ORIGINAL ARTICLE

Prevalence and Pattern of Antibiotic Self-Medication among Selected Medical Fraternity from Haryana

Geeteshwar Dewan¹, Anu Bhardwaj², Shilpi Gupta³, Abhishek Singh⁴, Anshu Mittal⁵ and Anuradha Nadda⁶

¹ Department of Psychiatry, ^{2,3,4,5,6} Department of Community Medicine

¹ Government Medical College and Hospital, Chandigarh-160030, India.

^{2,6} Dr. B.R. Ambedkar State Institute of Medical Sciences, Mohali, Punjab-160055, India.

^{3,5} Maharishi Markandeshwar Institute of Medical Sciences and Research, Mullana, Haryana-133207, India.

⁴ SHKM Government Medical College, Mewat, Haryana-122107, India.

Abstract:

Background: Sub-optimal prescribing practices have contributed to the emergence and spread antimicrobial resistance. Objectives: This study aims to estimate the prevalence and to assess the pattern of antibiotic self-medication among selected medical fraternity. An additional objective was to compare the usage of antimicrobials in students with no formal pharmacology education and those who have completed pharmacology education. Material and Methods: This cross-sectional study included 305 undergraduate students of MBBS, medical interns and the residents. Data were collected using a modified version of a validated questionnaire. Chi square test compared the significance of antibiotic self-medication between the two study groups, pre-clinical (subjects with no formal pharmacology education) and Clinical Group (subjects with formal pharmacology education). Results: The prevalence of self-medication among the study population was 89.84% (n=274). The prevalence of selfmedication among the Preclinical and Clinical group is as follows 89% and 90% respectively. Fever was the most common indication cited for self-medication (77.37%), followed by cough/cold (74.09%) and headache (73.12%). Amoxicillin/Clavulanic acid was the most common antibiotic consumed. 59 (52.2%) of study subjects in pre-clinical group whereas 153 (79.7%) in clinical group checked for adverse effects of a particular antibiotic before using it. *Conclusion*: This study concludes that the practice of self-medication amongst medical undergraduates, interns and residents is very common – about 90% while that of real cause of concern is the use of anti-biotic (63.93%) This study also points out the indiscriminate use and irresponsible attitude towards antibiotics by the Preclinical group upon which change is urgently required.

Keywords: Self-medication, cross sectional studies, reasons, pattern, antibiotic, pharmacology, medical

fraternity.

Introduction:

Antibiotics are one of the most common drugs being prescribed in every day clinical practice by physicians, and are often consumed in the form of self-medication by physicians themselves. Dispensing of antimicrobial drugs without prescription by pharmacies in the private sector in India within an urban setting was unacceptably high (around 67%).^[1] The prevalence rate of self medication among medical students in India is quite high - nearly 87%. [2] Sub-optimal prescribing practices have contributed to the emergence and spread of antimicrobial resistance. [3] It has been emphasized that antimicrobials should be prescribed only when they are necessary in treatment following a clear diagnosis. [4] According to the World Health Organization, education of healthcare workers and medical students on rational antimicrobial prescribing or antimicrobial stewardship is an integral part of all antimicrobial resistance containment activities. [5,6] Efforts should be implemented to address these gaps and to ensure that our future doctors appreciate the importance of antimicrobial stewardship. Medical schools should be partners in the effort to reduce antimicrobial resistance and "steward" our valuable antimicrobials.^[7] In India, antibiotic resistance presents a significant public health threat, exacerbating the challenge of treating common infections. Overuse and misuse of antibiotics, coupled with inadequate infection control measures, fuel the emergence of resistant bacteria. This trend not only diminishes the effectiveness of existing antibiotics but also increases healthcare costs and mortality rates. Without swift intervention and robust antimicrobial stewardship efforts, India faces heightened risks of treatment failure, prolonged illnesses, and increased mortality rates, underscoring the urgent need for multifaceted strategies to combat antibiotic students, resistance. The medical especially undergraduates of today need to be trained and educated properly as they are going to become the major prescribers of antibiotics in the coming years. [8] Therefore this study was conceptualized with the following objectives to estimate the prevalence and to assess the pattern of antibiotic self-medication in undergraduate medical students and residents. An additional objective was to compare the usage of antimicrobials in students with no formal pharmacology education and those who have completed pharmacology education.

