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Research Article

LACK OF AWARENESS OF SELF-MEDICATION LEADING TO GASTROINTESTINAL ULCERS

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Abstract:

This paper covers the part of presentation of gastrointestinal ulcers alongside its beginning because of self-medicine and causative medications. The occurrences of gastrointestinal ulcers are straightforwardly extent to the rate of utilization of self-drug particularly of NSAIDs for relief from discomfort purposes. The pervasiveness of self-prescription and its terrible results is normal issue in creating nations. The gastrointestinal ulcers incorporate stomach, esophageal and small intestinal ulcers. There are a few causative specialists of gastrointestinal ulceration that incorporates aggravation because of microbe H. Pylori or denaturation of gastric mucosa caused by stomach acids. Among self-medicine the rate of analgesics is at pinnacle. Gastric mucosa is principle focus of NSAIDs harmfulness. A survey for information gathering is directed for a time of around of approximately 24 months in lady reading hospital Mansehra in gastroenterology and hepatology department. Meeting based information accumulation framework is utilized for information gathering. Appropriate survey is set up to lead meeting and gathers information at meeting spot. It is reasoned that the greater part of the patients have created gastrointestinal ulcers because of self-medicine of NSAIDs especially Aspirin because of its high accessibility adequacy and furthermore its cost viability. The report of this exploration demonstrates that pervasiveness of stomach ulcer is high among every gastrointestinal ulcer. Most influenced populace is old age. The goal of this exploration is to gauge the commonness of self-drug prompting gastrointestinal ulcers in Mansehra locale.

Keywords: *Gastrointestinal ulcers, self-medication, NSAIDs, lack of awareness, gastric mucosa, Mansehra.*

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INTRODUCTION:

Self-medication is a human attempted behavior against any common health problem related to physical or psychological ailments at home level. This behavior could be ingestion or application of any exogenous herbal medication, drug or dietary supplementation at home level without consultation of any health care specialist or nutritionist. The prevalence of self-medication is increased markedly due to preparation of labeled medication. Such medications are used without supervision of any health care specialists and cause several adverse effects that may lead to worsening of health condition or disturbance of gastrointestinal function. The prolonged use of these medications leads to gastrointestinal ulceration (Alison Blenkinsopp, 1996). Gastrointestinal ulcers are sores that occur as a result of rupture of gastrointestinal mucosa. These sores formation is observed throughout the digestive system including lower esophagus, stomach and small intestines. There are several causative agents of gastrointestinal ulceration; most common are H-Pylori and HSAIDs. Its symptoms include stomach pain specially after ingestion of fatty meal, weight loss due to inadequate illness, bloating, nausea, acid reflux and heart burn.

Endoscopy is clinical parameter to confirm the prevalence of gastrointestinal ulcers (Abraham Nomura, Grant N. Stemmermann, Po-Huang Chyou, Guillermo I. Perez-Perez, & Martin J. Blaser, 1994). Among self-medication, the rate of analgesics is at peak. It is estimated that approximately 35 million people worldwide do self-medication of NSAID and approximately 30% of them are targeted to induce gastric ulceration. Stomach is main target of NSAID toxicity (Vikas Dhikav*, 2003). Analgesics are non-steroid anti-inflammatory drugs (NSAID) and are used to relieve pain (Fosslien, 1998). The review of literature available on gastrointestinal ulceration due to self-medication reveals that more than half of the patients found in hospital gastroenterology department have developed gastric ulceration due to self-medication of NSAIDs particularly aspirin due to its high availability, efficacy and also its cost effectiveness (J. Hallas, 2009).

Common drugs of NSAIDs class

Aspirin	Indomethacin
Celecoxib	Ketoprofen
Diclofenac	Sulindac
Meloxicam	Naproxen
Ibuprofen	Oxaproxin

This research study is conducted to estimate the

extent of lack of awareness of self-medication leading to gastrointestinal diseases and specially ulceration. This research study is conducted at lady reading hospital in departments of gastroenterology and hepatology. The objective of this research study is to estimate the prevalence of self-medication in Mansehra region.

METHODOLOGY:

Systematic review study design is used to investigate the prevalence of self-medication in gastroenterology and hepatology departments of Lady Reading hospital Mansehra (Lamberts, 2006). In order to collect data for this research study, interview was conducted in gastroenterology and hepatology departments of Lady Reading hospital Mansehra. A proper Questionnaire including sequence wise questions to be asked is prepared to be filled at the interview spot. So that the suffering patients along with their health illness associated with headache or other pains could be reported to estimate the main cause of gastrointestinal ulcers either the high self-medication of NSAIDs or some other sort of illness due to poor dietary habits. Patients suffering from gastrointestinal ulcers were targeted for interview. The patient by himself was targeted for this interview to provide the whole information of his health condition along with ways adapted by him to overcome his health conditions as well. Along with this aspect eating habits were also mentioned in questionnaire used for data collection to reach the fundamental cause of illness of gastrointestinal ulcers.

