bhatta S. Self-medication with antibiotics in WHO Southeast Asian Region: a systematic review. Cureus. 2018; 10(4): 1-17.
- Alshahrani SM, Alavudeen SS, Alakhali KM, Al-Worafi YM, Bahamdan AK, Vigneshwaran E. Self-medication among King Khalid University students, Saudi Arabia. Risk management and healthcare policy, Dove Press J. 2019; 12:243-249.
- 8. Alshogran OY, Alzoubi KH, Khabour OF, Farah S. Patterns of self-medication among medical and non medical University students in Jordan. Risk management and healthcare policy. 2018; 11(1):169-176
- 9. Badiger S, Kundapur R, Jain A, Kumar A, Pattanshetty S, Thakolkaran N et al. Self-medication patterns among medical students in South India. Aus med J. 2012; 5(4): 217-220
- Khalid z, Asim S, Zubair A. Perceptions and practices of self-medication among medical students of Lahore Medical and Dental College, Lahore, Pakistan. Pak J Med Health Sci, 2020; 14(1): 141-144
- 11. Pal J, Ahmad S, Pal P, Chatterjee D. Prevalence and pattern of self-medication among undergraduate students in a medical college of Kolkata. Int J Com Med Pub Health. 2017; 4(10):3619-24.
- 12. Gyawali S, Shankar PR, Poudel PP, Saha A. Knowledge, attitude and practice of SM among basic sci undergrad med stud in med school in West. Nepal. J clin diag res. 2015; 9(12): 17-22

- 13. Alduraibi RK, Altowayan WM. A cross-sectional survey: knowledge, attitudes, and practices of SM in med and phar stu. BMC Heal Serv Res. 2022; 22(1):1-10.
- 14. Lukovic JA, Miletic V, Pekmezovic T, Trajkovic G, Ratkovic N, Aleksic D et al. SM practices and risk factors for SM among med stu in Belgrade, Serbia. PloS one. 2014; 9(12) 1-14
- 15. Patil SB, Vardhamane SH, Patil BV, Santoshkumar J, Binjawadgi AS, Kanaki AR. SM practice and perceptions among undergrad med stud: a cross-sectional study: Int J Com Med Pub Health. 2014; 8(12): 17-22
- 16. Banerjee I, Bhadury T. SM practice among undergrad med stud in a tert. care med collg., West Bengal. J per med. 2012; 58(2): 127.
- 17. Abay SM, Amelo W. Asset. of SM practices among med, pharm, health sci stu in Gondar University, Ethiopia. J Young Pharm. 2010;2(3):306-10.
- 18. Sankdia RK, Agrawal M, Rekha PB, Kothari N. A questionnaire-based study regarding the knowledge, attitude and practice SM among second yr. undergrad med stu. Int J Pharm Clini Sci. 2017: 6(1)1-5.

- Qasim AP, Alam MM, Maqbool R, Qasim JA, Zaib N, Ain N. Rising Trend of SM Among Undergraduate medical students. Ann Punjab Med Coll. 2017; 11(1): 68-75
- 20. Klemenc-Ketis Z, Hladnik Z, Kersnik J. SM among healthcare and non-healthcare students at Uni of Ljubljana, Slovenia. Med Princ Pract. 2010;19(5):395-401.
- 21. Rathish D, Wijerathne B, Bandara S, Piumanthi S, Senevirathna C, Jayasumana C et al. Pharma edu and antibiotic SM among med students: a cross-sectional study. BMC Res Notes. 2017;10(1):1-5.

Authors Contribution

NI: Conceptualization of Project MUI, M, KAM, NA: Data Collection ZR, NA: Literature Search HBM: Statistical Analysis NI, M, MUI: Drafting, Revision ZR, KAM: Writing of Manuscript