Material and Methods:

This study cross-sectional study was conducted ata tertiary care teaching hospital of Haryana state on the undergraduate students of MBBS, medical interns and the residents over a period of six months in year 2019. The study population comprised of students from all batches of MBBS i.e. 1st Professional, 2nd Professional, 3rd Professional and 4th Professional, medical interns as well as the resident doctors currently practicing in the hospital. A total of 305 volunteers from the hospital were included in the study. It is pertinent to mention that as universe of study population was taken up for this study. Study subjects were divided into two groups, Pre-clinical (subjects with no formal pharmacology education) and clinical Group (subjects with formal pharmacology education). Study subjects who did not wish to share their health status and who did not provide their consent to participate in the study were excluded. A pre-designed, semi-structured questionnaire was used to collect the relevant information. Questionnaires were presented in the English language. The students were addressed regarding the purpose and process of data collection, prior to the administration of the questionnaire. They were informed that their participation is completely voluntary. Ouestionnaires were only distributed among the participants after taking informed consent. In order to maintain confidentiality, lecturers, professors and members of the faculty were not involved in outlining, obtaining consent or collection of the questionnaires. A pretested semi structured questionnaire having two sections was used in the study. First section included information regarding socio-demographic profile of the participant viz name, age, sex and year of education. Second section included questions regarding practice of selfmedication, knowledge and use of antibiotics, knowledge of antibiotic resistance and attitude and awareness towards various aspects of self-medication and antibiotic resistance. The questionnaire is a validated modification of the questionnaire used in World Health Organization (WHO) study 'Antibiotic Resistance: Multi Country Public Awareness

Survey. [9] Few components have also been incorporated from the questionnaire designed by Eng JV et al and others. [10,11] Ethical approval was obtained before conducting this study. Written informed consent was taken from the study subjects. Data was entered in excel sheet and was imported to SPSS software (Statistical Package for Social Sciences) for statistical analysis. Simple descriptive statistics were used to generate frequencies, percentages and proportions. Chi square test was used to compare the significance of antibiotic self-medication between the two study groups, Pre-clinical (subjects with no formal pharmacology education) and Clinical Group (subjects with formal pharmacology education).

Results:

Of total 305 study participants,55% of all the participants in the study were females. Pre-clinical category comprises of 37% of the students with a mean age of 19.86 (SD \pm 0.91) while the clinical category comprises of 63 % (192/305) of the students with a mean age of 22.75 (SD \pm 2.63). (Table 1)

Table 1: Distribution of participants as per year of study and gender of study subjects

Group	Year of	Females	Males	Total (%)
	study			
Pre-	MBBS	26	28	54 (17.7%)
clinical	1 st Year			
group	MBBS	32	27	59 (19.3%)
	2 nd Year			
Clinical	MBBS	35	20	55 (18%)
group	3 rd Year			
	MBBS	31	24	55 (18%)
	4 th Year			
	MBBS	31	19	50 (16.4%)
	Interns			
	Residents	13	19	32 (10.5%)
Total		168 (55%)	137(45%)	305 (100%)

The prevalence of self-medication among the study population is 89.84% (n=274). The prevalence of self-medication among the Preclinical and Clinical group is as follows 89% and 90% respectively. Fever was the most common indication cited for self-medication (77.37%), followed by cough/cold (74.09%) and headache (73.12%). About 40% of the respondents had consumed an antibiotic in the last 6 months. Amoxicillin/Clavulanic acid was the most common antibiotic consumed. One hundred-one (89.4%) study subjects in pre-clinical group and 183 (95.3%) in clinical group were of the view that many

infections are becoming increasingly resistant to treatment by antibiotics. (Table 2)

Table 2: Comparison of the level of HbA1c in selected groups.

