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Research Article

STUDY ABOUT MEDICATING SELF AND REVEALING ITS REASONS

¹Dr. Faisal Mahmood Cheema, ²Dr. Mateen Qaiser Butt, ³Dr Mohsin Yousaf

¹MRCEM Emergency Medicine Specialist Awali Hospital, Bahrain, ²Aziz Bhatti Shaheed Teaching Hospital, Gujrat, ³MO at Tehsil Headquarter Hospital, Taxila.

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Abstract:

***Definition:** Medicating self means that selecting and using drugs which are used to treat self-recognized sickness or indications.*

***Objective:** We aimed in this study to find out the numerous psychosocial reasons related to self-medication.*

***Study Design:** A case-controlled study based on population.*

***Place and Duration:** We conducted this study for a time duration of 12 months starting from 1st January, 2018 to 31st December, 2018 at Benazir Bhutto Hospital, Rawalpindi.*

***Methodology:** We selected 100 patients for our study and divided them equally into two groups in which 50 were cases and 50 were controlled depending on a due written agreement based on conditions and examined them through a pretested question based proforma and analysis was done through SPSS 21 by collecting and compiling their information. Calculation of 95 % confidence intervals and odds ratio was done by determination of demographic statics through multivariate logistic regression analysis and frequency tables.*

***Results:** With the average of 18 ± 0.0338 SD below 25 years of age with the percentage of 87.0% of people have more self-medication. It was average in Females and males with the percentage of 61.0% and 39.0% respectively. Comparatively its was observed more in above metric Qualification and less in below matriculation with the percentage of 96.0% and 4.0% respectively. Self-medication was done more regularly in married cases and unmarried cases with the average of 85.0% and 15.0% respectively. Furthermore, through bivariate study self-medication was also related to anxiety, lower socioeconomic status, easy availability of medicines, tentativeness to consult the doctor and self-confidence but through multivariate studies it was obtained suggestively related to edge of knowledge, illiteracy, hesitation to meet the doctor and constant revelation to ailment by control of all other risky influences.*

***Conclusion:** Females with the age less than 25, singles and having more qualification than metric were observed to most self-medicate. Self-medication was observed through our analysis that it is radically related to the causes like edge of education, continuous exposure to ailment, hesitancy to visit the doctor, anxiety, lower socioeconomic condition, self-confidence, and easy availability of medicines.*

Key Words: community, self-medication, psychosocial factors.

Corresponding author:

Dr. Faisal Mahmood Cheema,

MRCEM Emergency Medicine Specialist Awali Hospital,

Bahrain

E-Mail: faisal_mahmood@bapco.net

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INTRODUCTION:

The Self-medication was explained by WHO concerning group of experts as a fundament of self-care as well as the treatment of self-recognized disease through selection and use of drugs by the persons [1]. Self-medication was specified in the year 1995 by the expert committee on National Drug Policies as to be mostly experienced in progressive and non-progressive countries each [2,3]. Extended period of illness, raised age and female sex is contained in mass influences of self-medication [4-6]. For the psychosocial determination of self-medication many types of investigation were directed. All sociodemographic features like occupations, the respondents presented qualification levels, sex, and age of every patient [7-10]. With the percentage of above 60.0% of the determined disease were self-medicated with the use of OTC medicines through one analysis [11]. As an average of 80.0% of the examined patients examined by another analysis were still self-medicated by modern medication even with the supervision of professional health care [12]. Former knowledge of medicines and non-seriousness of ailments were the average reasons for self-medication and self-recognition of treatment [13-15]. Assumed attitude of self-medication and false opinions about the drugs were dominant. There was lack of knowledge about public health, non-effective medicine policy and regulation and uncontrolled pharmaceutical elevation [16-18]. Disposing Influences of self-medication were comprised of high perceive appropriateness of self-medication [19]. A concept to treat minor diseases through antibiotics and specific level of features [20]. Clinical analysis of infected cases was mostly originated through self-medication hypothesis [21]. The persons observed that every medicine having a definite action can change the state of illness or react to diagnose the disease [22]. This matter is vital because it lessens expectation to live and stance a solemn problem of health [23]. Serious injuries are caused due to misuse of any medicine. However, self-medication is showing a confident result through our analysis but there are still some stated proofs for luckless results because of inappropriate use of self-medication [24]. Because of the deficiency of knowledge about self-medication we have a very few facts for the current condition of our society that's why it is very important to start an analysis to attain the level of psychosocial determination of self-medication to avoid injurious factors of overall people [25].

METHODOLOGY:

A case-controlled examination was led for the recognition of psychosocial features related to self-medication in Lahore city. Examined people were separated in two groups. this analysis comprised persons who self-medicate themselves and are of different in gender, age and socio-economic session who don't have any serious disease like HTN, DM, etc. And prepared to join and accomplish the desired standards of the knowledge of influences belonging to self-medication. Grown-ups were added to the controlled group who did not self-medicate and don't have any other similarity like case-controlled group. Number of cases as a total was 100 shown as n=100. For the training of all the analyzed controlled people suitable sampling method was performed. Previous written agreement was attained through selected people. The conditionally changing values were explained as in spite of getting harmful influences the necessity of medicine is obsessive for the usage of material [26]. The stoppage of this medicines results in removing the indications.