Quota sampling technique is used to investigate the prevalence of self-medication in Mansehra city (Cris Beauchemin, 2011). The patients of department of gastroenterology and hepatology having gastrointestinal ulcers were interviewed for a period of 8 months. The data was collected after struggle of approximately 8 months. Direct interview from patients was conducted to estimate their information level regarding this illness along with cause of their illness. Data was collected from all patients having gastrointestinal ulcers including patients of our own department, outdoor patient department and those patients referred from other departments as well. Mostly patients were not familiar to health services and their instant provision, so they tend to treat any illness at home level using old home based remedies or self-medication.

Inclusion criteria:

The patients with gastrointestinal ulcers on endoscopy having age 10 to 70 years were

interviewed for this research study.

Exclusion criteria:

All those patients with H. pylori positive on biopsy were excluded. Gastrointestinal carcinoma patients were also excluded from this research study. Patients

who were not native of Punjab or had any difficulty in understanding the native language were also excluded from this research study. All patients diagnosed with ulcers on doctor’s prescribed medication were also excluded.

Data collection from hospitalized patients:

Patient’s Name	Age	Gender	Occupation	Diagnosis
Duration of gastric ulcer?				
Common health conditions before onset of gastric ulcer?				
What you use to do in case of pain onset in any part of body?				
Do you have knowledge of some drugs?				
Which drugs are used for pain relief?				
How many tablets you use per week to improve your health condition by yourself?				
Do you believe that medications prescribed by specialists are better than self-medication?				
Share your dietary history along with food choices and their time of consumption?				

RESULTS:

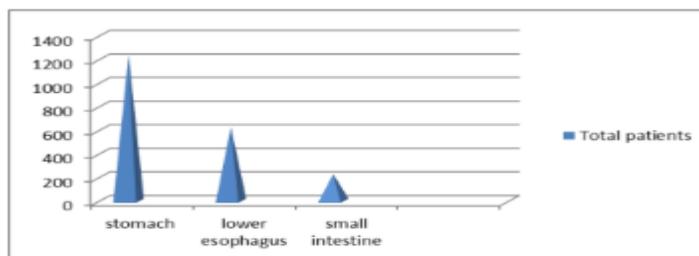
The total patients to be interviewed with gastrointestinal ulcers from gastroenterology and hepatology department of Lady reading hospital Mansehra were 2088. So, 2088 patients suffering from gastrointestinal ulcers were interviewed. 1234 patients were reported with stomach ulcer including 288 children having age 10 to 16 years, having 119 male and 169 female patients, and 946 patients of stomach ulcer were more than 16 years old, 744

females and 202 males. 626 patients were reported with lower esophagus ulcer including 386 children of 10 to 16 years age group and 240 patients of age group more than 16 years. The 94 out of 386 children were male and 292 patients were female. Similarly, 240 patients with age more than 16 years include 188 females and 52 males. 228 patients with small intestinal ulcer were reported having 118 females and 110 males having age group more than 19 years.

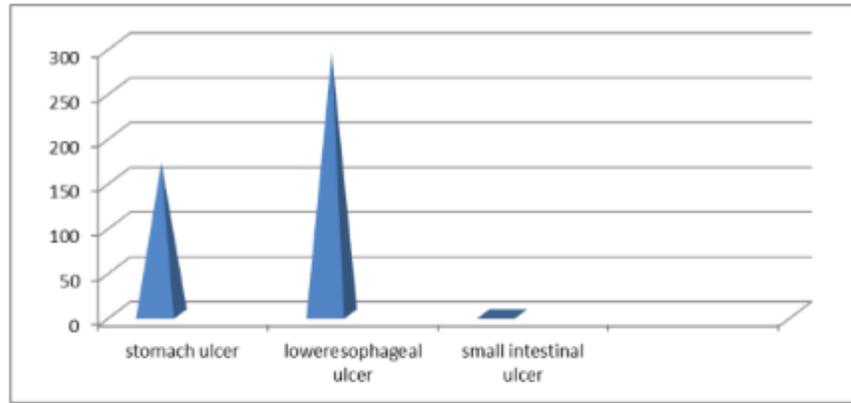
Incidence of prevalence of self-medication leading to gastrointestinal ulcer