Statements for	Pre-clinical		Clinical		p
assessing	(n=113)		(n=192)		value
knowledge	True	False	True	False	
about	(%)	(%)	(%)	(%)	
antibiotic	, ,	, ,	` ′	, ,	
usage					
Antibiotic	94	19	141	51	>0.05
resistance	(83.2%)	(16.8%)	(73.4%)	(26.6%)	
occurs when					
your body					
becomes					
resistant to					
antibiotics and					
they no longer					
work as well					
Many	101	12	183	9	< 0.05
infections are	(89.4%)	(10.6%)	(95.3%)	(4.7%)	
becoming					
increasingly					
resistant to					
treatment by					
antibiotics					
If bacteria are	83	30	152	40	>0.05
resistant to	(73.5%)	(26.5%)	(79.2%)	(20.8%)	
antibiotics, it					
can be very					
difficult or					
impossible to					
treat the					
infections they					
cause					
Antibiotic	13	100	13	179	>0.05
resistance is an	(11.5%)	(88.5%)	(6.8%)	(93.2%)	
issue in other					
countries but					
not here					
Antibiotic	60	53	60	132	< 0.00
resistance is	(53.2%)	(46.9%)	(31.3%)	(68.8%)	1
only a problem					
for people who					
take					
antibiotics					
regularly					

Table 3: Attitude towards antibiotic usage among study subjects

ſ					
Statements	nts Pre-clinical		Clinical (n=192)		p
for assessing	(n=113)				value
attitude	Agree	Disagree	Agree	Disagree	
about	(%)	(%)	(%)	(%)	
antibiotic					
usage					
Antibiotics	65	48	86	106	< 0.05
are safe	(57.5%)	(42.5%)	(44.8%)	(55.2%)	
drugs					
therefore					
they can be					
used					
commonly					
Missing one	44	69	59	133	>0.05
or two doses	(38.9%)	(61.1%)	(30.7%)	(69.3%)	
does not					
contribute to					
development					
of					
antibiotic					
resistance					
Unnecessary	94	19	168	24	>0.05
antibiotics	(83.2%)	(16.8%)	(87.5%)	(12.5%)	
makes them					
ineffective					
Whenever I	63	50	72	120	< 0.05
take an	(55.8%)	(44.2%)	(37.5%)	(62.5%)	
antibiotic, I					
contribute to					
development					
of its					
resistance					

Fifty-nine (52.2%) study subjects in pre-clinical group and 153 (79.7%) in clinical group checked for adverse effects of a particular antibiotic before using the drug. (Table 4)

Table 4: Practice while using antibiotics does the participant check the following

Statements	Pre-clinical		Clinical (n=192)		p
for	(n=113)				valu
assessing	Yes	No	Yes	No	e
practice	(%)	(%)	(%)	(%)	
about					
antibiotic					
usage					
Dose and	106	7	181	11	>0.05
frequenc	(93.8%)	(6.2%)	(94.3%)	(5.7%)	
y of drug					

Adverse	59	54	153	39	< 0.00
effects	(52.2%)	(47.8%)	(79.7%)	(20.3%)	1
Expiry	111	2	189	3	>0.05
date	(98.2%)	(1.8%)	(98.4%)	(1.6%)	

Discussion:

The present study was conducted to assess the practice of self-medication, especially with anti-biotics among undergraduate medical students and residents. It also involved comparison of knowledge, attitude and practices of the students who have not attained formal pharmacology education (Preclinical group) with those who have attained pharmacology education (Clinical Group). In the present study, the prevalence of selfmedication among medical undergraduates residents was found out to be 89.84%. In similar studies conducted in other parts of India, the prevalence was found out to be 67% in Jammu and 54% in Gulbarga. [12,13] In other parts of the world, selfmedication among medical undergraduates was reported to be 55.3% in Karachi and 25.4% in Ethiopia. [14,15] Most common indication for selfmedication in the present study was fever (77.37%) which was similar to observations made in Ethiopia and Mangalore. [15,16] However, cold and cough was found out to be the most common indication in a medical college at Gulbarga. [17] In the present study, the most commonly consumed class of drugs in the form of selfmedication was antipyretic and analgesics (83.28%), followed by Antibiotics (63.93%). Antipyretics were also the most commonly self-medicated drug among medical students in a study conducted in Mangalore and Ethiopia. [16,15] However, antibiotics were reported to be the most commonly self-medicated drug in Gulbarga. [17] Another similar study conducted in Bahrain reported that the most commonly cited class of drugs for selfmedication was analgesics, with usage of antimicrobials only restricted to 6% among medical students. This is in stark contrast to the results of our study where prevalence of self-medication with antibiotics stands at 63.93%. According to the researchers, this might be due to stringent regulations imposed by the Government of Bahrain on prescription and over the counter sale of antibiotics. [16] This contrast between the two studies