Miserable persons may feel hopeless, worried, restless, sad, and guilty with the presence of digestive problems, fatigue, and insomnia [27]. Socioeconomic Conditions are calculated by the inference of profession and salary [28]. Illiteracy is explained by the lack of knowledge or education [29]. Psychosis directs the abnormal situation of brain, and express the current condition of mentality somehow it is defined as hallucination including psychotic depression [30]. Self Confidence is person having self-conviction, thinking and ability. Sometimes demonstrate suspiciously [31]. Anxiety is apprehension about what to come and state of fearful emotions is called anxiety, comprehensive temperament which may happen even with or without cause of an incident [32]. Avoidance Behavior is a most sensational condition to regret and feel shy [33].

RESULTS:

Average person's self-medicating themselves with several numbers as n=50, female patients were 30, people in lower age limit of 25 years were 45 in numbers and 49 were more than metric qualification. Females have a mass figure of 31, lower age limit of 25 years were 42 and those with qualification more than metric were in controlled group consist of number of patients n=50. Tabular forms are shown below.

Table No 01: Gender Distribution

Gender	Case	Control
Male	20	19
Female	30	31

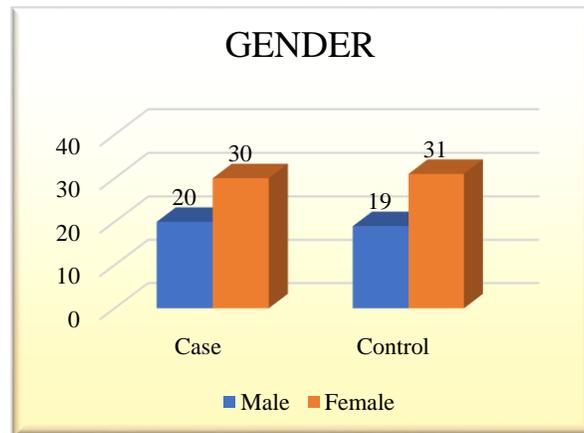


Table No 02: Age distribution

Age	Case	Control
Below 25 years	45	42
Above 25 years	05	08

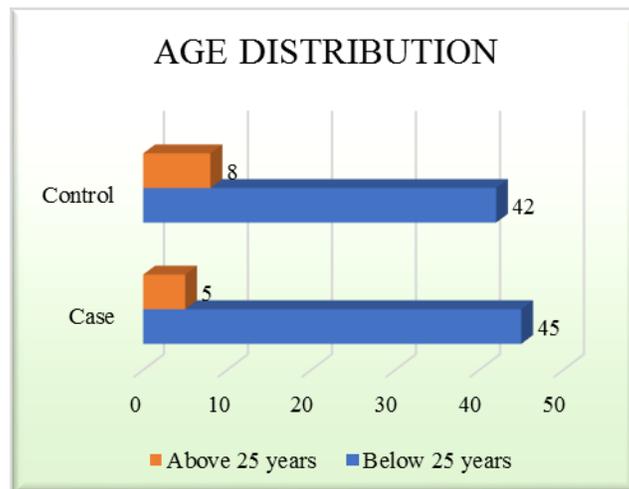
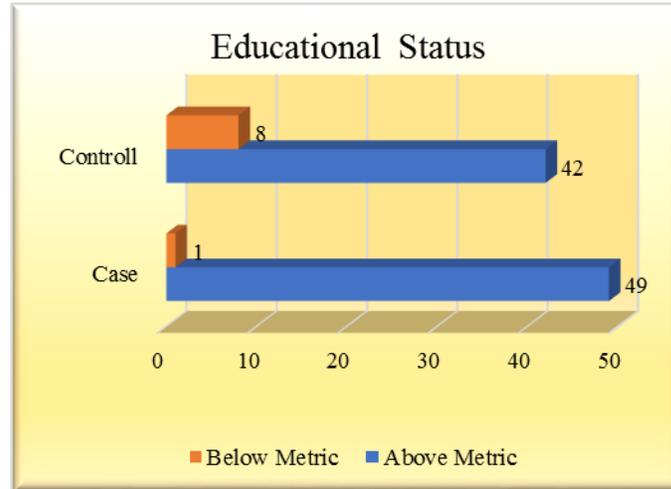


Table no 03: Educational Status

Group	Above Metric	Below Metric
Case	49	01
Controll	42	08



Using frequency table, the demographic features were revealed. The analyzation of odds ratio and confidence intervals with the percentage of 95.0% was done by simple and multivariate logistic regressions.

