

Critical Need for Health Literacy and Policy Reforms for Reduction of Self-Medication in Pakistan

Um-e-Habiba Alvi¹, Ijaz Ahmed¹, Husnain Ali Alvi² and Abbas Ali Alvi³

¹ Pakistan Institute of Engineering and Applied Sciences, Islamabad Pakistan

² Liaquat University of Medical and Health Sciences, Sindh Pakistan

³ Bilawal Medical College, LUMHS Sindh Pakistan

Dear Editor,

The terminology self-medication (SM) refers to "utilization of medications treatment of self-diagnosed afflictions, symptoms or the periodic / persistent use of a prescription meds for chronic disease or symptoms".¹ It may involve the use of over-the-counter (OTC), prescription-only-meds (POM), or supportive and alternative meds (SAM) without first consulting a medical doctor. SM ways include repeating a previous physician prescription, ingesting unused drugs, employing home-based supplements and cures on the advice of relatives/friends or colleagues.² SM is a risky endeavor that leads to erroneous diagnoses, poor meds selection, dependence, abuse issues, and waste of healthcare resources. SM is a significant global problem that affects both wealthy and developing nations.^{1, 2} As per the findings, the prevalence rate of SM ranges from 32.5 percent to 81.5 percent worldwide.

The prevalence of SM and its continued impact on public health make it an important topic of discussion in Pakistan. Recent studies suggest that between 53% and 61.3% of Pakistan's population is affected by SM.³ 93% of participants reported using SM to take analgesics, and 69% reported using SM to take antipyretics, and 52% used SM to take antibiotics.^{2,3} Additionally, the Pakistani population was found to make use of SAM and home-based treatments.⁴ A recent survey revealed that, on average in Pakistan, each community pharmacy there serves 5.5 people per day, of whom 7.9 receive drugs without a prescription.⁵ Increasing percentage of SM in Pakistan, may be attributable to a combination of reasons, including ready availability of medications, inadequate health education, and widespread drug advertising.³⁻⁵ Misdiagnosis, improper treatment, and additional health problems are all possible outcomes of SM

approaches based on individual practitioners' prior experience with the same ailment.¹ SM involvement is associated with polypharmacy, unwanted side effects, medication interactions, resistance development, and a heavier cost burden.⁶

Consequently, a social awareness campaign and a healthcare educational intervention focused on the risks associated with SM procedures are urgently needed in Pakistan. Proper medicine usage in disease treatment and control of prospective or actual impacts of inappropriate SM behaviors are two areas where pharmacovigilance-based education can help. Medications sold without a prescription must be discouraged, which can only be accomplished if healthcare policymakers and the Ministry of Health adopt effective national pharmaceutical access rules and long-term strategies. Multi-center studies are also required to study the factors associated with SM practices across a variety of demographics and healthcare settings.

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Conflict of Interest

The authors declare no conflict of interest.

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