suggests lack of regulatory policies and the nonexecution of existing policies on OTC drugs in our country. The most common antimicrobial drug to be used as self-medication was found out to be Amoxicillin/ Clavulanic acid (56.07%) which is similar to a study conducted among medical undergraduates in Sri Lanka and a medical college in North India.[17,18] Sore throat (54.1%) was the most common indication for selfmedication with anti-biotics in the present study in contrast to a medical college in South India where upper respiratory tract infections were the most common indication for antimicrobial self-medication. [19] The common reasons for self-medication in a study done by MensurShafie et al. were perceptions of the mildness of illness, previous knowledge about the medication, and emergency situations warranting medication. [20] Familiarity the with treatment medication was the most commonly cited reason in the study done by Sridhar S et al. [21] The chief reason for self-medication reported in the present study was that it is "time-saving," which is similar to the result of Keshari S et al. [22] Visits to healthcare personnel are often timeconsuming and add to the financial burden of a family, making self-medication a more viable option. There are certain limitations of this study as well. The crosssectional nature of the present study precludes inferences about causality. The present study used a certain recall period, which might have led to a recall bias. Efforts were made to minimize this bias by using a welldesigned, simple, and easy-to-understand questionnaire.

Conclusion:

This study concluded that the practice of self-medication amongst medical undergraduates, interns and residents is very common (90%) and thereal cause of concern is the overuse of anti-biotic (63.93%) This study also points out the indiscriminate use and irresponsible attitude towards antibiotics by the preclinical group. Changes are required in the framework and execution of the proper OTC drugs policy and preventing the open sale of antibiotic without prescription.

Sources of supports: Nil **Conflicts of Interest**: Nil

References

- Ahmad T, Khan SA, Mallhi TH, Mannan A, Rahman AU, Salman M, Saleem Z, Khan H, Khan Z, Karataş Y, Khan FU. Assessing antibiotic dispensing without prescription through simulated client methodology in developing countries: A
- comprehensive literature review from 2009 to 2021. *Journal of Public Health* 2023 Aug; 17:1-23
- 2. Tadesse YB, Kassaw AT, Belachew EA. Evaluating self-medication practices in Ethiopia. *Journal of Pharmaceutical Policy and Practice*. 2023 Mar 21;16(1):47.

- 3. World Health Organization. WHO Fact Sheet: Antimicrobial resistance. 2016. Available from: http://www.who.int/mediacentre/factsheets/fs194/en/.
- 4. National Center for Disease Control, Ministry of Health and Family Welfare, Government of India. National Treatment Guidelines for Antimicrobial Use in Infectious Diseases 2016.
- 5. World Health Organization. The evolving threat of antimicrobial resistance. Options for action. Available at: http://www.who.int/patientsafety/implementation/amr/publication/en/index.html. Accessed on 18th January 2017.
- Dharanindra M, Dhanasekaran KS, Rayana S, Noor SM, Bandela P, Viswanadh RP, Kumar KH, Piyush B, Sriviswanadh Rudrapaka P. Antibiotic-Dispensing Patterns and Awareness of Antimicrobial Resistance Among the Community Pharmacists in South-Central India. *Cureus* 2023 Oct 14;15(10): e47043.
- 7. Singh P, Vaishnav Y, Verma S. Development of pharmacovigilance system in India and paradigm of pharmacovigilance research: an overview. *Current Drug Safety* 2023 Nov 1;18(4):448-464.
- 8. Khan AK, Banu G, Reshma KK. Antibiotic resistance and usage- a survey on the knowledge, attitude, perceptions and practices among the medical students of a Southern Indian teaching hospital. *Journal of Clinical and Diagnostic Research* 2013;7(8):1613.
- 9. World Health Organization. Antibiotic Resistance: Multi Country Public Awareness Survey 2015. Available from: URL: http://apps.who.int/medicinedocs/documents/s2224 5en/s22245en.pdf
- 10. Eng JV. Consumer attitudes and use of antibiotics. *Emerging Infectious Diseases*. 2003;9(9):1128-1135.
- 11. Chen C. Behavior, attitudes and knowledge about antibiotic usage among residents of Changhua, Taiwan. *Journal of Microbiology, Immunology and Infection*. 2005;38:53-59.
- 12. Khajuria, Kanika, Sharminder Kaur, Shamiya Sadiq and Vijay Khajuria. KAP on antibiotic usage and resistance among second professional medical students. *International Journal of Basic & Clinical Pharmacology* 2019; 8(1):68-73.
- 13. Bagewadi, Harish G. et al. Perceptions and practices of self-medication among undergraduate medical