Table No 04: Bivariate Analysis and Chi-square

Psychosocial Factors	Self-Medication		Bivariate analysis			Chi-square Values
	Case	Control	Crude Odds Ratio	95% CI		
				Lower	Upper	
Easy availability of drugs	50	7	8.143	4.069	16.297	75.439
Self confidence	40	4	46.000	13.385	158.091	52.597
Illiteracy	21	12	2.293	.972	5.410	3.664
Lack of awareness of side effects of self-medication	42	38	1.658	.612	4.491	1.000
Lower socio-economic status	50	45	2.111	1.708	2.610	5.263
Self-medication on repeated exposure to disease	32	16	3.778	1.650	8.651	10.256
Self-medication in emergency situations	21	16	1.539	.679	3.485	1.073
Due to fear of side effects	7	9	.742	.253	2.176	.298
Due to hesitancy to visiting the doctor	20	10	2.667	1.090	6.524	4.762
Due to bad attitude of doctors	14	16	.826	.351	1.947	.190
Due to hesitancy to hospital environment	24	26	.852	.389	1.867	.160
Avoidance Behavior	4	3	1.362	.289	6.426	.154
Anxiety	14	5	3.500	1.152	10.633	5.263
Depression	4	2	2.087	.365	11.948	.709
Drug dependence	3	2	1.532	.245	9.587	.211
Unnecessary advertisement	9	3	3.439	.872	13.653	3.409
Edge of education	43	31	3.765	1.410	10.051	7.484
Social withdrawal	5	3	1.741	.393	7.713	.543
Low self esteem	4	4	1.000	.236	4.241	.000
Difficulty in concentrating	3	2	1.532	.245	9.587	.211
Sleep disturbance	13	7	2.158	.779	5.977	2.250
Low performance at work	7	5	1.465	.432	4.969	.379
Emotional disturbances	2	4	.479	.084	2.743	.709
Hopelessness	2	2	1.000	.135	7.392	.000
Decreased energy level	5	2	2.667	.492	14.445	1.382
Uncontrollable and compulsive desire	2	2	1.000	.135	7.392	.000
Recreational purposes	2	2	1.000	.135	7.392	.000
Feeling of guilt	2	2	1.000	.135	7.392	.000
Hesitancy due to shyness from doctor	5	7	.683	.201	2.315	.379
Hesitancy from doctors due to time wastage	8	4	2.190	.615	7.808	1.515

Table No 05: Multivariate Analysis

Psychosocial Factors	Self-Medication		Bivariate analysis		
	Case	Control	Adjusted Odds Ratio	95% CI	
				Lower	Upper
Illiteracy	21	12	6.784	1.842	24.983
Lower socio-economic status	50	45	3.019	.000	
Repeated exposure to disease	32	16	3.919	1.360	11.293
Hesitancy in visiting the doctor	20	10	4.010	1.163	13.824
Anxiety	14	5	3.266	.711	14.995
Unnecessary advertisement	9	3	6.759	.818	55.817
Edge of education	43	31	7.425	1.761	31.299

DISCUSSION:

The usage and selection of drugs for the treatment of self-recognized disease or indications of sickness is called self-medication. As self-medication is a serious matter which reduces life expectancy and causes solemn health issues therefore this study was chosen and was necessary to organize an analysis to observe the level of psychosocial factors of self-medication and its prevention in many people. The factors of self-medication are composite and different in societies as well as in countries. The condition of self-medication was verified by many influences. Causes which are related to self-medication were found through our analysis and are shown below in table:

Persons having lower age limit of 25 years were observed that they mostly use to self-medicate and are categorized with the percentage of 87.0%. The mass use of self-medication was observed mostly in the youth age group with a percentage of 64.8% through an analysis [34]. As a comparison between males and females with the percentage of 39.0% and 61.0% respectively it was observed as the most regular in females. In Mexico an analysis was performed and showed that females use to self-medicate themselves more than males with the percentage of 61.9% > 38.1% respectively and verified that females have a major exposur to self-medication and its usage [35]. Self-medication is found most frequent in females through a performed analysis in Spain [36,37]. Bachelors use to self-medicate with the percentage of 85.0% more continuously than married persons having a percentage of 15% and bachelors with the percentage of 8% mostly use self-medication as compared to married people proved by another analysis.

Persons having more qualification than metric with the percentage of 96.0% were also observed to use to self-medicate more than the people having less education than metric with the percentage of 4.0% but persons with a percentage of 74.4% having more qualification than metric were observed through another analysis.

Self-medication was observed through our analysis that it is radically related to the causes like edge of education, continuous exposure to ailment, hesitancy to visit the doctor, anxiety, lower socioeconomic condition, self-confidence, and easy availability of medicines. But in the prior analysis we revealed the raise in self-medication was because of number of above given cases [38-42].

CONCLUSION:

Females with the age less than 25, singles and having more qualification than metric were observed to most self-medicate. Self-medication was observed through our analysis that it is radically related to the causes like edge of education, continuous exposure to ailment, hesitancy to visit the doctor, anxiety, lower socioeconomic condition, self-confidence, and easy availability of medicines.

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