Type of ulcer	Total patients	Fe (children)	M (children)	Fe (old age)	M (old age)
Stomach	1234	169 (10 - 15 y)	119 (10 - 15 y)	744 (≥ 16 y)	202 (≥ 16 y)
Lower esophagus	626	292 (10 - 15 y)	94 (10 - 15 y)	188 (≥ 16 y)	52 (≥ 16 y)
Small intestines	228	-	-	118 (≥ 19 y)	110 (≥ 19 y)

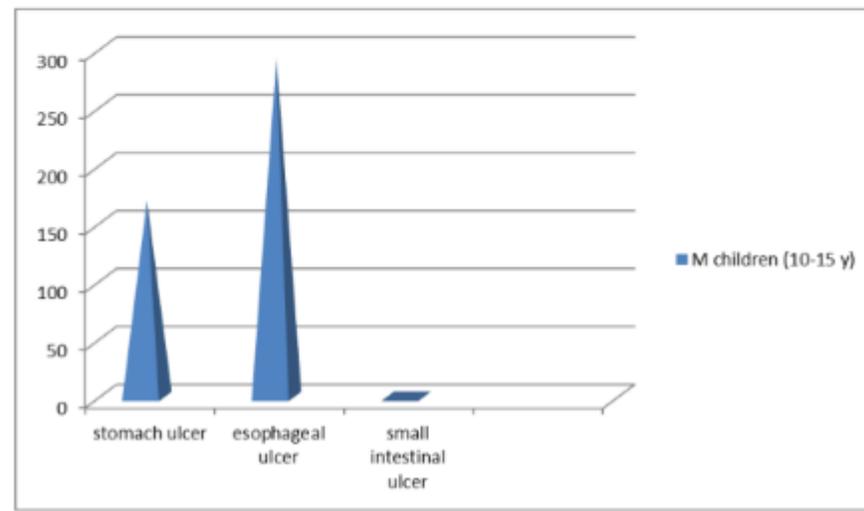
Prevalence of gastrointestinal ulcers in total patients observed



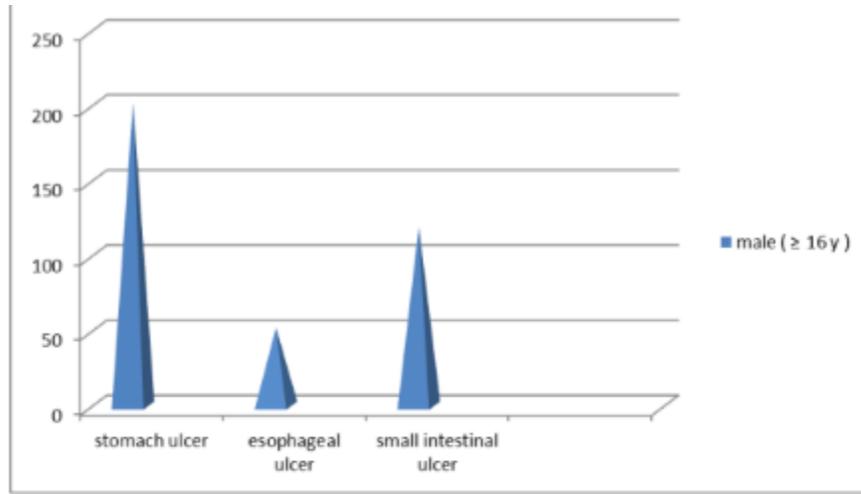
Prevalence of gastrointestinal ulcers among female children having age 10 to 15 years



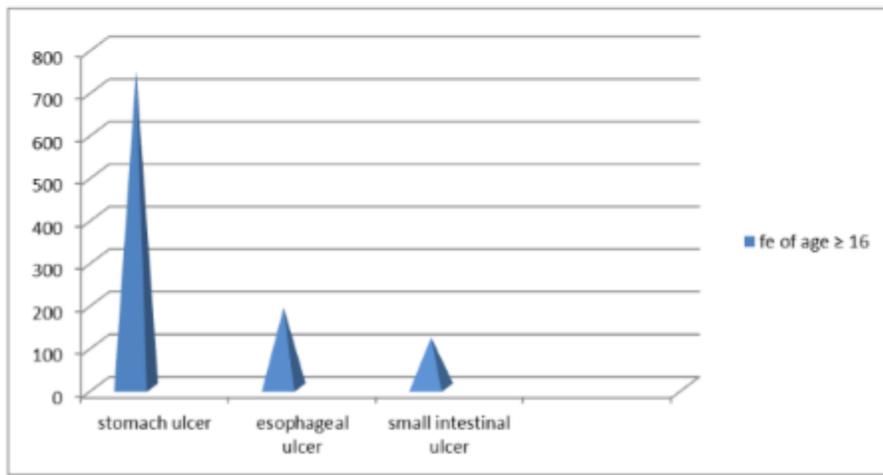
Prevalence of gastrointestinal ulcers among male children having age 10 to 15 years