- students at Gulbarga Institute of Medical Sciences, Kalaburagi, India. *International Journal of Basic & Clinical Pharmacology* 2017; 7(1): 63-67.
- Zafar SN, Syed R, Waqar S, Irani FA, Saleem S. Prescription of medicines by medical Students of Karachi, Pakistan: a cross-sectional study. BMC Public Health 2008;19:162.
- 15. Abay SM, Amelo W. Assessment of Self-Medication Practices Among Medical, Pharmacy, and Health Science Students in Gondar University, Ethiopia. *Journal of Young Pharmacists* 2010;2:306-310.
- James H, Handu SS, Al Khaja KA, Otoom S, Sequeira RP. Evaluation of the knowledge, attitude and practice of self-medication among first-year medical students. *Medical Principles and Practice* 2006;15:270-275.
- 17. R Kumar N, Kanchan T, Unnikrishnan B, Rekha T, Mithra P, Kulkarni V, et al. Perceptions and practices of self-medication among medical students in coastal South India. *PloS one* 2013;8(8):e72247.
- 18. Rathish D, Wijerathne B, Bandara S, et al. Pharmacology education and antibiotic self-medication among medical students: a cross-sectional study. *BMC Research Notes* 2017;10(1):337.
- 19. Pal B, Murti K, Gupta, A. K, Choudhury, U, Rastogi, M, Pandey, H. Self-Medication with Antibiotics among Medical and Pharmacy Students in North India. *Current Research in Medicine* 2016; 7(2):7-1.
- Shafie M, Eyasu M, Muzeyin K, Worku Y, Martín-Aragón S. Prevalence and determinants of self-medication practice among selected households in Addis Ababa community. *PLoS One* 2018, 13:e0194122.
- 21. Sridhar SB, Shariff A, Dallah L, Anas D, Ayman M, Rao PG. Assessment of nature, reasons, and consequences of self-medication practice among general population of Ras Al-Khaimah, UAE. *International Journal of Applied and Basic Medical Research* 2018, 8:3-8.
- 22. Keshari SS, Kesarwani P, Sengar MM. Prevalence and pattern of self-medication practices in rural area of Barabanki. *The Indian Journal of Medical Research* 2014, 25:636-639.

Address for correspondence:

Dr. Anu Bhardwaj

Associate Professor of Community Medicine,

Dr. B.R. Ambedkar State Institute of Medical

Sciences, Mohali, Punjab-160055, India.

Mobile no: +91 7988028343

Email: dranubhardwaj78@gmail.com

How to cite this article:

Geeteshwar Dewan, Anu Bhardwaj, Shilpi Gupta, Abhishek Singh, Anshu Mittal, Anuradha Nadda. Prevalence and Pattern of Antibiotic Self-Medication among Selected Medical Fraternity from Haryana. Walawalkar International Medical Journal 2023;10(2):55-60.

http://www.wimjournal.com.

Received date: 05/09/2023 Revised date: 23/03/2024 Accepted date: 24/03/2024