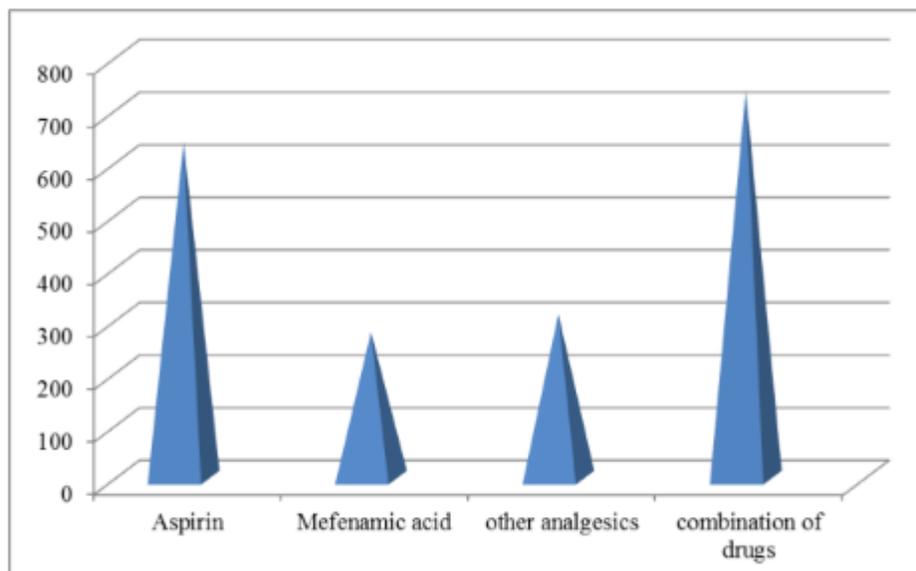
Prevalence of gastrointestinal ulcers among male having age ≥ 16 y years



Prevalence of gastrointestinal ulcers among female having age ≥ 16 y years



Drug Used	Number of Patients
Aspirin	638
Mefenamic Acid	277
Other Analgesics	311
Combination of drugs	736



DISCUSSION:

The report of this research study shows that prevalence of stomach ulcer is high among all gastrointestinal ulcers. Small intestinal ulcer has least prevalence (Rafat A.M. Al Jassim, 2009). Most affected population is older age with more than 16 years age group. The collected data shows that people are unfamiliar of the causes of gastrointestinal ulcers so incidence of prescribed medication for analgesia purposes was not observed at all. It is reported that even in hospitalized cases patients and their care givers are not suggested to prevent the use of self-medication to avoid gastrointestinal disturbance (Syed Nabeel Zafar, 2008). According to target population, for common pain incidence they do not have time to visit doctors and to get prescribed medication. Moreover, some patients quoted that doctors also do prescribe the same drugs that is why they tend to administer NSAIDs by themselves. It's also reported that mothers also suggest their children NSAIDs for analgesia purposes. However, most of the children get gastrointestinal ulcers due to poor dietary habits. Several intervention strategies are needed to spread awareness and take actions to replace self-medication with prescribed medication by a health care specialist. It is also observed that educated people have high rate of self-medication as compared to illiterate people

This research study is limited because data on small scale is collected. Also in addition to this, the report of this research only shows limited prevalence of gastrointestinal ulcers due to self-medication. Main causative agents are not also identified carefully in this research study. The main etiology of incidence

gastric ulcer is not identified carefully. Additionally, no intervention is implemented to guide the people along with the prevention of self-medication to control gastrointestinal diseases. The immigrants in District Sialkot are also not interviewed. Population of this hospital suffering from gastrointestinal ulcers having age group more than 70 years and less than 10 years was also not considered for this research study. No experienced interviewer or psychologist was hired to conduct interview to relax the target audience to share the authentic data to avoid the extent of wrong estimate of prevalence of self-medication.

CONCLUSION:

It is presumed that pervasiveness of gastrointestinal ulcers can be controlled by restricting self-medicine. If there should be an occurrence of even minor wellbeing aggravation, one should visit the closest medicinal services expert to take recommended prescription. Then again, mediations of area scale are likewise expected to arrange the drug store to quit issuing these analgesics without solution of a human services authority.

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